ASSESSMENT OF JUVENILE REHABILITATION CENTERS FOR CHILDREN WITH BEHAVIOUR DISORDERS IN KIAMBU COUNTY, KENYA

BY
WANG’ERI JOYCE MUGURE
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DECLARATION

This thesis is my original work and has not been submitted to any other institution for the award of degree.

Signature  Date  21/12/14

Joyce Mugure Wang’eri
E55/20130/2010

Supervisors: We confirm that the work reported in this thesis was carried out by the candidate under our supervision as university supervisors.

1. Signature  Date  22/12/14

Dr. Madrine King’endo
Lecturer, Department of Special Needs Education
Kenyatta University

2. Signature  Date  22/12/14

Dr. Margaret Murugami
Lecturer, Department of Special Needs Education
Kenyatta University
DEDICATION

To all those involved in the rehabilitation process for handling children with deviant behaviour and really know what it means as they go through thick and thin in trying to change and reintegrate them back to the society. Let's work tirelessly towards improving the Rehabilitation Centers and overcome the challenges which may be involved.
ACKNOWLEDGEMENT

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The purpose of the study was to assess the juvenile Rehabilitation Centers (RC's) for children with behavior disorders in Kiambu County. The study targeted all the public Juvenile RC in Kiambu County. All the three RC in Kiambu County formed the strata since the number was manageable. Using purposive sampling, 3 managers, 18 teachers and 150 rehabilitees were selected to participate in the study. This translated to a sample size of 171 respondents. In order to achieve the objectives of the study, data was gathered through structured questionnaires. Piloting was done in Othaya RC in order to ensure that the information that would be collected from the field would be accurate and reliable. Using Test-Retest method to determine reliability of the questionnaires, a reliability index of 0.76 was obtained and hence the instrument was accepted. Quantitative data analysis was done by describing the distribution of variables. From the findings of the study, the common deviant disorders among the rehabilitees were stealing, prostitution, robbery, abuse of drugs, school dropout, fighting, rape, and murder. The findings indicate that most crimes were facilitated by family and individual risk factors which emphasize children’s behaviors as the result of genetic, social, and environmental factors based on individual’s genetic, emotional, cognitive, physical, and social characteristics. Training in social skills and treating first time offenders were the major programs employed in for children with DB in Kiambu County. The study concluded that there is much work needed in these centers and therefore the government needs to improve on the infrastructures and add more staff. The study recommends that, parents, guardians, relatives and all members of the community should be actively involved in the rehabilitation of children. As well, the government should provide a guidance and counseling program in rehabilitation centers.
CHAPTER ONE
INTRODUCTION

1.0 Introduction
This chapter presents the background of the study, the statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitations, delimitations, assumptions of the study, Theoretical framework, Conceptual framework and definition of operational terms.

1.1 Background of the Study
Parents and older family members usually help in shaping the personalities, values and beliefs of their children (Regoli, Hewitt & Delisi, 2008). They also provide the basic requirements, acts as role models in transmitting educational values, provide environments in which children can safely develop a sense of autonomy and a locus for teaching children self-control, which is a major inhibitor of Deviant Behaviour (DB). As reported in the words of McNulty (2010), the intention of every parent is to ensure that they bring up a responsible child; however, they have failed to achieve this as some of the children engage in deviant behaviours for example stealing, truancy, loitering, involvement in drugs and prostitution.

Parents seek advice from probation officers, local administration, social workers and police who usually refer them to juvenile courts where depending on the severity of the crime, the judge may recommend institutionalization to a rehabilitation centers (RC) probation or are suspended. Juvenile RC’s are places set up to correct DB through a
process which entails guidance and counseling, psychotherapy, formal education and
vocational training for successful reintegration back to the society (Gose, 2002).

In New York, house of refuge was established in 1825 which was to serve as one of the
main instruments designed to save children from a life of crime and soon revealed an
orientation towards saving society from children (Krivo, Lauren & Peterson, 2007).
There was an emphasis on remorse and punishment. Retribution in the form of
punishment provided the most convenient method of conversion. The house of refuge is a
replica of a RC. According to Lundman (1993), child savers, who were outraged by
plight and potential threats of so many needy children, joined hands with lawyers and
penologists to establish the juvenile court in 1899 under Illinois legislature act to regulate
the treatment and control of dependent, neglected, and children with deviant behaviours.

As noted by Howell (2009), in the mid-19th century thousands of children who were
runaways, orphans and throwaways filled the streets of New York City. In 1853, Charles
Loring Brace established the Children’s Aid society which provided homeless Children
with shelter and education. Some Children thrived. Two boys became governors, one
became a Supreme Court justice, and others became mayors, congressmen, and local
representatives.

Juvenile justice laws in Africa formed part of colonially inherited laws with the resultant
effect that the philosophy of how to manage child offenders reflected the social
construction of childhood as conceptualized by the colonizing countries (Petty & Brown,
1998). As illustrated by Harvey (2000), it is only in recent times (post-1990) that a number of African countries have embarked on the process of juvenile justice law reforms.

According to Mugo, Musembi and Kang’ethe (2006), the history of the juvenile justice system in Kenya dates back to the colonial government. However, the current sophisticated system has evolved over time, for a period exceeding a century. The current system involves different Government organs and departments in an intertwined manner of operations. These organs include the police Department, the judiciary, the probation Department, the prisons Department and the department of children services. The first RC was Kabete Center, which was opened in 1912.

The department of children services currently, runs 23 children institutions established under the children Act (2001), categorized into 3 broad forms: The children Remand Homes, established under section 50 of the Children Act, the Rehabilitation School, which are within the RC’s, established under section 47 of the children’s Act, and the Children’s Home. The purpose of the juvenile RC’s, according to Mugo et al., (2006) is to rehabilitate children and reintegrate them back to the society for fully functional living. Research has shown that during the rehabilitation process, other deviant behaviors emerge among the rehabilitees in the RC’s. The aim of the study was to assess the juvenile Rehabilitation Programs for children with behaviour disorders in Kiambu County, Kenya.
1.2 Statement of the Problem
The quality of rehabilitation services and especially their education is of paramount concern and Children with DB’s are taken up by the juvenile court (Children’s Act of Kenya, 2001) Kenyan law provides for a whole range of penalties for children convicted of offences. Not all Juveniles get fully rehabilitated after 3 years (Mugo et al, 2006). The UN Convention on the Rights of the Child is very clear in article 28; “Every child has a right to quality education that is relevant to his/ her individual development and life” (UNICEF, 2010). Rehabilitation Centers must therefore consciously promote acceptance and understanding of children who are different to enable them acquire intellectual and social tools needed to enable them settle back into the community upon release from these institutions.

In spite of numerous reforms that have been effected in rehabilitation schools in Kenya such as enactment of the Children’s Act and change of name from Approved to Rehabilitation schools (Kinyua, 2004; Mugo, Musembi & Kang’ethe, 2006), educational outcomes of children who have received rehabilitation services have not been satisfactory. While some children on release from the institutions come back to the society reformed, many others on release drop out of school continue with deviance and criminality and eventually end up in adult penal institutions (Wakanyua, 1995).

Though extensive research has been carried out in the area of child rehabilitation in Kenya, most of the studies (Kinyua, 2004; Mureithi, 1984; Wakanyua, 1995) focused their attention on institutional phase of rehabilitation, shedding little light on the post
institutional life experiences. Some children run away from the centers and go back to the streets; others develop new types of DB while others exhibit persistent DB. This study therefore sought to fill the gap by conducting a biographical research based on causes, types of services to be used and strategies of changing behaviour in Kiambu County.

1.3 Purpose of the Study
The purpose of the study was to assess the Juvenile Rehabilitation Centers for children with BD in Kiambu County, Kenya.

1.4 Objectives of the Study
The following were the objectives that guided the study:

i. To identify the common DB disorders referred to the Juvenile RC in Kiambu County.

ii. To determine the causes of DB disorders among Juveniles in RC in Kiambu County.

iii. To establish the mechanisms of behaviour change implemented to Children with DB in Kiambu County.

iv. To establish the types of services offered on Children with BD in the RC’s in Kiambu County.

1.5 Research Questions
i. What are the common DB disorders referred to the Juvenile RC in Kiambu County?
ii. What are the causes of DB disorders among Juveniles in the RC in Kiambu County?

iii. Which mechanisms are used to modify the behaviors of children in the RC’s in Kiambu County?

iv. What types of services are offered to Children with BD in RC’s in Kiambu County?

1.6 Significance of the Study
It is hoped that the study would contribute to the existing body of knowledge about the conditions of juvenile RC in Kiambu County, stimulate further research into the field of DB, policy makers would be able to address the issues affecting successful rehabilitation of juveniles and also act as a basis for further research.

The findings of the study would enable the Rehabilitation Centers to identify the common DB disorders and adopt effective programs that are used in the rehabilitation of juvenile delinquents. These programs would help to emphasize physical challenge and would direct the rehabilitees to do more than what they believed they could do. Assessment of these programs is relevant to the effectiveness of aftercare. Finally, the findings of the study would assist the rehabilitation centers establish appropriate mechanism of behavior change among the rehabilitees. For instance, the introduction of training program for teachers would emphasize classroom management skills, such as the effective use of praise and encouragement, proactive teaching strategies, and ways to manage inappropriate classroom behaviour and build positive relationships with students.
1.7 Limitations of the Study
i. There was limited time for the researcher to interview the respondents hence only questionnaires were used as research tools to gather information. The information provided, though adequate, was not detailed as it did not capture direct experience of the rehabilitees.

ii. Managers, teachers, support staff and the rehabilitees might have hidden some information when filling the questionnaires.

1.7.1 Delimitations of the Study
i. The study was confined to the behaviour RC’s set up by the government through the Ministry of Gender, children and social development whose data was easily accessible from the ministry’s headquarters.

ii. The study was confined to the children in conflict with the law. The respondents were assured of confidentiality of their responses.

1.8 Assumptions of the Study
The researcher assumed that all the respondents would give timely and precise responses to give a constant data, the three RC represented the whole population under study and the time allocated was appropriate for the chosen sample of the RC’s.

1.9 Theoretical Framework
The study was guided by Edwin Sutherland theory of differential association (Regoli et al., 2008). In his theory, he described the process of becoming deviant. Sutherland first
published this theory in 1939 and revised it in 1947. Its basic premise is that behavior is learned through interaction with significant others, typically parents and peers.

The likelihood of a youth developing DB disorders is determined by his or her interactions with both conventional and criminal associations. If a child has more contacts supporting criminal conduct than opposing it, he or she will be more likely to commit crime than someone who has more positive than negative associations. The theory consists of nine principles. To start with, DB is learned; it is not inherited. Biological and hereditary factors are rejected as explanations for the cause of DB. Only sociological factors explain why youth commit crime.

The theory further states that DB is learned through interaction with others by way of communication which can be verbal or nonverbal. Learning occurs in intimate groups. Children learn to commit crime in small, face to face gatherings. In intimate groups, children learn techniques for committing crime as well as the appropriate motives, attitudes and rationalizations. The learning process involves exposure not only to the techniques of committing offences but also to the attitudes or rationalizations that justify those acts. The specific direction of motives and drive is learned from definitions of the legal code as being favorable or unfavorable. The term “definitions” refers to attitudes. Attitudes favoring lawbreaking are common, for instance among people who smoke marijuana. People opposed to marijuana laws claim that these laws are senseless and discriminate against the younger generation (Lundman, 1993).
A juvenile becomes deviant due to an excess of definitions favorable to the violation of law over definitions unfavorable to the violation of law (Vedder, 2002). A parent who hints through words or actions that it is acceptable to fight, treat women as potential conquests, cheat on income tax returns or lie may promote DB in children unless these statements are outnumbered by definitions that favor obeying the law. Tendency towards DB will be affected by the frequency, duration, priority and intensity of learning experiences. The longer, earlier, more intensely and more frequently youths are exposed to attitudes about DB, the more likely they will be influenced. Learning DB involves the same mechanisms involved in any other learning. Criminal behavior and non-criminal behavior are expressions of the same needs and values. In other words, the goals of dev and non are similar.

Differential association theory has shaped thinking about DB for more than a half century. A clear signal of its widespread acceptance is the many research studies testing and critiquing it. These tests generally show that children are more likely to commit crime when they associate with peers with DB.
1.10 Conceptual Framework

Fig 1.1: Services offered in juvenile RC for juveniles with DB disorders
Source: (Regoli et al., 2008)

The Conceptual framework was developed after synthesizing and analyzing the theoretical framework and the review of literature. It shows that various factors influence the smooth running of the programs in the Juvenile RC (Regoli et al., 2008), draws on the differential association theory. If the factors are critically analyzed and taken care of, then this will help in improving the performance of the RC's. The managers, social workers,
teachers and the nation as a whole will discover areas of need to be addressed to help in improving the RC to ensure total elimination of the juvenile DB.

The intent of this was to assess the programs offered in Juvenile RC for children with BD. A conceptual framework follows two paths, A and B respectively. RC that has all facilities and personnel required for effective Rehabilitation process is likely, to achieve the intended objectives as indicated by path A while those lacking them do not realize the objectives as depicted in path B. If the Rehabilitation process is effective, the rehabilitees should be fully rehabilitated after being in the centers for the three years recommended by the Juvenile Court. If they not are fully rehabilitated, the process should be repeated.
1.11 Definition of Operational Term as used in the Study

Assessment: Refers to the process of gathering the necessary information, analyzing it and using the result to make quantifiable value judgment about an issue under investigation.

Conflict with the law: Refers to being in opposition or disagreement with the law.

Deinstitutionalization: Refers to Intentional removal of someone from an institution.

Deviant juvenile: Refers to a child under the age of 16 years who violates any law of the state or any city or village ordinance.

Juvenile deviancy: Refers to criminal acts performed by Juveniles. It is either violent or non-violent crime committed by persons who are usually under the age of eighteen (18) and are still considered to be minors.

Rehabilitation: Refers to the attempt to correct the behavior of juvenile offenders through educational, vocational or therapeutic treatment and reintegrate them to society as law abiding citizens.

Rehabilitation Centers: Refers to places where juvenile with deviant behaviors are taken for psychotherapy, guidance and for the pro-social behavior in order to wipe away the antisocial characters.

Remand Home: Refers to a place where young offenders are confined while awaiting the hearing of their cases at the juvenile courts.

Parole: refers to the conditional release from a correctional facility

Penologists: Refers to people who study the problems of legal punishment and prison management.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter presents review of related literature on DB disorders and rehabilitation. The aim of the study was to assess the services offered in juvenile RC in Kiambu County. It was reviewed under the following subtopics: History of juvenile justice in Kenya, common types of DB disorders among juveniles in the RC’s, determine the causes of DB disorders among juveniles, establish the types of services offered to Children with BD and to establish the mechanisms of behaviour change for Children with BD in the centers in Kiambu County.

2.1 History of Juvenile Justice System in Kenya
Mugo et al., (2006), captures the essence of the historical legal and philosophical establishment of the department of children services, noting the department embodies the guardianship of children rights. The first legislation dealing with children in Kenya was the custody of children ordinance of 1926. This law, however, modeled after the English children act of 1908, applied only to European settler children. African children were treated according to various customary laws, while Muslims children were addressed under Islamic law. Article 20 of the East African order, in council, 1902, required that every court be guided by native law so far as that law was applicable and not repugnant to justice and morality, or inconsistent with any written law. In 1946, the colonial government appointed a committee on young persons and children to advise the
government on the need to enact modern laws. According to the report of the committee (1953), issues relating to legitimacy, adoption, guardianship, custody and maintenance were not to apply to Africans.

According to Mugo et al., (2006), the department of children in Kenya has established under the Children Act (2001) institutions for children. These institutions are: the remand homes to offer children safe custody and care, pending finalization of their cases at the Children’s Court, the RC which aimed at rehabilitating children and reintegrating them back to the society for fully functional living and the children’s Home which are for the care and protection of abandoned, neglected and other vulnerable children.

2.2 Common DB’s and delinquency Referred to the RC’s
According to Lundman (1993) behaviour disorder is a complex phenomenon that is difficult to understand and explain. It is one of the many serious societal problems some children confront on a regular basis. It changes the lives forever of both offenders and victims. Delinquency is a legal term, which refers to acts committed by individuals under the age of 16, 17 or 18 which varies from state to state. A Juvenile Delinquent is one who repeatedly commits crime. Delinquency is generally regarded as calling for some punishment or corrective behaviour action (Lundman, 1993).

According to Regoli et al., (2008), children with deviant behaviors are deeply committed to problem behaviour and have committed many serious offenses over an extended period of time. In 1976, the National Advisory committee on criminal justice standards and
goals in the United states of America recommended that status offenses, be limited to the following: School truancy, repeated disregard for or misuses of lawful parental authority, Repeated running away from home, Repeated use of intoxicating beverages, and Deviant acts committed by a juvenile younger than 10 years of age. DB among juveniles is a result of social pressure from deviant peers and parental responsibility. As noted by Okech (1995), DB among juveniles is as a result of troublesome environment which juveniles encounter in their early age.

A survey by the Education Ministry in Japan showed that students at public schools were involved in a record number of delinquent incidents in 2007—52,756 cases, an increase of some 8,000 on the previous year (Osaka, 2008). In 2006, in response to the suicide of a girl after she was sexually molested in school, the Polish Minister of Education launched a "zero tolerance" school reform. Under this plan, teachers would have the legal status of civil servants, making violent crimes against them punishable with higher penalties. Head teachers will be, in theory, able to send aggressive pupils to perform community service and these students' parents may also be fined. Teachers who fail to report violent acts in school could face a prison sentence (Easton, 2006). The South African Human Rights Commission (2008) has found that 40% of children interviewed said they had been the victims of crime at school. More than a fifth of sexual assaults on South African children were found to have taken place in schools. Exposures to domestic violence, gangsterism, and drugs have had a substantial impact on student performance (Mulupi, 2006).
Juvenile delinquency in Kenya is becoming worse. Juvenile delinquency is on the increase. The number of children found guilty of robbery with violence, drug trafficking and abuse, rape, arson and other crimes is on the increase (Ndirangu, 2000). The most reported child offences in Kenya include; alcohol and drug abuse, rudeness/disobedience, fighting, harassment and bulling, cheating, theft, robbery and murder (Ndiragu, 2000). However, the above studies did not explore a number of the possible DB disorders. Therefore this study sought to the common DB disorders referred to the Juvenile RC in Kiambu County.

2.3 Causes of Deviant Behaviour

Vedder (2002), points out that family values have been held a potent factor for the growth of DB among juveniles in that the norms, values and morals from the family unit create an internalized blueprint for juvenile personality, beliefs and attitudes. Psychologists believe that healthy and nurturing families instruct juveniles on how to interact using functional norms, whereas unhealthy families instruct juveniles on how to interact using dysfunctional norms. Gorman-Smith, Tolan, Loweber and Henry (1998), give families with marital instability as fertile grounds for dysfunctional norms. They observe that when marital instabilities exist within a family, the observable outcomes are seen through juveniles. However, Connolly and Ennew (1996) assert that it does not mean that all single-parent homes are likely to produce deviant juveniles; the key factor is whether the family unit is healthy or not. Reasons advanced by various scholars in an attempt to explain the increased number of juveniles with DBs include the following:
2.3.1 Teenage Parents
Wernham (2003) analysis of 1974 and 1975 birth certificates from the U.S. state of Washington enabled them to compare offenders (adjudicated between 10 and 17 years of age) and non-offenders. For both males and females, being born to an unmarried mother was associated with over a doubling of the risk of becoming a chronic offender; being born to a mother under the age of 18 was associated with more than a threefold increase in the risk of being a chronic offender.

2.3.2 Large Family Size
Being reared in a family with at least four children has long been noted as a significant risk factor for DB (Krisberg & Austin, 1993). Three main possibilities stand out: Large family size tends to be associated with less adequate discipline and supervision of the children, and hence the proximal causal process could lie in the parenting difficulties rather than large family size as such, with the latter having an impact only at a more distal level through its role in making good parenting more difficult. Secondly, he found that the DB risk was associated with the number of brothers in the family but not number of sisters. The findings, in the London study, that the risk of DB was a function of the number of deviant siblings Dembo et al., (2003), Orodho is in keeping with that suggestion, as is the findings that the association is more with deviant in older siblings than in younger siblings and more with same sex than opposite sex siblings. A third possibility is that the risk is inherited rather than being influenced by the environment (Martin, 2005).
2.3.3 Broken Homes
In a London study, Clement (1997), found that the effect of parent-child separation was lost when child-rearing qualities were taken into account; by contrast, broken families continued to show an effect on DB in Pittsburg. Clement (1997) found that the rate of offending was high among boys reared in unbroken conflictful home but low in those from a broken home, provided the mother was affectionate. Troublesome families with scarce resources also influence juveniles to DB. Parents separate and the one left with children neglect them by not providing for basic requirements for example food, education and clothing.

2.3.4 Abuse and Neglect
Justin (1969) found that early childhood victimization increased the risk of later criminality by 50%- a significant but rather modest effect. Aggression by the father occurring in the absence of other adversities had an odds ratio of 2.5 for childhood conduct disorder and 4.4 for adult antisocial personality disorder. Justin (1969), gives inheritance as a determinant factor for the growth of juveniles.

2.3.5 Coercion and Hostility
There is abundant evidence from numerous studies that a coercive, hostile, critical, punitive parenting style is associated with a substantially increased risk for antisocial behavior (Kelly & Wallerstein, 1996). In conclusion, Vanice, (1995) observe that a family as a source of DB has four paradigms: the neglect paradigm, conflict paradigm, divergent behaviour and values paradigm and disruption paradigm.
2.3.6 The Socio-Economic Factors
The status of the working-class families is an important factor for the growth of DB (Martin, 2005). Using a historical analysis from Child-Saving Movement (CSM), Martin illustrates how urban working families or the middle-class can have deviant juveniles. In the middle-class families, Martin (2005) believes that parents put a lot of pressure on juveniles due to involvement in peer groups and the nature of lifestyle portrayed by juveniles. Such pressure is never liked by juveniles and in order to set themselves free from the parent’s pressure, juveniles resort to DBs.

2.3.7 The Media
According to Howell (2003), change in media has been a contributing determinant for the growth of DBs among juveniles. All over the world, television and movies have popularized heroes who promote justice through physical elimination of their enemies. Researchers have concluded that young people who watch such movies tend to behave in volatile manner when provoked in order to eliminate their offenders. This is common among juvenile males between 8- to 12-years old. Besides that, the media brings individual violence by demonstrating violent acts to the spectators, and such violent acts are transferred to juvenile spectators.

2.3.8 Urbanization
As observed by Cuneen & White (1995) the ongoing urbanization in developing countries is a contributing factor to juvenile DBs. Urbanization has fostered new forms of social behaviors among juveniles due to weakening of primary social relations in families. Evidence from documented literature shows that juveniles who receive adequate
parental supervision are less likely to engage in deviant activities compared to those who receive just a dose of parental supervision. According to research done by Kinyua (2004), in Kenya all the above factors contribute in one way or the other to persistent DB but abuse and neglect, media and urbanization are the major causes. The above studies emphasized mostly on family factors as the causes of DB disorders. Hence this study sought to explore other causes of DB disorders among Juveniles in RC in Kiambu County apart from family related causes.

2.4 Strategies of changing behaviour among juveniles

According to B.F. Skinner's behaviourism theory, human behavior was naturally controlled by whether it was rewarded or punished. In other words, people do what they do because it works for them. Skinner advocated positive reinforcement over methods of punishment, both because he proved it to be more effective and because he believed it to be more humane.

2.4.1 Positive Reinforcement

Behavioural modification techniques include positive reinforcement, extinction and punishment. In positive reinforcement performance of a desired behavior is rewarded. Extinction uses withholding of an anticipated reward if a negative behaviour is demonstrated or if a positive behaviour is not performed.

In a punishment system a negative behaviour or the failure to meet behavioral expectations is met with an aversive stimulus, something the person will want to avoid in the future. Positive reinforcement is most effective, according to University of Georgia
Professor Melissa Standridge (2008), when the expectations are well known and very specific and when the reward is something very much desired. Consistency is also important in helping to internalize positive behaviors and make them habits.

2.4.2 Punishment
Punishment especially that, which causes shame or fear, may cause behavior to change for the moment but does not promote a desire to grow or to become better behaved. It may destroy the relationship that could create a desire within the person for positive change. For example, many students become motivated to do their work with greater diligence because they admire and want to please a kind and supportive teacher. If this teacher then shames them in front of the class the catalyst for positive change can be lost. It is for this reason that the United Nations Educational, Scientific and Cultural Organization, UNESCO (2009), called for an end to corporal punishment and other forms of punitive child discipline in schools and in family life, through legislation and programs of education.

Vance (2006) connoted that business environments often punished employees for things outside their own control, by firing, demotion or reprimand commonly for failed financial results. This is counterproductive because employee engagement, which is associated with increased company profits across industries, is promoted by positive reinforcement, team goal setting and rewarding the mastery of new skills, according to Robert Vance, an industrial and organizational psychologist writing for the Society for Human Resource Management.
2.5 Types of services offered to Delinquent Children
There are several services that are used in the rehabilitation of juvenile delinquents as discussed below.

2.5.1 Behavioral Engineering
In the rehabilitation school system behavioural engineering Webster and Reid (2004) have inspired two services of behavior management based on the principles of applied behavior analysis in a social learning format. Services were successful in reducing disruption in children with conduct disorders, as well as improving their academic achievement. The services show good maintenance and generalization of treatment effects when the child was returned to the natural classroom. In addition, the services were successfully replicated in normal schools and were partially successful in rehabilitation schools thus; this is a gap because of recidivism experienced. However, behavior analytic programs continued to function to control truancy and reduce delinquency (Webster and Reid, 2004).

2.5.2 Behavioural Counseling in Juvenile Rehabilitation
Behavioral counseling is an active action oriented approach that works with the typically developing population also, but also assists children with specific/discrete problems such as rehabilitation of child offenders (Ndirangu, 2000). In Kenya, Oketch &Ngumba (2007) outlines that guidance is for all children. If the program focuses on problematic children only, then the vast majority of the children will be ignored. In Kenyan rehabilitation schools, group counseling is mostly used and has not proved to be very effective.
Individual Treatment Plan for rehabilitating each child is often not reviewed thus a hindrance to the successful rehabilitation of child-offenders resulting to recidivism.

In a study by Maru (2005), to establish the socio-demographic characteristics and level of recidivism of children appearing in the Nairobi juvenile court, a sample of 90 children aged 8-18 were used. A socio-demographic questionnaire for children was used. Findings of high prevalence of morbidity were attributed to low socio-economic status, poor family support systems, low education levels and substance use among children. There were 15 different types of deviant behaviours and these children needed urgent psychological management. The deviant behaviours included: dropping out of school, stealing, fighting, aggressive behavior, drug abuse, name-calling among others.

2.5.3 Social and Vocational Skills Training

In a study by Hoagwood (2009), in Britain to establish the effectiveness of social skills training and recidivism, it was found that on the school-based programs, social skills' training was effective in preventing aggression and alcohol abuse and enhancing peer acceptance and locus of control. Teacher consultation was effective in facilitating referral for special education. Analysis of programs for aggressive behavior yielded a beneficial effect on aggression behaviour in all age groups, children at risk showing larger effect. This was a case study at Southampton Juvenile Correctional Center with a random sample of 60 juveniles aged between 11-17 years. Questionnaire and interview methods were used. On recidivism, 96% felt that they were not likely to fall victims of crime, while 4% felt they could be victims again.
In a study by Were (2003), to find out the effectiveness and relevance of the rehabilitation programs offered in selected rehabilitation schools in Kenya namely; Kabete, Likoni, Othaya and Kirigiti, specific attention was paid to the program goals and design, factors contributing to juvenile delinquency and the effectiveness of institutional confinement in rehabilitation of juvenile delinquents. The study was conducted within the selected rehabilitation schools in different parts of Kenya. Included in the experiment sample were delinquent children who had spent more than one year at the institutions, and selected former juvenile offenders discharged from rehabilitation schools between January 1987 and December 1988 after a satisfactory completion of their committal period. The study entailed a questionnaire, structured and unstructured interviews, observation and examination of secondary data.

According to the findings of Were (2003), majority of juvenile delinquents were children of poor parents, with no gainful employment. Most parents were peasant farmers, hawkers and casual workers. Most of the respondents' parents (65.4% fathers and 67.8 mothers) had attained formal education only up to primary level or none at all. Prior to joining the institution, 65% of respondents were living at their places of origin with only 24.2% staying with both parents, and 10.8% alone. 60.4% of the respondents were attending school but had dropped out due to lack of school fees, lack of uniforms, teacher beating, sickness, and bad company. The children suffered lack of food, money, clothing, shelter and not being in school prior to committal.
In a study by Lavera, (2002) to establish the extent to which rehabilitation schools were achieving objectives of rehabilitation of juvenile delinquents, she focused on all Kenyan Rehabilitation Schools. Findings indicated that there were inadequate academic facilities, lack of vocational facilities, deplorable living conditions, inadequate health care facilities, shortage of qualified staff and lack of special rehabilitation skills to handle delinquents.

2.5.4 Parent training Program
Despite their diversity, parenting programs have proven effective for behaviour problems and are the treatment of choice for conduct disorders (Chilcott & Odgers, 2009). In a cross-sectional descriptive study of 26 controlled studies in the UK to determine the effectiveness of parent training programs, parent training yielded an effect size of 0.86 for child behaviour improvement and an effect size of 0.44 for parental adjustment. This was cluster sampling was used with children aged below 18 years. A study in Holland of eight random controlled trials of parenting intervention found that children subsequently spent less time in institutions and were less often re-arrested (Woolfenden, Williams, & Peat, 2002).

Interview method was used with a random sample of 70 juveniles. The Incredible Years Parent Training Program, targeted for low income families has produced improvement in child behavior, related the level of parental involvement and the initial problem of the child (Reid, 2004). This was a longitudinal study done in Britain with a sample of 90 juvenile’s aged between 10-17 years. According to Maru (2005) the reason for focusing on parenting programs in Kenya is that studies on child and adolescent psychology
morbidity in Kenya have consistently shown presence of conduct disorders with only a minority of the population practicing authoritative parenting.

2.5.5 Pre-adjudication Intervention
Its goal is to control DB by providing arrested juveniles with short-term treatment services without referring them to court. In the past these services consisted of informal probation which was an agreement between a juvenile and a probation officer stating that the alleged offender would meet periodically with the officer and stay out of trouble with the law in exchange for not having a petition filed with the juvenile court.

Kakihara (2004) argued that relentless deviancy is the result of treating first-time offenders as if they were to become persistently deviant. In his study on community based treatment of juvenile delinquents in Japan, he ascertained that detention, adjudication, and institutionalization provide juveniles with a deviant self-image and stigmatize them in the eyes of significant others. Juvenile justice system processing therefore does harm than good.

2.5.6 Post Adjudication Intervention
Its goal is to control DB by placing convicted offenders under the formal control of the state for the purpose of rehabilitation, incapacitation, or deterrence. As observed by Howell (2009), once a juvenile has been adjudicated deviant, juvenile court judges have two basic sentencing options. The first is to sentence an offender to probation or another form of community-based treatment. The second is to commit the offender to state or
private correctional institution and follow this with parole. Probation is the most frequently employed sentencing option. Each year approximately 70 percent of the adolescents' adjudicated deviants by the juvenile justice system courts are sentenced to probation. As a result, most probation officers have large caseloads and precious little time to do more than meet infrequently with their youthful clients (Howell, 2009).

Starting in the mid-1970s, some offenders sentenced to probation, along with other juveniles, were taken to state prisons for intensive confrontation sessions with adults' inmates serving long-term or life sentences. Using their own experiences as examples, inmates told juveniles of the harsh realities of imprisonment. The purpose was to scare the juveniles by showing them what could happen if they persisted in their deviant ways (Peterson, 1996).

Parole as pointed out by Murphy (2008), is another way of eliminating deviant behavior. Unlike probationers who serve their entire sentence in the community, parolees do part of their time in an institution. They are then released to the community, where they serve the remainder of their sentence. Parole officers enforce the conditions of parole and attempt to keep their parolees from further trouble with the law. In addition, intensive aftercare and standard parole practices, particularly those that focus on social control, have not been effective in normalizing high-risk juvenile parolees' behaviour over the long term. If youth successfully complete treatment programs, they should not be abruptly returned to the environment where the misconduct occurred without appropriate supervision and transitional support. Consequently, intensive aftercare programs that provide high levels
of social control and treatment services have gained substantial support (Dembo, Schmeidler & Wothke, 2003).

In addition the authors noted that the development of an intensive aftercare program, currently being demonstrated in four jurisdictions, that incorporates five principles: Prepare youth for progressive responsibility and freedom in the community. Secondly, facilitate youth-community interaction and involvement in addition to working with both the offender and targeted community support systems, such as families, peers, schools, and employers, to facilitate the youth's constructive interaction with these groups and gradual community adjustment. Consequently, develop the needed resources and community support and lastly monitor and ensure successful reintegration into the community (Dembo, Schmeidler & Wothke, 2003).

2.6 Summary
It was evident from literature review that quite a number of behaviours in RC have been established in Kenya (Mugo et al., 2006) and almost all the counties in Kenya have a RC. This means that if the centers are well managed then the issue of DB among the juveniles would be minimized. According to research done by Mugo et al., (2006), family issues contribute a lot to juveniles with BD for example; large family size, abuse and neglect, coercion and hostility and social economic factors. The government through the ministry of gender, children and social development has failed to organize seminars for parents to advise them on how to handle their children from when they are young to help in eliminating the DB. According to research done by Wakanyua (1995), facilities in the
various RC's were poorly maintained. The government through the ministry of gender, children and social development may have failed to improve the facilities to ensure an effective Rehabilitation process.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction
This section includes the research design, research variables, location of the study, target population, sampling techniques, sample size, research instruments, pilot study, validity, reliability, data collection techniques, data analysis and logistical and ethical considerations.

3.1 Research Design
The study used descriptive survey research design to assess the current situation in the RC’s. Quantitative research approaches were adopted to allow the researcher gather information on the services offered in Juvenile RC for children with DB disorders. These approaches were to allow study participants to provide responses that reflected their particular frame of reference and language.

3.2 Variables
The dependent variable was Effective rehabilitation process. Independent variables Included Facilities, instructors of vocational centers, teachers of the primary school, guidance and counseling counselors and other staff.

3.3 Location of the Study
The study was carried out in Kiambu county RC’s. Kiambu County covers an area of 2,449.2 square kilometers and its capital is Kiambu which is about 12 kilometeres from
Nairobi the capital city of Kenya. According to statistics from the department of children services, ministry of Home affairs (2005), Kiambu County has 3 RC’s, thus provide a substantial target population.

3.4 Target Population
The study targeted all the public Juvenile RC in Kiambu County. A total of 3 public Juvenile RC’s managers, 18 teachers and 254 rehabilitees were targeted.

3.5 Sampling Techniques and Sample Size
Purposive sampling was used to select the RC’s, managers and head teachers because they are basically the ones with the knowledge about their institutions. All the three RC in Kiambu County formed the strata since the number was manageable. Simple random sampling was used to select 18 teachers and 50 rehabilitees. This gave all members an equal chance of being selected. This translated to a sample size of 171 respondents. The table below described the target population and sample size.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Population</th>
<th>Sample</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers</td>
<td>3</td>
<td>3</td>
<td>100.00</td>
</tr>
<tr>
<td>Teachers</td>
<td>18</td>
<td>18</td>
<td>100.00</td>
</tr>
<tr>
<td>rehabilitees</td>
<td>254</td>
<td>150</td>
<td>59.06</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>275</strong></td>
<td><strong>171</strong></td>
<td><strong>60.46</strong></td>
</tr>
</tbody>
</table>
3.6 Research Instrument
In order to achieve the objectives of the study, data was gathered through questionnaires.

3.6.1 Structured Questionnaires
Structured questionnaires were administered to the managers, teachers and rehabilitees.
This was useful in determining the following variables:

i. Demographic data such as age, occupation, marital status, education.

ii. The common DB’s.

iii. Causes of DB’s and

iv. Progress of rehabilitation programs.

Questionnaires were used to gather data for the study. According to Gay (1976), questionnaire offers considerable advantages in its administration. It can be used for large numbers of population simultaneously and also provide the investigation with an easy accumulation of data. Gay (1976), maintains that questionnaires give respondents freedom to express their views or opinion and also to make suggestions. The questionnaires had two sections. Section A was on demographic information and section B was on information concerning common DB disorders; the causes of such DB disorders, mechanisms of behaviour change and the types of services used with Delinquent Children.

3.7 Piloting of the Instruments
This is the testing of the research instruments to a small representative sample identical to, but not including the group of the study to test validity and reliability. Piloting was
done in Othaya RC since it was the nearest rehabilitation institution that could produce relative results to the study. Convenience sampling technique was employed for the exercise and the centre was not included in the study. The objective was to assess the clarity of the instrument such that items found to be inadequate were discarded or modified in order to improve on validity. The researcher presented the instruments to the institution in person and collected them afterwards to determine their suitability with the help of supervisors.

3.7.1 Validity of the Instruments
According to Mugenda and Mugenda (1999), Validity is the accuracy and meaningfulness of inferences, which are based on the research results. It is the degree to which results obtained from the analysis of the data actually represent the variables of the study. To ensure that the information that would be collected from the field would be accurate and reliable, there was need to determine content validity of the instruments. Thus the researcher employed the expertise of his two supervisors and one departmental lecturer with relevant skills in the field of study who assessed the content and gave feedback.

3.7.2 Reliability of the Instruments
Orodho (2009), observes that reliability of an instrument is the consistence in producing similar results over a period of repeated trials. The researcher used Test-Retest method to determine reliability of the questionnaires. The researcher administered the first test of the developed questionnaires and then scored them manually. After period of two weeks,
the same questionnaires were administered again to the same group and the responses scored manually. Then a comparison of the first score and that of the second was done using the Spearman Rank Order Correlation Coefficient formula. The researcher used the same method and procedure, to determine the reliability of teachers’ questionnaires. This helped in determining the consistency of the instruments in eliciting the same responses every time the instruments will be administered. During the pre-test, a reliability index (r) of 0.76 was obtained and hence the instrument was accepted. The instrument was also discussed and critiqued by supervisors to ensure clarity and adequacy of the research tool and this way, content validity was achieved.

3.8 Data Collection Procedures
The researcher first sought permission from Kenyatta University, and then visited the RC and administered the questionnaire with the help of the research assistant. The respondents were required to write the response that best represented their opinions. The researcher also made arrangements with administrators and relevant departmental heads and agreed on the time and date of the study in order to avoid disruption. The researcher assured the respondents of confidentiality on their responses. Data collection took a period of two weeks, that’s two Centers the first week and the other one in the second week.

3.9 Data Analysis
Quantitative data analysis was done by describing the distribution of variables like the common DB disorders and causes of DB disorders among Juveniles in RC in Kiambu
County, behaviour change of children and types of Programs used with Delinquent Children. The frequency counts and simple percentage were used to provide answers to the research questions. The researcher then made conclusions and gave recommendations for future action and research.

3.10 Ethical Considerations and Logistics
A research permit was obtained from the National Council of Science and Technology, through the Dean graduate School Kenyatta University. A letter from the department of children in the ministry of Gender, Children and social development was also obtained to allow the researcher to visit the RC as they are under this ministry. Informed consent was obtained from the respondents and they were treated with respect and were assured of confidentiality.
CHAPTER FOUR
DATA ANALYSIS, RESULTS AND DISCUSSION

4.0 Introduction
This chapter presents data analysis, presentation of results and study discussion. The results are presented in form of charts, graphs and frequency tables. The purpose of the study was to assess the Juvenile rehabilitation centers for Children with behaviour disorders in Kiambu County, Kenya. In order to achieve the aim of the study, the following specific objectives guided the study;

a) To identify the common DBs referred to the Juvenile RC's.
b) To determine the causes of DB disorders among juveniles in RC in Kiambu County.
c) To establish the mechanisms of behaviour change for children with DB.
d) Establish the types of services implemented on children with behavior disorders.

Analysis of data was carried out using descriptive statistics after converting the collected data to writing by use of pre-determined coding categories related to the research questions so as to come up with useful conclusions and recommendations. The findings were analyzed and presented under related headings.
4.1 Background Information
4.1.1 Gender

Figure 4.1: Gender of Rehabilitees

Figure 4.1 shows that a total of a hundred and fifty rehabilitees were interviewed. Majority 100 (66.7%) of children found in RC's were females while only 50 (33.3%) were males. There are three RC's in Kiambu County. According to (Mugo et al, 2006), the total number of RC in Kenya is ten; eight for boys and only two for girls. Both the two Centers for girls are in Kiambu County. The two centers also receive girls from other parts of Kenya hence more girls are rehabilitated than boys in the Centers in Kiambu County.
Figure 4.2: Age Category of Rehabilitees

Figure 4.2 shows that majority 74 (49.3%) of the total rehabilitees interviewed were of ages between fifteen and seventeen years closely followed by ages between twelve and fourteen years 54 (36%) and the least number being those of age between nine and eleven years 6 (4.7%). As regards age of criminal responsibility, section 14 of the Kenyan penal code set the minimum age of criminal responsibility at 8 years. In the RC visited, there is evidence that the rehabilitees were 9 years of age and above. At the age of 13 years up to 17 years, young people are in their adolescence and become hyperactive leading to more cases of violence and deviant behaviors. Those who were 18 years and above had been brought to the Centers for care and protection and their families have not been traced.
4.1.3 Class Level

Figure 4.3: Current Class Level of Rehabilitees

- 63 (42%) of those found in RC were between class seven and eight,
- 48 (32%) were in pre-vocational,
- 35 (23.3%) were in class four to six, while only 4 (2.7%) were found in class one to three.
4.2 Findings and Interpretations by Research Questions

4.2.1 Common DB’s referred to the Juvenile RC’s

This was the first objective of the study and it sought to establish the common deviant disorders that were referred to the Juvenile RC’s. The respondents were asked to identify the types deviant disorders they had which made them be referred to the RC’s.

Table 4.1: Common crimes referred to the centers

<table>
<thead>
<tr>
<th>Crime</th>
<th>Frequency</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusing drugs</td>
<td>19</td>
<td>12.7</td>
</tr>
<tr>
<td>Stealing</td>
<td>51</td>
<td>34.0</td>
</tr>
<tr>
<td>Murder</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Prostitution</td>
<td>27</td>
<td>18.0</td>
</tr>
<tr>
<td>Robbery</td>
<td>21</td>
<td>14.0</td>
</tr>
<tr>
<td>Fighting</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td>14</td>
<td>9.3</td>
</tr>
<tr>
<td>Rape</td>
<td>6</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.1 above shows that the most common reason why the rehabilitees were in the centers was because of stealing. This is indicated by majority of the respondents at a response rate of 51 (34.0%). Other leading crimes include prostitution 27 (18.0%), robbery 21 (14.0%), abuse of drugs 19 (12.7%), dropping out of school 14 (9.3%), fighting 9 (6.0%), rape 6 (4.0%), and murder 3 (2.0%). These findings agreed with the findings of Regoli et al (2008). These findings agree with Regoli et al., (2008) results in their study. According to Regoli et al (2008), causes of DB referred in most centers are truancy, repeated disregard for or misuse of lawful parental authority, repeated running away from home, and repeated use of intoxicating beverages, drug abuse, robbery, stealing and prostitution.
The findings of the study also coincide with the Wakanyua's findings. According to (Wakanyua, 1995) early antisocial behavior may be the best predictor of later DB disorders. Antisocial behaviors generally include various forms of oppositional rule, violation and aggression, such as theft, physical fighting, and vandalism. In fact, early aggression appears to be the most significant social behavior characteristic to predict DB before age 13 years.

4.2.2 Causes of DB referred to the Juvenile RC's

This was the study's second objective and it sought to assess the causes of DB disorders among juveniles in RC in Kiambu County. The respondents were asked to either agree or disagree with the proposed causes of behavior disorders by the researcher. The results of the findings were presented as below.

Table 4.2: Causes of behavior disorders as reported by teachers (N=18)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Those who indicated</th>
<th>Those who did not indicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Broken Homes</td>
<td>16</td>
<td>89.0</td>
</tr>
<tr>
<td>Teenage parenthood</td>
<td>15</td>
<td>83.3</td>
</tr>
<tr>
<td>Large family size</td>
<td>14</td>
<td>77.8</td>
</tr>
<tr>
<td>Abuse and neglect</td>
<td>12</td>
<td>66.7</td>
</tr>
<tr>
<td>Absence of parents</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>Coercion and hostility</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Parental neglect</td>
<td>4</td>
<td>22.2</td>
</tr>
<tr>
<td>Socio-economic status</td>
<td>12</td>
<td>66.7</td>
</tr>
<tr>
<td>Media</td>
<td>12</td>
<td>66.7</td>
</tr>
</tbody>
</table>

Table 4.2 shows that majority 16 (89.0%) of the rehabilitees developed DB disorders due to large family size. the more children in a family, the greater the risk of deviant disorder
development among them. Being parents at teen-age was also one of the leading factors as indicated by a response rate of 15 (83.3%). At this age, the parents have no experience of the most appropriate and healthy ways of bringing up the child. Therefore early child offending may develop through primary risk factors such as lack of parental supervision; and neglect due to low income. These findings agreed with the findings of Werham. In his study, Wernham (2003) found that the parents were mainly teenage parents, from broken homes or homes where there were abuse and neglect, coercion and hostility or were low income earners and these needed guidance and counseling to handle the situation.

Based on media influence, according to managers and teachers, such behaviors of the rehabilitees as Watching violent movies, watching movies on drugs and pornographic movies were also found to be the leading factors causing deviant disorders among the juveniles at the response rate of 12 (66.7%). These findings agreed with the findings of Wernham (2003), who noted that for both males and females, being born to an unmarried mother was associated with over a doubling of the risk of becoming a chronic offender; being born to a mother under the age of 18 was associated with more than a threefold increase in the risk of being a chronic offender. Large family size tends to be associated with less adequate discipline and supervision of the children, and hence the proximal causal process could lie in the parenting difficulties rather than large family size as such, with the latter having an impact only at a more distal level through its role in making good parenting more difficult (Krisberg & Austin, 1993).
4.4.3 Juvenile Rehabilitation Programs for Children with DB in Kiambu County

Table 4.3 Juvenile Rehabilitation programs employed as reported by Managers

<table>
<thead>
<tr>
<th>Programs</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>Individual Treatment Plan</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Social skills’ training</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Parent training</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Aftercare programs</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Treating first-time</td>
<td>3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Training in social skills 3(100.0%) and treating first time offenders 3(100.0%) were the major programs employed in for children with DB in Kiambu County. Other programs used include; aftercare programs 2(66.7%) and group counseling 1(33.33%). However parent training and individual treatment plan was not utilized at all. This implies that behavioural counseling was oriented approach. As well, group counseling was mostly used though not effective since there was minimal change in children delinquency. Individual Treatment Plan for rehabilitating was not employed at all perhaps due to time limitation hence this explains why recidivism was common. The centre was not aware of the effectiveness of parent training programs towards child behaviour improvement hence did not practice. These findings were supported by the findings of Oketch and Ngumba (2007). In the study, they outlined that guidance is for all children. If the program focuses on problematic children only, then the vast majority of the children will be ignored.
Table 4.4: Duration of rehabilitees in the centers

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 1 yr</td>
<td>48</td>
</tr>
<tr>
<td>1-3 yrs</td>
<td>96</td>
</tr>
<tr>
<td>4-6 yrs</td>
<td>5</td>
</tr>
<tr>
<td>6-8 yrs</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
</tr>
</tbody>
</table>

Table 4.3 above indicates that the majority 96 (64.0%) of the rehabilitees had stayed for more than 1 year. This implies that the rehabilitees had stayed for a period long enough to be rehabilitated. There were some rehabilitees who took longer period of time to be rehabilitated. Thus time recommended for rehabilitation process is 3 years. These findings coincide with the findings of Mugo et al., (2006), which outlined that the purpose of the juvenile RC’s is to rehabilitate children and reintegrate them back to the society for fully functional living after a long period of time. According to Mugo et al., (2006), during the rehabilitation process, other DBs emerge among the rehabilitees in the RC’s.

Table 4.5: Suitability of the Juvenile Rehabilitation centers

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discover ones talent</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Helped change one’s life</td>
<td>74</td>
<td>49.3</td>
</tr>
<tr>
<td>learnt a course</td>
<td>64</td>
<td>42.7</td>
</tr>
<tr>
<td>No benefit</td>
<td>7</td>
<td>4.3</td>
</tr>
<tr>
<td>Prevented me from early unwanted pregnancy</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4.4 shows the benefits of RC in Kiambu County to the rehabilitees: majority of the rehabilitees 74 (49.3%) indicated that the centers had changed their lives, 64 (42.7%) had learned a course, 4 (2.7%) had discovered their talents and 1 (0.7%) had been prevented from early marriages. This implies that various stages of prevention and control intervention were objectively set to achieve the rehabilitation goals to develop effective methods for preventing DB disorders and its escalation into serious and violent juvenile offending, intervention methods based on a wide range of individual, family, peer, school, and community risk factors. However, 7(4.3%) felt that they didn’t benefit from being in the centers. This indicates that even though the interventions were valid, there was lack of interventions targeting antisocial behaviours in young children which is essential in a better understanding of the socialization failures that lead to juvenile DB and eventually, criminal behavior in adulthood.

Table 4.6: Suitability of rehabilitation facilities as reported by teachers (N=18)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Those who indicated</th>
<th>Those who did not indicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Rehabilitees come from different backgrounds hence difficult to accommodate them due to lack of enough rooms, beds &amp; bedding.</td>
<td>15</td>
<td>83.3</td>
</tr>
<tr>
<td>Difficult to accommodate staff within the institution</td>
<td>14</td>
<td>77.8</td>
</tr>
<tr>
<td>Few counselors for guidance &amp; counseling</td>
<td>10</td>
<td>55.6</td>
</tr>
</tbody>
</table>
Table 4.5 above shows the results on the investigation of suitability of rehabilitation materials as reported by teachers. Majority 15 (83.3%) agreed that there was lack of enough accommodation in the centers since the rehabilitees came from different backgrounds hence difficult to accommodate all of them together. In addition, it was difficult to accommodate staff within the institution; as indicated by 14 (77.8%). There was lack of proper guidance and counseling in the centers due to lack of enough trained personnel.

4.4.5 Mechanisms used to modify the behaviours of children

Even though numerous challenges were identified, the following strategies were found to assist in modifying the behaviours among children in the RCs as shown in the table below.

Table 4.7: Courses offered towards modifying behaviours as reported by managers (N=3)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Those who indicated</th>
<th>Those who did not indicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailoring</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Baking</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Hair dressing</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Carpentry</td>
<td>1</td>
<td>33.3</td>
</tr>
<tr>
<td>Masonry</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Academic</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Counseling</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Music</td>
<td>2</td>
<td>66.7</td>
</tr>
<tr>
<td>Mechanic</td>
<td>3</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Some effective intervention programs that focus on reducing persistent DB in young children were meant to reduce serious, violent, and chronic offences. The major courses include: tailoring, baking, masonry, academic and mechanic. Other courses offered were hair dressing, Counseling, music and carpentry. Several courses were harmonized to meet the various talents of the rehabilitees.

The findings of the study also revealed that the rehabilitation observed the welfare of the rehabilitees by nurturing their talents by offering extracurricular activities. The games performed include: volleyball, football, netball, hand ball, hockey and basketball. The findings are supported by Mulupi (2006). In his study, Mulupi (2006) found that keeping children busy by exposing them to their interests affect improves children’s socialization and reduces emotional expression hence help them learn to manage negative emotions constructively. Thus, how children express emotions, especially anger, early in life may contribute to or reduce their risk for DB. DB’s have focused on the concepts of behavioral inhibition and behavioral activation.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, summary, conclusions and recommendations were made on matters related to the programs offered in juvenile RC for children with DB. The data were analyzed based on the following research objectives.

i. To identify the common DB disorders referred to the Juvenile RC in Kiambu County.

ii. To determine the causes of DB disorders among Juveniles in RC in Kiambu County.

iii. To establish mechanisms of behaviour change for children with DB.

iv. To establish the types of Programs used on children with BD.

5.2 Summary of the Findings

From the findings of the study, the common DB disorders among the rehabilitees were stealing, prostitution, robbery, abuse of drugs, school dropout, fighting, rape, and murder. The findings indicate that most crimes were facilitated by family and individual risk factors which emphasize children’s behaviours as the result of genetic, social, and environmental factors based on individual’s genetic, emotional, cognitive, physical, and social characteristics. According to majority of teachers, school dropout among the rehabilitees was more prevalent due to poor cognitive development and behaviour problems during early childhood which highly affects their academic achievement.
Majority of the rehabilitees developed BD due to teenage parents hence early child offending may develop through primary risk factors such as lack of parental supervision; and neglect due to low income. Large family size was also one of the leading factors indicating that the more children in a family, the greater the risk of DB development among them. The parents from broken homes or homes where there were abuse and neglect, coercion and hostility or were low income earners could not manage to handle their Children due to lack of proper guidance and counseling. Media also influenced the behaviors of the rehabilitees based on the type of media programs they watched. From the findings, most factors leading to the development of DB among the rehabilitees were family factors which include; parenting; maltreatment; family violence; divorce; parental psychopathology; familial antisocial behaviors; teenage parenthood; family structure and large family size.

The findings revealed that there were a number of benefits the rehabilitees obtained from the RC’s. Training in social skills and treating first time offenders were the major programs employed in for children with DB in Kiambu County. Other programs used include; aftercare programs and group counseling. However parent training and individual treatment plan was not utilized at all. These programs were useful in nurturing their talents through learning various courses making them achieve their goals. It was also useful in sex education which was an important aspect in the adolescents. However, there was lack of interventions targeting antisocial behaviors in young children which is essential for better understanding of the socialization failures leading to criminal
behavior. Most rehabilitees would not change their DB at a shorter period of time due to lack of proper guidance and counseling in the centers.

For effective intervention programs that focus on reducing DB in young children the program offers useful courses which include: tailoring, baking, masonry, academic and mechanic. Other extracurricular activities offered were volleyball; football; netball; handball; hockey; and basketball.

Investigation of the opinions of the respondents on the programs, DB were not eliminated during the program due to limited time frame set out by the government, lack of parental care, giving up among the rehabilitees and escape of the rehabilitees from RC before the process is over. Recurrent DB occurred among the juveniles due to peer pressure, poverty, preparedness, lack of proper guidance and counseling, formed attitude and emotional trauma.

5.3 Conclusion
The findings of the study show that the most common reason why the rehabilitees were in the centers was because of stealing. The study concluded that majority of the rehabilitees developed DB disorders due to teenage parents. At this age, the parents have no experience of the most appropriate and healthy ways of bringing up their child. Therefore early child offending may develop through primary risk factors such as lack of parental supervision; and neglect due to low income. In addition, majority of the rehabilitees had stayed for more than one year in the RCs. This implies that the rehabilitees had stayed for
a period long enough to be rehabilitated. There were some rehabilitees who took longer period of time to be rehabilitated. Even though numerous challenges were identified, the following strategies were found to assist in modifying the behaviours among children in the RCs. Some effective intervention programs that focus on reducing persistent DB in young children were meant to reduce serious, violent, and chronic offences. Several courses were harmonized to meet the various talents of the rehabilitees. The findings of the study conclude that the centers observed the welfare of the rehabilitees by nurturing their talents by offering extracurricular activities. The games performed include: volleyball, football, netball, hand ball, hockey and basketball. However, there is much work needed in these centers and therefore the government needs to improve on the infrastructures. Guidance and counseling is being sourced from outside which is not always on time and the counselors also don't understand the rehabilitees well for they don’t spend most of their time in the centers.

5.4 Recommendations

5.4.1 Recommendations to rehabilitation centers

1. Parents, guardians, relatives and all members of the community should be actively involved in the rehabilitation of children. They should regularly visit children in the rehabilitation centers to get to know of their progress and to show a sense of belonging. This is viewed to be one of the strategies to ensuring effective re-integration of children in to the community upon completion of rehabilitation process.

2. Training offered in rehabilitation centers should be improved to give diversified training both for vocational and educational training. This will give a variety of options to the
rehabilitees giving them a chance of securing employment in future. They should be tailored to current realities in the world of work today.

3. Children with criminal records should be carefully screened and isolated from others. Some petty offences should be handled by social workers and parents/guardians of the respective children in order to avoid removing them from the community and in the process labeling them as social misfits.

5.4.2 Recommendations to the government

1. The government should provide a guidance and counseling program in rehabilitation schools. The department of children services should hire qualified and experienced staff to enable them competently and effectively deal with delinquent children. Such personnel should have professional training with exposure to various courses like, human development and personality, counseling techniques, and children’s record maintenance. This will help the children in rehabilitation centers be able to understand and accept themselves and thus make plans to improve themselves educationally, vocationally and socially.

2. The department of children services should provide adequate treatment to children in need of care within a genuine system of social welfare and stop considering institutional rehabilitation as the only solution for children with criminal tendencies.

3. For those who do not proceed on with education after leaving rehabilitation centers, placement officers should make arrangements with the Government and other Non-Governmental Organizations to help them procure assistance and/or loans to enable them to start off and thus reintegrate with ease to normal life. For those who proceed
to secondary schools and colleges, a support program should be formulated to cater for their education.

4. The government through the institutions and other agencies needs to make a follow up on those who exit to find out whether they reintegrate in the society or not, whether they utilize the skills trained or not, with a view to intervening and deriving lessons that can be used to further improve the rehabilitation centers in Kenya.

5.5 Areas of Further Research
There is a need to carry out research in the following areas:

1. There is need to carry out research on different cases that lead to children being taken to RC so as help the rehabilitators be in a better position to help them since what is offered in the centers is a generalization of the problems. Each rehabilitee should have a unique program organized because they have committed different crimes.

2. Similar studies should be carried out in other rehabilitation centers in other regions in Kenya mainly to investigate on the effectiveness of rehabilitation process towards improving children’s behavior and character.

3. There is need to carry out a research on effectiveness of probationary and aftercare programs for rehabilitated juvenile delinquents in Kenya.

4. There is need to carry out research to know how the rehabilitees have settled once released back to society.
REFERENCES


APPENDIX A

QUESTIONNAIRE FOR MANAGERS

Request letter to the respondents
I am a graduate student at Kenyatta University in the department of special education. I will be analyzing the juvenile Rehabilitation programs for children with behavior disorders in Kiambu County as a partial fulfillment of my master’s degree. I humbly request you to kindly assist in providing the information I require. Do not write your name to ensure confidentiality. The information you give will be used only for academic purposes.

Tick where appropriate
1. Gender?
   Male [ ]
   Female [ ]

2. For how long have you been working in the Rehabilitation Centre?
   1-5 [ ] 6-10 [ ] 11-15 [ ] 16-20 [ ] above 21 [ ]

3. What is the highest level of qualifications attained especially as a special educator?
   Certificate [ ]
   Diploma [ ]
   Degree [ ]
   Masters [ ]
   PhD [ ]
   Others specify
4. How do you rate the Human resource in the centre?

Very adequate [ ]
Adequate [ ]
Not adequate [ ]

5. All support staff have the necessary skills for rehabilitation?

Yes [ ]
No [ ]
I don't know [ ]

6. (i) Please state the challenges you encounter in managing the institution.

(ii) How do you overcome these challenges, explain

7. (i) DB of all the rehabilitees is fully eliminated after 3 years?

Strongly agree [ ]
Agree [ ]
Disagree [ ]

(ii) If disagree, what are the possible reasons?

8. (i) Do the rehabilitees develop other DB while undergoing the rehabilitation process?

(ii) If yes explain briefly

(iii) What in your opinion are the possible causes of recurrent deviant Behavior?

9. Briefly explain how the Rehabilitation process is carried out?

10. What courses do you offer in the centre?
11. (i) Do you follow-up the rehabilitees after they are integrated back to the society?

(ii) If Yes, How successful are they?

(iii) If No, Why?

12. Do your center have a guidance and counseling specialist?

13. If yes is he/she full time or part time?

14. If no how does the school deal with guidance and counseling issues among the rehabilitees?

15. Please indicate whether you employ the following Juvenile Rehabilitation Programs for Children within this centre.

<table>
<thead>
<tr>
<th>Programs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Treatment Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social skills’ training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aftercare programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treating first-time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

QUESTIONNAIRE FOR TEACHERS

Request letter to the respondents

I am a graduate student at Kenyatta University in the department of special education. I will be analyzing the juvenile Rehabilitation programs for children with behavior disorders in Kiambu County as a partial fulfillment of my master’s degree. I humbly request you to kindly assist in providing the information I require. Do not write your name to ensure confidentiality. The information you give will be used only for academic purposes.

1. What is your area of specialization?

2. In your opinion how suitable are the Rehabilitation materials used in the rehabilitation process?

3. Please state the challenges you encounter in handling the rehabilitees.

4. Do you think your training is adequate in carrying out the rehabilitation process?

5. What is the teacher/Rehabilitees ratio?

6. What are the common crimes for referral?

7. (i) DB is fully eliminated after the Rehabilitation?

(ii) If you disagree, what are the possible reasons?

8. Do the rehabilitees develop other DB in the process of being Rehabilitated?

9. What in your opinion are the possible causes of recurrent deviant behavior?
10. How often was the DB repeated by the rehabilitees?

- 0-1 years [ ]
- 2-3 years [ ]
- 4-5 years [ ]
- Any other [ ]

11. What kind of families are they from?

- Single parent [ ]
- Separated/divorced parent [ ]
- Where there is hostility between the two parents [ ]
- Where there is child abuse [ ]
- Where children are neglected [ ]
- Stable families [ ]
- Any other [ ]

12. Do you think the following contribute to DB among the juvenile rehabilitees?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching violent movies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Watching movies on drug abuse</td>
<td>[ ]</td>
</tr>
<tr>
<td>Watching pornographic movies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Living in the slum areas</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
13. What courses do you offer in the centre?

14. Are there enough hostels in the centre

15. Which extracurricular activities are offered at the centre?

Football [ ]
Netball [ ]
Basketball [ ]
Hockey [ ]
HandBall [ ]
Volleyball [ ]
APPENDIX C

QUESTIONNAIRE FOR REHABILITEES

Request letter to the respondents

I am a graduate student at Kenyatta University in the department of special education. I will be analyzing the juvenile Rehabilitation programs for children with behavior disorders in Kiambu County as a partial fulfillment of my master’s degree. I humbly request you to kindly assist in providing the information I require. Do not write your name to ensure confidentiality. The information you give will be used only for academic purposes.

1. Gender
   Male [ ]
   Female [ ]

2. Age Category
   Below 8 years [ ]
   9-11 years [ ]
   12-14 years [ ]
   15-17 years [ ]
   Above 18 years [ ]

3. Class level
   Std 1-3 [ ]
   Std 4-6 [ ]
   Std 7-8 [ ]
Prevocational

4. Are your parents alive?
(ii) If Yes, Where are they currently?

5. Who brought you to the center?
Parents [ ]
Strangers [ ]
Probation officer [ ]
Any other [ ]

6. Do you know why you were brought to the center?
Yes [ ]
No [ ]
(ii) If Yes
Explain........................................................................................................

7. For how long have you been in this center?
Below 1 year [ ]
1-3 years [ ]
4-6 years [ ]
6-8 years [ ]
Above 9 years [ ]

8. Has the training in the centre been of any help to you?
(i) If Yes, How?
(ii) If No, Why?

9. What do you aspire to be?
### APPENDIX D

### WORK PLAN

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal submission</td>
<td>October, 2012</td>
</tr>
<tr>
<td>Defending of proposal at the department</td>
<td>November, 2012</td>
</tr>
<tr>
<td>Submission of the proposal at the school</td>
<td>January, 2013</td>
</tr>
<tr>
<td>Pilot testing of research instrument</td>
<td>January, 2013</td>
</tr>
<tr>
<td>Data collection</td>
<td>April, 2013</td>
</tr>
<tr>
<td>Data analysis</td>
<td>November, 2013</td>
</tr>
<tr>
<td>Writing of draft of thesis</td>
<td>November, 2013</td>
</tr>
<tr>
<td>Final copy of thesis</td>
<td>December, 2013</td>
</tr>
<tr>
<td>Defending of thesis</td>
<td>August, 2014</td>
</tr>
<tr>
<td>Graduation</td>
<td>December, 2014</td>
</tr>
</tbody>
</table>
# APPENDIX E

## BUDGET

<table>
<thead>
<tr>
<th>Items</th>
<th>Amount in Kshs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationary</td>
<td>40,000</td>
</tr>
<tr>
<td>Typing and printing draft and questionnaire</td>
<td>30,000</td>
</tr>
<tr>
<td>Photocopying questionnaires</td>
<td>10,000</td>
</tr>
<tr>
<td>Typing, printing and photocopying proposal and thesis</td>
<td>20,000</td>
</tr>
<tr>
<td>Total binding cost</td>
<td>15,000</td>
</tr>
<tr>
<td>Research permit and research assistant</td>
<td>25,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>160,000</strong></td>
</tr>
</tbody>
</table>
APPENDIX F

AUTHORIZATION LETTER

MINISTRY OF GENDER, CHILDREN AND SOCIAL DEVELOPMENT

To Managers:-
- Kirigiti Rehab. School
- Dagoretti Rehab. School
- Kabete Rehab. School

RE: DATA COLLECTION- MS. JOYCE MUGURE WANGERI-ID. NO 8485834

The above named is a student at Kenyatta University pursuing Masters Degree in special education and is carrying out a research on juvenile rehabilitation programs for children to assist in the finalization of her project.

She has been authorized to visit your institutions with a view to collecting data towards the same.

Kindly accord her the necessary assistance.

Thank you.

Justus Muthoka
For: DIRECTOR CHILDREN SERVICES.
Joyce Mugure Wangeri  
Kenyatta University  
P.O BOX 43844-00100  
NAIROBI

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Analysis of juvenile rehabilitation programs for children with behaviour disorders in Kiambu County, Kenya.” I am pleased to inform you that you have been authorized to undertake research in Central Province for a period ending 31 st August, 2013.

You are advised to report to the District Commissioners, the District Education Officers and the District Medical Officers of Health, Kiambu County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. M.K. RUGUTT, PhD, HSc  
DEPUTY COUNCIL SECRETARY

Copy to:

The District Commissioners  
The District Education Officers  
The District Medical Officers of Health  
Kiambu County

"The National Council for Science and Technology is Committed to the Promotion of Science and Technology for National Development."
APPENDIX G

RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
Prof./Dr./Mr./Mrs./Miss/Institution
Joyce Mugure Wangeri
Of (Address) Kenyatta University
P.O BOX 43844-00100
NAIROBI

Has been permitted to conduct research in
Kikuyu/Kiambu
Central

Location
District
Province

On the topic: Analysis of juvenile rehabilitation
programs for children with behavior disorders in
Kiambu County, Kenya.

For a period ending: 30th August 2013.

Research Permit No. NCST/RCD/14/013/558
Date of issue 30th April 2013
Fee received KSH.1000

Applicant’s
Signature

Secretary
National Council for
Science and Technology