A COMPARATIVE ANALYSIS OF PUPILS' SELF-ESTEEM IN SELECTED GOVERNMENT AND NGO’s REHABILITATION SCHOOLS IN NAIROBI AND CENTRAL PROVINCES, KENYA.

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BY

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2004
DECLARATION

This thesis is my original work and has not been presented for degree in any other University

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This thesis is dedicated to my dear wife Ann Wambui in response to her support and encouragement in my education and to our children Kinyua and Nduta for their patience during my absence and to my parents Rev. John Kinyua and Ruth Nduta.
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May God bless you all!
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ABSTRACT

Low self-esteem has been noted as one of the factors that affect one’s aspiration in life, which in turn affects one’s academic performance. One of the aims of rehabilitation of the disadvantaged children is to build their self-esteem. The purpose of this study was to explore, identify, analyse and compare the self-esteem of disadvantaged children in Government and NGO’s rehabilitation Schools in Nairobi and Central provinces. The study also aimed at finding out the extent to which gender, age, level of education and ones environment affect his/her self-esteem. The study included Kabete Kirigiti and Undugu society of Kenya rehabilitation centres. These centres were purposely selected. The children in these schools and centres were randomly selected from ages 10 to 16 years, who had been in the centre for at least one year and above. Sixty-one girls and thirty-eight boys participated in the study. Twenty nine of the participants were drawn from NGOs rehabilitation centres while seventy were drawn from Government rehabilitation schools. Self-esteem inventory was administered to these children in groups. t-test and analysis of variance were calculated to test the null hypotheses. The results of the study showed that there was no significant difference in the pupils self-esteem as pertains to gender, level of education, rehabilitation centre, time spent in the rehabilitation centre, and the reasons for committal into these rehabilitation centres. An interview schedule was also used in the study. Several issues affecting the government rehabilitation schools were raised.
during the interviews with the head-teachers and managers of these institutions. Considering the nature of children in the rehabilitation centres, the researcher recommended that Guidance and Counselling services be provided. The children in these institutions should be properly identified and assessed to establish their Educational and Psychological needs. The children in need of special protection and care and those committed of crime in the Government Rehabilitation Schools should be put in different sections as recommended in the Children's Act.
CHAPTER ONE
INTRODUCTION

1.0 Background

Historical changes in our ways of conceptualizing behavioural exceptionality support the general proposition that, the way a problem is perceived and defined largely determines what is or is not done about it. Conversely what is done about a personal or social problem assumes a certain conceptual framework concerning its origin and causes (Cline, 1989).

The practice of categorizing and stereotyping handicapped groups has generally been viewed as pathological in origin and detrimental to the categorized individuals. However categorizing of persons and things having common characteristics is intrinsic to cognitive development. The main function of categorizing is to reduce the complex world to a more simple and manageable structure. Race and sex as well as various physical, mental and behavioural characteristics are obvious variables in terms of which people are categorized (Ndurumo, 1993).

Categorizing and stereotyping do have negative effects. They can lead to stigmatizing certain categories of people. Under some circumstances they become self-fulfilling prophecies. As the result of categorizing, in-group differences are minimized and out-group differences are exaggerated. Because of this, exceptional individuals tend to be perceived in terms of their differences, rather than in terms of their commonalities with
the non-handicapped. Categorizing and labelling become self-fulfilling prophecies only when social expectancies are all-pervasive and operate over long periods of time. The process of becoming handicapped is a result of complicated interaction process that includes the inherent disability, and self-evaluation of the disability.

People sponsoring the social learning concept believe that the most disadvantaged exceptional individuals have failed adequately to solve the problems of living. They experience developmental disabilities, rather than personal defects. The inadequate behaviours of people labelled handicapped are learned, maintained and altered by precisely the same process as involved in the normal adjustment patterns. According to the social learning theorists, if all people are provided with appropriate learning opportunities, their handicaps will largely disappear (Schostak, 1983).

According to Telford (1979), the conspirational-labeling concept, perceives disadvantaged exceptional people as the victims of a corrupt or sick society. Labels are attached to troublesome categories of people to justify segregating, institutionalizing and dehumanizing them under the guise of treatment. Troublesome individuals are assigned the socially useful stigmatized categories and are then classed as incompetents because of their illnesses. The illness incompetence label evolves the appropriate expectancies of behaviour by teacher and the students. This closes the cycle of the self-fulfilling prophecy. According to the conspirational concept we should stop blaming the victim, the disadvantaged exceptional person and concentrate on the reformation of the society, the true culprit.
In Kenya education for the disadvantaged children has not been taken seriously. According to UNICEF (1992) disadvantaged children are those whose basic needs such as food, shelter, clothing, education, medical and security are not met. They include victims of abject poverty frequent droughts, and famine, children of landless squatters and unemployed parents especially poor single female heads of households as well as children of nomadic parents in drought stricken areas. Others include street children, abandoned, and neglected children, orphans and destitutes, battered children, children with disabilities, child prostitutes and child workers, adolescent mothers and their children, child brides, AIDs affected children and AIDs orphans, children of imprisoned mothers, drug addict, displaced and refugee children.

Children with developmental disabilities in Kenya are educated in special schools and units. These schools and units are under the Ministry of Education Science and Technology. The developmental disabilities taken care of in these special institutions are; physical handicaps, visual impairments, hearing impairments, mental retardation and multiply handicap.

Children manifesting behaviour and social problems are referred to Government rehabilitation schools (formerly approved schools) and remand homes as stipulated by the 1963 children and young persons Act and 2001 children’s Act. The government rehabilitation schools and juvenile remand homes currently fall under the ministry of Home Affairs and National Heritage.
In order to orient the education of the emotionally and behaviourally disturbed children to one that is not stigmatizing, Koech (1999) recommended that Approved Schools and remand/probation centres discard the image of jail term schools and embrace the special education approach. Accordingly he proposed that these institutions discard the terms approved, remand, probation and juvenile and be referred to as Special rehabilitation centres. This was implemented from 1st March 2002 when the children Act came into force. These schools were renamed Rehabilitation schools.

The earliest attempt to rehabilitate street children in Kenya was in 1909 when a reformatory institution was established in Nairobi. This institution was meant to rehabilitate children found loitering in the streets of Nairobi as well as others found guilty of crime. After the Second World War the government established Approved schools to deal with such persons. These institutions were expected to resocialize young offenders and build their self-esteem and fit them back to the society, but they turned out to be punitive-oriented prisons for young offenders (Ndunda, 1978).

With the growing number of street children, abandoned and neglected children, AIDs orphans, child workers, AIDs affected children and other children in need of special protection and care, other private initiatives have emerged to rehabilitate these children. These organizations are Non-Governmental Organizations [NGOs] with no religious bias, religious organizations and other local initiatives. These organizations have set up rehabilitation institutions to cater for these children. The children in these institutions are provided with basic needs such as food, shelter, medical aid and education. Some of
these NGOs operate their own schools for their children. Those, which do not have their own schools, take the children to their neighbouring public schools.

1.2 The statement of the problem

It is assumed that one's social environment influence his/ her self-esteem, (L'Abate 1994). The government rehabilitation schools cater for two categories of children. The first are those with criminal cases, where the children are committed for three years regardless of the seriousness of the crime. The second are abandoned and neglected children, orphans and destitute, battered children and other children in need of special protection and care.

The children in need of special protection and care in the government rehabilitation schools are educated together with those convicted of crimes. Those in non-governmental organizations rehabilitation centers only mix with others in especially difficult circumstances as they are, and their caregivers.

The main task of the Government rehabilitation schools and the NGO's rehabilitation centres is said to be the re-adjustment and social education of the child in preparation for his/her return to the community. The study compared the pupil's self esteem in government and NGO's rehabilitation schools.
1.3 Purpose of the study

The purpose of this study was to explore, identify and compare the self-esteem of children in selected government and NGO's rehabilitation schools.

1.3 Research questions

Specifically the study aimed at finding answers to the following research questions:

1. Is there a significant difference in pupil's self-esteem between those in government and those in NGOs rehabilitation schools (centres)?

2. Is there a significant difference in boys and girls self-esteem in the government and NGOs rehabilitation schools (centres)?

3. Is there a significant difference between the self-esteem of children convicted of crime, thus in need of special protection and discipline and those in need of special protection and care in the government rehabilitation schools?

4. Does the level of education influence one's self-esteem?

5. Does the number of years spent in rehabilitation centres affect one's self-esteem?

1.5 Significance of the study.

The study was designed to show the relationship between the self-esteem of pupils in government and the NGO's rehabilitation schools (centres). These children are operating in two types of environments. One's environment, the significant individuals, people with whom the developing individual is in contact with all contribute to one's self-esteem. Such information would be useful to parents, care givers, teachers, counsellors, educational planners and others charged with the responsibility of
enhancing the welfare of disadvantaged children in their planning and in providing the intervention strategies to enhance the development of self-esteem. The results of the study are expected to stimulate further research in this area in order to address the issue of social and environmental consequences on self-esteem among the disadvantaged individuals.

Guidance and counselling has not been given much attention in the Kenyan primary schools as compared to secondary schools. The study will provide information on whether these programmes are necessary in the rehabilitation centres.

1.6 Assumption of the study

The study assumed that one’s environment influences his/her self-esteem. The children in need of special protection and care in the government rehabilitation schools are educated together with those convicted of crimes. Those in NGO’s rehabilitation centres only mix with the others in especially difficult circumstances as they are and their care givers. The study also assumed that there are two different types of environment and even the significant others. Therefore the pupils in these two types of institutions differ in their self-esteem. These situations and experiences can be manipulated in any way to enhance the development of one’s self-esteem.
1.7 Scope and delimitations.

The research was limited by the time and financial constraints of the researcher. The study aimed at looking at the self-esteem of the pupils in two different types of environments, the government rehabilitation schools and the NGOs rehabilitation centres. In Kenya Kirigiti rehabilitation school is the only government rehabilitation school for girls which was used in the study. This school is in Central Province.

The researcher was not able to visit all the boys government rehabilitation schools in Central and Nairobi Provinces but only one school was purposely selected for the study. The children in these schools are referred from a central reception centre in Nairobi. The researcher was not be able to visit all the NGOs rehabilitation centres in Nairobi and Central provinces, but only one was purposely selected.

1.8 Definition of terms.

**Behaviour disorders**; Children with behaviour disorders are those who chronically and markedly respond to their environment in socially, unacceptable and or personally unsatisfactory ways but who can be taught more socially acceptable and personally gratifying behaviour (Kaufman 1985).

**Children in need of care and protection**: These are children committed in the rehabilitation centres to be provided with care and include the children of
prisoned parent, abandoned, neglected, abused orphaned, lost and found children.

**Children in need of protection and discipline**: These are children who are committed of crime and are placed in the rehabilitation centres to be provided with discipline.

**Disadvantaged children**: These are children whose basic rights of food shelter, clothing and education are not met, because of the especially difficult circumstances in which they are placed. These children are also referred to as children in especially difficult circumstances or [CEDC] They include such groups as disabled and street children, AIDs affected children and AIDs orphans child brides and child workers, child prostitutes refugee, neglected, abandoned, abused and battered children, children of nomadic parents and other children placed under difficult circumstances.

**Emotionally or Behaviourally disturbed children**: These are children with psycho-social problems. They are also referred to as psycho-socially different. Their emotional conditions are medically or psychologically determined to the extent that they cannot be adequately educated in regular classes without the provision of special services.

**Exceptional child**: A child whose performance deviates from the normal either below or above to such an extent that special programming is necessary in order to maximize his/her potential or performance level.

**Government rehabilitation school** (Formerly Approved school): This is a government school where children manifesting behaviour problems are referred
to for education and social rehabilitation. Also other disadvantaged children are taken care of in these schools such as the victims of abject poverty, frequent droughts, and famine. Children of landless squatters, street children, abandoned, and neglected children, orphans and destitutes, battered children, children with disabilities, child prostitutes and child workers, child brides drug addicts, displaced and refugee children.

**Physically handicapped**: A person who has either internal or external defects which prevent him/her from performing certain activities that involve the use of bones, muscles or joints.

**Rehabilitation programme**: A programme where handicapped children are helped to become more functional and independent in daily living skills.

**Self-concept**: The way one looks and judges oneself.

**Self-esteem**: One's self-worth or the self-evaluative aspect of an individual.

**Significant others**: The persons one interacts with, who includes the parents, siblings, teachers, care takers and peers.

**Socially maladjusted**: People with chronic violations of broad cultural mores and social values.

**Special needs education**: A programme of instructions especially designed to meet the special needs of a child with special educational needs.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction.

This chapter looks at the review of related literature and is divided into two sections. The first consists of the theories that formed the theoretical. The second comprises of the development of the education of the disadvantaged individuals.

2.10 THEORETICAL FRAME WORK.

2.11 Carl Rogers theory of Personality development

According to Carl Rogers, a person’s behaviour is completely dependent on how he/she perceives the world and its events. Roger’s theory of personality development describes the self as an important element of experiences. He [Rogers] belief presents the self as a scientific construct that helps to account for what we observe. According to Rogers, self refers to the psychological processes that govern our behaviour.

Out of interaction of the organism and the environment and in particular the significant others; there gradually emerges a structure of self, or a concept of Who I am (Rogers 1951). As young children interact with the environment in the process of actualization, they acquire ideas about themselves, their world and their relationship with the world. They experience things that they like or dislike, and things that they can or cannot
control. Those experiences that appear to threaten the self are denied and rendered foreign to the self.

Although the tendency to actualize follows genetic determinants, Rogers noted that it is subject to strong environmental influences. A child, according to Rogers has two basic needs, the need for positive regard by others and the need for positive self-regard. Positive regard refers to being loved and accepted for whom one is. Young children behave in such a way as to show their strong need for the acceptance and love of those who care for them. They tend to change their behaviours in order to attain this positive regard.

Conditional positive regard is given only under certain circumstances. Here the significant others impose conditions of worth. Such conditions of worth may lead the child to interject values of others rather than of the self and lead to a discrepancy between the self-concept and the experiences of the organism. Unconditional positive regard is not contingent in any specific behaviours. Positive self-regard follows if one has received unconditional positive regard. Inadequate self-concepts such as feelings of inferiority or stupidity frequently arise because a person has not received adequate positive regard from others (Engler, 1999).

Research on social cognition concurs with Rogers believe that self-perception is important in personality development and that congruence is needed for psychological health. It has also been noted that people try to verify their self-esteem even if the self-esteem is low. In this view people may go to great lengths to maintain the
perception that they are in touch with social reality, however harsh that reality may be (Swann, Stein-Serroussi and Giersher, 1992).

Harrington, Block and Block (1987) in a longitudinal study support Rogers belief that supportive parents and creative environment can facilitate psychological adjustment.

### 2.12 Maslows theory of human needs

According to Maslow (1970), Man is a being in the process of becoming. Man therefore is a creature with abundant possibilities of what he can become. The process of becoming is oriented to; physiological, safety, belonging and love. He further grouped these five needs and divided them into two as shown in the diagram below.

![Maslow's Hierarchy of Human Needs](image)

Some individuals, because of their circumstances, find it very difficult to satisfy even the lowest needs. The strongest needs of all are the physiological ones that pertain to
the physical survival and biological maintenance of the organism. They include the need for food, drink, sleep, oxygen and shelter. Safety needs refer to the organism’s requirements of an orderly, stable and predictable world. The absence of these makes the child anxious and insecure. Once the physiological and safety needs are met, needs for love and belonging arise. The individual seeks affectionate and intimate relationships with other people, needing to feel part of various reference groups, such as the family, neighbourhood, gang or a professional association. Maslow noted that such needs are increasingly more difficult to meet in our technological, fluid and mobile society.

Maslow (1970) describes two kinds of esteem needs the need for respect from others, and the need for self-respect. Self-esteem entails competence, confidence, mastery achievement, independence and freedom. Respect from others entails recognition, acceptance, status and appreciation. When these needs are not met an individual feels discouraged weak and inferior. For most people, the need for regard from others diminishes with age because it has been fulfilled and the need for self-regard becomes more important. The self-actualization needs are difficult to describe. They emerge after the other lower needs have been met. These needs are unique and vary from person to person (Maslow, 1970).

Maslow also posited the important human needs to know and understand. These form a small but powerful hierarchy of their own, in which the need to know is more potent than and prior to the need to understand.
Maslow encouraged a more careful study of all situations that foster and fulfill the satisfaction of our basic needs, among them constructive marriages, close friendships, healthy parent–child relationships, positive educational settings and satisfying employment. For him, every human relationship is potentially a therapeutic one. Studies show that good relations may protect us from stress and making immune systems more resilient (Goleman, 1992). One task of Psychology is to try to identify those qualities that promote good human situations rather than poor ones (Engler, 1999). Addler’s (1954) concept of the creative self reveals that individuals make their own personalities from the raw materials of their heredity and environment.

### 2.13 Horney’s theory of basic anxiety

Horney (1945) suggested that anxiety is the basic human conditions with which we have to deal. She suggested that anxiety is created by social forces rather than by the human predicament itself. Accordingly one should be able to relate effectively to other
people. Basic anxiety, feelings of loneliness and helplessness in the world result from feelings of insecurity in human relations. According to this concept of basic anxiety, the environment is dreaded because it is seen as unrealistic, dangerous, unappreciative and unfair. The children might feel that the environment itself is a threat to their development and innermost wishes.

Children are dependent on their parents and caregivers for the satisfaction of many of their needs. Some parents and caregivers are unable to meet children’s needs satisfactorily. Horney called all of the negative factors that can provoke insecurity in a child, basic evils. Some of these conditions might be domination, isolation, overprotection, hostility, indifferences, inconsistent behavior, disparagement, parental discord, lack of respect and guidance or the lack of encouragement and warmth. Children’s fears may be objectively unrealistic, but for them they are real.

Horney (1945), Maslow (1970) and Rogers (1951) argue that in a hostile environment children’s ability to use their energies and develop self-esteem and reliance is thwarted. Accordingly children may be rendered powerless in the face of these encroachments on their environment. Although children may endure a certain amount of frustrations and trauma, it is essential for healthy personality development that they feel safe and secure.

2.21 Self and personality

The concern for the analysis of the self was first advocated by William James in 1890 (Zimbardo & Gerring, 1996). He identified three components of the self-experience;
1. The material Me [the bodily self, along with the surrounding physical objects].

2. The social Me [one’s awareness of how others view him].

3. The spiritual Me [the self that monitors private thoughts and feelings].

He believed that anything that one associates with is in some sense one’s identity.

The concept of self allows us to describe and explain behaviour L’Abate (1994). The central construct that we call self fulfills many functions;
- regulation and integration of the different parts we play.
- regulation of the internal experiences of affect with its outward expression (emotionality).
- ballancing of affect experiences with effect expression, to aid towards a more appropriate and constructive expression of affect.
- ballancing of different priorities.

Kegan (1992) proposed that the self is an intra personal matrix where events are perceived, interpreted and responded to. To Jung (1954) for one to develop the self he/she must integrate and accept all aspects of his/her conscious life. This is a hypothetical point from which we make decisions and receive guidance (1983). Therefore we may conclude that the self is the central point of the individual that processes and evaluates information and experience and guides the individual in meaning making, decision-making and attributions to the self and others.

Out of this central core of the self, personality and identity arise. Conscious of self
depends on the individuals ability to distinguish him /herself from others. According to Bowens (1978) individuals must develop objectivity through rationality to avoid a maladaptive pattern of triangulation with other family members. Family tensions usually found in the parental dyad fuse children emotionally with their parents, creating an undifferentiated ego mass and preventing selfhood from developing. A person may be differentiated yet remain connected with the family of origin and to significant others. Self-discovery occurs in interaction with others. Therefore selfhood has meaning and value only in a context of relationships.

For selfhood to develop we must be able to think and make independent decisions. Decision making toward selfhood involves clarification of personal goals and values which depend on self-awareness (Crossby, 1985).

Self has often been equated with self-concept, how and what we think of ourselves, or how well we think of ourselves [self-esteem], (Rogers, 1957). Self-concept is the differentiation and the degree of discrepancy between the actual self and the desired or ideal self. The discrepancy between actual and ideal is matched by how the self is presented externally and how it is viewed privately, which would present the self-esteem.

2.22 Development of the self.

May [1953] suggested that there are four stages of consciousness of the self. The first is the stage of innocence before consciousness of the self is born. This is the characteristic
of the self. The second is the stage of rebellion. Here the individual seeks to establish some inner strength. The toddler and the adolescent illustrate this stage, which may involve deviance and hostility. The third stage is ordinary consciousness of the self. This is the stage most people refer to as a healthy personality. It involves being able to learn from one's mistake and live responsibly. The final stage is the creative consciousness of the self, it involves the ability to see something outside one's usual limited viewpoint and gain a glimpse of ultimate truth as it exists in reality.

Theorists often describe the self in metaphorical terms. The concept of the self has been used to understand people's central motivations and higher functions (Knowles and Sibicky 1990; Pratikanis and Greenwald, 1985). According to the Psychoanalytic theories individuals are theorized to form a 'self', early in life based on the interaction with the mother as the primary care giver. Interpersonal experiences in this early period become unconscious patterns directing later relationships that define the self, which continue to be shaped by social experiences.

Sedikides (1992) defines the self as the person's mental representation of information pertaining to him/her. The self is not simply cognitive. Pratikanis and Greenwald [1985] point out that emotions are also relevant. We have positive or negative feelings about self.

2.23 Self concept
The term self-concept refers to a person's cognition that describe the self. In contrast
to self-esteem, the self-concept is descriptive, (Lierbert & Lierbert, 1997). Mead (1934) in his symbolic interactionist point of view described the self as constructed through social interactions. Allport (1937) described the unity of personality as a mark of mental health. Carl Jung (1983) describe the self as the achievement of psychic wholeness that is produced when conscious and unconscious aspects of personality are ultimately united, a goal achieved by only a few highly developed personalities.

Carl Rogers [1961] described people who are psychologically healthy as fully open in each moment to the experience of changing self. According to Zimbardo (1996), the self-concept is a dynamic mental structure that motivates, interprets, organizes, mediates and regulates intra-personal and interpersonal behaviours and processes. It includes many components. Among them are memories about self, beliefs about one’s traits, motives, values and abilities, the ideal self which one would like to become, the possible selves that one contemplates enacting; positive or negative evaluation of oneself or self-esteem and beliefs of what others think of you.

Self-concept represents the totality of the individual’s thoughts and feelings having referenced oneself as an object Rosenberg (1979). Accordingly the self-concept is determined by social identity, which is based on labels like age, sex, race, nationality, religion, family, status and the name. From all these labels arise the definition of an individual’s identity.
Social identity arises from the process of social labelling. This process is based on defiant behaviour that characterizes an individual. Accordingly personal identity is whatever qualities the individual ascribes to the self. Rosenberg uses four principles that relate to the self and go beyond self-esteem; the deflected appraisals, how one learns to change the appraisal of the self on the basis of what others think of him/her, psychological centrality, that is the dimension of the self that are important to the individuals such as the honesty or dishonesty, strength or weakness, self attribution, the qualities that are bestowed on the self and social comparison process which are related to a continuum of likeness in the development of self and self appraisal. Therefore one’s self-concept contains schemas about the self, which allow one to organize information about the self.

2.24 Self-esteem

Self-esteem is the sense of positive self worth (Engler, 1999). Steffenhagen and Burns (1987) define self-esteem as the totality of the individual’s construct of the self, self-concept (mental), self-image (physical) and social concept (cultural). Self-esteem develops out of the social context in which individuals are embedded. Lack of self-esteem is seen as the most important psychological variable in the etiology of deviance and/or personality maladjustment. The nurturance and development of an individual’s self-esteem are the key factors in the rehabilitative process.

Mood and self-evaluation influence each other. When people evaluate themselves negatively, they experience unpleasant emotions; such as shame, embarrassment and
feelings of inferiority. High self-esteem and the self-serving attribution that maintain it contribute to emotional well being and protect one against depression and anxiety (Greenberg, 1995; Haaga & Stewart 1992, 1993).

People with low self-esteem criticize themselves than are people with high self-esteem (Taylor & Brown, 1988). The low self-esteem also influence social interactions. People with positive illusions about self, believe that they are better off than others, healthier, happier and more likely to succeed. These people are more persistent in working toward goals and are more effective without the distraction of self-doubt. Under most circumstances people with high self-esteem set appropriate goals and are effective at meeting them.

2.25 Development of self-esteem.

Self-esteem is an internal representation, the intrapsychic outcome of interpersonal counting and discounting from important others. These others include caretakers, siblings and loved ones who have participated in the individuals rearing through close and prolonged exchanges. Self-esteem is therefore, the internal outcome of an interpersonal exchange. Self-esteem does not develop in a vacuum. It develops from close and prolonged intimate exchanges, usually with and from family members, friends and co-workers (L’Abate, 1994).

Self-esteem is an important factor for growth. The attribution of value, either to the self or to another is not merely an intellectual event but is seen as an attitude and behaviour.
Recognition of the value of the self influences the decision making process and the individual’s interactions with others. Although the individual is born with a potential for selfhood, without nurturance and healthy interactions or corrections of past unhealthy interactions, the self may not grow. The lack of growth creates an emptiness or void that may be readily filled with any available substitutes. In this sense, selfhood is a cycle; the individual must have something of value to give value and it is only through corrective experience that deviations in personality development may develop into rewarding selfhood.

2.26 Self-concept of the disadvantaged persons.

Mwathi (1998) and Shindi (1990) found that the disabled persons have negative self-concept. Mwathi’s results supported that of the previous studies. Anyango (1982) indicated that the visually impaired persons have a negative self-concept, while Kamau (1986) found that the physically handicapped persons have a positive self-concept.

Mwathi attributes this negative concept to the fact that the public has negative attitudes towards the disabled. She also links it to the upbringing of these children where the family members do most things for them and treat them as incapable; which generate a feeling of unworthiness. This leads to negative self-concepts of the handicapped. This is so because the self-concept starts early in life. Shindi indicated that the self-concept of the disabled persons is dependent on the nature of impairment among others.

Crocker and Major (1989) propose several self-protective mechanisms to explain why
most research findings show that members of stigmatized groups such as racial minorities, disabled people and homosexuals do not have low self-esteem. For one they may compare their own successes and failures with the lower levels attained by their group, rather than higher levels of society at large. In this way, identification with the devalued, stigmatized group protects individual’s self-esteem. In addition when stigmatized people receive negative feedback, they may attribute it to prejudice against their group.

2.27 Self-esteem and gender

Even with the same culture gender difference may apply. In North America a woman’s self-esteem tends to be based on interpersonal relations where as a man’s self-esteem tends to be based on personal accomplishments, (Josephs et al. 1992 and Overhoster 1993). Similar sex differences have been reported on other studies, which also find that global self-esteem is higher among males.

Self-esteem depends on part on living up to the gender norms of ones society, (Josephs, Markus & Tafarodi, 1992). Based on his review of empirical analysis Marsh (1996) reported that gender differences in self-concept are typically consistent with gender stereotypes. This pattern is maintained, before during and after the transition from year six to junior high school.

[Mwathi (1998) found that boys are more positive than girls. She attributes these findings to the African traditional gender stereotypes, which are still prevalent in
25

Kenya. This holds girls as being lesser gender than boys. This facilitates the development of negative self-concept among the disadvantaged girls.

2.28 Environment and self-esteem.

The term environment is thought of as either internal states such as privacy, personal space, territoriality and crowding (Attman, 1975), or social influence (Schultz, 1981). According to Mischel (1981) there are six dimensions of human environments based on Moos (1974) work ecological, behaviour settings, organizational, characteristics of inhabitants, perceived social climate and functional properties. Of relevance to this study are the dimensions of behavioural settings at the home (place of residence), school, their perceived social climates and the functional properties.

People evaluate themselves either negatively or positively as a result of social experiences (Lierbert & Lierbert, 1997). People also make positive impression on others. This enhances ones sense of self worth. People who are uncertain of their self-esteem may strive hard to bolster their self worth in the situations they encounter (Kernis et al.1993). Success also enhances self-esteem. Mood and self-evaluation influence each other. When people evaluate themselves negatively, they experience unpleasant emotions such as shame, embarrassment and feelings of inferiority.

High self-esteem and the self-serving attribution that maintain it contribute to emotional well-being and protect one against depression and anxiety (Haaga, &
Stewart, 1992). People with low self-esteem criticize themselves than are people with high self-esteem. The low self-esteem also influences social interactions in various ways.

The self-concept is learned and represents a dynamic factor in behaviour (Shaver & Tarpy, 1993). The self-concept implies learned anticipation of being accepted or rejected in specific situations. These aspects of self-concept are developed further by Mayer (1967). According to him the self-concept is the organized group of feelings an individual has concerning him/herself which are admissible to one's awareness. One's behaviour is controlled in part by the individual's concept of self.

The phenomenological self-concept is learned and developed as a consequence or result of various experiences of environmental situations. If experiences and environmental factors can be manipulated in any way to enhance the development of positive self-concepts they may be reflected in desired behaviour. Cross and Markus (1991) defined the self-concept as the picture an individual has of himself/herself from one's interactions and experiences with his environment. The way an individual evaluates his/her worth and adequacy within the world around him.

2.31 Education of the exceptional children

One of the oldest references to exceptionalities is in the Plato's Republic where positions, authorities, and responsibilities were assigned according to each individual's abilities to discharge them (Hewett, 1984). The handicapped are also referred to in the
The treatment of the disabilities has also varied from time to time and from place to place depending on the prevalent philosophy.

In the middle ages many handicapped persons found their way into the courts of noble men and kings where they acted as personal servants and jesters providing entertainment and diversions (Gulliford, 1978). In later periods they were imprisoned and provided with minimum care. In some societies as among the American Indians, the mentally and the emotionally handicapped were considered as children of gods. As such they could move freely from tribe to tribe, were safe from attacks and were freely provided for.

None of the above mentioned ways of treating exceptional persons was in any way educational and none recognised the value of the handicapped as individuals. In general they were considered to be sub-human, and devoid of feelings with little or no potential for contribution to either their own or the common welfare (Hewett, 1984).

The notion of educating the exceptional persons has it’s ultimate source in the philosophical theory of the worth and equality of all men (Kirk, 1979). This belief which first appeared in the middle ages led to the rejection of the idea of the divine right of the kings and rulers and to the revolution that took place in France, Germany, Italy and other Western countries as well as the Americas. One of the natural consequences was the development of educational programmes for the exceptional children. Only through education was the worth of the exceptional individuals be
demonstrated and only by appropriate training could the handicaps be offset. Education was the road to equality (Gulliford, 1978).

After the revolutions, the ideas of the equal rights, benefits and opportunities influenced the attitude of the people. It is around this time that political reformers and leaders in medicine paved the way for meeting the needs of the handicapped children and adults. The reason for educating handicapped people was to teach them skills that would enable them to be self-reliant and productive members of the society. Education for the handicapped persons started with visually handicapped persons and the hearing impaired. Attempts to educate the mentally and emotionally disordered children came during the nineteenth century (KISE, 1993 and Allan & Bacon, 1979).

2.32 Education of the disadvantaged children in Kenya.

The provision of special education in Kenya was started in 1940s. As in the western countries, the education of the handicapped in Kenya started with the programmes for the visually handicapped. These programmes were followed closely by those of the mentally handicapped children. Educational programmes for the hearing impaired followed in the 1960s. Early programmes for the visually handicapped were initiated to retrain ex-soldiers who had been blinded during the second World War.

Before independence, special education was mainly in the hands of individuals, missionaries and voluntary organisations. These organisations concentrated on the provision of health and rehabilitative services and mental support to those with visible
physical impairments. These services were in the form of custodial care, using the model in Europe (UNESCO, 1989).

After independence the government set up a committee under the chairmanship of E. N. Ndewga, on the care and rehabilitation of the disabled, (KISE 1993). The major task of this committee included:

- To study and advice on facilities for education, training and employment of the handicapped persons
- Formulation of a broad programme for training and placement of the disabled.

All the major Education commissions in Kenya have highlighted special education. The Gachathi Report of 1976 gave considerations to special education with reference to integration. The report recommended a policy of integration where the handicapped would be adequately compensated for by special education facilities (Gachathi, 1976).

Kamunye Report of 1988 expanded the concept of exceptional learners to include the following, the mentally handicapped, the hearing impaired, the visually handicapped, the physically handicapped, the learning disabled children, the behaviourally and emotionally disordered children, Children with communication disorders, the talented and gifted children and the multiply handicapped children.

o To assist children develop positive self-concept and proper attitudes towards life based on moral and religious values.

o To develop in children skills of coping and independent living aimed at habilitation rehabilitation and adjustment to the society.

o To provide comprehensive educational facilities materials, equipment and a cadre of trained teachers, professionals and support staff.

o To facilitate the development of children with special educational needs spiritually, mentally, socially and physically.

2.33 Education of street children in Kenya.

Beaunoux [1996] identifies four groups of street children. The first group is those who are totally abandoned. They live in the streets and have no family contact. These children typically use drugs like glue. The second group is the partially abandoned children. These children roam the streets, they have some contacts with their families, use drugs and do not work. The third group is the latch. These are the key children who roam the streets and carefully maintain contact with their families; they do not use drugs and do not work. The forth group is that of the working children. These children are in the streets and carry out work, shoe shine, wash cars, sell sweets and cigarettes. They live with their families and do not use drugs.

Most street children are not abandoned, they leave home to escape abuse, poverty and ordinary parental authority, (Cheruiyot, 1999). Lack of stability in the family life is the main reason for losing a child to the street. The child joins others in the same difficult
circumstances as he/she was. However one finds out that in the streets he/she is as abused as he/she was at home. The child realises that he/she can have no confidence either in his parent or any other authority figure. The child engages in mental escape, usually through inhaling drugs.

Because children in the streets have experienced violence at home at the hands of their parents, they become hunters looking to inflict pain and violence on others. Being on drugs lessens the sense of reality, (Gatere, 1999).

Children in difficult circumstances now account for 40% of the Kenyan children, (African Network for the Prevention and Protection Against Child Abuse and Neglect, [ANPPCAN] 2001). The presence of street children implies that the government has reneged on it’s obligation under the convention on the rights of children article 20 to provide alternative protection for children deprived of a family environment. These children do not only pose a security risk but also face a bleak future.

The study by ANPPCAN show that these children are prone to sexually transmitted infections due to sexual abuse. Street girls who are desperate go for cheap and unprotected sex. These girls in turn infect the street boys who have sex with them.

According ANPPCAN’s study all street children belong to groups and girls are forced to give sexual favours and especially to group leaders before they are accepted. Those who turn down the sexual overtures are raped by the group and end up traumatised.
Those spared by the boys engage in sex to earn a living. These girls beg during the day and become prostitutes at night, while the boys are sodomised by old boys.

The education of street children is not relatively new in Kenya. Street children in Kenya are those who live and work on a full time basis in the streets and enjoy little or no contact with their homes. These children grow in the streets experiencing the harsh cruel conditions of life, stripped of love, acceptance by the society and other human rights and exposed to all forms of exploitation, cruelty and abuse.

In 1973, Father Arnold Grol, a Dutch Missionary with the White Fathers Congregation in Kenya saw the plight of these disadvantaged children and undertook to work among them in their own environment. He organized them into recreational groups and clubs while still in the streets. He provided them with food, clean water and clothes. This was an attempt to gain their acceptance and trust before making any attempt to rehabilitate them. This developed into Undugu Society of Kenya. This society today offers a number of programmes for street children and potential street children in the slums and their parents (Mbogori, 1992 and USK, 1999).

2.34 The Rehabilitation Schools
The earliest attempt to rehabilitate street children in Kenya was in 1909 when a reformatory institution for children found loitering in the streets as well as others found guilt of crime was established. After the Second World War, the government established approved schools to deal with such persons. These institutions were
expected to resocialize young offenders and build their self-esteem and fit them back to the society, but turned out to be punitive–oriented prisons for young offenders, (Ndunda, 1978).

In 1930 the then colonial government appointed a committee which reported the unsatisfactory atmosphere of the institution and some changes in the training and handling of boys began to be made. This institute was renamed Approved School in line with the British system under the then newly introduced Juvenile Ordinance, 1934 in Kenya. The approved schools were later renamed Rehabilitation Schools under the 2001 children’s Act.

The Second World War in 1940’s and the later state of emergency in Kenya in 1950’s created more problems and more children got into trouble with the law. This resulted to the starting of more approved schools and juvenile remand homes for children awaiting court decisions on the nature of their treatment.

The Juvenile Ordinance of 1934, the Prevention of Cruelty to and Neglect of Children Ordinance 1955 as well as Vagrancy and Parts of Courts Acts conferred, more and new functions to the department of children in the Ministry of Home Affairs. Such functions as protection and discipline, care and protection of neglected or abandoned children, cruelly treated and vagrant children in the country were later added to the department’s responsibility. The above ordinances and Acts were consolidated into the Children and

Rehabilitation schools as well as juvenile remand homes admit children through the courts who are aged between ten and fifteen years. Sometimes those aged under ten but not over seventeen are admitted if there is no fit person usually a relative or a voluntary organisation willing and able to take care for him/her. The rehabilitation schools are supposed to prepare the child in preparation for his/her return to the community. This is done through rehabilitation.

Two types of children are committed in these institutions, the first are those who have not committed crimes but are in need of special protection and care. These children are sent to these institutions until they attain the age of eighteen, or for such a period the court may decide. The second are criminal cases, where the children are committed for three years regardless of the seriousness of the crime under section 17 of the same Act.

Children in need of special protection or/ and discipline may be committed to the care of approved voluntary societies, under section 63 or appointed local authorities under section 58 of the same Act. These children may be committed to the care of fit persons or be placed under supervision. These voluntary organizations and local authorities can also establish institutions and make welfare arrangement for children under their areas of jurisdiction.
2.4 Conceptual framework

From the literature reviewed, the researcher has come up with the following conceptual framework model of factors that influence the self-esteem development. (Fig. 3).

Fig. 3 Self-esteem development model

- **Significant Others**
  - Parents, teachers, siblings, caregivers, peers, gangs, heroes.

- **One's Environment**
  - Prejudice, Domination, Isolation, Judging, Overprotection, Comparison, Over-helping, Insecurity, Abuse, Negligence, Violence, Inconsistency in behaviour, Parental discord, Disparagement, Hatred
  - Appreciation, Security, Respect, Love, Consistent behaviour, Praise, Acceptance, Status, Recognition, Unconditional positive regard.

- **Low Self Esteem**

- **High Self Esteem**
  - Competence, Confidence, Mastery achievement, Independence, Freedom, High life expectation, Goal directed, Healthier, Happy and likely to succeed in Life.
It is noted that, one's environment and the significant others one is in contact with all contribute to his/her self-esteem. These environments can be manipulated in any way to enhance the development of one's self-esteem.

2.5 Summary

The maladjusted children are either emotionally disturbed or socially maladjusted. Children who are emotionally disturbed have emotional handicaps, which are inappropriate in normal education, hence guidance and counseling of these children, their parents and guardians is needed.

Children who are socially maladjusted may have problems, which may lead to delinquent behaviour, which may include aggression or destructiveness. The government has established ten rehabilitation schools for boys and one for girls who are under sixteen years of age and are socially maladjusted for the purpose of correcting delinquent behaviour and providing education and training. The rehabilitation centres' main purpose is to resocialize the children with emotional problems or those likely to have these problems. These centres also provide education to the disadvantaged children. The aim of rehabilitation is to build self-esteem in these children and develop a positive self-concept.

From the literature reviewed it is noted that there is a relationship between one’s self-esteem and his/her environment. The disability type and the gender also influence one’s self-esteem. The researches done on the education of the exceptional individuals has
not given much attention to the emotionally and behaviourally disturbed children. Most of these studies have concentrated on the four major categories of exceptional individuals namely mental retardation, physical handicap, visual and hearing impairments. The teacher education of the emotionally and behaviourally disturbed persons has also not been given much attention. This calls for more research on the education of these disadvantaged individuals and especially their self-esteem to find out whether the educational opportunities provided are appropriate for them.

2.5 Research hypotheses

From the literature reviewed above the following hypotheses have been generated:

1. There is no significant difference in the self-esteem of the disadvantaged children in the government and NGOs rehabilitation schools.

2. There is no significant difference in the self-esteem of the disadvantaged children as pertains to gender.

3. There is no significant difference in the self-esteem of the disadvantaged children in regard to the number of years spent in the NGOs and the government rehabilitation schools.

4. There is no significant difference in self-esteem of the disadvantaged children in both government and NGOs rehabilitation schools in regard to the highest level of education reached.
5. There is no significant difference in pupils' self-esteem between those in need of special protection and care and those in need of special protection and discipline in the government rehabilitation schools.

6. There is no significant difference in pupils' self-esteem as pertains to age.
CHAPTER THREE

METHODOLOGY

3.0 Introduction.

This chapter describes the research design. It also includes the population and the sample. The sampling procedure is described briefly. The chapter also includes the research instruments, administration procedure, the procedure for analyzing data and the pilot study.

3.1 Research design.

This was a descriptive study using a survey design. This approach uses existing data such as existing characteristics of the subjects like the amount of education one has or the type of school one attends, with an intention of describing the nature of existing conditions or identifying standards against which existing ones can be compared, or determining the relationships that exists between specific events. In this design the researcher does not have direct control of independent variables because the manifestations have already occurred (Kerlinger, 1986). This method is an effective way of collecting data from a large sample cheaply and in a short time.

3.3 The population and the sample.

The study included Kirigiti Rehabilitation School for Girls and Kabete Rehabilitation School for Boys. The two schools were purposely selected. Kirigiti being the only government rehabilitation school for girls in the whole republic and Kabete being the oldest rehabilitation school for boys. In Kenya there are eleven government
The children in these institutions are distributed from a central reception centre in Nairobi. Most of the children in these institutions are adolescents. The Act allows children aged ten and not beyond sixteen to be admitted into these institutions except in exceptional circumstances where those aged below ten can be taken there if there is no *fit person* especially a relative to take care of them.

The Undugu Society of Kenya is a Non Governmental Organization, which takes care of the disadvantaged boys and girls. The boys live separately from girls in these Undugu Society Centres. This Centre was purposely selected due to the nature of children of the children it admits who are mostly street children and the public view them as criminals due to their way of life in the streets. The other reason of purposely selecting this organization is that most NGOs rehabilitation centres exist in records but are not there in reality, some only take care of very few children or only feed them while still in the streets or in church compounds and then leave them. This made it difficult for the researcher to use the NGOs directory in random sampling. The participants aged between ten to sixteen and who have been in these centres for more than one year were randomly selected. Kabete Rehabilitation Center had only standard seven and eight pupils.
Table 3.1  Distribution by Classes, Centres and Gender

<table>
<thead>
<tr>
<th>CLASSES</th>
<th>GOVERNMENT</th>
<th>NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BOYS</td>
<td>GIRLS</td>
</tr>
<tr>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>-</td>
<td>14</td>
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<td>7</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>29</td>
<td>41</td>
</tr>
</tbody>
</table>

Table 3.2  Distribution of students in Government Rehabilitation Schools

<table>
<thead>
<tr>
<th>REASON</th>
<th>BOYS</th>
<th>GIRLS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td>13</td>
<td>23</td>
<td>36</td>
</tr>
<tr>
<td>DISCIPLINE</td>
<td>16</td>
<td>18</td>
<td>34</td>
</tr>
<tr>
<td>TOTAL</td>
<td>29</td>
<td>41</td>
<td>70</td>
</tr>
</tbody>
</table>

3.4 THE VARIABLES OF THE STUDY

The independent variable of the study were sex, age, level of education, the Centre/ School, the number of years spent in the institute and the reason for committal into the government rehabilitation school. The dependent variable is the self-esteem of the participants.
3.5 THE RESEARCH INSTRUMENTS

The study utilized two instruments, the self-esteem Inventory and an interview schedule.

3.5.1 SELF-ESTEEM INVENTORY [Coopersmith, 1967]

The scale measures evaluative attitudes across several domains pertaining to the self. This scale was originally designed for use with children. Items were drawn from original research by Coopersmith in 1967. These items reflect high or low self-esteem. These items were designed to measure self-regard in four specific areas; peers, parents, school and personal interest. Each item is declarative, self-descriptive statement worded in the first person. The participants are instructed to respond Like Me or Unlike Me. One point is assigned for each item connoting high self-esteem which the respondent identifies as Like Me.

3.5.2 Reliability of self-esteem inventory

Coopersmith reported a test-retest correlation of .88 for a five week period and .70 over three years. Ryden (1978) reported test-retest correlations ranging from .78 to .80 for his shortened version over periods ranging from 6 to 58 weeks. Byrne (1983) obtained test-retest correlation on a general self- subscale of .62 over a one-week period.
3.5.3 Validity of the Self-esteem Inventory

Demo (1985) found the Self-esteem inventory to correlate .44 with Beeper Self-reports of Self-esteem, .55 with the Rosenberg scale, .41 with peer ratings, .33 with Observer Q-sets of Self-esteem, .75 with the Tennessee Self-concept Scale, .72 with the Janis-Feelings of inadequacy scale, .58 with simple ratings of Global Self-esteem and .47 with simple ratings of Social Self-esteem.

3.6 Administration procedure.

The researcher administered the Self-esteem Inventory to the pupils in groups with the help of the teachers and the caretakers in these institutions. The participants were given both verbal and written instructions. Each participant was required to fill the information in the questionnaires. Confidentiality of data was also assured to the participants.

The researcher also interviewed the heads or the managers of these institutes using an interview schedule.

3.7 Pilot study

A pilot study was carried out before the actual date collection. The Self-esteem Inventory and the questionnaires were Pre-tested for enhancement of their validity and reliability. Ruiru Rehabilitation Centre was used in the pilot study. Both boys and girls aged 12-18 years randomly selected during the pilot study. Responses from the Pilot Study were used to modify the tool in wording and format where necessary.
3.8 Data analysis

The total score for each participant was obtained by adding the numerical values of the item. Each item connoting high self-esteem which the participant identified like me was assigned one point. The total score ranged from 0 to 50.

Analysis of variance [ANOVA] was calculated to test the following hypotheses;

1. There is no significant difference in the self-esteem of the disadvantaged children in regard to the number of years spent in the NGOs and the Government Rehabilitation Schools.

2. There is no significant difference in self-esteem of the disadvantaged children in both Government and NGOs Rehabilitation Schools in regard to the highest level of education reached.

3. There is no significant difference in pupils’ self-esteem by age

$t$-test was used to test the following null hypotheses

1. There is no significant difference in the self-esteem of the disadvantaged children in the Government and NGOs Rehabilitation Schools.

2. There is no significant difference in the self-esteem of the disadvantaged children as pertains to gender.

3. There is no significant difference in pupils’ self-esteem between those in need of special protection and care and those in need of special protection and discipline in the Government Rehabilitation Schools.
Descriptive data was used to describe the information obtained during the interview with the heads and managers of the institutions visited.
CHAPTER 4
RESULTS OF THE STUDY

4.0 Introduction

This chapter presents the results of the research. The research was carried out to explore, identify and compare the self-esteem of children in selected Government and NGOs Rehabilitation Centres. This chapter is divided into two sections. The first section deals with the statistical analysis while the second presents the results of the interview with the head teachers and the managers of these institutions.

4.1 Statistical analysis

Statistical analysis was carried out to test if there were significant differences in the various variables stated in the hypotheses. t-test and ANOVA were used to analyse the different null hypotheses stated in chapter three. For each of the analysis, the probability level was set at 0.05. The results are presented per hypothesis. Tables of the results are organized around each of the six hypotheses tested.

4.11 Self-esteem of children in Government and NGOs Rehabilitation Schools.

Ho1. There is no significant difference between pupils’ in Government and NGOs Rehabilitation Centres self-esteem. t-test was carried out to test this hypothesis.
Table 4.1.1 Mean score and t values of pupils' self-esteem in NGOs and Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOs</td>
<td>29</td>
<td>31.86207</td>
<td>5.767669</td>
<td>1.580472</td>
<td>97</td>
</tr>
<tr>
<td>Government</td>
<td>70</td>
<td>30.7857</td>
<td>5.36195</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was hypothesized that there is no significant difference in pupils' self-esteem between those in NGOs Rehabilitation Centres and those in Government Rehabilitation Schools. t-test was calculated to test this null hypothesis. Table 4.1.1 shows that there is no significant difference in pupils' self-esteem between those in NGOs and those in Government Rehabilitation Schools at 0.05 level of significant. The null hypothesis was thus accepted.

Table 4.1.2 Mean scores and t-values of boys' self-esteem in NGOs, and Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOs</td>
<td>9</td>
<td>32.1111</td>
<td>3.407506</td>
<td>0.354661</td>
<td>36</td>
</tr>
<tr>
<td>Government</td>
<td>29</td>
<td>30.44828</td>
<td>4.97556</td>
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</tr>
</tbody>
</table>

It had been hypothesized that there is no significant difference in boys' self-esteem between those in NGOs and Government Rehabilitation Schools.
The result in table 4.1.2 indicates that there is no significant difference between boys’ self-esteem in Government and NGOs rehabilitation centres hence the null hypothesis is accepted at 0.05 level of significance.

Table 4.1.3 Mean scores and t-values of girls’ self-esteem in NGOs’ and Government Rehabilitation Centres.

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGOs</td>
<td>20</td>
<td>31.75</td>
<td>6.640189</td>
<td>0.120844</td>
<td>59</td>
</tr>
<tr>
<td>Government</td>
<td>41</td>
<td>31.02439</td>
<td>5.667838</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results above indicates that there is no significant difference between girls’ self-esteem in Government and NGOs rehabilitation centres hence the null hypothesis stating that there is no significant difference in girls’ self-esteem between those in NGOs and Government Rehabilitation Schools is accepted at 0.05 level of significance.

**4.1 2 Self-esteem of pupils’ by gender**

Ho2. There is no significant difference in pupils’ self-esteem as pertains to gender. t-test was done to test this hypothesis.
It was hypothesized that there is no significant difference between boys and girls self-esteem in Government and NGOs Rehabilitation Schools. The result is shown in table 4.2.1. It is noted that there is no significant difference in pupils’ self-esteem as pertains to gender, hence the null hypothesis is accepted at 0.05 level of significance.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>38</td>
<td>30.84211</td>
<td>4.664566</td>
<td>0.08868</td>
<td>97</td>
</tr>
<tr>
<td>Girls</td>
<td>61</td>
<td>31.4</td>
<td>5.909487</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was hypothesized that there is no significant difference between boys and girls self-esteem in NGOs Rehabilitation Centres. t-test was carried out to test this hypothesis. The result is shown in table 4.2.2. The result indicates that

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>9</td>
<td>32.111</td>
<td>3.407506</td>
<td>0.153186</td>
<td>27</td>
</tr>
<tr>
<td>Girls</td>
<td>20</td>
<td>31.75</td>
<td>6.640189</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
there is no significant difference between pupils’ self-esteem as pertains to
gender at 0.05. Hence the null hypothesis is accepted.

Table 4.2.3 Means and t-values of the boys and girls self-esteem in
Government rehabilitation schools

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>29</td>
<td>30.44828</td>
<td>4.97556</td>
<td>0.48361</td>
<td>68</td>
</tr>
<tr>
<td>Girls</td>
<td>41</td>
<td>31.02439</td>
<td>5.667838</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was hypothesized that there is no significant difference between boys and
girls’ self-esteem in Government Rehabilitation Schools. The result in table
4.2.3 indicate that there is no significant difference between girls and boys’
self-esteem in Government Rehabilitation Schools, hence the null hypothesis
is accepted at 0.05 level of significance.

Table 4.2.4 Mean and t-values of the boys and girls self-esteem in need of
protection and discipline in Government Rehabilitation Schools.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Mean</th>
<th>SD.</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>16</td>
<td>29.8125</td>
<td>3.95337</td>
<td>1.61488</td>
<td>32</td>
</tr>
<tr>
<td>Girls</td>
<td>18</td>
<td>32.72222</td>
<td>6.162558</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It had been hypothesized that there is no significant difference between the
boys and girls in need of special protection and discipline in Government
Rehabilitation Schools’ self-esteem. t-test was calculated to test this hypothesis. The result in table 4.2.4 above indicates that there is no significant difference between boys and girls in need of special protection and discipline self-esteem Government Rehabilitation Schools, hence the null hypothesis is accepted at 0.05 level of significance.

Table 4.2.5 Mean and t-values of the boys and girls in need of special protection and care self-esteem in Government Rehabilitation Schools

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>13</td>
<td>31.23077</td>
<td>6.08487</td>
<td>0.81938</td>
<td>34</td>
</tr>
<tr>
<td>Girls</td>
<td>23</td>
<td>29.69565</td>
<td>4.98575</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The null hypothesis stated that there is no significant difference in pupils in need of special protection and care self-esteem in Government Rehabilitation Schools as pertains to gender. t-test was calculated to test this null hypothesis. The result is shown in table 4.2.5 above. The null hypothesis is accepted at 0.05 level of significance.

4.13 Period spent in the rehabilitation centres

Ho3. There is no significant difference in pupils self-esteem as per the period spent in the rehabilitation centre. ANOVA was done to test this hypothesis.
Table 4.3.1 F-ratio of boys self-esteem by time spent in the rehabilitation centres

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>7.2636</td>
<td>4</td>
<td>1.8165</td>
<td>0.07513</td>
</tr>
<tr>
<td>Within</td>
<td>797.787</td>
<td>33</td>
<td>24.1754</td>
<td></td>
</tr>
</tbody>
</table>

From the table above it shows that there is no significant difference in boys’ self-esteem as per the period of stay in the rehabilitation centre, hence the null hypothesis is accepted at 0.05 level of significance.

Table 4.3.2 F-ratio of the girl’s self-esteem per period of stay in the rehabilitation centres

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>279.251</td>
<td>5</td>
<td>55.713</td>
<td>1.71289</td>
</tr>
<tr>
<td>Within</td>
<td>1821.435</td>
<td>56</td>
<td>32.5256</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.3.2 above shows that there is no significant difference in the girls’ self-esteem per the period of stay in the rehabilitation centres at 0.05 level of significance, thus the null hypothesis is accepted.
Table 4.3.3 F-ratio of both boys and girls’ self esteem per period of stay in the rehabilitation centres.

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>185.803</td>
<td>5</td>
<td>37.1606</td>
<td>1.46986</td>
</tr>
<tr>
<td>Within</td>
<td>2351.193</td>
<td>93</td>
<td>25.2816</td>
<td></td>
</tr>
</tbody>
</table>

The null hypothesis stated that there is no significant difference in pupils’ self-esteem by the period of stay in the rehabilitation centres. The result is presented in table 4.3.3. The null hypothesis is accepted at 0.05 level of significance.

4.14 Level of education and self-esteem

H02. There is no significant difference in pupils’ self-esteem by the highest level of education. ANOVA was used to test this hypothesis.

Table 4.4.1 F-ratio of pupils’ self-esteem by the level of education

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>182.0678</td>
<td>4</td>
<td>45.51695</td>
<td>1.26659</td>
</tr>
<tr>
<td>Within</td>
<td>3378.0365</td>
<td>94</td>
<td>35.93656</td>
<td></td>
</tr>
</tbody>
</table>
From the above table it shows that there is no significant difference in the pupils' self-esteem by the highest level of education reached, thus the null hypothesis is accepted at 0.05 level of significance.

### 4.15 Age and self-esteem

Ho: there is no significant difference in the pupils' self-esteem by age. ANOVA was used to test this hypothesis.

Table 4.5.1 below indicates that there is no significant difference in boys' self-esteem by age. The null hypothesis is accepted at 0.05 level of significance.

#### Table 4.5.1 F-ratio of the boys' self-esteem by age

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>37.778</td>
<td>4</td>
<td>9.4445</td>
<td>0.4062</td>
</tr>
<tr>
<td>Within</td>
<td>767.275</td>
<td>33</td>
<td>23.25</td>
<td></td>
</tr>
</tbody>
</table>
Table 4.5.2 F-ratio of the girls’ self-esteem by age

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>102.8115</td>
<td>4</td>
<td>25.702</td>
<td>0.7115</td>
</tr>
<tr>
<td>Within</td>
<td>2022.991</td>
<td>56</td>
<td>36.125</td>
<td></td>
</tr>
</tbody>
</table>

It was hypothesized that there is no significant difference in girls self-esteem as pertains to age. ANOVA was calculated to test this null hypothesis. The result is shown in table 4.5.2 above. It is noted that there is no significant difference in girls’ self-esteem by age thus the null hypothesis is accepted at 0.05 level of significance.

Table 4.5.3 F-ratio of the pupils’ self-esteem by age

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Variance Estimates</th>
<th>F-Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>109.635</td>
<td>4</td>
<td>27.4087</td>
<td>0.91160</td>
</tr>
<tr>
<td>Within</td>
<td>2825.36</td>
<td>94</td>
<td>30.0570</td>
<td></td>
</tr>
</tbody>
</table>

From the table above it is noted that there is no significant difference in the pupils' self-esteem as compared by age, hence the null hypothesis is accepted at 0.05 level of significance.
4.16 Reasons for committal into the rehabilitation centre

Ho6. There is no significant difference in pupils' self-esteem between those in need of special protection and care and those in need of protection and discipline in Government Rehabilitation Schools.

Table 4.6.1 Mean and t-values for those in need of care and those in need of discipline in Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Reasons for committal</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>36</td>
<td>30.25</td>
<td>5.373879</td>
<td>0.879200</td>
<td>68</td>
</tr>
<tr>
<td>Discipline</td>
<td>34</td>
<td>31.35294</td>
<td>5.370415</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It was hypothesized that there is no significant difference between children in need of care and those in need of discipline self-esteem in Government Rehabilitation Schools. ANOVA was calculated to test this null hypothesis and the result is presented in table 4.6.1. The null hypothesis is accepted at 0.05 level of significance.
Table 4.6.2 Mean and t-values of the boys’ self-esteem in need of protection and care, and those in need of protection and discipline

<table>
<thead>
<tr>
<th>Reasons for committal</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>13</td>
<td>31.23077</td>
<td>6.08487</td>
<td>0.75759</td>
<td>27</td>
</tr>
<tr>
<td>Discipline</td>
<td>16</td>
<td>29.8125</td>
<td>3.95337</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results in table 4.6.2 above shows that there is no significant difference in boys’ self-esteem between those in need of care and those in need of discipline thus the null hypothesis is accepted at 0.05 level of significance.

Table 4.6.3 Mean and t-values for girls in need of care and those in need of discipline in Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Reasons for committal</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>23</td>
<td>29.69565</td>
<td>4.98575</td>
<td>1.73925</td>
<td>39</td>
</tr>
<tr>
<td>Discipline</td>
<td>18</td>
<td>32.72222</td>
<td>6.162558</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table shows that there is no significant difference in girls’ self-esteem between those in need of care and those in need of discipline thus the null hypothesis is accepted at 0.05 level of significance.
Table 4.6.4 Mean and t-values for those in need of care in Government Rehabilitation Schools and those in NGOs' Rehabilitation Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>36</td>
<td>30.25</td>
<td>5.373879</td>
<td>1.169721</td>
<td>63</td>
</tr>
<tr>
<td>NGOs'</td>
<td>29</td>
<td>31.86207</td>
<td>5.767669</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The null hypothesis stated that there is no significant difference between children in need of care in Government Rehabilitation Schools and those in NGOs Rehabilitation Centres. t-test was calculated to test this null hypothesis and the results presented in table 4.6.4. It is noted that there is no significant difference in pupils' self-esteem between those in need of care in Government and NGOs' Rehabilitation Centres thus the null hypothesis is accepted at 0.05 level of significance.

Table 4.6.5 Mean and t-values of boys' self-esteem in need of care in NGOs and Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>13</td>
<td>31.23077</td>
<td>6.08487</td>
<td>0.39179</td>
<td>20</td>
</tr>
<tr>
<td>NGOs</td>
<td>9</td>
<td>32.1111</td>
<td>3.407506</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table shows that there is no significant difference in boy's self-esteem between those in need of care in Government and NGOs' Rehabilitation
Centres, thus the null hypothesis is accepted at 0.05 level of significance.

Table 4.6.6 Mean and t-values of girls’ self-esteem in need of care in NGOs and Government Rehabilitation Centres

<table>
<thead>
<tr>
<th>Centre</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO</td>
<td>20</td>
<td>31.75</td>
<td>6.640189</td>
<td>1.1562006</td>
<td>41</td>
</tr>
<tr>
<td>Government</td>
<td>23</td>
<td>29.69565</td>
<td>4.98575</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above shows that there is no significant difference in girls’ self-esteem between those in need of care in Government and NGOs’ Rehabilitation Centres thus the null hypothesis is accepted at 0.05 level of significance.

4.20 Descriptive Analysis

The researcher also interviewed the head-teachers and the managers of the Rehabilitation Centres in the study. The information obtained is described per institution

4.21. Government Rehabilitation Schools

Kabete Rehabilitation School was started in 1909 by the colonial government as a reformatory institution for children found loitering in the streets of
Nairobi as well as those found guilt of crime. This institute is run by a manager who is in charge of its daily activities under the direction of the Director of Children Services.

Kabete rehabilitation school is the oldest rehabilitation school for boys having a primary and a secondary wing, while Kirigiti is the only government rehabilitation school for girls having only the primary section. Some of the teachers in these institutions are employees of the Ministry of Home Affairs while others are under the Teachers Service Commission.

The children in these institutions are admitted through the Juvenile courts and the probation officers. Kabete being a senior school admits children for classes six to eight and forms one to four. The children are first taken to Getathuru Reception Centre for assessment and placement into a rehabilitation school.

For those children who are in especially difficult circumstances and thus in need of special protection and care, the District Children’s Officer visit homes and then make recommendations to the courts if the cases merit, then the children are committed into a rehabilitation school from ages ten to eighteen.

For those children who find themselves in conflict with the law, the Children’s Officer assesses the case and then makes recommendations to the
courts. The magistrate decides on the committal period. After the term of committal expires, the Children’s Officer can go to court for extension of the term, if the child is benefiting from education. After the expiry of the term the child is released to the community, those who successfully complete their education proceed to secondary schools.

In the institutions the children also learn vocational courses such as mechanics, carpentry agriculture, art and design, sign writing, dress making, tailoring and house keeping

**Problems faced by the Government Rehabilitation Schools**

Some of the problems encountered by the Government Rehabilitation schools are:

- Completion of syllabus is difficult because time is shared between vocational training and the academic subjects.
- The teachers and the artisans are not trained to handle these children with behavioural and emotional problems.
- The children are not guarded so some escape from school.
- The parents and the guardians are not honest while giving information about the children. Some of the parents avoid their responsibility of parenting.
- The children in need of protection and discipline are mixed with those in need of protection and care.
• Inadequate teaching personnel.

• Lack of curriculum support materials.

• Poor academic background; boys and girls of different academic backgrounds are put together in the same class. This makes teaching difficult.

• Some children stay long out of school especially those who are habitual truants or those who have been in streets for long. The regular curriculum which is used in these schools does not take into consideration the individual needs of these children.

• Due to stress, stigma and torture, which the children experience in the streets, in the courts and remand homes they develop a negative attitude towards education. The fact that the regular curriculum assumes that all the children are in the same mental state, leads to poor academic performance.

After the completion of the term the children are released to their parents and or guardians. When the child leaves rehabilitation school, he/she is placed under the supervision of a Child Officer appointed by the Director of Children Services for two years or until the child attains the age of twenty one years.
4.22 The Undugu Rehabilitation Centre

The Undugu Society of Kenya was founded in 1973 by Father Arnold Grol. This was only catering for street boys popularly known as parking boys then. When Undugu started in 1973, the number of girls in the streets was negligible thus the plight of girls was ignored. The Undugu Girls’ Centre was started in 1994 when it was noted that the number of street girls continued to rise.

A regular weekly visit to the streets is made by the staff to get in touch with the prevailing circumstances under which the children live at a given time. This is the first contact between Undugu and the children. This is the only most practicable way through which the society weans the children from the streets. This is referred to as Street Work by Undugu Society.

Street work is normally carried out at night by Undugu staff, a time when the children have retired from their daily activities. Clear information is given to the children on how they can reach Undugu once they decide to quit street life. There are two reception centres, one at Dandora for boys and another one at Eastleigh for girls. The reception centres receive children fresh from the streets. It is while the children are in the reception centres that individual information for each child is taken and an individual’s rehabilitation plan drawn. The children are then relocated to the community homes once their
period of stay at the reception centre is over. Both at the centre and the community homes, the children go through a vigorous rehabilitation process to enable them overcome their past trauma and experiences.

Individual and group therapy is carried out and the counselors identify individual child’s needs. Rehabilitation takes about six months in the Reception Centre before the children are taken to the Rehabilitation Homes.

At the Rehabilitation Centres the children are assessed to determine their academic abilities. This helps the management to know where to place the children either in school or skills training centre. This is done by professional teachers. The children attend regular schools from these centress or the Undugu Basic Education Programme which is non-formal. After interviewing the children the social workers make contacts with the parents and or the guardians of these children with the intention of re-integrating them back into the community. The parents and or the guardians are counseled and trained on their parental roles

After the children have been re-integrated with their families the social workers make home contacts at least three times a year. Before the integration a panel is formed which is made up of the teachers, social workers and the management to decide whether the child has been fully rehabilitated.
CHAPTER FIVE

DISCUSSIONS, IMPLICATIONS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter is divided into four sections, the first is the discussion of the data analysis, the second is the summary of the interview results, the third is the implication of the study while the fourth is the recommendation.

5.1 Discussion of the data analysis result

The main aim of the study was to explore, identify, analyse and compare the self-esteem of children in the Government Rehabilitation Schools and NGOs Rehabilitation Centres. The results of the study showed that there is no significant difference between the self-esteem of children between those in the Government and NGOs Rehabilitation Centres.

The children in Undugu Rehabilitation Centres are former street boys and girls who are viewed by the general public as criminals because of their way of life in the streets, while the Government Rehabilitation Schools are often viewed as a place or a school for the difficult and un-manageable hardcore young boys and girls. To a less informed person the rehabilitation schools are meant for instilling discipline to the un-manageable youth who have proved difficult either to their community or parents. This label criminal and institutionalizing may lead to self-
fulfilling prophesy which might explain the reason why there was no significant difference in the self-esteem of children in these two institutions.

Although there was no significant difference between the boys and girls self-esteem, it was noted that there was a slightly higher mean score for girls than that of the boys in the Government Rehabilitation Centres. This is in contrast to what Josephs et. al 1992 and Overhoster 1993 had found.

The mean score of the boys' self-esteem committed of crime was observed to be slightly lower than that of the girls committed for the same. This can be attributed to the fact that females' self-esteem is based on interpersonal relations, while that of the males is based on personal accomplishments. The self-esteem also depends on living up to the gender norms of one's society.

The study found no significant difference between the self-esteem of children committed of crime and those who are committed for care and protection in the Government Rehabilitation Schools. It is also worth noting that mean self-esteem of boys committed of crime is slightly lower than that of the girls committed for the same while that of the boys committed for care is slightly higher than that of those committed for crime. The social learning theory might explain these findings where the children learn by modeling. This means that either of the two groups can influence each other.
Age, level of education, and the time spent in the rehabilitation centres were found to have no statistical significant effect on the self-esteem. This can be explained by the fact that these children were in their transition period and they had spent most of their time together, so they tend to compare their self-esteem with others in the same circumstances as they are. Crocker and Major (1989) argue that members of stigmatized groups compare their own successes and failures with the lower levels attained by their group, rather than higher levels of the society at large. In this way identification with the devalued and stigmatized group protects individuals self-esteem. In addition when stigmatized people receive negative feedback, they may attribute it to the prejudice against their group. The children of different ages were distributed across different levels of education and also the period of stay in the rehabilitation centres.

5.2 Summary of the interview results

The learners in the Government Rehabilitation Schools are boys and girls ranging from the age of ten to eighteen years. These children are admitted into these institutions through court orders having committed crimes. There are however cases of abandoned, neglected, abused, battered and orphaned children. There are also cases of children who are beyond parental control.

The duration of committal order differs for each individual case depending on age and the circumstances under which the child was committed. After the child
attains the age of eighteen years his or her stay in the rehabilitation school can only be extended for a maximum of three years.

The manager of a rehabilitation school can release a child with permission from the Director of Children Services or when a child reaches the age of eighteen years. After the child leaves rehabilitation school he/she is placed under the supervision of a Children Officer appointed by the Director of Children Services for two years or until the child attains the age of twenty one years.

It was noted that despite lack of a clearly defined form of counseling programmes, the entire staff in these institutions work as a team in counseling the children.

The provision of education in the Government Rehabilitation Schools is made difficult by a number of issues raised during the study which include:

- The children committed into these institutions have varied academic background, age, nature of the crime committed or the circumstances under which the child is committed.
- The children come and leave at different times on completion of committal period.
- Some children are school dropouts who may have little or no interest in academic education
- Mixing of children from different academic background in the same class.
5.3 Implication of the study

The self-esteem development is influenced by among other factors by one’s environment. The term environment is thought of as either internal state such as privacy, personal space, territoriality and crowding (Attman 1975), or social influence. According to Mischel (1981), there are six dimensions of human environments, ecological, behavior settings, organizational, characteristics of the inhabitants, perceived social climate and functional properties. According to the social learning theory we learn by modeling. One’s environment and the significant others one interacts with influence his/her behaviour. This explains why the Children’s Act requires that the children committed of crime should be put in separate sections from those committed for protection and care. This section of the Act should be implemented.

Many of these children’s major problems are problems with inter-personal relationships. These children can benefit more from a group than from individual settings. In teacher planned and teacher directed group activities and interactions in the classroom, these children can help each other develop the capacity to work play share and live together, something they must achieve if they are to remain within their community. This will only take place in a group setting. Social relationships are lived and not taught. The educational planners should consider
the unique needs of these children if they are to benefit from educational opportunities available

5.4 Recommendations

In order to improve the education of the children in these institutions the following recommendations were made:

1. The children in need of special protection and care such as orphaned, abused, abandoned, and neglected children and those of imprisoned mothers should be separated from those convicted of crime as stipulated in the Children’s Act 2001.

2. The children committed into these institutions have varied academic background, age, nature of the crime committed or the circumstances under which the child was admitted. It is therefore important that they are carefully assessed to establish their educational levels and group them accordingly. This should put into considerations the committal period, reasons of committal and their learning needs and interests. The assessment team can comprise of social workers, professional teachers, counselors and medical personnel. In the light of the above a well thought out viable and relevant approach should be put in place.

3. While the rehabilitation of children is the main objective of the rehabilitation schools, it was noted that Guidance and Counselling
Programme is not given the prominence it deserves. For example there are no organized and systematic programmes for guidance and counselling in the rehabilitation centres visited. It was mentioned that cases regarding guidance and counselling were attended to individuals and whenever need arose. Considering the nature of children in these institutions, it is obvious that guidance and counselling services need to be provided for.

4. The academic and vocational teaching staff are recruited from among professionally trained teachers and artisans. Regular teachers are trained to deal with intellectual and not with the epical learning needs of exceptional children. In order to become productive human beings with respect to themselves and others, children need to feel safe and secure. This means that both physical and emotional safety is needed. Physical safety and security includes freedom from bodily harm and pain. Emotional safety and security includes nurturance, stimulation and opportunities for development of self-esteem. It is important that the personnel dealing with these children be given induction course to enable them to handle the children in these institutions.

5. The day-to-day activities of the government rehabilitation schools are controlled by the Director of Children Services. This calls for a need to re-examine the law governing these institutions and decide whether these schools should continue to be under the Ministry of Home Affairs or be placed under the Ministry of Education.
6. An evaluation study of these institutions should be carried out to establish the needs and achievements of the children.

7. A further research should be carried out to compare the self-esteem of children with those in the regular school settings.

8. This study can be replicated using a larger sample of the NGOs Rehabilitation Centres.
REFERENCES


*Journal of Personality and Social Psychology.* Austin: University of Texas.


Appendix 1

SELF-ESTEEM INVENTORY

NAME--------------------------------------------------------- (OPTIONAL)

SCHOOL/ CENTRE________________________________________

AGE_________________ CLASS REACHED____________________

GENDER (Please tick one), MALE_____ / FEMALE______________

INSTRUCTIONS

Please mark each statement in the following way.

If the statement describes how you usually feel, put a check (✓) in the column "Like Me"

If the statement does not describe how you feel, put a check in the column "Unlike Me"

There are no right or wrong answers.

<table>
<thead>
<tr>
<th>Like Me</th>
<th>Unlike Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I spend a lot of time daydreaming. ................................... .</td>
<td></td>
</tr>
<tr>
<td>2. I am quite sure of myself. ...............................................</td>
<td></td>
</tr>
<tr>
<td>3. I often wish I were someone else. ......................................</td>
<td></td>
</tr>
<tr>
<td>4. I like other people easily. ..............................................</td>
<td></td>
</tr>
<tr>
<td>5. My parents and I have a lot of fun together. ..........................</td>
<td></td>
</tr>
<tr>
<td>6. I never worry about any thing. ...........................................</td>
<td></td>
</tr>
<tr>
<td>7. I find it very hard to talk in front of the class. ....................</td>
<td></td>
</tr>
<tr>
<td>8. I wish I were younger. ..................................................</td>
<td></td>
</tr>
<tr>
<td>9. There are many things, about myself I would like to change. .......</td>
<td></td>
</tr>
<tr>
<td>10. I can make up my mind without too much trouble. .....................</td>
<td></td>
</tr>
<tr>
<td>11. I am a lot of fun to be with. .........................................</td>
<td></td>
</tr>
<tr>
<td>12. I get upset easily at home. ............................................</td>
<td></td>
</tr>
<tr>
<td>13. I always do the right thing. ..........................................</td>
<td></td>
</tr>
<tr>
<td>14. I am proud of my school work. .........................................</td>
<td></td>
</tr>
<tr>
<td>15. Someone always has to tell me what to do. .............................</td>
<td></td>
</tr>
<tr>
<td>16. It takes me along time to get used to any thing new. ...............</td>
<td></td>
</tr>
<tr>
<td>17. I do not like the things I do. ........................................</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Like Me</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
</tr>
<tr>
<td>18.</td>
<td>I am popular with kids my own age.</td>
</tr>
<tr>
<td>19.</td>
<td>My parents usually consider my feelings.</td>
</tr>
<tr>
<td>20.</td>
<td>I am never unhappy.</td>
</tr>
<tr>
<td>21.</td>
<td>I am doing the best work that I can.</td>
</tr>
<tr>
<td>22.</td>
<td>I give in very easily.</td>
</tr>
<tr>
<td>23.</td>
<td>I can usually take care of myself.</td>
</tr>
<tr>
<td>24.</td>
<td>I am quite happy.</td>
</tr>
<tr>
<td>25.</td>
<td>I would rather play with children younger than me.</td>
</tr>
<tr>
<td>26.</td>
<td>My parents expect too much of me.</td>
</tr>
<tr>
<td>27.</td>
<td>I like every one I know.</td>
</tr>
<tr>
<td>28.</td>
<td>I like to be called on in class.</td>
</tr>
<tr>
<td>29.</td>
<td>I understand myself.</td>
</tr>
<tr>
<td>30.</td>
<td>I am a failure.</td>
</tr>
<tr>
<td>31.</td>
<td>Things seem to be mixed up in my life.</td>
</tr>
<tr>
<td>32.</td>
<td>Kids usually follow my ideas.</td>
</tr>
<tr>
<td>33.</td>
<td>No one pays much attention to me.</td>
</tr>
<tr>
<td>34.</td>
<td>I never get scolded.</td>
</tr>
<tr>
<td>35.</td>
<td>I am not doing well in school as I would like to.</td>
</tr>
<tr>
<td>36.</td>
<td>I can make up my mind and stick to it.</td>
</tr>
<tr>
<td>37.</td>
<td>I really don’t like being a boy/girl.</td>
</tr>
<tr>
<td>38.</td>
<td>I have a low opinion of myself.</td>
</tr>
<tr>
<td>39.</td>
<td>I don’t like to be with other people.</td>
</tr>
<tr>
<td>40.</td>
<td>There are many times when I think of leaving home.</td>
</tr>
<tr>
<td>41.</td>
<td>I am never shy.</td>
</tr>
<tr>
<td>42.</td>
<td>I often feel upset at school.</td>
</tr>
<tr>
<td>43.</td>
<td>I always feel ashamed of myself.</td>
</tr>
<tr>
<td>44.</td>
<td>I am not as nice looking as most people.</td>
</tr>
<tr>
<td>45.</td>
<td>If I have something to say I usually say it.</td>
</tr>
<tr>
<td>46.</td>
<td>Kids quarrel with me very often.</td>
</tr>
<tr>
<td>47.</td>
<td>My parents understand me.</td>
</tr>
</tbody>
</table>
48. I always tell the truth. 

49. My teacher makes me feel I am no good at all.

50. I don’t care what happens to me.

<table>
<thead>
<tr>
<th>Like Me</th>
<th>Unlike Me</th>
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Appendix 2

INTERVIEW SCHEDULES

1. what is the name of the school/center?
2. When was it started? ____________ And by whom?
3. Are the workers trained to handle these children?
4. How do you admit children in this institution and at what age?
5. For how long do they stay in this institution?
6. After this institution what next?
7. Do you have follow up of these children?
   If so who does it?
8. How is the follow-up conducted and for how long?
9. What are some of the problems you face while running this institution?