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**AN INVESTIGATION INTO FACTORS THAT LEAD TO
FRUSTRATION AND AGGRESSIVE BEHAVIOUR AMONG
CHILDREN IN SELECTED REHABILITATION CENTERS OF
NAIROBI**

BY

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2005
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*An investigation into
factors that lead to*



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DECLARATION

This project is my original work and has not been presented for a degree in any other university.

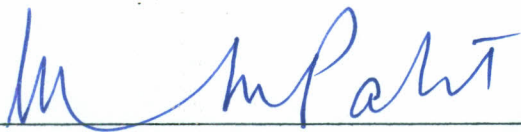


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31/8/05
DATE

AUGUST, 2005

DEDICATION

TO ALMIGHTY GOD

TO MY SON ROWLAND OSII

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I am extremely grateful to Kenyatta University for giving me opportunity to study for a Masters Degree. I am grateful to the administration of Ngara Girls High School for being very understanding during the two years I was a student at the university.

I am greatly indebted to my supervisor Professor, M. M. Patel, who was very instrumental in making this work successful. May the Lord abundantly bless him.

Special regards to my husband Tom Osii for his support during my course. Great thanks to my son Rowland for his tireless effort to enter the data in the computer. Special thanks to my children Shirley and Kimberley for their patience during the many long days that I would be away. My appreciation to Sophia Wambui who assisted a lot in the typing.

I also thank my mum, brothers and sisters for being there for me.

May God bless you all abundantly.

ABSTRACT

This study is an investigation into factors that contributes to frustration and aggressive behavior among children in selected rehabilitation centers/schools, of former street children in Nairobi.

The study addressed the problem of street children in Nairobi. There are several rehabilitation centers for former street children, aid orphans and adolescence, delinquents that are charged with rehabilitating these children into respectable, productive citizens. Unfortunately they don't seem to be yielding much success as many of these children still maintain undesired social behaviors in and out of the rehabilitation centers/schools.

Relevant literature review was obtained concerning learning theories and aggression. From the existing literature it was revealed that early interpersonal experiences within the family plays a decisive role in the psychosocial development of a child. Three rehabilitation schools/center from Nairobi province were selected to participate in the study.

Questionnaire, interviews and observational schedule were used to collect data

Responses from the instrument were collected and analyzed to provide data that helped answer the questions raised by the researcher. The study found out that:

- Parents play an important role in the child's behavioral development
- That the family and the environment serve as primary socialization system for inculcating beliefs and behavior patterns in a child.

The study recommends that emphasis be made for parents, teachers and other stake holders to unite in assisting the children from rehabilitation schools/centers to change their behaviors by seeking to communicate to them, accepting them the way they are and developing a bond of trust with them.

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CHAPTER ONE

1.0 INTRODUCTION

This is an introduction chapter, which represents; background to the problem, statement of the problem, objectives, significance of the study, scope and limitations, assumptions of the study and definition of terms.

1.1 BACKGROUND

A street child is one who has no home but the street. The family may have abandoned him/her or may have no family members left at home alive. Such a child has to struggle for survival and might move from friend to friend or live in shelters such as abandoned buildings.

A street child can also be one who visits his/her family regularly. The child might even return every night to sleep at home but spent most days and some nights on the street because of poverty, overcrowding, sexual or physical abuse at home.

A street child may be one in institutionalized care; having come from a situation of homeless and at risk of returning to a homeless existence.

In developing countries, street children are as young as 8 years while in developed countries the age of twelve (12) years. The proportion of girls among street children is reported to be less than 30% in developing countries and about 50% in many developed countries.

There are fewer street girls because; fewer are abandoned by their families, and are often socialized (taught by their families and culture) to be submissive and caring and therefore they tend to have fewer behavioral problems as compared to boys.

Since girls have fewer behavioral problems, they have less conflict with their families and do not need to leave their homes. Some families get rid of girls by other means such as marrying them off at 13 years. They would then have a family.

In some cases, authorities or individual members of the community may pick up girls on the street more quickly since they can be recruited to do domestic work in private households or to work in commercial sex industry. In most cases street girls may be less visible to researchers or educators. Some street girls disguise themselves as boys to protect themselves from harassment by the police, welfare workers, employers, other street children and others may only appear on the streets at night.

There are varied reasons as to why children take to the streets; but one explanation that holds true for both developed and developing countries is poverty. Because of this, most street children go to the streets to look for better ways of life. Other reasons are; to earn money for themselves and support their families by begging, car washing, drug trafficking, performing music, running errands and sex work.

Another reason may be to find shelter, this is because of overcrowding households children may decide to leave home to make room for younger siblings and elderly family members. Others are on the street because they have no other alternative. This is because they have been separated from their families during civil unrest or parents have died from aids. Others may have been released from jail or detention centres.

Some children go to the streets to escape from family problems including rejection. Many children feel that living on the street is better than coping with problems in their homes.

These problems can include conflicts with parents, physical/sexual abuse or neglect. Some leave home because their parents do not approve of a child's behaviour or its consequences such as pregnancy, homosexuality or substance abuse.

Some children take to the streets to escape from work demands in the home. In many cultures, children are expected to participate in routine family tasks. At times the demand on the children may be more than they can take. This leads to the child feeling that he/she is a slave or a servant. Such children leave home in search of freedom from adult demands.

A child may take to the streets in order to escape from a children's institution. Street children may feel that children's homes are like prisons; they cannot adjust to rules after experiencing the freedom of the street. At times the personnel in these institutions may abuse children.

Street children experience a lot of psychological problems, some of which are; A stressful past, many situations and events that such these children onto the street in the first place (like natural disasters, man-made disasters, exploitation and conflicts), may have a lasting impact on their well-being. For instance the family conflict that pushes the child onto the street continues to deprive the child of emotional and material support for years afterwards. When the child has his/her own baby, neither the new parents nor the baby will have the benefit of the previous generation's support.

These children experience a transitory life style. Street children in some large cities move frequently from district to district or between cities, sometimes they do this by choice, but at other times they are forced to move to hide from the police, welfare authorities, gangs, and drug syndicates. This type of lifestyle leads

to problems of social isolation and loneliness and difficulties in developing emotional attachment to special individuals.

Street children phenomenon is an alarming and escalating worldwide problem. This is an offspring of the modern urban environment, Leron (1994). Leron also observes that street children phenomenon is one of the most complex and serious challenges facing humanity. It is therefore important that the street children's plight be looked into seriously. There is need to develop them into law abiding citizens who are able to make use of their talent and abilities. This could be achieved through understanding what causes them to behave the way they do and develop ways of helping them acquire appropriate behaviour.

1.2 STATEMENT OF THE PROBLEM

Aggression as a behavioral phenomenon has been extensively investigated by Bandura (1964) and the result of these investigations indicated that aggressive behavior may stem from learned habits as well as from excessive frustration. Operationally, aggression can be defined as the response to frustration. Dallard et. al. (1939) observes that it was early hypothesized that frustration invariably result in aggressive behavior. Dallard et. Al. (1939) says that aggression is an evitable consequence of frustration.

Frustration is observed to result from the interruption of a behaviour being carried on to fulfill some motives. Frustration is also the delay in accomplishing by withholding from an organism that reinforcement which it ~~is~~ has previously learned follows a given sequence of behaviour. It may also result from conflicts, which interfere with satisfaction of goals.

Frustration situations involve an interruption or delay in the attainment of an expected goal.

An individual's learning experiences determines the particular behavioral sequences that he/she expects will lead to gratification and also the strength of that expectation. The more successful a person has been in achieving a goal in the past, the more frustrating it is to have it blocked. Also, the closer one is to completion of the goal directed activity, the more intense is the reaction to being thwarted.

From the above description of aggression and frustration, it is clear that there is need to carry out an investigative research on factors that led to increase on frustration and aggressive behaviour among street children prior to being confined to streets in rehabilitation centers of Nairobi and measures that can be taken to curb the problem. Children constitute over 50% of Kenya population and the government invests a lot of money in their future, by offering programmes like rehabilitation that are meant to help them become responsible and productive members of the society.

The rehabilitees in the rehabilitation centers continue to engage in undesirable behaviors such as fights, cheating, quarrels, bullying, stealing, jumping, queue in schools they elicit some of this behaviors and other immoral acts. This problem is not only confined to the government rehabilitation centres but also common with other centers ran by NGO's churches and individuals and normal schools. While in the rehabilitation centers the children destroy items at the center, lack a sense of responsibility, do not control their anger and become wild when being talked to. They also harass the social workers and sleep outside with the watchmen. In schools they elicit some of this behaviors.

1.3 PURPOSE OF THE STUDY

The researcher has attempted to prove that children from rehabilitation centres show more aggressive behaviour than children from normal homes. Coming from Nairobi, the researcher was alarmed by the incidences of rehabilitees frustration

and aggressive behaviour. The possible meaning of such problem with regards to the issue of security in Nairobi City, changing the behavior of the rehabilitees is of paramount important.

The study aim at

- 1) Finding out the interviewing variables that mediate behaviour among the children from rehabilitation centres.
- 2) Finding out what necessary steps are to be taken by rehabilitation centers to reduce the behavioral problem.
- 3) Attempting to seek ways of helping rehabilitees change the behaviors that prevent them from functioning normally.
- 4) Suggesting some possible solutions to the problem.

The study findings are intended to act as a provocation as well as a springboard from which other researchers could conduct further investigations.

1.4 OBJECTIVE OF THE STUDY

- 1) To establish whether there are substitutes to aggression and frustration behavior.
- 2) To find out if frustration and aggressive behavior is elicited more among the children from selected rehabilitation centers in Nairobi.
- 3) To find out the severity of frustration and aggressive behavior among the children in rehabilitation centers.
- 4) To establish what causes frustration and aggressive behavior among the rehabilitees.
- 5) To identify possible steps that can be taken by the social workers and managers of rehabilitation centers to solve frustration and aggressive behavior.
- 6) To find out other groups that should be involved in trying to solve the problem of frustration and aggressive behavior among the rehabilitees.

1.5 RESEARCH QUESTIONS

The questions that come into the researchers mind concerning the relationship between frustration and aggressive behavior are as follows:-

- a) Are the children in rehabilitation centers eliciting more frustration and aggressive behavior?
- b) What are the possible reasons behind these frustration and aggressive behavior?
- c) What are the possible consequences of frustration and aggressive behaviors among the rehabilitee?
- d) What are the possible activities/programmes involved in rehabilitating the street children in the centers?

1.6 SIGNIFICANCE OF THE STUDY

The study has been carried out with the following assumptions:-

- 1) It will help the manager of rehabilitation centers, social workers, teachers and the nation as a whole to discover areas of need that should be addressed. This will help to improve non the rehabilitees behaviors.
- 2) The study will also help to sensitize teachers in the schools on how to handle the children and to accept them the way they are.
- 3) It will help the managers and social workers to fully utilize the center services in helping to change the rehabilitees behaviors.
- 4) The study can assist curriculum developers to come up with a curriculum on guidance and counseling as well as its supervision

1.7 ASSUMPTION OF THE STUDY

The study was carried out with the following assumptions:-

- 1) That the sample is good representative of the whole population.
- 2) That the Ministry of Education liaise with Ministry of Home Affairs to help improve on the school programmes.

- 3) That the rehabilitation centers need parental care and the children's basic needs should be met, to enhance their self-esteem.
- 4) That there will be continuous guidance and counseling process in the life of the children and co-operation in enhancing this.

1.8 SCOPE AND LIMITATION OF THE STUDY

Relationship between frustration and aggressive behavior is a broad subject that the researcher has not effectively handled. The study has only dealt with factors that lead to frustration and aggressive behaviors in former street children in rehabilitation centers of Nairobi City. Due to limited time and financial constrains, the researcher has not been able to go into details. The researchers data has only been collected from three (3) rehabilitation centers of Nairobi and three normal schools therefore the results should not be generalized, to all the rehabilitation centers in Kenya.

1.9 AREA OF STUDY

The study has been conducted in selected rehabilitation centers of Nairobi City and normal schools and will try to find out whether there are children in rehabilitation centers and elicit more frustration and aggressive behaviour than children in normal schools.

1.10 DEFINITION OF TERMS

1. **Behavior:** all activities of an individual that can be observed by another.
2. **Obsessive Compulsive behavior:** Behavior seen in people who have anxiety disorders, when individuals have an irresistible urge to repeat certain behavior.
3. **Heredity:** The inheritance of characteristics from parents
4. **Environmental influence:** Influences of a person's surrounding. In

psychology the term is used to describe influences on children such as the quality of parenting, educational opportunities as well as other cultural and social factors.

5. **Instinct:** an innate predisposition to behave in a particular way
6. **Psychological:** to do with bodily processes, such as respiration, digestion and reproduction
7. **Classical Conditioning:** A type of learning where an unconscious, automatic response such as a reflex, is triggered by a new stimulus, after the new stimulus has been paired with the usual stimulus that triggered the response.
8. **Extinction:** the phenomenon seen when a response is no longer produced when the conditioned stimulus is presented.
9. **Operant Conditioning:** a type of learning where the behaviour that is rewarded (reinforced) is likely to be repeated.
10. **Behaviorism:** a theoretical approach where psychology is defined as the study of the behavior of individual. Psychology is a science and scientific methods are applied
11. **Reinforcement:** anything that increases the likelihood that a behavior will be repeated. This can be something pleasant such as a reward, or the withdrawal/removal of something unpleasant.
12. **Punishment:** Something that reduces the likelihood of a behaviour being repeated, either because it is unpleasant or something pleasant has been removed.

13. **Partial reinforcement:** where behaviour is not reinforced on every occasion, but only some of the time.
14. **Shaping:** the learning of complex patterns of behaviour by having the behaviour broken down into small steps and each step being reinforced.
15. **Observational learning:** Learning a behavior by copying another person
16. **Role Model:** a term used to describe a person whose behaviour is likely to be copied by another.
17. **Peer Group:** a group of friends or associate of same age.
18. **Vicarious reinforcement:** a reward obtained by another for behaving in a particular way that makes it more likely that an observer will copy the behaviour.
19. **Intrinsic reinforcement or reward:** internal feelings of pride, pleasure and satisfaction that make it likely that the behaviour that provoked the feelings will be repeated.
20. **Mental representation:** thoughts in an individual's mind that take the place of an object or event in the physical world.
21. **Schemes:** basic ideas or thoughts about the environment.
22. **Assimilation:** the taking in of information about objects or people in a child's environment.
23. **Equilibrium:** the balance between assimilation and accommodation, which leads to the modification of schemes.
24. **Accommodation:** the modification of schemes to take account of new information that has been assimilated.

25. Social constructivist model: a way of explaining children's learning which acknowledges the role of friends, family and other aspects of society in children's learning, in addition to the activities of the child
26. Id: the most primitive part of personality that demands the instant gratification of an individual's needs and desires
27. Ego: the part of personality that plans and keeps the individual in touch with reality.
28. Superego: the part of the personality that tells us what we should and should not do. It contains our conscience and moral values which are formed by the influences of our parents and society.
29. Street Children: young boys and girls who have adopted the street as their abode or source of livelihood or both.
30. Rehabilitation: bring back to normal by special treatment.
31. Rehabilittee: former street children/families who are undergoing rehabilitation
32. ANPPCAN: African network to prevention and protection against child abuse and neglect.
33. Frustration: the blocking of sequence of goal directed behavior.
34. Aggression: is an act whose goal response is injury to an organism.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The most important things parents and other concerned people would like or wish for children under their care are that the children are able to grow up to have satisfying relationship and maybe raise a family of their own. Some people may hope that children develop into law-abiding citizens, able to make a contribution to society, whilst for others a deep spirituality would be important. Most people would want to see children grow up into adults who are healthy content and able to make most of their talent and abilities.

Because all these are the desires of most people of the children we worry if we see children behave in inappropriate ways that will ultimately interfere with their being well adjusted adults. It is therefore important for managers and social workers in rehabilitation centers to have a good understanding of what causes children to show frustration and aggressive behaviour and to develop ways of helping the rehabilitees acquire appropriate behaviour. Related literature will be reviewed under the following areas:

2.1 HISTORICAL DEVELOPMENT OF REHABILITATION CENTERS

The issue of street children first appeared at global level in 1979 when the international year of the child was announced (Agnelli; 1986). The UN asked the governments to make special efforts for children, although, this was originally proposed by the International Child Bureau (ICCB). During the international year of the child, the ICCB hosted the secretariat of the international Non-governmental organization (NGO) taking part in the discussion of issues related to the child. Although many international programmes existed for various categories of

children, non-catered for the street children.

In 1892, the Inter-NGO programme on street children and youth was started. Its main achievement was giving recognition of and publicizing their work with funding agencies and articulating concern over the plight of street children throughout the private sector and the international community.

Undugu Society of Kenya annual report (1989) states that the phenomenon of street children in Kenya started way back to early 1970's. This gave birth to rehabilitation centers. The rural – urban migration began to produce 'parking boys' whose main function was to direct motorist to parking lots. During this time, slums started emerging and out of this slums emerged unruly boys who worked for miserable subsistence from begging, washing cars, running errands, stealing and directing motorist into parking lots.

At night some of these boys retreated to their shacks in the slums while others huddled on the cold pavements, hopelessly exposed to harsh weather conditions. In those years there were no institutionalized care system for the street children. They were forever condemned to the street where they met the harassment of policemen and thugs. It's against such background that rehabilitation centers from street children started coming up.

Epstein (1996) says that the problem of street children in Kenya first began in the early 1950's when the colonial system broken up families by imprisoning men and women or taking them away to concentration camps. The children were left helpless and the wandered of the street of Nairobi with the hope of finding some means of survival. The first real concern with street children phenomenon was noted in a national workshop on child labour in Kenya which was sponsored by World Health Organization (WHO) Onyango and Male (1983) report. During this

workshop, the issue of street children was discussed for the first time in a more organized manner. Although the discussion did not generate public interest as such, the Nairobi province children's department in conjunction with the Provincial Commission (PC) of Nairobi constituted a committee to further discuss the problem of street children in Nairobi. Subsequently the PC directed a task force consisting of key ministries in Nairobi province and major NGO's to study and write a position paper on the problem of street children. The paper was later presented at the 1985 regional workshop on children with special difficulties circumstances held in Nairobi and sponsored by UNCEF (Khamala 1985). The paper was revised and later presented to the PC's committee, which in turn forwarded the document to the Attorney General (AG), the presentation of these document coincided with the growing public concern on the question of street children in Kenya. The AG's office approached the Kenya National Academy of Science to constitute a research team to objectively assess the state of street children throughout the country. The major purpose was to determine the nature and extend of the problem and appropriate course of action in terms of policies and programmes be taken by the government to address the problem.

With the prevailing socio economic hardship and HIV/AIDS pandemic, the situation of street children continues to escalate, currently there are reports that over 60,000 children in Kenya are classified as in need of special protection about 45,000 of these street children require special institutional care.

2.2 REHABILITATION

Rehabilitation means using the period provided by institutionalization to give the child and his/her family an opportunity to reflect on life and get prepared to re-unification, including the development of a mutual sense of responsibility and getting the child back into school or vocational training. Rehabilitation can also include working with the family – rehabilitating it as well for example,

teaching parents skills so that they can adequately support the children better, and they later will be less likely to return to the streets. This takes time, which institutionalization provide and it also encourages both the child and the family to reflect on life and get prepared for re-unification, including the development of a mutual sense of responsibility.

2.3 VALUES UNDERLYING REHABILITATION

Institutional care gives a child time to reflect on life and prepare him/her to go back home. The child learns responsibility. The family can also be prepared by the agency to receive the child back. The organization has a longer time to study both the child and the family and get to know them. It is thus in a better position to prepare the two for re-unification.

Residential institutions should be made accessible to the community to promote transparency, accountability and openness, where possible, children should be enrolled in normal schools in the community while they are in the institution.

2.4 THEORETICAL PERSPECTIVES

Introduction:-

There have been attempts to explain human aggression. This study will look at some of these approaches and later on use the explanation to provide a clear picture of the problem of human aggression and possible solution suggested by the new discoveries in the basic psychology of behaviour.

2.4.1 What is aggression?

Buss (1961) Aggression is respond that delivers noxious stimuli to another organism.

Dollard et al (1939) Aggression is an act whose goal response is injury to an organism.

Scott J P (1958) refers to aggression as fighting and the act of initiating an attack.

Geen R. G. (1990) defines aggression as the delivery of a noxious stimulus to another person with the intent of harming that person and in the expectation that the aversive stimulus will react its destination.

Geen, further said that several kinds of behaviour fit this definition aggression, leading him to conclude that there should be more than one type of aggression. Each type he says is characterized by different antecedent conditions, by varying motives in the aggressor and often, by various patterns of behaviour. Aggression in human beings takes one of two general forms (a) anger, or affective and instrumental.

Feshcbach (1964) describes affective aggression as aggression that is often accompanied by strong negative emotional state called anger. And that anger is often thought of as an intervening condition which instigates, and then guides aggressive behaviour.

According to Geen instrumental aggression is aggression without emotional basis and is not associated with aggressive cognitions. The primary goal of such aggression is not. Injury or harm to the victim but its simply a means to some other desired end like self defence or an attempt to establish social and coercive power over others (cf. Tedeschi 1983).

2.4.2 Causes and Development of aggression:-

Considerable controversy exists over the origin of aggression in humans. The biological viewpoint is that human share with lower animals certain genetically determined tendencies towards aggressive behaviour (Moyer 1976).

The behaviorist position is that aggression is acquired through experience, conditioning and learning. The two views are mutually exclusive.

Some aggressive behaviour in human have biological origin just as some are learned through observations of other people. Furthermore, aggressive behaviour, once it is part of a person's repertoire is shaped and developed through learning process. Both biological inheritance and learned tendencies serve as background conditions for aggression, which is a response to a certain feature of the situation Russell Geen (1990).

Evidence for a genetic basis of human aggression is not plentiful, however research on twins by Rushton et al (1986) has indicated that aggressiveness and other traits related to aggressiveness are inherited.

Heredity

The evidence on human beings indicates that there is a great deal of individual variability in the level of aggressiveness in both men and women. The male hormone apparently has the effect of lowering the threshold for stimulation to arouse aggressive behaviour in a young boy than in a girl. Entirely apart from the effort of cultural training, one would expect that a girl who is stimulated to fight only with difficulty would have a strong tendency to develop passive inhibition concerning fighting. On the other hand, a boy who is easily stimulated to fight would be likely to have aggression rewarded by success and hence become increasingly motivated towards it.

The result of all these factors is that women are on the average harder to stimulate to aggression than men but once stimulated may have more difficulty managing their aggressiveness because they have fewer cultural outlets and a tendency towards greater repression (Scott J.P. 1958).

Scott further observed that environmental changes in weather conditions, amount of food and elbowroom undoubtedly have some effect in

stimulating aggression, but there has been little scientific work on the subject. The experiments which have been done points to the conclusion that factors of training largely determines the amount and kind of aggression that is expressed as a result.

Food Supply

The hungry human being tends to be restless and active. Besides this, the hunger pangs of the stomach may be actually painful. Its quite possible that these stimuli might summate with those leading to aggression, just like one would expect a hungry child to be more aggressive. This seems to be the experience of most parents as well as the conclusion of psychological studies. Such simple psychological reaction may in part account for the increased aggressiveness that has been attributed to frustration. Goodenough, F.L. (1931).

Space

Under many circumstances large groups of people are confined to small areas. It's expected that crowding would result in more chances for physical contact, more frustration of movements, and hence more aggressive behaviour. The high city crimes rates agree with this expectation Crew, F.A.E. and Mirskala, L. (1931).

Social Aggression

The vast majority of irritating stimuli, which we meet in daily life comes from the social environment, so that almost all important external causes of aggression tend to be social in nature. For instance modern living frequently require a person to go to a strange town and live with people he has never seen before. Many people do not have this experience before. The usual tendency of an unsophisticated

person is to feel upset and start criticizing the customs, manners, and clothing of his new acquaintances. The result is, of course to stimulate their aggressive tendencies, and they may turn on him in a group and make him extremely uncomfortable even without actual violence.

2.5 LEARNING THEORIES

Previously we saw that there are inborn influences on the behaviour of individuals. It was noted that although there are innate factors that affect behaviour, there are also other influences at work as well. Most of the behaviour that children exhibit is learned and is influenced by their environment.

There are two types of learning theory;

- Behaviorist theory; which includes classical conditioning and operant conditioning.
- Social learning theory.

Social Learning Theories

Social learning theory and aggression psychologist who take a social psychological approach to behaviour usually tend to treat aggression as a set of acquired behaviors and attach less emphasis to innate and biological determinants. Advocates of this approach apply to aggression the principle of social learning theory (Bandura 1973) in which aggressive behaviour is usually dealt with in terms of

- Feature of environment which foster the initial learning or acquisition of the behaviour.
- Environmental influences that facilitate the performance of aggressive acts once learned.
- Conditions that maintain aggressive behaviour

According to Bandura (1965) social learning theory of aggression pertains to the acquisition, performance and maintenance of aggressive behaviour through principles of learning. Novel aggression responses may be acquired through observation. That is watching others and initiating them.

He also observes that provision of incentives is generally necessary to bring about performance of the acquired response.

In a study by Eisenberg (1980), the presence of others may either facilitate or retard the performance of the acquired behaviour.

Gen and Stonner (1971) observed that as is true of any learned response, aggression is maintained by positive reinforcement. Reward maintains aggressive behaviour. Rewarding one type of aggressive response may also generalize to related response producing an overall increase in aggressiveness.

In a study by Loew (1967) and Pigg (1970) it was found that reinforced aggression tends to generalize in accordance with the principle of response generalization. Giving reward to a person for aggression may therefore have the ultimate effect of making that person more violent in general. To some extent the origin of aggression can be traced to social and cultural roots. Every society promotes aggressive beliefs and values to some extent. These values help to form sub-cultures of violence within the society.

Mulvihill and Tumin (1969) study showed that aggressive values form an important part of overall value system in that society.

Toch (1969) concluded that much of the behaviours are guided by violence prone premises or assumptions. He observed that persons who tend to interpret situations as

threatening or goading or challenging or overpowering can turn harmless encounters into duels, purges, struggles or survival or escapes. The idea that certain subcultures of violence exist was proposed by Wolfgang and Ferracuti (1967) on the basis of their finding that some groups are likely than others to use violence in solving their problems the concept of the subculture of violence helps to explain a part of the aggressive behaviour of juvenile gangs.

To some extent violence of gangs reflect the prevailing standards of aggression in a society.

Klein (1969) urged that the ultimate origin of aggressive behaviour of juvenile gangs lie in the social change found in societies in transition such as the city centre or the urban neighbourhood. He observes that such changes produces a breakdown in traditional norms and a sequent loss in communal control over the aggression of individuals and small groups. In such a setting, aggression eventually becomes part of a normative structure that emerges to replace the old ones. The gang serves as a focus for young people in so far as it provides a means of immediate gratification, a strong peer group, social status, and in opportunity to assert masculinity and toughness. In turn the gang legitimizes aggression. It also promotes aggressive behaviour through what Klein (1969) called a shared misunderstanding, each member of the gang assumes that the norms of peer group demand more aggression than the individual would prefer to undertake. In this way, the gang implicit compels a certain level of violence from each of its members.

2.6 THE PSYCHOANALYTIC APPROACH

When we use cognitive theory to explain how children learn we recognize the importance of an individual's thoughts or cognition. These thoughts are conscious that is, we are aware that we are thinking. In psychoanalytic explanations it is suggested that our behaviour is also influenced by factors of which we are unaware.

Sigmund Freud (1856 – 1939)

Sigmund Freud was a doctor who worked for most of his life in Vienna. Originally he specialized in neurology (the study of the brain and the nervous system) but later on he became interested in patients who had psychiatric problems. He believed that our behaviour is driven by two instincts.

- Libido, an instinct for life which gives us energy for survival, production and well being.
- The death instinct, a negative force which gives us energy for aggression anger, guilt temptation and so on.

Our personalities are influenced by the balance between our Libido and death wish. Some individual will be positive because they have a strong libido, while others will be negative because their death instinct predominates.

The concept of Frustration – Aggression Hypothesis:-

An early attempt to formulate a unitary theory of aggression hypothesis first was put forward by Dollard et. al. (1939). This work brought to bear on the study of aggression a set of concepts derived from contemporary research in learning and motivation. The hypothesis offered has led, either directly or indirectly to the present time. The frustration aggression hypothesis as formulated by Dollard et. al.; and in a subsequent paper by Miller (1941) states that frustration produces of a readiness or instigation to aggress and that aggression is always proceeded by some form of frustration.

Frustration defined as the blocking of sequence of goal directed behaviour, is therefore directly linked to aggression which is defined as a response having the goal of injuring an organism or object. Frustration – aggressive hypothesis has usually been interpreted as a statement of the role of aggressive drive in behaviour. By this is meant that frustration

creates a drive state which motivates behaviour in the same way as do such primary drives as hunger and thirst. Just as hunger animates food seeking and eating, so does the aggressive drive engendered by frustration motivates fighting.

The hypothesis also spells out certain intervening variables that mediate the relationship between frustration and aggression. If an individual fears that direct aggression will meet punishment, such aggression will be inhibited. When this happens, the person may turn to substitutes for direct aggression such as indirect acts of violence. Someone who is motivated to aggress against another person but who fears punishment may, for example, secretly destroy some object belonging to the latter. Aggression may also be displayed to targets that serve as substitutes for the desired one; an example is the phenomenon of scapegoat, whereby convenient persons are targeted as 'enemies' on whom pent up resentments and angers may be vented (displacement). The hypothesis holds that aggression of any sort produces a reduction of tension or drive which makes further aggression less likely.

The heart of the hypothesis, is its statement of a casual relationship between frustration and aggression, people aggress against each other for many reasons. This could be in order to gain some valued end such as money, power. It also could be response to speeches, rousing music and a display of weapon for war. Sometimes horrible acts of violence are carried out simply in obedience to higher authority.

The other assertion of the hypothesis that frustration creates and instigation to aggression and ultimately to aggressive behaviour – rest on somewhat firmer ground. Certainly anecdotal evidence of this idea is abundant.

Most people can think of times, when they become so exasperated by persistent failure to accomplish some task, or by the interference of others, that they felt like blowing up and

expressing aggression against some person or object. Bus (1963) and Rule and Percival (1971) have shown that subjects give more intense electric shocks to another person, presumably as punishment for errors as a learning task, after having been told that the person should learn the task easily than they do after having been informed that learning would be difficult. Presumably the subject was more frustrated by the learner's inability to master an easy task than the inability to handle a difficult one.

Sometimes people become frustrated from their own inability to accomplish a desired end and the repeated failure that such inability produces. Geen (1968) compared the extent of aggression following interpersonal frustration with that caused only by inability to perform a task. Frustration leads to aggression even against a person who is only an innocent bystander. One possibility is that aggression is a reflective and innate reaction to being thwarted. It has been noted that young children may have a reflective tendency to 'hit' when frustrated though not necessary to 'hurt' (Feshback 1964), in other words to show an aggressive – like reaction devoid of the element of intent that we have considered necessary to true aggression.

Berkowitz (1969) in a major interpretation of frustration – aggression hypothesis proposed that the power of frustration to serve as a cause of aggression lies in the extent to which it generates increased arousal. People may be disposed to aggressive behaviour for many reasons. Their biological constitutions may make them potentially aggressive as explained earlier.

Aggressive behaviour may have become habitual through previous reinforcement and learning. Furthermore pre-existing favourable attitudes towards aggression and violence may make a person likely to aggress when aroused. Briere (1987) found out that male subjects' ratings of how likely they were to beat their wives were positively correlated with generally favourable attitudes towards wife abuse and also overall acceptance of violence. Wife beating may represent a behaviour that occurs when men who are highly

disposed to attack their wives become emotionally aroused for some reasons. Frustrations could be such reason.

Frustration may lead to behaviors other than aggression, such as instrumental action or regression. Mandler (1972) proposed that frustration will probably elicit anxiety and feelings of helplessness when no alternative response is available, this suggests that the person will experience those states when aggression cannot for whatever reason, be a response. Furthermore, frustration can, according to the viewpoint expressed here, be a source of aggression any time it raises arousal to the level at which it can activate responses.

Haskins (1985) found that aggression in school children was as a result of their experiences in day care centers several years previously. Teacher ratings of aggressiveness in the children after they had begun school showed that children who had received the extended day care in the cognitive oriented program were more aggressive during their first year in school than those who had received less day care in a more traditional centres. These children were more likely to engage in physical violence, as well as to swear, threaten, and argue. By the end of two years the difference between the two groups of children disappeared, mainly because the aggressive children who had received extended day care become less aggressive over time while the control children did not vary in aggressiveness over the years.

Haskins (1985) explains this findings in terms of consistent with revised frustration – aggression hypothesis. He points out that the children who had received extended day care were a highly homogenous group of average intelligence. Exposure to a more heterogeneous group of children into competition, often with classmates superior to themselves in ability. They may, therefore, have experienced some frustration over failure in the new setting. In addition, the school setting afforded these children less

individualized attention from teachers than they had become accustomed to receiving in day care. Thus if Haskins reasoning is correct, frustration may represent part of a response to a major change in the school environment. Furthermore, increasing exposure to the new environment led to adaptation and a sequent reduction in aggression or retard the performance of the acquired behaviour.

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Investigators of problems other than aggression have pointed out that both major life changes and smaller 'daily hassles' tend to place people under stress (Holmes and Rahe 1967, Kanner et. al. 1981). What has been called frustration – that is; the blocking of progress towards a goal, may be just one event in a larger family events. Frustration – aggressive hypothesis may generally assert that any significant change for the worse in person's situation may be sufficiently aversive to cause increased stress and arousal and that arousal thus engendered may activate and energize aggressive responses if these responses are highly probable in the situations.

Berkowitz (1983; 1989) has urged that frustration leads to aggression by initiating negative affect which in, turn, and is linked to aggression through an associative network. Negative affect is the unpleasant feeling elicited by aversive conditions. This

unpleasant experience is linked associatively to a variety of cognition, emotions, and expressive – motor responses which produce immediate tendencies both to aggress and to flee from the situation. If the tendency to aggress is stronger than the flight tendency, the person will be likely eventually to aggress. Thus the initial reaction to frustration is an effective one leading to a simple associative process. Frustration does not always lead to aggression; sometimes people have available responses that allow them to cope with the stress frustrations. If people can make responses that lead to instrumentally usefully ends instead of aggressing, they may not react to frustration with aggression regardless how predisposed to aggress they may be. (Moser and Lerboyer 1985).

The role of copying in stress has been well documented. Lazarus and Folkman (1984) have proposed that when persons are subjected to stressful events, they respond by making an appraisal of the means open to them to manage the stress. Having adequate resources for copying may enable people to escape the worst effects of stressful situations. It may make aggression a less probable reaction to frustration than it would otherwise be. Family setting may promote aggressive behaviour through observation and instrumental learning. Two, by creating stressful and aversive situations which may elicit aggressive outbursts. In conclusion, for aggression to be a reaction to frustration, it must first be a part of the person's repertoire of responses. In addition, it must be a more likely response in the given frustrating situation than other responses which would interfere with aggression. The importance of this becomes clear when we consider the possibility that frustration may serve primarily to elevate the person's level of arousal.

CONCLUSION

The theories and the studies reviewed above will be important for this, study as they indicate children's grow, development, their gradual learning on how to interact with others and how to modify their behaviour to fit in with the expectations of those around them. The description of some of the main theoretical approaches to understanding the origin of children behaviour and the factors that can affect them, the role of adults in guiding the children towards appropriate behaviour is crucial to this study.

CHAPTER 3

METHODOLOGY

3.0 INTRODUCTION

This chapter deals with the discussion of methods and procedures that were used to collect the data on this study. The chapter is presented under the following sub-sections; research design, location of the study, target population, sampling procedure, research instruments, pilot study, hypothesis, records, and data analysis.

3.1 RESEARCH DESIGN

A descriptive survey was used for the study. This method was preferred because the study was designed to collect data within a short period of time on a large population in order to determine the current status of that population with respect to one or more variables. This research design allows the researcher to collect the data in its natural setting. In this study, opinions and views concerning frustration and aggressive behaviour will be solicited from samples made up of rehabilitees, social workers, and management staff within the selected rehabilitation centers. The instruments used to administer collect of data from the field include questionnaires, key informant interview and a checklist.

3.2 LOCATION OF THE STUDY

The study was carried out within Nairobi area. Nairobi is the capital city of Kenya consisting of 3 million people from different cultures, ethnic groups, races, social economic classes and faiths.

The difficult economic times countrywide over the years coupled with increase industrialized has led to migration from rural areas to Nairobi in search of jobs and better life. Unemployment and the frustration, it creates has lead to the problem of street children and emergence of slum settlements. Other problems such as drought, ethnic clashes and single parenthood has also contributed a lot to the escalating number of street children.

This has lead to establishment of rehabilitation centers countrywide. Nairobi has several rehabilitation schools for street children. The children from these rehabilitation centers exhibit behaviours commonly found in the general population of Nairobi, such as stealing, fighting, cheating, drug abuse and peddling. Nairobi's centrality and cosmopolitan nature makes it suitable for a representative study of factors leading to frustration and aggressive behaviour among the rehabilitees. Due to the diversity of the population and the fact that urban centers worldwide are generally associated with a higher prevalence of undesirable social behaviour, makes Nairobi area a good location for this study (Shoter 1991). The ministry of home affairs headquarters is located in Nairobi. This will help make access to official information faster and more reliable.

3.3 TARGET POPULATION

The target population consists of former street children in designated rehabilitation schools whose ages vary from 10 to 18 years and those from normal homes. The children were randomly selected through convenience sampling based on their ability to understand, communicate either in English or Kiswahili and being able to write and volunteer information.

All together, a total of 116 children, 5 social workers and 3 managers from selected rehabilitation schools within Nairobi participated as indicated in the table 3.1 below

Table 3.1 Showing selected rehabilitation schools/centre

Selected rehabilitation schools	Number of children	Number of social workers	Manager
Kabete rehabilitation school	31	2	1
Kirigiti girls rehabilitation school	51	2	1
Bahati rehabilitation center	34	1	1
TOTAL	116	5	3

The social workers and managers of given schools form part of the sample by the virtue of the fact that their school/center has been selected. The researcher sought permission from the Ministry of Home Affairs – children’s department to conduct the study. The researcher visited all the selected rehabilitation schools to take permission letters and to introduce herself. Social workers were selected randomly based on their willingness to participate.

3.4 SAMPLING PROCEDURE

In these study two groups of subjects were involved. These are the former street children/rehabilitees attending normal schools and children from normal homes attending the same schools. The children from rehabilitation centers were selected from the government run rehabilitation centers in Nairobi.

The researcher selected two (2) government and one (1) City Council run center. Purposive selection was used. This allowed the researcher to use cases that have the required information with respect to the objectives of cases for the study. The cases of subjects were therefore handpicked because they are informative or they process the required characteristics. Only schools near rehabilitation centers were chosen because the children from the centers attended the nearby schools.

3.5 RESEARCH INSTRUMENTS

The instruments that were administered in data collection from the field were as follows: questionnaires, key informant interviews and observational checklist.

3.5.1 Questionnaires

These were administered by the principal investigator, with the help of the rehabilitees, selected both randomly and purposively and were willing to participate in the study. This was used to collect quantitative data.

3.5.2 Key Informant Interviews

The researcher carried out key informant interviews with institution managers with a view of gathering a wide range of information on the institutional management and children's behavior that have persisted with the street children to the rehabilitation schools.

3.5.3 Observational Checklist

This was administered by the researcher with a view of soliciting as much data as possible on the possible causes of frustration and aggressive behaviour among the rehabilitees. Observational schedules for, records of admission and general children's behaviour within the institution were of great importance.

3.6 PILOT STUDY

To ensure the reliability of the research instrument, the researcher conducted a pilot study. This is pre-testing of the data collection instrument in order to ascertain the feasibility of the research instrument. The pilot study ensured that the questions had no ambiguity, and that the subjects understood the questions fully. Any shortcomings in the grammar used in the instruments were corrected before the instruments were used for the actual study.

3.7 DATA ANALYSIS

All data from the study were coded and entered into the computer. The data entry was done continuously during the course of the study. Both descriptive and inferential statistics were used to analyze the data to meet the objectives of the study. Quantitative data derived from the questionnaires responses were analyzed using Statistical Package for Social Sciences (SPSS). Frequencies and percentages were calculated and presented in tabular form.

Other information from key informant interview and observational checklist were put into categories, meanings extracted and coded to establish patterns of responses. The research findings were presented in form of tables and other findings in qualitative form were presented as text.

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND DISCUSSION.

4.0 INTRODUCTION

This chapter represent analysis of data. It contains inferential statistical analysis with an objective of showing the factors that maintains frustration and aggressive behavior among former street children in rehabilitation centers/schools.

In the case of children's questionnaire each question starts with an introduction and an analysis and then the results from the question. The data has been presented in tables that show the response in percentages. The observation schedules social workers questionnaire and chief informants interview were also used.

4.1 Presentation and Analysis of Data

Data was collected from three rehabilitation centers namely Kabete rehabilitation center, Bahati rehabilitation center and Kirigito rehabilitation center. The total number of students was 31, 34 and 52 respectively. The questionnaire was plotted to remove ambiguity. A frequency distribution table was then prepared. The following tables show the responses of the students in percentages.

4.1.1 Children's Questionnaires

The Children's questionnaire contains 45, items each of which is intended to find out or to gather information on reasons/factors that lead to frustration and aggressive behavior.

4.1.2 Gender

The first item on the children's questionnaire is the gender. This is to try percentage classify the pupils and establish the ratio of girls and boys found in the center.

The table below shows the percentage.

Table IV: 1 Showing Classification of pupils on gender

	Frequency	Percent	Valid percent	Cumulative percent
Boy	63	54.3	54.3	54.3
Girl	53	45.7	45.7	100.0
Total	116	100	100	

From the above table it seems that 54.3% of the population of rehabilitation center are boys and 45.7% are girls. This shows that there are more boys than girls in streets and those who end up in the rehabilitation centers.

4.1.3 Age

The age was to find out the age bracket of the children found in the rehabilitation centers.

Table IV: 2 Showing Classification of pupils on Age

	Frequency	Percent	Valid percent	Cumulative percent
10 – 12 years	11	9.5	9.5	9.5
13 – 15 years	56	48.3	48.3	57.8
16 – 18 years	49	42.2	42.2	100.0
Total	116	100	100	

The above table shows that 9.5% fall between the age of 10 and 12 yrs, 48.3% are 13 – 15 years while 42.2% are above 16 yrs but below 18 yrs. Therefore the children found in the centers are mostly in their early teen age. Experiencing along of changes in their life. This could be contributing factor to their being aggressive and frustrated, especially where there is no proper guidance.

4.1.4 Religion

This item was meant to give information on their religious background as a contributing factor to frustration and aggressive behaviour.

Table IV: 3 Showing Classification of pupils based on religious affiliation

	Frequency	Percent	Valid percent	Cumulative percent
Christian	107	92.2	92.2	92.2
Muslim	8	6.9	6.9	99.1
Any other	1	0.9	0.9	100.0
Total	116	100	100	

From the above data 92.2% are Christians. The implication is that there is no proper spiritual guidance among the leaders. The remain 6.9% who are Muslims could have missed out the religious teachings while the rest 0.9% have no religious background

1.5 No. of Siblings

The number of siblings in the family could be contributing factor to the frustration and aggressive behavior, which could lead the child to the street and finally get to the rehabilitation center. This question is meant to establish how many brothers and sisters are found in their families.

Table IV: 4 Showing No. of Siblings in the Family

	Frequency	Percent	Valid percent	Cumulative percent
0 – 5	79	68.1	68.1	68.1
6 – 10	24	20.7	20.7	88.8
above 10	4	3.4	3.4	92.2
only child	9	7.8	7.8	100.0
Total	116	100	100	

From the data, 90.5% of the children have other brothers and sisters, an implication that the families are large. This could have caused frustration and hence aggressive behavior. The other 9.5% are the only children in their family, this could mean that they are insignificant, nobody is ready to take responsibility over them. Rejection

4.1.6 Birth Position

In some cases the birth position of a child could be a factor leading to a child getting frustrated and hence behave aggressively. For instance some parents tend to misuse 1st born, they can be given very tasking responsibilities which can frustrate them. As such some of them take to the streets and end up in rehabilitation centers. The table below shows their response.

Table IV: 5 Showing Pupils Birth Position

	Frequency	Percent	Valid percent	Cumulative percent
First born	39	33.6	33.6	33.6
Middle	53	45.7	45.7	79.3
Last	24	20.7	20.7	100.0
Total	116	100	100	

The table shows that majority 45.7% of those who get to the center are middle born, large family rejection. Most probably because after running from home they could not cope with the life at home. They get to streets to earn a living; they ended up in the centers. 20.7% of the children are last born showing that very few of the last-born get frustrated or show aggressive behavior.

4.1.7 How the children joined the centers

Most of the children in rehabilitation centers came in through different ways. The way in which they joined the center could act as a pointer to their frustration and aggressive behavior. It was therefore important to know how they got to join the center. That's where this stem was included.

Below is a table showing their response.

Table IV: 6 Showing Percentage frequency of how pupils joined the center/school

	Frequency	Percent	Valid percent	Cumulative percent
Brought myself	6	5.2	5.2	5.2
Brought by parents/friends	22	19.0	19.0	24.1
Brought by city council	74	63.8	63.8	87.9
police	11	9.5	9.5	97.4
Any other	3	2.6	2.6	100.0
5				
Total	116	100	100	

From the data it's observed that the majority 63.8% of the pupils are brought in by City Council Police. This show that most of them are arrested could be because gangs or engage in drug syndicate, commercial sex behavior in the streets. 19.0% are brought in by their parents could be because of their undesirable behavior. Very few, 5.2% take themselves to the center, may be due to lack of an alternative, dead parents, or civil unrest or could not cope with problems at home.

4.1.8 Other Siblings who have joined rehabilitation centers before

This question was meant to find out if there were other children from the family who had joined the center before. This can give a reason as to why this child has joined the center may be because of some problems in the family, therefore the children are escaping/running away from home.

Table IV: 7 Showing No. of siblings who have joint the rehabilitation center before

	Frequency	Percent	Valid percent	Cumulative percent
Yes	21	18.1	18.1	18.1
No	95	81.9	81.9	100.0
Total	116	100	100	

From the table above, 81.9% which is the majority have no other sibling having joined the center before. This could be mean that they cannot adjust to the rules and regulations at home, have escaped to find a better life in the streets or could have heard a stressful past.

4.1.9 Having been to another rehabilitation center before

Some children are known to frequent rehabilitation centers, that is, after competing their term or the agreed period in the center, they go back to the streets and are picked by police and they eventually find themselves back in the rehabilitation center. The following question was asked to find out if the children had been in a rehabilitation center before. The table below shows their responses.

Table IV: 8 Showing pupils having been to a rehabilitation center before

	Frequency	Percent	Valid percent	Cumulative percent
Yes	47	40.5	40.5	40.5
No	69	59.5	59.5	100.0
Total	116	100	100	

From the data in the table above, majority (59.5) of children have not been in a rehabilitation school/center before, this could mean that they escaped from home due to neglect or sexual abuse. 40.5% have been to other rehabilitation centers (schools). This implies that there could be a family conflict which pushes the child away from home and continues to deprive the child of emotional attachment.

4.1.10 Length of time spent in the rehabilitation center

How long a student/child has stayed in the center can tell how much time this child needs in order to get rehabilitated. This can also tell how deeply rooted this children frustration and aggressive behavior is. One of the questions asked was to find out how long one had been in the rehabilitation center/school.

The responses are shown on the table below.

Table IV: 9 Showing length of time spent in the rehabilitation school/center

	Frequency	Percent	Valid percent	Cumulative percent
0 – 6 months	18	15.5	15.5	15.5
6 – 12 months	18	15.5	15.5	31.0
over a year	80	69.0	69.0	100.0
Total	116	100	100	

From the data above, 66.4% of these children have been in the center/school for a period of over a year, we therefore expect them to have changed or improved in their behavior but this is not the case. The implications are that the personnel in the institutions may be lacking appropriate skills to handle them. The rest, 13.8% and 19.8% have been there for a period between 6 months and one year. The implication are that very little has been done to change their behavior due to lack of enough skilled personnel, and Programmes that do not address their problems.

4.1.11 Both parents alive

If both parents of a child are alive, one expects that such a child stays with the parents or with one parent and not in a rehabilitation school/centers. Their responses were as shown on the table below

Table IV: 10 Showing both parents alive

	Frequency	Percent	Valid percent	Cumulative percent
Yes	52	44.8	44.8	44.8
No	64	55.2	55.2	100.0
Total	116	100	100	

From the above data 55.2% of the children do not have both parents. The implication is that the child could be experiencing a lot of psychological

problems, which may have a lasting impact on their well beings e.g. lack of emotional and material support. 44.8% of the children have both parents alive. An implication is that the child could have escaped from home due to cultural demands, that a child participates in routine family task which he/she cannot cope with. The child may feel like a slave or servant and therefore take off, or parents do not approve of their behavior, such as homosexual or substance abuse.

4.1.12 One parent alive

When one parent is alive, we expect that this child will be taken care of by that parent. This is the reason for this question, to find out if the child has any of the parents alive. The table below shows the children's responses to this question

Table IV: 11 Showing one parent alive

	Frequency	Percent	Valid percent	Cumulative percent
Mother	29	25.0	25.0	25.0
Father	13	11.2	11.2	36.2
Both	50	43.1	43.1	79.3
None	24	20.7	20.7	100.0
Total	116	100	100	

From the data, 25.0% have their mothers alive, and 11.2% have their fathers alive, this implies that this children could have ran away from home due to lack of freedom from the adult demands, neglect or sexual abuse. The remaining 20.7% of the children have no parents alive. The implication is that this children have no alternatives may be because parents have died from aids or they were separated from their families due to civil arrest.

4.1.13 The custodian of the child before getting to rehabilitation school/center
The person who has been staying with the child before getting to the rehabilitation center/school plays a crucial role in the life of that child. That why the next question paused was to find out who the child was staying with before joining the center/school. The table below shows the frequency

Table IV: 12 Showing the person who stays with the child before getting to rehabilitation center/school

	Frequency	Percent	Valid percent	Cumulative percent
Mother	27	23.3	23.3	23.3
Father	8	6.9	6.9	30.2
Mother and father	28	24.1	24.1	54.3
Relatives	39	33.6	33.6	87.9
Any other	14	12.1	12.1	100.0
Total	116	100	100	

From the above data 23.3% stayed with their mother and 6.9 with their father before joining rehabilitation center/school. An implication that the children took to the street because of poverty therefore went to earn money to support their family, overcrowding household, sexual abuse, rejection or neglect. 24.1% were staying with both parents, an implication that they could have taken to the streets due to family conflict and deprivation of emotional and material support. 33.6% were staying with relatives and guardians and 12.1% staying with any other like friends, alone and neighbours. The implication is that these children had a stressful past, suffered exploitation, conflict reject and neglect. Those living alone could have experienced a lifestyle full of problems such as social isolation and loneliness, which lead to difficulties in developing emotional attachment to other people.

4.1.14 Reasons for living with one parent

Some children were living with one of their parents before joining the rehabilitation school/center. The next question was to find out which of their parent they lived with. The table below shows their responses

Table IV: 10 Showing what happened to the other parent

	Frequency	Percent	Valid percent	Cumulative percent
Separated	13	11.2	11.2	11.2
Divorce	17	14.7	14.7	25.9
Walked away/ disappeared from home	7	6.0	6.0	31.9
Was arrested	3	2.6	2.6	34.5
Works away from home	8	6.9	6.9	41.4
Parents never married	8	6.9	6.9	48.3
Any other	60	51.7	51.7	100.0
Total	116	100	100	

That data above shows that 52.6% of the children do not know what happened to the other parent or whether the other parent died. This implies that these children have experienced a stressful past like losing a parent at an early age and living without knowing who their other parent is or what happened to him/her. This is a dilemma. 14.7% of them have divorced parents; this means that these children have gone through a lot of psychological problems associated with divorce. 11.2% are separated, another traumatizing situation, while 6.9% of them have parents who never married, another disaster which has a lasting impact on the children well being 6.0% walked away or disappeared from home, 2.6% are arrested and 6.9% work away from home. All this gives the implication of neglect, rejection and emotional and parental deprivation.

4.1.15 Mother's age

A mother's age is an important factor to a growing child or this is why this item was crucial as it asked to know how old the child's mother is. The table below shows the ages of the children mothers.

Table IV: 14 Showing the mother's age

	Frequency	Percent	Valid percent	Cumulative percent
21 – 30 yrs	22	19.0	19.0	19.0
31 – 40 yrs	47	40.5	40.5	59.5
41 – 50 yrs	20	17.2	17.2	76.7
Above 60 yrs	3	2.6	2.6	79.3
Any other	24	20.7	20.7	100.0
Total	116	100	100	

The above data shows that 40.5% of the children mothers are aged between 31 – 40 years, this is the stage of early adulthood, where there are many family conflicts because of the physical changes associated with it. The implication is that the family conflicts could have pushed the child away from home since they feel deprived of their emotional support. 19.0% are aged between 21 – 30 years, this still falls under early adulthood with the same problems. 17.2% fall between ages 41 – 50 years, this is middle adulthood, where most parents are concerned with their careers and tend to making money and get promotions to higher position and ignore the children. The implication is that the child may feel rejected, neglected, isolated and lonely. 2.6% of them fall above 60 years old. This is a crisis age where most mothers are undergoing menopause and may not have time to take care of the children or may be too pre-occupied with the physical changes of their bodies, and may end up spoiling the child by setting him free to do what he wants. The implication is that the child may ran away from home to join, a gang, be a drug trafficker, abuse the drug or be a sex worker. 20.7% did not know

their mother's age or their mothers had died early.

4.1.16 Fathers Age

Parental age is an important factor in a child's development. It was therefore necessary to know the age of the child's father. The following item seek to know the fathers age. The table below shows fathers age.

Table IV: 15 Showing fathers age

	Frequency	Percent	Valid percent	Cumulative percent
21 – 30 yrs	3	2.6	2.6	2.6
31 – 40 yrs	21	18.1	18.1	20.7
41 – 50 yrs	45	38.8	38.8	59.5
Above 60 yrs	10	8.6	8.6	68.1
Any other	37	31.9	31.9	100.0
Total	116	100	100	

From the data above, most fathers 38.8% are aged between 41 – 50 years old. The implication is that the father provided little or no guidance for the child and was left to observe and to emulate whatever modes he can find to guide him. 31.9% did not know their father's age or fathers are dead, or did not know their fathers. Most probably this child felt rejected because of lack of a model to give meaning to his life. Most often such a child turns to his peers for attention. 8.6% of the fathers aged above 60. An implication that the child could have been pampered and made to know that he deserves prominence without effort. He learns to be egotistic in focus, and assumes that his wishes should automatically be met. Should his desires be frustrated he can act aggressively. The remaining 2.6% and 18.1% have fathers aged between 21 and 40 years. The implication is that these fathers could be undergoing harassment, by overworking and financial insecurity therefore the child is left unguided, unrestrained by the affection and control of an attending parent. Such a child is driven into an aggressive style of life.

4.1.17 Occupation of the parent/guardians

Occupation of the parent or guardian is a factor that can contribute to frustration and hence aggressive behavior. It's for this reason that there was need to know parents/guardians occupation. The following question meant to find out that. The table below shows the parents/guardian occupation.

Table IV: 16 Showing the occupation of parent/guardian

	Frequency	Percent	Valid percent	Cumulative percent
Both employed	15	12.9	12.9	12.9
Father only	20	17.2	17.2	30.2
Mother only	12	10.3	10.3	40.5
33	1	0.9	0.9	41.4
None of them	44	37.9	37.9	79.3
Relatives	7	6.0	6.0	85.3
Guardian	15	12.9	12.9	98.3
7	2	1.7	1.7	100.0
Total	116	100	100	

From the table above, 37.9% of the parents are not employed. This implies that the child is driven away from home because of poverty. The child learns to be tough and canning so as to find a means of survival in the larger community. 17.2% have only their fathers working and 10.3% mothers only working. The implication is that the child is exposed to parental domination and may have been a convenient scapegoat for domineering that have been generated elsewhere.

4.1.18 The occupation of parent/guardian

The type of work a parent or a guardian does can influence the behavior of the child. The following item was meant to find what type of

occupation a parent/guardian of the child was. The table below shows their responses.

Table IV. 17 showing the occupation of parents/guardian

	Frequency	Percent	Valid percent	Cumulative percent
Clerk	9	7.8	7.8	7.8
Teacher	10	8.6	8.6	16.4
Subordinate staff	22	19.0	19.0	35.3
Guard/watchman	5	4.3	4.3	39.7
Any other	70	60.3	60.3	100.0
Total	116	100	100	

From the table above, 60.3% of the parents/guardian had no stable or well paying jobs/occupation. The implication is that the children are living in poverty because of the unfortunate circumstances of economic deprivation. The parents or guardians are struggling to get survival necessities. 19.0% are subordinate staff and 4.3% are guards/watchmen. This means that most of these children are exposed to poverty to poverty and destruction, living in poor housing set and deprived of parental models of success and attainment. 7.8% and 8.6% are clerks and teachers who are faced with a lot of economic problems. These children will only live to know meaningless and hostile existence in a hostile world.

4.1.19 Academic Qualification of parents/guardian

Academic qualification of parent or guardian contributes a lot to the development of child. It was therefore deemed necessary to find out what their parents academic qualification are. The following table shows parents/guardian academic qualification:-

Table IV. 18 Showing the academic qualification of parents/guardian.

	Frequency	Percent	Valid percent	Cumulative percent
Primary	29	25.0	25.0	25.0
Secondary	34	29.3	29.3	54.3
University	30	25.9	25.9	80.2
None	23	19.8	19.8	100.0
Total	116	100	100	

From the data above, 25.9% of parents are university graduates. This could mean that the parents have neglected their children hence the children have had maladjusted behaviors. 25.0% have attained primary education while 29.3% have reached secondary level of education. This implies that, the parents could be struggling with social economic factors hence have not taken seriously the importance of child development or rather they are ignorant of the importance of child rearing. Hence the children are left frustrated and act aggressively.

4.1.20 Punished by parent/guardian

Punishment has been used as a means of reducing the likelihood of a undesired behavior being repeated. That's why, the question of whether the child had been punished by the parent/guardian arose. The table below shows the frequencies.

Table IV: 19 Showing whether the child has been punished by parent/guardian

	Frequency	Percent	Valid percent	Cumulative percent
Yes	91	78.4	78.4	78.4
No	25	21.6	21.6	100.0
Total	116	100	100	

From the data above, 78.4% indicated that they had been punished given by parents and guardians could have had a negative effect. This is

because punishments are only temporary and they produce aggression. 21.6% have indicated that they have never been punished. An implication that they could have been exposed to parental over indulgence.

4.1.21 How often the punishment is given

The amount of punishment given to a child is likely provoke a negative reaction. It is therefore necessary to find out how often the punishment was given. The table below shows the response from the children.

Table IV: 20 Showing how often punishment was given

	Frequency	Percent	Valid percent	Cumulative percent
Once	14	12.1	12.1	12.1
Few times	32	27.6	27.6	39.7
Many times	31	26.7	26.7	66.4
Very many	19	16.4	16.4	82.8
times	19	16.4	16.4	99.1
Never	1	0.9	0.9	100.0
Total	116	100	100	

The data above indicates that 12.1% were punished once, 27.6% were punished few times and 16.4% were never punished. The implication is that these children are exposed repeatedly to acquiescent parents/guardians. They therefore expect comparable treatment from other people, should their desires be frustrated they act aggressively. 26.7% were punished many times while 16.4% were punished very many times. This implies that these children are exposed to parental hostility breeds hostility, these children feel frustrated and act aggressively.

4.1.22 Types of punishment

The type of punishment given to child can have an impact on its behavior. It was therefore necessary to find out what type of punishment was received. The following table shows their responses.

Table IV: 21 Showing types of punishment

	Frequency	Percent	Valid percent	Cumulative percent
Verbal abuse	11	9.5	9.5	9.5
Severe beatings	38	32.8	32.8	42.2
Denied food	15	12.9	12.9	55.2
Sent away from home	24	20.7	20.7	75.9
Any other	28	24.1	24.1	100.0
Total	116	100	100	

The table above shows that 32.8% received severe beatings 12.9% were denied food and 20.7% were sent away from home. An implication that the children were exposed to rejection, misery and hostility in their childhood. The parents demonstrated a model for imitation of similar behaviors by the children. Hence the children acted aggressively whenever they felt frustrated. 9.5% were exposed to verbal abuse while 24.1% received different types of punishment. An implication that they were equally exposed to hostility, therefore they acquired enduring resentments towards others.

4.1.23 The person who the child confides in (The child's confidant)

When faced with a problem, most children confide in a person they feel will listen to them and possibly give them a solution. This question was meant to find out who the child confides in, when faced with a problem. The following table shows their responses.

Table IV: 22 Showing the person who the child confides in

	Frequency	Percent	Valid percent	Cumulative percent
Father	17	14.7	14.7	14.7
Mother	43	37.1	37.1	51.7
Relatives	25	21.6	21.6	73.3
Friends	31	26.7	26.7	100.0
Total	116	100	100	

From the table above, 37.1% confided in their mothers and 14.7% confide in their fathers. This is a clear indication that during their sensory development stage, they developed a good relationship with their parents. They were accorded the nurture and protection that was crucial to their survival at that time. 21.6% confided in their relatives and guardian while 26.7% confided in their friends. An indication that from the more specific relationship with their parents, the children were able to generalize and come to characterize their entire image of the environment.

4.1.24 Whether trusted by parents or relatives

The feeling of confidence that a child gets from parents, relatives or guardian is crucial to its behavior. It was therefore deemed necessary to find out if the child was trusted by the parent/relatives. The responses were as shown on the table below

Table IV: 23 Showing if parents or relatives trusted the child

	Frequency	Percent	Valid percent	Cumulative percent
All the times	56	48.3	48.3	48.3
Few times	36	31.0	31.0	79.3
Never	24	20.7	20.7	100.0
Total	116	100	100	

From the table above 48.3% indicated that their parents and relative trusted them all the times. An implication that the generalized early learning established trust was not nurtured well, the child therefore learnt to mistrust his environment to anticipate distress, and to view others as undependable. 31.0% indicated that they were trusted few times by their parents. 20.7% indicated that they were never trusted by their parents. This shows that these children did not get quality and consistence support of nature and protection that ingrains feelings of trust during their early developmental stage. Hence their aggressive behavior.

4.1.25 Personality of the people the child lived with

The personality of the people a child lives with can have a considerable influence over his/her behavior. It was with this in mind that the question of personality of the people the child lived with was constructed. The table below shows their response

Table IV: 24 Showing personality of the people the child lived with

	Frequency	Percent	Valid percent	Cumulative percent
Very good	35	30.2	30.2	30.2
Good	35	30.2	30.2	60.3
Bad	15	12.9	12.9	73.3
Very bad	19	16.4	16.4	89.7
Undecided	12	10.3	10.3	100.0
Total	116	100	100	

The data above shows that 30.2% of the people living with the children were rated very good and another 30.2% were rated good, an indication that most children lived with good personalities. 12.9% indicated bad personalities, 16.4% lived with very bad personalities while 10.3% were undecided, an implication that the children lived with personalities who could have exposed them to bad models, leading to intense feelings of anger and resentment.

4.1.26 Whether the child went to school before

School environment can have great influence on the child's behavior. It was therefore necessary to find out if the child attended school before. The table below shows their responses

Table IV: 25 Showing the child having attended school before

	Frequency	Percent	Valid percent	Cumulative percent
Yes	83	71.6	71.6	71.6
No	33	28.4	28.4	100.0
Total	116	100	100	

From the frequency above, 71.6% indicated having attended school before and only 28.4% had not attended school, an indication that those who attended school did not achieve much in terms of behavior change.

4.1.27 How many days the child attended school per week

The number of days a child attends school in a week can show the type of behavior the child elicits. The table below shows the responses to the question of how frequently the child attended school.

Table IV: 26 Showing the frequency of school attendance per week

	Frequency	Percent	Valid percent	Cumulative percent
Once	2	1.7	1.7	1.7
Twice	9	7.8	7.8	9.5
Three times	9	7.8	7.8	17.2
Four times	9	7.8	7.8	25.0
The whole week	61	52.6	52.6	77.6
Any other	26	22.4	22.4	100.0
Total	116	100	100	

From the above data 52.6% showed that they attended school the whole week, while 7.8% indicated that they attended school twice, 7.8%, 7.8% three times and four times respectively only 22.4% did not know how

many times they attended or they never attended school at all. This shows that the number of times that one attended school had no significant effect on their behavior.

4.1.28 What made them leave school

The children's response on what made them leave school is shown on the table below

Table IV: 27 Showing why the children left school

	Frequency	Percent	Valid percent	Cumulative percent
Harsh teachers	22	19.0	19.0	19.0
Poor performance	15	12.9	12.9	31.9
Lack of school fees and uniform	56	48.3	48.3	80.2
My friends had left	10	8.6	8.6	88.8
Any other	13	11.2	11.2	100.0
Total	116	100	100	

The data shows that 48.3% of the children left school because of lack of school fees and uniform. An indication that they came from poor background, 19.0% left school because of harsh teachers 12.9% because of poor performance and 11.2% had other reasons and 8.6% because their friends left.

4.1.29 If friends have joined them

Children's response on if their friends joined them is shown the table below

Table IV: 28 Showing if friends have joined them

	Frequency	Percent	Valid percent	Cumulative percent
Yes	54	46.6	46.6	46.6
No	62	53.4	53.4	100.0
Total	116	100	100	

The data above shows that 53.4% have indicated that none of their friends

have joined them while 46.6% have indicated that their friends have joined them. An indication shows that the rehabilitation center only attracts few of the children in the streets.

4.1.30 Number of friends who have joined them

The number of friends of the rehabilitees have joint them will show whether the rehabilitation center/school have attracted other street children. The table below indicates their responses.

Table IV: 29 Showing the number of those having joined rehabilitation center

	Frequency	Percent	Valid percent	Cumulative percent
0 – 5	106	91.4	91.4	91.4
6 – 10	1	0.9	0.9	92.2
11 – 15	5	4.3	4.3	96.6
16 – 20	3	2.6	2.6	99.1
Any other	1	0.9	0.9	100.0
Total	116	100	100	

The data above shows that the 91.4% had only between 1 – 5 friends join them 0.9% had 6 – 10 friends joining them, while 4.3%, 2.6% had around 11 – 15, 16 – 20 friends joining them. Only a few friends joined the others in rehabilitation center/school.

4.1.31 Whether friends used to engage in behavior that he/she did not like

It was important to know whether the children had friends who used to engage in behaviors that they did not like, this information could assist in getting recommendations. The table below shows their responses

Table IV: 30 Showing friends engaging in behavior that the children did not like

	Frequency	Percent	Valid percent	Cumulative percent
Yes	65	56.0	56.0	56.0
No	51	44.0	44.0	100.0
Total	116	100	100	

Looking at the above table, it seems that the children were in agreement with the question. 56.0% had friends who engaged in behaviors that they did not like, while 44.0% did not have such friends. May be they agreed or acknowledged the behaviors of their friends.

4.1.32 Some of the behavior they engaged in

The behavior that the child's friend engaged in can help in finding out what type of behavior he used to engage in. Such information could reveal students preference behavior. The following table shows the frequency distribution of their response.

Table IV: 31 Showing some behaviors that friends engage in

	Frequency	Percent	Valid percent	Cumulative percent
Stealing	14	12.1	12.1	12.1
Fighting	3	2.6	2.6	14.7
Taking drugs	28	24.1	24.1	38.8
Smoking	10	8.6	8.6	47.4
Sniffing glue	4	3.4	3.4	50.9
All the above	3	2.6	2.6	53.4
Any other	54	46.6	46.6	100.0
Total	116	100	100	

The above table indicates that most friends 46.6% engaged in different behaviors. This confirms that the children acted aggressively. 24.1%

used drugs 12.1% engaged in stealing, 8.6% smoked, 2.6%, 3.4%, and 2.6% were engaged in fighting, sniffing glue and others engaged in all the above respectively.

4.1.33 Types of behavior the child engaged in

The children were asked about the behavior they engaged in. The following table shows their responses.

Table IV: 32 Showing types of behavior they engaged in

	Frequency	Percent	Valid percent	Cumulative percent
Stealing	9	7.8	7.8	7.8
Fighting	10	8.6	8.6	16.4
Taking drugs	15	12.9	12.9	29.3
Bullying	2	1.7	1.7	31.0
Destroying property	5	4.3	4.3	35.3
Escaping	22	19.0	19.0	54.3
Lying/cheating	20	17.2	17.2	71.6
All the above	15	12.9	12.9	84.5
Any other	18	15.5	15.5	100.0
Total	116	100	100	

The above table reveals that 19.0% ran away from home, 17.2% engaged in telling lies/cheating. 12.9% engaged in taking drugs, 7.8% engaged in stealing, while 8.6% engaged in fighting. Those who engaged in all the behavior mentioned above were 12.9%. Bullying was indicated as 1.7% while destroying property was at 4.3%. About 15.5% of the children engaged in different other behaviors.

4.1.34 Whether they still engage in the same behavior

It was found necessary to find out whether the children still engaged in the same behavior. The table below shows their responses:-

Table IV: 33 Showing whether the children still engage in the same behavior

	Frequency	Percent	Valid percent	Cumulative percent
Yes	20	17.2	17.2	17.2
No	96	82.8	82.8	100.0
Total	116	100	100	

The result showed that 17.2% still engaged in the same behaviors while 82.2% indicated that they no longer engage in the same behavior.

4.1.35 The type of behavior that the children still engaged in

The children were asked to indicate the type of behavior that they still engaged in even after leaving the street. The table below shows the results

Table IV: 34 Showing types of behavior the children still engage in

	Frequency	Percent	Valid percent	Cumulative percent
Fighting	4	3.4	3.4	3.4
Stealing	3	2.6	2.6	6.0
Lying/cheating	5	4.3	4.3	10.3
Bullying	1	0.9	0.9	11.2
Destroying property	2	1.7	1.7	12.9
Running away	3	2.6	2.6	15.5
Taking drugs	2	1.7	1.7	17.2
All the above	3	2.6	2.6	19.8
Any other	93	80.2	80.2	100.0
Total	116	100	100	

Data presented in table IV 34 shows that fighting was at 3.4% stealing was 2.6% while lying/cheating was shown at 4.3%. Bulling was at 0.9%

destroying property scored 1.7% running away from home scored 2.6% and taking drugs had gone down to 1.7%. Those who still engage in all the above were at 2.6% while who engaged in other types of aggressive behavior still remain high at 80.2%.

4.1.36 When the child joined the rehabilitation school/center

It was necessary to find out when the child join the center. This information could assist in getting to know changes made in their behaviors. The results are given in the table below.

Table IV: 35 Showing when the child joined the rehabilitation school/center.

	Frequency	Percent	Valid percent	Cumulative percent
1996 – 1998	39	33.6	33.6	33.6
1999 – 2001	19	16.4	16.4	50.0
2002 – 2005	58	50.0	50.0	100.0
Total	116	100	100	

Responses to these item shows that 33.6% of the children joined the rehabilitation school/center between 1996 and 1998, 16.4% joined between 1999 – 2001 while 50.0% joined between 2002 and 2005. This gives information on the length of time in which a child stays in the rehabilitation school/center.

4.1.37 What makes other children come to rehabilitation school/center

It was important to know what makes other children come to rehabilitation centers or schools. The table below shows the children's response to this question.

Table IV: 28 Showing what attracts the children to rehabilitation school/center

	Frequency	Percent	Valid percent	Cumulative percent
They are orphans	18	15.5	15.5	15.5
To leave the street life	5	4.3	4.3	19.8
Lack of school fees	9	7.8	7.8	27.6
To go to school	56	48.3	48.3	75.9
Abuse and mistreat from parent/guardian	7	6.0	6.0	81.9
To escape bad influence from friends	9	7.8	7.8	89.7
To get food and shelter	3	2.6	2.6	92.2
To get clothing	2	1.7	1.7	94.0
Some are forced	7	6.0	6.0	100.0
Total	116	100	100	

From the table above, the findings tend to point to the fact that most children 48.3% were attracted to the rehabilitation centers/school so that they can go to school, 15.5% joined because they were orphans, 4.3% wanted to leave the streets life, while 7.8% lack of school fees therefore, they were attracted to the rehabilitation school/center to get free education. 6.0% wanted to escape from the mistreatment and abuse in their homes, 2.6% wanted to get food and shelter, 1.7% wanted to get clothing while 6.0% were forced to join.

4.1.38 Whether the children felt changed since they came to the rehabilitation school/center

It was important to know whether the children had experienced some change since joining the rehabilitation school/centers. The table below shows the frequency of their responses.

Table IV: 37 Showing the feeling of change in the children since joining rehabilitation school/center

	Frequency	Percent	Valid percent	Cumulative percent
Yes	106	91.4	91.4	91.4
No	10	8.6	8.6	100.0
Total	116	100	100	

The data given shows that 91.4% of the children indicated yes, that they had felt changed, while 8.6% indicated no, that they have not felt any change in them since joining rehabilitation school/center.

4.1.39 How they felt changed

The children's responses to what made them leave school is shown on the table below.

Table IV: 38 Showing how the children felt changed

	Frequency	Percent	Valid percent	Cumulative percent
	21	18.1	18.1	18.1
Grew academically	30	25.9	25.9	44.0
Stopped taking drugs	8	6.9	6.9	50.9
Stopped fighting	7	6.0	6.0	56.9
Stopped stealing	4	3.4	3.4	60.3
Behavior change	40	34.5	34.5	94.8
Obeys authority	6	5.2	5.2	100.0
Total	116	100	100	

The information from the data shows that 25.9% grew academically, 6.9% stopped taking drugs, 6.0% stopped fighting and 3.4% stopped stealing. 34.5% experience total behavior change while 5.2% started obeying authority.

4.1.40 If the children know of any child who has gone through rehab and is now leaving a happy and good life

This item was important because it could be a motivating factor to the children to aspire being like that child. The responses are shown on the table below.

Table IV: 39 Showing whether they know of a child who has gone through rehabilitation programme and is now living happily and a good life

	Frequency	Percent	Valid percent	Cumulative percent
Yes	92	79.3	79.3	79.3
No	24	20.7	20.7	100.0
Total	116	100	100	

The data shows that 79.3% know of such a person while 20.7% do not know of any person.

4.1.41 If the child likes the daily routine (programme) of the school/center
The table below shows their responses

Table IV: 40 Showing whether the child likes the daily programme of the school/center

	Frequency	Percent	Valid percent	Cumulative percent
Yes	105	90.5	90.5	90.5
No	11	9.5	9.5	100.0
Total	116	100	100	

Majority 90.5% shows that they like the programme of the school/center while 9.5% do not like the programme of the school/center

4.1.42 The activities in the center/school that the child involves him/herself with
The type of activities in the center that the child is involved in is an important pointer to how busy the child is kept during the day. The

following table shows the results of the responses given

Table IV: 41 Showing the activities in the school/center programmes that the child is involved in

	Frequency	Percent	Valid percent	Cumulative percent
Reading and writing	38	32.8	32.8	32.8
recreational activities like watching TV & singing	20	17.2	17.2	50.0
Cleaning the school and cooking our meal	4	3.4	3.4	53.4
Going to church	6	5.2	5.2	58.6
Washing my clothes and keeping them clean	4	3.4	3.4	62.1
All of the above	36	31.0	31.0	93.1
Any other	8	6.9	6.9	100.0
Total	116	100	100	

From the above data most of the children 32.8% involve themselves with reading and writing, 17.2% like recreational activities, 3.4% like cleaning the school while 5.2% enjoy going to church. 3.4% engage in washing clothes and keeping their places clean, 31.0% involve themselves with all the activities in the school/center programme, while 6.9% engage themselves in other activities in the programme.

4.1.43 What the child intends to do in future

The child's future career is important to know, as it will give important information on the recommendation. The following table shows their responses.

Table IV: 42 Showing the child's intended future career

	Frequency	Percent	Valid percent	Cumulative percent
	2	1.7	1.7	1.7
Musician	7	6.0	6.0	7.8
Policeman	4	3.4	3.4	11.2
Judge	5	4.3	4.3	15.5
Undecided	19	16.4	16.4	31.9
Social worker	15	12.9	12.9	44.8
Doctor	22	19.0	19.0	63.8
Driver	9	7.8	7.8	71.6
Minister	5	4.3	4.3	75.9
Teacher	4	3.4	3.4	79.3
Pilot	13	11.2	11.2	90.5
Engineer	11	9.5	9.5	100.0
Total	116	100	100	

The table above shows that 1.7% intend to pursue other careers, 6.0% intend to be musicians, 3.4% intend to be policemen while 16.4% were undecided, 12.9% intend to be social workers, 7.8% intend to be drivers. 4.3% intends to be ministers, 3.4% intends to be teachers, 11.2% intends to be pilots while 9.5% intend to be engineers.

4.1.44 Whether life in the school/center was more strenuous than the outside life
The responses to this question are represented on the table below.

Table IV: 43 Showing whether life in the school/center was more strenuous than the outside life

	Frequency	Percent	Valid percent	Cumulative percent
Yes	59	50.9	50.9	50.9
No	57	49.1	49.1	100.0
Total	116	100	100	

The responses indicate that 50.9% feel that the life in the school/center is more strenuous than their life before joining the school/center, while 49.1% feel that life is not strenuous than it was before joining the rehabilitation school/center.

4.1.45 If food supply and other amenities were satisfactory

This item is important in providing information about the children's stability. Table 44 shows the children's response.

Table IV: 44 Showing whether food supply and other amenities were satisfactory

	Frequency	Percent	Valid percent	Cumulative percent
Yes	76	65.5	65.5	65.5
No	40	34.5	34.5	100.0
Total	116	100	100	

The responses shown from the data above indicates that 65.5% agree that the food supply and other amenities were satisfactory, while 34.5% felt that they were not satisfactory.

4.1.46 Whether the child has to fight to defend his/her right

The children's response to this question is represented on the table given below

Table IV: 45 Showing whether the child has to put up a fight to defend his/her rights

	Frequency	Percent	Valid percent	Cumulative percent
Yes	59	50.9	50.9	50.9
No	57	49.1	49.1	100.0
Total	116	100	100	

From the table above, 50.9% showed that they had to put up a fight to defend their rights, while 49.1% indicated that they do not have to put up a fight to defend their rights.

4.1.47 Whether the child has to be aggressive to win respect from others

The following responses were recorded as shown on the table below

Table IV: 46 Showing if the child had to be aggressive to win respect from others

	Frequency	Percent	Valid percent	Cumulative percent
Yes	82	70.7	70.7	70.7
No	34	29.3	29.3	100.0
Total	116	100	100	

The data presented on the table indicates that 70.7% agreed that they have to be aggressive to win respect of others, while 29.3% do not agree.

4.1.48 What would happen if the child could not fight.

Their responses are as shown on the table below

Table IV: 47 Showing what would happen if the child could not fight

	Frequency	Percent	Valid percent	Cumulative percent
Miss food	11	9.5	9.5	9.5
Be looked down upon	41	35.3	35.3	44.8
Bullied by others	47	40.5	40.5	85.3
None	17	14.7	14.7	100.0
Total	116	100	100	

The data on the table shows that 9.5% indicated that they could miss food, 35.5% showed that they could be looked down upon, 40.5% felt that they would be bullied by others while 14.7% did not indicate anything.

4.2(b) Social Workers Questionnaire

The second instrument used to collect data was the social workers questionnaire. The questionnaire had 37 items. The purpose of this tool was to help the researcher do more probing and therefore more indepth information was obtained. The items in the questionnaire required the social workers to give personal information like gender, qualifications and what they are involved in at the center. There were only 4 social workers from the 3 school centers that answered the questionnaire.

4.2.1 Gender

It was important to get to know the gender of the social worker. The information would give an implication of the relationship of the social worker and the children. The table below indicates the responses given.

Table IV: 48 Showing social workers' gender

	Frequency	Percent	Valid percent	Cumulative percent
Male	1	25.0	25.0	25.0
Female	3	75.0	75.0	100.0
Total	4	100	100	

Looking at the above table, it seems that 25.0% of the social workers were male while 75.0% were female

4.2.2 Area of work within the institution

It was important to know what areas the social worker worked in within the institution, as this would give some information on what is expected of the worker. The table below shows the response of the correspondent

Table IV: 49 Showing area of work within the institution

	Frequency	Percent	Valid percent	Cumulative percent
Welfare office	4	100	100.0	100.0

Data from the above table shows that all 4 (100%) of the social workers were

concerned with the welfare of the children.

4.2.3 Social workers qualifications

Based on the assumption that all social workers in the rehabilitation school/center are qualified professionals, it was found necessary to find out their levels of qualification. Such information would reveal the quality of service given to the children. Their responses are given on the table below.

Table IV: 50 Showing qualification of the social workers

	Frequency	Percent	Valid percent	Cumulative percent
Certificate	3	75.0	75.0	75.0
Diploma	1	25.0	25.0	100.0
Total	4	100	100	

The table indicates clearly that 75.0% are certificate holders while 25.0% holds a diploma.

4.2.4 Length of time worked in the rehabilitation center/school

The length of time the social worker has worked with the child is important as it shows the experience the correspondent has in dealing with children in the center/school. The table below shows the response of the workers.

Table IV: 51 Showing the social workers experience in rehabilitation school/centre

	Frequency	Percent	Valid percent	Cumulative percent
0 – 5 years	1	25.0	25.0	25.0
10 years	2	50.0	50.0	75.0
above 10 years	1	25.0	25.0	100.0
Total	4	100	100	

From the table above, it looks like 25.0% of the social workers had worked for between 5 – 10 years, 50.0% has worked for not more than 5 years while 25.0% has worked for over 10 years.

4.2.5 It was necessary to know the under what terms the social workers were working all of them were employed permanently 4 (100%).

4.2.6 Role played in the rehabilitation school/center

This question was asked to find out what exactly the work of the social worker in the school does. All the 4 (100%) correspondent indicated that they played different roles in the school/centers. Sometimes they played the role of a counselor and sometimes they even teacher.

4.2.7 Objective of the school programme

The response of the social workers on this item was as shown on the table below

Table IV: 52 Objective of the school programme

	Frequency	Percent	Valid percent	Cumulative percent
To mould the characters of child and restore their dignity	2	50.0	50.0	50.0
rehabilitate the street children into responsible citizens	2	50.0	50.0	100.0
Total	4	100	100	

As shown on the table, 50.0% indicated that the objective of the school/center programme was to mould the characters of the child and to restore their dignity and self-esteem, while the other 50.0% indicated the objective of the school/center programme was to rehabilitate the former street children into responsible members of the society.

4.2.8 Rehabilitation programmes offered to the children in the school/center

Rehabilitation programmes offered to the children is important as it plays an important role in changing the children's behavior. The table below shows their responses

Table IV: 53 Rehabilitation programmes offered

	Frequency	Percent	Valid percent	Cumulative percent
Counseling	1	25.0	25.0	25.0
Formal education	3	75.0	75.0	100.0
Total	4	100	100	

From the data on the table above, 25.0% indicated counseling, while 75.0% indicated formal education / vocational training.

4.2.9 The children's feeling about the services offered in the school/center
 Their responses was that all the children were happy with the services offered in the school/center

4.2.10 Aspects of the school/center programme that should be intensified to improve on the programme
 This question was important, as it would give information on the recommendations. Their responses were as follows 4(100%) felt that there are aspects of the school/center programmes that needed to be intensified to improve on the programme offered.

4.2.11 The programme
 This item is equally important, as it will give more information on recommendation. The responses were; 3 (75.0%) showed that counseling programme need to be intensified while 1 (25.0%) indicated that linkage with the families need to be intensified.

4.2.12 Records on admission showing children who are in school/center because of aggressive behavior
 It was important to know whether there are records on admission showing that there were children who were admitted because of being involved in aggressive behaviors. All 4 (100%) agreed that there were children in the school/center who were admitted with cases of aggressive behavior.

4.2.13 Types of aggressive behavior shown by the children before being admitted
The response to this item was that 2 (50%) indicated that the aggressive behavior shown were stealing and assault while the other 2 (50%) indicted that the use of drugs, assault and theft as the aggressive behavior shown by the children before being admitted.

4.2.14 If the family background contributes to the child's aggressive behavior
This item was meant to get in depth information on the causes of aggressive behavior. Their response was 4 (100%) yes, the family background was a contributing factor to the child's aggressive behavior.

4.2.15 The background from which the child comes
The responses are indicated on the table below

Table IV: 54 The child's family background

	Frequency	Percent	Valid percent	Cumulative percent
Single mother	3	75.0	75.0	75.0
Stepmother/father	1	25.0	25.0	100.0
Total	4	100	100	

From the data above is seems that 3 (75.0%) of the social workers indicate that the children came from single mother background/family while 1 (25.0%) indicated that the children came from a family consisting of a stepmother or a stepfather.

4.2.16 Common size of the family that the children came from.
The frequency of the responses are shown on the table below.

Table IV: 55 The common size of the family

	Frequency	Percent	Valid percent	Cumulative percent
2 – 3 children	2	50.0	50.0	50.0
4 – 5 children	1	25.0	25.0	75.0
6 and above	1	25.0	25.0	100.0
Total	4	100	100	

From the table above, 2 (50.0%) of the social workers indicated that most of the children from a family of 2 – 3 children, 1(25.0%) indicated a family of 4 – 5 children while 1(25.0%) indicated a family of 6 and above children.

4.2.17 Whether poverty and unemployment of the parents/guardian contribute to children's' aggressive behavior

This item received 4(100.0%) yes that poverty and unemployment of parents/guardian contribute to children aggressive behavior.

4.2.18 The family status that most children come from

The table below shows the correspondent answer to this item.

Table IV: 56 The family status that most children come from

	Frequency	Percent	Valid percent	Cumulative percent
Very poor families	1	25.0	25.0	25.0
Moderately poor	1	25.0	25.0	50.0
Average family	2	50.0	50.0	100.0
Total	4	100	100	

The data above shows that 1(25.0%) of the social workers indicated that some of the children come from very poor families, 1(25.0%) some children come from moderately poor families while 50.0% indicated that most of the children come from average families.

4.2.19 Problems that children from well to do families face at home

This item is important, as it will give more information on the causes of the child's aggressive behavior. The following table shows the response of the 4 social workers.

Table IV: 57 Problems that children from well to do families face at home

	Frequency	Percent	Valid percent	Cumulative percent
Lack of parental love and affection	2	50.0	50.0	50.0
Lack of supervision	1	25.0	25.0	75.0
To much money given to the children	1	25.0	25.0	100.0
Total	4	100	100	

The data on the table above shows that 50.0% of the social workers felt that the children lack of parental love and affection, 25.0% felt that the children lacked parental supervision, while 25.0% felt that the children were given too much money that they did not know how to use instead used them for drugs.

4.2.20 What contributes to aggressive behavior among children from poor families

This question was responded to by the social workers as shown on the table below

Table IV: 58 Factors that contribute to aggressive behavior among children from poor families

	Frequency	Percent	Valid percent	Cumulative percent
Lack of enough food	2	50.0	50.0	50.0
Lack of school fees	1	25.0	25.0	75.0
Any other	1	25.0	25.0	100.0
Total	4	100	100	

From the above data, it seems that 50.0% of the social workers indicated that the children faced the problem of lack of enough food, 25.0% indicated that the children lacked school fees while 25.0% indicated other problems, like abuse, mistreatment and harshness/hostility from the parents/guardian.

4.2.21 Relationship within a family as a contributing factor to the child's aggression
 This item was responded to by the entire social worker 4(100%) as yes, it's a factor that contributes to a child's aggression

4.2.22 Types of family relationship that contributes to child's aggression
 The table below shows the response of the four social workers.

Table IV: 59 Types of family relationship that contributes to child's aggression

	Frequency	Percent	Valid percent	Cumulative percent
Marital conflicts	1	25.0	25.0	25.0
Harsh disciplinary measures hard/punishments	1	25.0	25.0	50.0
Mistreatment like sever beatings	1	25.0	25.0	75.0
Any other	4	25.0	25.0	100.0
Total	4	100	100	

The data from the table above shows that 25.0% indicated marital conflict as a contributing factor, 25.0% indicated harsh disciplinary measure/punishment, 25.0% indicated mistreatments like severe beatings while 25.0% indicated other issues like marital conflict, sexual abuse, and sibling conflicts.

4.2.23 If neighbourhood environment can influence the child's aggressive behavior
 The answer to this item as given by the four social workers, is 4(100%) yes, the neighbourhood environment can influence the child's aggressive behavior.

4.2.24 Aspects within the neighbourhood environment that can influence the child's behavior

This item is important, as it would give the researcher more information on the factors contributing to aggressive behaviors among the children. The social workers response were as follows; 1(25.0%) indicated that living in the slums,

while 3(75.0%) were of the opinion that acceptance of aggressive behavior amongst members of the society are aspects within the neighbourhood environment that influence the child's aggressive behavior.

4.2.25 Is mass media a contributing factor to aggressive behavior

Mass media has been one of the factors shown/proved to be a contributing factor to aggressive behavior, it was therefore important to find out if the social workers had the same opinion. The data collected indicated that 2(50.0%) agreed with the statement, while 2(50.0%) disagreed with the statement.

4.2.26 How mass media has contributed to aggressive behavior

The response to this item was 2(50.0%) were of the opinion that TV film and videos showed programmes with murder, rape and theft, most of the main characters in the shows, especially those who emerge to be winners are seen as role models by the children, this influence their behavior. The other 2(50.0%) felt that together with TV and video that show programmes with murders rapist and thieves as the main characters, there are those which show, sexual abuse, drug abuse and other undesirable behaviors.

4.2.27 Other factors beside the ones mentioned above that contribute to aggressive behavior among the children

The response to this item was 1(25.0%) felt that lack of parental guidance contributed to aggressive behavior while 3(75.0%) felt that together with lack of parental guidance, there were other factors like lack of proper role models, parental hostility, over protective parents and exposure to bad neighbourhood environment.

4.2.28 Does the school/center offer counseling services to the children

The social workers all 4(100%) agreed that counseling services are given to the children while at the school/center.

4.2.29 The person who conducts the counseling services

Since counseling services are important in a rehabilitation school/center, it was

necessary to know the person who conducts it. That's why this question was paused. The responses to this question was 1(25.0%) indicated social worker, while 3(75.0%) indicated counselor.

4.2.30 How counseling is done

The 4(100%) social workers indicated that counseling is done to individual (individual counseling method).

4.2.31 Problems that call for counseling

3(75.0%) of the social workers indicated that the children are counseled on appropriate behavior while 1(25.0%) indicated they are counseled on drug abuse.

4.2.32 Other measures taken to ensure that aggressive children develop into good responsible citizens

The response to this question are shown on the table below

Table IV: 60 Showing other measure taken to help aggressive children develop into good responsible citizens

	Frequency	Percent	Valid percent	Cumulative percent
Formal education / vocational training	1	25.0	25.0	25.0
Engaging in social activities and spiritual nourishment programmes	3	75.0	75.0	100.0
Total	4	100	100	

The data on the table shows the response given by the 4 social workers. 1(25.0%) had the option that the children should be given formal education and vocational training while 3(75.0%) felt that the children should be engaged in social activities and spiritual nourishment programmes.

4.2.33 If there is behavior change after rehabilitation

The response to this item was 4(100.05) agreed that there was behavior

necessary to know the person who conducts it. That's why this question was paused. The responses to this question was 1(25.0%) indicated social worker, while 3(75.0%) indicated counselor.

4.2.30 How counseling is done

The 4(100%) social workers indicated that counseling is done to individual (individual counseling method).

4.2.31 Problems that call for counseling

3(75.0%) of the social workers indicated that the children are counseled on appropriate behavior while 1(25.0%) indicated they are counseled on drug abuse.

4.2.32 Other measures taken to ensure that aggressive children develop into good responsible citizens

The response to this question are shown on the table below

Table IV: 60 Showing other measure taken to help aggressive children develop into good responsible citizens

	Frequency	Percent	Valid percent	Cumulative percent
Formal education / vocational training	1	25.0	25.0	25.0
Engaging in social activities and spiritual nourishment programmes	3	75.0	75.0	100.0
Total	4	100	100	

The data on the table shows the response given by the 4 social workers. 1(25.0%) had the option that the children should be given formal education and vocational training while 3(75.0%) felt that the children should be engaged in social activities and spiritual nourishment programmes.

4.2.33 If there is behavior change after rehabilitation

The response to this item was 4(100.05) agreed that there was behavior

change after rehabilitation.

4.2.34 How they rate their success

The table below shows the percentage frequency of their response

Table IV: 61 Showing how they rate their success

	Frequency	Percent	Valid percent	Cumulative percent
Average	2	50.0	50.0	50.0
Above average	1	25.0	25.0	75.0
Very good	1	25.0	25.0	100.0
Total	4	100	100	

The data on the table above shows that 2(50.0%) rated their success as average, 1(25.0%) rated the success as above average while 1(25.0%) rated the success as very good.

4.2.35 Problems experienced while trying to rehabilitate the children

The responses are shown on the table below

Table IV: 62 Showing problems experienced while trying to rehabilitate the children

	Frequency	Percent	Valid percent	Cumulative percent
Lack of skilled and adequate personnel	1	25.0	25.0	25.0
indiscipline and lack of coordination among the staff	1	25.0	25.0	50.0
unwillingness of the children to change	2	50.0	50.0	100.0
Total	4	100	100	

From the above table 1(25.0%) indicated lack of skilled and adequate personnel, 1(25.0%) experienced indiscipline and lack of coordination among the staff

while 2(50.0%) experience unwillingness of the children to change.

4.2.36 The area that ought to be given the highest priority

Some areas need to be given highest priority in order to provide adequate and proper service to the children in the rehabilitation centers/schools. The response to this item was 3(75.0%) felt that the highest priority should be given to staff training so that they can be well equipped to handle the children's behavioral problems. 1(25.0%) was of the opinion that the highest priority should be given to the follow up services for the children when they leave rehabilitation school so that they can be helped to change into good and responsible citizens.

4.3 Teachers observational schedule for children's aggressive behavior

Introduction

Another major instrument used to collect data was teachers observational schedule. An investigation was made by selected teachers from a selected primary schools on aggressive behaviors exhibited by children from rehabilitation homes/centers attending normal school, and of the children from normal homes attending the same school. This tool had 19 items. The purpose of this tool was to help the researcher compare the behaviors of children from rehabilitation homes/centers and those of children from normal home who attend the same normal school. 22 children from rehabilitation were observed while 26 from normal homes were observed.

The teachers were required to put a mark against the aggressive behavior indicating whether the aggressive behavior was never exhibited rarely exhibited, frequently exhibited or most frequently exhibited. This was done in a period of 4 weeks, other items in the observation schedule required the teacher to give personal information like gender and age.

4.3.1 Gender

It was import to get information of gender as this would give information on how frequently each gender exhibits different aggressive behavior.

Table IV: 63 Showing gender classification

	Children from Rehabilitation		Children from normal homes	
	Frequency	Percent	Frequency	Percent
Boys	13	59.1	15	57.7
Girls	9	40.9	11	42.3
Total	22	100	26	100.0

Children from rehabilitation school had a distribution of 59.1% boys and 40.9% were girls. From normal homes there were 57.7% boys and 42.3% girls exhibiting aggressive behavior. The data shows that there were more boys showing aggressive behavior among the children from rehabilitation homes/centers than there were among children from normal homes. The opposite was observed among girls, there seemed to be more girls from normal homes showing aggressive behavior than there were girls from rehabilitation school. This supports the view that there are fewer girls in rehabilitation homes than boys.

4.3.2 Age

The age bracket of the children from the two scenario was important to note as it gave more information on the time of behavior is expected to be seen at that age.

The responses are shown of the table below

Table IV: 64 Showing age wise classification

	Children from Rehabilitation		Children from normal homes	
	Frequency	Percent	Frequency	Percent
14 yrs	15	68.2	16	61.5
15 yrs	1	4.5	4	15.4
16 yrs	2	9.1	1	3.8
17 yrs	3	13.6	1	3.8
above 17 yrs	1	4.5	4q	15.4
Total	22	100	26	100.0

The table shows that among the children from rehabilitation homes/centers, 68.2% are aged 14, 4.5% are aged 15 years, 9.1% aged 16 years, 13.6% aged 17 years and 4.5% above 17 years. This shows that both the children from rehabilitation homes/centers and those from normal homes who exhibit aggressive behaviors are aged between 14 and 17 years. Very few are above 17 years.

4.3.3 Kicking

When child kicks the others, it shows that she/he is acting aggressively. As observed by the teachers, the children from rehabilitation homes/centers were reported to have 40.9% children never exhibited this behavior, 4.5% rarely kicked, 36.4% were seen kicking frequently while 18.2% exhibited kicking most frequently. Children from normal homes, 53.8% never kicked, 15.4% rarely kicked, while 30.8% kicked frequently. This shows that 45.5% never ki

4.3.4 Hitting

Most children like hitting one another but the xx frequently the behavior occurs show aggressive behavior. Children from the rehabilitation homes were observed as showing the frequency of hitting, as 31.8% never exhibited the behavior, 13.6% rarely hit, 45.5% frequently exhibited this behavior while 9.1% of them exhibited it most frequently. Children from normal homes attending the same school were observed to be 50.0% never exhibited hitting, 19.2% rarely hit, 23.1% frequently exhibited hitting, while 7.7% exhibited hitting most frequently.

4.3.5 Pushing behavior

Pushing among children is another manifest aggression. This is usually done to bully the others to show dominance. From the data collected children from rehabilitation homes/centers, had 36.4% of them never pushed, 4.5% rarely pushed 40.9% frequently pushed while 18.2% pushed most frequently. The frequency distribution of children from normal homes was 26.9% never pushed, 42.3% rarely pushed, 15.4% frequently and 5.4% pushed most frequently.

4.3.6 Impulsive behavior

The data observed showed that 40.9% of the children from rehabilitation homes/centers never showed impulsive behavior, 18.2% rarely showed impulsive behavior, 27.3% frequently exhibited impulsive behavior and 13.6% most frequently exhibited impulsive behavior. 50.0% of children from normal homes never showed impulsive behavior, 30.8% rarely showed impulsive behavior, 11.5% frequently showed impulsive behavior while 7.7% most frequently exhibited impulsive behavior.

4.3.7 Hyperactive

When a child is hyperactive, it shows that the behavior has some defects. From the data collected, 63.6% of children from rehabilitation were never hyperactive, 9.1% were rarely hyperactive, 13.6% were frequently hyperactive while 13.6% were most frequently hyperactive. From normal homes 30.8% were never hyperactive, 38.5% were rarely hyperactive, 19.2% were frequently hyperactive and 11.5% were most frequently hyperactive.

4.3.8 Anxious

Anxiety is an aggressive behavior; it was therefore necessary to observe the children's anxiety. From the data it appeared that 30.8% children from normal home never showed anxiety, 42.3% were rarely anxious, 19.2% were frequently anxious and 7.7% were most frequently anxious.

50.0% of the children from rehabilitation homes/centers never showed anxiety, 13.6% rarely showed anxiety, 18.2% frequently showed anxiety while 18.2% most frequently exhibited anxiety.

4.3.9 Hostile

Hostility is one of the manifest aggressions seen among children. It was therefore necessary to find out how frequently this behavior occurs. Most teachers observed that 40.9% of children from rehabilitation school/center never exhibited hostility, 4.5% rarely showed hostility, 31.8% were frequently hostile and 22.7% were most

frequently hostile. 38.5% of the children from normal homes were never showed hostility, 30.8% were rarely hostile, 15.4% were frequently hostile and 15.4% were most frequently hostile.

4.3.10 Have troubled relationship with others

At a certain age children sometimes have trouble in keeping friendship or companion, this is because they show aggressive behavior. This information is important from researcher as it will give more information on the type of behavior shown by the child. The data showed that 50.0% of children from rehabilitation homes/center never had troubled relationship with others, 9.1% rarely had troubled relationship with others, 18.2% frequently had troubled relationship with others, and 22.7% most frequently had troubled relationship with others. 19.2% of children from normal homes never had troubled relationship with others, 53.8% rarely have troubled relationship with others, 15.4% frequently have troubled relationship with others and 11.5% most frequently have troubled relationship with others.

4.3.11 Running away from home

Children who experience unfriendly environment at home often run away from home in search of comfort in the streets. 88.5% of the children from rehabilitation center/school never ran away from home 11.5% of them rarely ran away from home. 100% of the children from normal homes never ran away from home.

4.3.12 Truancy

57.7% of the children from normal homes never practiced truancy, 26.9% rarely practiced truancy, and 15.4% frequently practiced truancy. 81.8% of the children from rehabilitation homes/centers practiced truancy, 9.1% frequently practiced truancy while 4.5 most frequently practiced truancy. The results show that there were most children from rehabilitation homes/centers who never practiced truancy than there were in those coming from normal school.

4.3.13 Temper outburst

54.5% of the children from rehabilitation homes/center who never exhibited temper outburst, 18.2% of them frequently showed temper outburst while 27.3% most frequently exhibited temper outburst. The data from the children from normal homes showed that 46.2% of them never showed temper outburst 19.2% rarely showed temper outburst, 15.4% frequently showed temper outburst, and 19.2% most frequently showed temper outburst.

4.3.14 Arguing with adults

72.7% of the children from rehabilitation homes/centers never argued with adults, 4.5% rarely argued with adults, and 22.7% frequently argued with adults. 42.3% of the children from normal homes never argued with adults, 50.0% rarely argued with adults and 7.7% frequently argued with adults.

4.3.15 Defying or refusing to comply

63.6% of the children from rehabilitation homes/centers never defied or refused to comply, 13.6% rarely defied or refused to comply, 18.2% frequently defied or refused to comply while 4.5% of them most frequently defied or refused to comply. Those from normal homes were observed as follows; 30.8% never defied or refused to comply, 42.3% rarely defied or refused to comply, 23.1% frequently defied or refused to comply while 3.8% most frequently defied and refused to comply.

4.3.16 Blaming others for personal mistakes or behavior

From rehabilitation homes, the observations were as follows 50.0% never blamed others for personal mistakes or behavior, 13.6% rarely blamed others, 9.1% frequently blamed others while 27.3% most frequently blamed others. Those from normal homes showed that 15.4% never blamed others for personal mistakes or behavior 53.8% rarely blamed others, 11.5% frequently blamed others, and 3.8% most frequently blamed others for their personal mistakes or behavior.

4.3.17 Irritated by others

Observations from the teachers on the children from rehabilitation homes/centers showed that 45.5% of them were never irritated by others, 18.2% were rarely irritated by others, 27.3% of them were frequently irritated by others while 9.1% were most frequently irritated by others. The observation of children from normal homes indicated that 19.2% were never irritated by others, 50.0% were rarely irritated 19.2% were frequently irritated by others and 11.5% were most frequently irritated by others.

4.3.18 Acting angry and resentful

63.6% of children from rehabilitation homes/center never acted angrily and resentful, 9.1% rarely acted angrily and resentful, 22.7% frequently acted angrily and resentful and 4.5% of them most frequently acted angrily and resentful. 23.1% of the children from normal homes never acted angrily and resentful, 57.7% rarely acted angrily and resentful, 3.8% frequently acted angrily and resentful, and 15.4% most frequently acted angrily and resentful.

4.3.19 Violent Behavior

The results of the observations were as follows, 27.3% of children from rehabilitation homes/centers never showed violent behavior, 18.2% of them rarely showed violent behavior, 40.9% frequently showed violent behavior, while 13.6% of them most frequently showed violent behavior. The results of the children from normal home indicated that 42.3% of the children never exhibited violent behavior, 30.8% rarely exhibited violent behavior, 15.4% frequently exhibited violent behavior, while 11.5% of them most frequently showed violent behavior.

4.4 Key informant interview schedule

The formal instrument to collect data was the key informant interview schedule. This was administered by the researcher on the managers of the 3 rehabilitation schools/center. This tool had 27 items one of the objectives using the interview

schedule was to elicit verbal responses from the correspondent. The interview helped the researcher to do more probing in order to obtain more information. Most of the questions were mainly concerned with administrative issues and challenges of an administrator in rehabilitation centers/schools.

4.4.1 Name of institution

The first item on the interview schedule was the name of the institution. The responses of course were the names of the institution that were supposedly selected thus Kabete rehabilitation school, Bahati rehabilitation center and Kirigiti Girls rehabilitation school.

4.4.2 When the institution was established

The researcher sought to know when the institutions were established, of which there were different years for each of the 3 institutions Kabete rehabilitation school was established in 1950, Kirigiti girls rehabilitation school was established in 1963 and Bahati rehabilitation center was established in 2001. This shows that Kabete was the first to be established than when the question of the girl child came up Kirigiti was established mainly to cater for the street girls.

4.4.3 The Criteria used in admission

The result of the response this question was as follows, 67.7% of the children were admitted through court orders/criminals while 33.3% of them were admitted according to their age and the nature of their problems.

4.4.4 The original capacity of the school/center when it was established

Kabete rehabilitation school had a capacity of 300 children that is 200 for primary school and 100 for secondary school. The number reduced in secondary school because most of the children's term of service or period of being in the institution expires and they are allowed to go back home.

Kirigiti rehabilitation school had a capacity of 100 girls and Bahati had the capacity of 200 boys.

4.4.5 The total number of children currently

Kabete rehabilitation school has 160 boys, 100 in primary and 60 in secondary school. The number of children has reduced due to the challenges facing the center and the introduction of the children's right act, where they are no longer locked in but the freedom to walk in and out of the institution at will.

Kirigiti rehabilitation school has 145 girls. They too have the right to stay in or go away at will.

Bahati rehabilitation center has only 80 boys most of them go back to the streets because of lack of enough food. Its run by the City Council and in most cases they do not get food, so they ran back to the streets in search of food. They also have the right to go back to the street at any time.

4.4.6 The objectives of the school/center

The response from the three institutions was to rehabilitate all the children committed to the institution into good responsible citizens.

4.4.7 The number of support staff in the institution

In Kabete rehabilitation school there are 9 support staff. In Kirigiti girls rehabilitation school, there are 25 support staff and in bahati there are only 6 support staff.

4.4.8 The categories of staff in the institution

All the three institutions thus Kabete, Kirigiti and Bahati had 3 categories of staff.

- i) The teaching staff (Teachers/instructors)
- ii) The welfare staff (Nurse, child officer and counselor, social worker)
- iii) The support staff (cooks, security, clerk, storeman and driver)

4.4.9 Whether they have relevant qualification to rehabilitate the children in the school/center

The response here varied, because in Kabete, the manager felt that the staff did not have relevant qualification to rehabilitate the children. This is because the

teacher are only qualified to teach but do not have the skills needed to handle children with behavioral problems, most of the social workers are not qualified, and they work as volunteers or on attachment.

In Kirigiti, the manager felt that staffs are relatively qualified to handle the children.

In Bahati the manager felt that the staff lacked the relevant skills to rehabilitate the children

4.4.10 Their commitment of the staff to serving the children

In Kirigiti the answer was yes they are committed to serving the children, in Kabete the answer was fair, they are fairly committed to serving the children while in Bahati the answer was yes they are committed serving the children.

4.4.11 The relationship between the staff and the children

In Kabete the manager was of the opinion that the relationship with the children was fair, in Kirigiti it was good while Bahati was warm.

4.4.12 The categories of children in the center

In all the 3 institutions there were 2 categories

- 1) Those under protection and care i.e. these are the destitute, orphans, abandoned and abused children
- 2) Those under child offenders, i.e. these includes, truants, criminals and delinquents.

4.4.13 If there was time limit from the child's stay in the center

In Kabete, there is time limit, mostly 3 years and also if one gets to attain 18 years of age and is considered an adult. In Kirigiti it's the same 3 years, but sometimes they allow special cases like destitute and orphans who are pursuing secondary education and have full sponsorship. In Bahati until one attains 18 years old.

4.4.14 What determines the child's duration of stay in the school/center

In Kabete and Kirigiti rehabilitation school, the court committal order/warrant

determines the child's duration of stay in the school. In Bahati it's determined by the child's age and the nature of family background.

4.4.15 Who funds the programme

Kabete and Kirigiti are funded by the Central government; Bahati is funded by the City Council and some NGOs

4.4.16 Whether the funds are adequate to meet the needs of the programme

All the three managers responded with a no, it is not adequate enough to meet the needs of the programme.

4.4.17 Whether its received on time

The response to this question was sometimes yes and sometimes no

4.4.18 Crime offenses that the children commit before they are brought to the institution

Most of the children in the 3 institutions are brought in having committed the following offenses burglary, assault, vandalism truancy, delinquency, stealing, acting violently and loitering in the streets.

4.4.19 If there was conflict between the newly admitted children and the old ones

In all the 3 institutions there is no any kind of conflicts between the old and newly admitted children since item 19 is a no, there is no answer to item 20.

4.4.20 Does family background of a child contribute to the type of behavior elicited by the child

All the three managers responded to this question with a yes. The family background is a contributing factor to the type of behavior seen in the child.

4.4.21 During the last one year what kind of families do the children admitted come from

For the last one-year the kind of families that the children admitted come from are, single parents, both parents, step parents, grandparents or from other children's homes.

4.4.22 Other factors that contribute to the children's aggressive behavior

The three managers gave the following reasons:-

- 1) Lack of parental guidance
- 2) Parental hostility
- 3) Sexual abuse
- 4) Neighbourhood
- 5) Peer pressure and
- 6) Excessive punishment from parents and teachers

4.4.23 How the children are rehabilitated

The response from the 3 managers was that:-

- 1) Through guidance and counseling
- 2) Through co-curricular activities like games, clubs and movements like CU and YCS
- 3) Through spiritual nourishment.

4.4.24 The extend to which the objectives of the programme has been achieved

The opinion of the managers on the achievement of the objective appeared to be positive. They all felt that they have fairly achieved it since a good number of the children who pass through the institution change their behavior.

4.4.25 What needs to be done to help these children change their aggressive behavior

The responses were as follows:

The government should establish a well set up guidance and counseling facility with qualified counselors in all rehabilitation institutes. This will go along way in assisting the children to become good citizens.

4.4.26 The challenges of trying to rehabilitate the children

To this the managers had the following:

- 1) Lack of enough resources to assist the children
- 2) Lack of relevant skill on how to rehabilitate the children
- 3) Lack of proper environment back at home, hence the children go back to their old habits when reintegrated back with their family.

4.5 Summary and observation

Introduction

This chapter presented the results and discussion of the findings. The data collected was analyzed using frequency distribution and percentages.

4.5.1 Observation on the children's response

First there was the children's questionnaire. This was used to get information on the family background, service offered in the rehabilitation institutions and the children's opinion on the services offered. This would give answer to the possible reasons behind the children's persistence frustration and hence behave aggressively. Aggression is a normal human defensive response to threat or frustration. It's a multidimensional concept that has a behavioral component which is observable. Aggressive behavior patterns appear to be acquired from variety social environmental sources. Forces related to children's aggressive behavior include, parental personalities and their satisfaction with marriage, work, social class, culture, state of health and their relationship with the children.

4.5.2 Observation on the social workers questionnaire

The second tool used to collect data was the social workers questionnaire. This gave answers to one of the objectives of the study which was to identify possible steps that can be taken by the social worker to reduce behavioral problems it was observed that the social workers lacked the skills and qualifications needed to handle children in the institution. This could be a contributing factor to the persistence of the aggressive behaviors among the children. Social workers were very few compared to the number of children in various institutions. Lack of commitment on the part of the social worker is a contribution to the failure to rehabilitate the children.

4.5.3 Observation on the teachers observational schedule on aggressive behaviors

According to the teachers who observed the aggressive behaviors among the children from rehabilitation school/center and those of children from normal

homes attending the same school, it was observed that these from rehabilitation homes/center showed more aggressive behavior than those from normal homes. Bower (1969 p. 22 – 23) state that a school age child may be considered emotionally disturbed if for a prolonged period of time he exhibits inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal conditions and inability to change behavior. This was proved through the observational schedule used by the teachers. However, there were a few cases of children from normal homes exhibiting aggressive behaviors just like those of the children from rehabilitation schools.

4.5.4 Observation on the key informant interview schedule response

It was observed that almost all the managers of the rehabilitation institutions were of the opinion that, the main reason for the children's aggressive behavior was parental neglect and rejection. Other factors mentioned were parental hostility, lack of parental models and social ostracism. The most popular factor was the broken families, especially those in which the father has abandoned his wife and children with the model and authority of bread winner out of sight and the mother harassed by overwork and financial insecurity, the youngster often is left to roam the streets unguided and unrestrained by the affection and control of attending parent.

CHAPTER FIVE

CONCLUSION IMPLICATION AND RECOMMENDATION

5.0 Introduction

This chapter gives both an overall summary of the study and the specific findings of the present research. It draws some conclusion and makes some recommendations that may be used by parents, teachers, social workers and managers of rehabilitation schools/centers policymakers and other stakeholders to stop or minimize children's undesired behaviors. It also gives suggestion for further research.

In the preceding chapters there are many things covered like the introduction, review of related literature, methodology and data analysis.

5.1 Conclusion

The following are the conclusion and implication which emerged from the data analysis. Aggression in the children merit special attention because of its developmental continuity. Research evidence has shown that there is relationship between frustration and aggressive behavior. It was therefore though necessary to carry out research to investigate the relative influences of frustration on the child's manifest aggression and suggest recommendations on control of child aggression. The study analyzed the scenario of present day Kenyan rehabilitation school/center, facilities, programmes, funds and management. It underlined the importance of vocational training and special programmes like guidance and counseling in shaping this children's behavior.

The result of the study showed that caused of behavior problems are varied. Whelan (1978) and Suran and Rizzo (1979) state that the causes of behavior problems are varied and that there is no agreement as to the exact causes. However, authorities agree that they are not caused by single variables but a combinations of several etiologies. Whelan

(1978) and Kauffman (1985) says that a child's behavioral pattern are as a result the interplay of its environment and the psychological well being. In other words the child's maladaptive behavior is triggered such the parents, sibling, peers, family's socio economic status and neighbourhood.

From Freud's and Ericksons point of view, it would therefore be said that the family contributes to the child's behavioral problems. The theory of Bandura and Sears however suggests that not only are the role modeling of the child's home and the behavior of its members important but also the behavior of the members of the community and the school.

Kirk (1972) says that behavioral problems are due to psychological factors where aggression, regression and resignation are produced by frustrating situations. For instance when a child does not achieve a desired goal, he becomes angry, aggressive and can even use abusive language.

The psychological events or causes of behavior problems are explained in Freud and Erickson theory. They explain that early childhood experiences were noted to exert a significant affect on the child's development. Freud believed that fixation on one stage prevented a child from progressing to the next stage, Erickson posited the theory of contrasting experiences such as trust versus mistrust. Like Freud, he believed that a child undergoes the prescribed psychosocial development stages but also believed that fixation can be overcome by later positive experiences. The theory of Bandura and Sears emphasize the role of modeling in shaping the behavior the children learn by observing and imitating the behavior displayed by persons in the community especially significant individuals and peers. Parental style of managing a child is paramount in shaping the child's behavior. For instant an authoritarian parent who exerts a high degree of control, stresses obedience to absolute standards, uses primitive disciplinary measures, strongly emphasizes respects for authority, traditions and order, and interacts very little with the child, may create an impulsive personality in the child. This is because such a parent

frustrates the child's effort to achieve its own goal. Kauffman (1979) states that apart from parents, sibling and peers, the community standards also affects the child's behavior especially broken homes and poverty stricken areas where children would be in danger of associating with bad models such as delinquent or get involved in commercial sex, drug trafficking to get money or food.

The theory of Bandura and Sears is based on the premise that violence, aggressiveness etc are as a result of bad role models especially inappropriate films on television which causes acquisition of undesired behavior.

5.2 Implications

On the basis of the finding made by from the data analysis and interpretation several outcomes are suggested.

- a) The belief that early interpersonal experiences within the family play a decisive role in the psychosocial development of a child is well accepted among professionals. The most overriding aspect of learned experience is the extend to which the child develops a feeling of acceptance or rejection by his parents (Alaren, 1970). To be exposed throughout one's early years to parents who view one as unwanted can only establish a deep and pervasive feeling of isolation in a hostile world. Rejection by parents was found to be one of the reasons why children go to the streets. This kind of child may develop different strategies to handle their frustrations i.e. by acting in an aggressive fashion.
- b) Methods used by parents to regulate the child's behavior and to control may have a profound effect than intended. Some parents use punitive methods to control their behavior. This may set a stage for a variety of maladaptive patterns (Parke, 1970 Terr, 1970). If the child fails to satisfy excessive parental demands and be subjected to continued harassment and punishment, they may develop a pervasive anticipatory anxiety about personal relationship, leading to feelings of hopelessness and discouragement, resulting into hostile and aggressively rebellious behaviors.

- c) Lack of significant adult figure within the family may deprive the child of the opportunity to acquire through imitation, many of the complex patterns of behavior required in adult life. The most serious deficit usually is the unavailability of a parental model of the same sex. From the data analysis it was obvious that most of the children came from single parent family set up. This explains their frustration and hence aggressive behavior.
- d) The presence of many children in the family requires that parents divide their attentions and approval (Einstein and Moss, 1967; Meisner, 1970). When appropriate affection is to one child, seeds of discontent and rivalry flourish. Intense hostility often is generated and the child may experience deep resentments and a sense of marked insecurity. This explains why children from large families may take to the streets. They run away from home because of sibling rivalry.
- e) Children exposed to poverty and destitution provided with inadequate schooling, living in poor housing set within the slums, raised in chaotic and broken homes, deprived of parental models of success and attainment and immersed in a pervasive atmosphere of hopelessness, futility and apathy, cannot help but question the validity of a good society (Short 1966). Reared in these setting the child quickly learns that there are few worth standards to which he can aspire successfully. Such as child may develop aggressive and ruthless means of survival in the larger society.

The family serves as the primary socialization system for inculcating beliefs and behaviors. Through teachings the child learns to think about, be concerned with and react to events and people in prescribed ways.

RECOMMENDATIONS

Accordingly, the following recommendation are made based on the results that were statistically significant.

To assist manage children's undesirable behavior, the study recommends that;

- a) Behavior modification method should be used by all those involved in rehabilitating the children.
- b) The teachers, managers, social workers and parents should be made aware of the principles of behavior modifications such as punishment, reinforcement, contingency, contradicting, and shaping. This will contribute to effective utilization of behavior modification procedures.
- c) Parents, teachers, social workers, rehabilitation school/center managers should be able to define and interpret desirable and undesirable behaviors, their frequencies and management.
- d) Parents, teachers, social workers, managers of rehabilitation schools and centers should know when to reward or punish and under what circumstances should this be done.
- e) They should know when to reward by giving attention to the child when he/she behaves appropriately and when not to reward by ignoring the child who behaves inappropriately.
- f) Parents, teachers, managers and social workers should use some form of social reinforcement which involves being a role model, using words of praise, giving attention, smiling, touching and being nearer or patting on the back (Berker et al, 1975).
- g) Teachers are encouraged to use structured classrooms, that's arranges the physical environment, daily events, materials and strategies to be used in teaching and managing the children. The teacher should also be an active participant in the management of the children's behaviors as well as learning.
- h) Carl Rogers observed that to succeed in changing the behaviors of the children, the human touch must be exercised. This human touch must embody qualities

such as being real, authentic, accepting and trustworthy.

- i) The children in the rehabilitation school/center are a product of an unloving, non-accepting family, school or neighbourhood, and tend to be suspicious of others, in order for them to change and develop appropriate behaviors, self-esteem, and trust, they need assurance that they are accepted as they are.
- j) All stakeholders, should empathize with the childrens' feelings and experiences and seek to communicate with them in accepting non-judgmental ways, develop a bond of trust with them.
- k) The government should lay clear strategies to get all children from the streets and place them in special transitional stations instead of serving only those who are reported by probation officers or social workers.
- l) Special classes for these children should be established and teachers with special qualifications, trained and qualified social workers and psychologists should be used to man them on a day to day basis.
- m) The government should organize frequent seminars, inservice and other training programmes for teachers administrators, health professionals and social workers, so that the can be well equipped to handle the emerging issues.

5.3 Recommendation for further research

Due to limited scope of this study, the researcher was not able to carry out a comprehensive research. It is therefore important that research in other areas like why there are fewer children from rehabilitation center in secondary schools in Kenya.

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APPENDIX A

Children's questionnaire

Answer the questions as truthful as possible, do not write your name. The information given remains confidential.

Please read the questions keenly, then tick (✓) the items that apply to you unless given a different direction.

1. Institution (State the name)
2. Gender
 - a) Boy ()
 - b) Girl ()
3. Age
 - a) 10 – 12 years ()
 - b) 13 – 15 years ()
 - c) 16 – 18 years ()
4. Religion
 - a) Christian ()
 - b) Muslim ()
 - c) Any other (specify) ()
5. How many siblings do you have?
 - a) 0 – 5 ()
 - b) 6 - 10 ()
 - c) Over 10 ()
6. What is your birth position?
 - a) First born ()
 - b) Middle born (state exactly) ()
 - c) Last born ()
7. How did you join this rehabilitation school?
 - a) I brought myself ()
 - b) I was brought by my parents/friends ()
 - c) I was brought by City Council Police ()
 - d) Any other (specify) ()

8. Do you have any brothers and sisters who have come here before?
 a) Yes ()
 b) No ()
9. Have you ever been to another rehabilitation school before?
 a) Yes ()
 b) No ()
10. For how long have you been in the rehabilitation school?
 a) 0 – 6 months ()
 b) 6 – 12 months ()
 c) Over a year ()
11. Are both your parents alive?
 a) Yes ()
 b) No ()
12. If no, who is alive?
 a) Mother ()
 b) Father ()
 c) None ()
13. Who were you living with before you came to the rehabilitation center?
 a) Mother ()
 b) Father ()
 c) Mother and Father ()
 d) Uncle/Aunt/grandmother/grandfather/guardian (Specify) ()
 e) Any other (Specify) ()
14. If you were living with one of your parents, what happened to the other one?
 a) Separated ()
 b) Divorced ()
 c) Walked away/disappeared from home ()
 d) Was arrested ()
 e) Works away from home ()
 f) My parents never married ()
 g) Any other (specify) ()
15. Approximately, how old is your mother?
 a) 21 – 30 years ()
 b) 31 – 40 years ()
 c) 41 – 50 years ()
 d) Above 60 ()
 e) Any other (specify) ()

16. Approximately how old is your father?
- a) 21 – 30 ()
 - b) 31 – 40 ()
 - c) 41 – 50 ()
 - d) Above 60 ()
 - e) Any other (specify) ()
17. Are your parents/guardian employed?
- a) Both are employed ()
 - b) Father only ()
 - c) Mother only ()
 - d) None of them ()
 - e) My uncle/aunt/grandmother/grandfather ()
 - f) My guardian ()
18. If yes what is his/her occupation
- a) Clerk ()
 - b) Teacher ()
 - c) Subordinate staff ()
 - d) Guardian ()
 - e) Any other (specify) ()
19. What are the academic qualification of your parents
- a) Primary ()
 - b) Secondary ()
 - c) University ()
 - d) None ()
20. Have you ever been punished by your father/ mother/ grandparents/ aunt/ uncle/ guardian?
- a) Yes ()
 - b) No ()
21. If yes, how often?
- a) Once ()
 - b) Few times ()
 - c) Many times ()
 - d) Very many times ()
22. What type of punishment do you always receive?
- a) Verbal abuse ()
 - b) Severe beatings ()
 - c) Denied food ()
 - d) Sent away from home ()
 - e) Any other (Specify) ()

23. If you have a problem, whom do you normally confide in
- a) Father ()
 - b) Mother ()
 - c) Grandmother/uncle/aunt/grandparents/guardian ()
 - d) Friends ()
24. Does your father/mother/grandparent/aunt/uncle trust you?
- a) All the times ()
 - b) Few times ()
 - c) Never ()
25. What can you say about the personality of people you were living with before you came here?
- a) Very good ()
 - b) Good ()
 - c) Bad ()
 - d) Very bad ()
 - e) Undecided ()
26. Did you use to go to school before you came here?
- a) Yes ()
 - b) No ()
27. If yes, how many times did you use to go to school in a week?
- a) Once ()
 - b) Twice ()
 - c) Three times ()
 - d) Four times ()
 - e) The whole week ()
28. What made you leave school?
- a) Harsh teacher ()
 - b) Poor performance ()
 - c) Lack of fees and uniform ()
 - d) My friends had left school ()
29. Has any of your friends joined you in this place?
- a) Yes ()
 - b) No ()
30. If yes how many of them?

31. Did your friends use to engage in behaviours that you did not like?
- a) Yes ()
 - b) No ()
32. If yes, name some of them
- a)
 - b)
 - c)
 - d)
33. Which type of behaviour did you use to engage in?
- a) Stealing ()
 - b) Fighting ()
 - c) Taking drugs ()
 - d) Bulling others ()
 - e) Destroying property ()
 - f) Running away ()
 - g) Lying/cheating ()
 - h) All the above ()
34. Here at the school, do you still engage in some of these behaviors?
- a) Yes ()
 - b) No ()
35. If yes, which ones?
- a) Fighting ()
 - b) Stealing ()
 - c) Lying/Cheating ()
 - d) Bullying others ()
 - e) Destroying property ()
 - f) Running away ()
 - g) Taking drugs ()
36. When did you join the school?
- a) 1996 – 1998
 - b) 1999 – 2001
 - c) 2002 – 2005
37. What makes other children come to the school?
- a)
 - b)
 - c)
 - d)

38. Do you feel changed ever since you came to the school?
 a) Yes ()
 b) No ()
39. If yes, how?
40. Do you know of any child who have gone through a rehabilitation programme and is now living happily and a good life?
 a) Yes ()
 b) No ()
41. Do you like the daily routine of the (programme) school?
 a) Yes ()
 b) No ()
42. If yes, which activities do you involve yourself with?
 a) Reading and writing ()
 b) Recreational activities like games, watching TV and singing ()
 c) Cleaning our school and cooking our meals ()
 d) Going to church to pray ()
 e) Cultivating the shamba (farm) ()
 f) Washing my clothes and keeping ()
 g) Any other ()
43. What do you intend to do in future?
44. Is life at this school more strenuous than it was before?
 (a) Yes ()
 (b) No ()
45. Is food supply and other 59 amenities satisfactory?
 (a) Yes ()
 (b) No ()
46. Do you have to put on a fight to defend your rights?
 (a) Yes ()
 (b) No ()
47. Do you have to be aggressive to win the respect of others?
 (a) Yes ()
 (b) No ()
48. What do you think would happen if you could not fight?
 (a) Miss food ()
 (b) Be looked down upon ()
 (c) Bullied by others ()
 (d) None ()

APPENDIX B

Key informant interview schedule

1. Name of the institution
2. When was the center established?
3. What is the criterion used in admission?
4. What is the original capacity of the center when it was established?
5. What is the total number of students in the center currently?
6. What are the objectives of the center?
7. How many support staff do you have in the center?
8. What are the categories of the staff you have here at center? (Specify)
 - a) c) e)
 - b) d) f)
9. In your opinion, do they have the relevant qualification to be able to rehabilitate the children in the center?
10. Are they committed to their serving the children?
11. How is their relationship with the children?
12. What categories of children do you have in the center?
 - a) c) e)
 - b) d) f)
13. Do you have time limit for a child's stay in the center?

14. What should determine the duration of a child's stay in the center?
15. Who funds the programme?
16. Are the funds adequate to meet the needs of the programme?
17. Do you receive these funds on time?
18. What crime offenses do the children commit before they are brought here?
19. From experience, is there some kind of conflict between the newly admitted students and the old ones?
 - a) Yes ()
 - b) No ()
20. If yes, what are the main areas of conflict?
21. In your opinion do you think the family background of the children is a contributing factor to the type of behaviour a child elicits?
 - a) Yes ()
 - b) No ()
22. If yes, during the last one-year, what kind of families do the children you admitted come from?
 - a) Single Mothers ()
 - b) Single fathers ()
 - c) Both parents ()
 - d) Stepmother/stepfather ()
 - e) Grandfather/grandmother ()
 - f) Uncle/aunt ()
 - g) Any other (specify)
23. What other reasons do you think contributes to aggressive behaviour elicited by the children?
24. How do you normally try to rehabilitate the children?
25. To what extend would you say you have achieved the objectives of the programme?

26. What else do you think should be done to help these students so that they could change their aggressive behaviour?
- a)
 - b)
 - c)
 - d)
27. What challenges do you face in trying to rehabilitate the children

APPENDIX C

Social Workers Questionnaire

1. Name of the Institution
2. Gender
 - a) Male ()
 - b) Female ()
3. What areas do you work with in the institution?
4. What are your qualifications
 - a) Certificate ()
 - b) Diploma ()
 - c) Degree ()
 - d) Any other (specify) ()
 - e) None ()
5. Períod you have worked in the rehabilitation school
 - a) 0 – 5 years ()
 - b) 5 – 10 years ()
 - c) 11 – 15 years ()
 - d) 15 – 20 years ()
 - e) Above 20 years ()
6. On what terms are you making in this school?
 - a) Contract ()
 - b) Volunteer ()
 - c) Attachment ()
 - d) Any other (specify) ()

7. Role played in the rehabilitation school
- a) Teacher ()
 - b) Counselor ()
 - c) Nurse ()
 - d) Any other (specify) ()
8. What are the objectives of the school programme
- a) To mould the characters of the child and to restore their dignity and self esteem ()
 - b) To rehabilitate the former street children into responsible members of the society ()
 - c) To provide basic needs to the children ()
 - d) To provide education to the children ()
 - e) Any other ()
9. What rehabilitation services does the programme offer the children?
- a) Feeding and shelter ()
 - b) Spiritual nature ()
 - c) Counseling ()
 - d) Medical care ()
 - e) Formal education/vocational training ()
10. How do the children feel about the services offered in the school
- a) Happy ()
 - b) Unhappy ()
11. Are there any aspects of the school programme that you feel should be intensified in order to improve on the programme?
- a) Yes ()
 - b) No ()
12. If yes, which ones?
- a) Counseling ()
 - b) Formal education ()
 - c) Vocational training ()
 - d) Linkage with the families ()
 - e) Any other (specify) ()
13. From your records on admission, are there children who are here because of being involved in aggressive behaviours?
- a) Yes ()
 - b) No ()
14. If yes, name the type of aggressive behaviour shown by the children before being brought here
- a)

- b)
- c)
- d)
15. From your experience, do you think family backgrounds contribute to child's aggressive behaviour?
- a) Yes ()
- b) No ()
16. From what type of background do most aggressive children come?
- a) Single mother ()
- b) Single father ()
- c) Both parents ()
- d) No parents ()
- e) Stepmother/father ()
- f) Any other (specify) ()
17. What is the common family size that the children (aggressive) come from
- a) Only child ()
- b) 2 - 3 children ()
- c) 4 - 5 children ()
- d) 6 and above ()
18. In your opinion, do you think poverty and unemployment of the children's parents/guardian can contribute to children's aggressive behaviour?
- a) Yes ()
- b) No ()
19. From what type of family status do most aggressive children come from
- a) Very poor families ()
- b) Moderate poor ()
- c) Average families ()
- d) Well do families ()
- e) Any other (specify) ()
20. When you have aggressive children from well to do families, what problems did they face while at home?
- a) Lack of parental love and affection ()
- b) Lack of efficient supervision ()
- c) Over strictness ()
- d) To much money given to the children ()
- e) Any other ()

21. Amongst the children from the poor families, what do you think contributes to their aggressive behaviour?
- a) Lack of enough food ()
 - b) Lack of clothing ()
 - c) Lack of school fees ()
 - d) Any other (specify) ()
22. From your experience with aggressive children, do you think relationship within the family also contribute to a child becoming aggressive?
- a) Yes ()
 - b) No ()
23. If yes what type of family relationship do you think contribute to a child becoming aggressive?
- a) Marital conflicts ()
 - b) Sibling conflicts ()
 - c) Sexual abuse ()
 - d) Discrimination against children ()
 - e) Harsh disciplinary measures;- harsh punishment ()
 - f) Mistreatment like sever beatings ()
 - g) Any other (specify) ()
24. Do you think the neighbourhood/environment from which a child comes can influence his/her becoming aggressive?
- a) Yes ()
 - b) No ()
25. Which of the following aspects within the neighbourhood environment can influence a child's aggressive behaviour
- a) Living with the slum ()
 - b) Living with aggressive parents ()
 - c) Acceptance of aggressive behaviour amongst members of the family/community? ()
 - d) Any other (specify) ()
26. Do you think mass media is a contributing factor to aggressive behaviour
- a) Yes ()
 - b) No ()

27. If yes, give some reasons why you think that mass media has also contributed to aggressive behaviour among children
- -
 -
 -
 -
28. What other factors besides what has been mentioned above contribute to aggressive behaviour among the Children?
- -
 -
 -
 -
29. Do you offer counseling services to these children while they are here
- Yes ()
 - No ()
30. If yes, who consists them?
- Social workers ()
 - A counselor ()
 - The Manager ()
 - The Pastor ()
 - Any Other (specify) ()
31. How do they counsel them?
- Individually ()
 - In a group ()
32. Which problems are they counseled on?
- Appropriate behaviour ()
 - Family ()
 - Drug Abuse ()
 - Career and Vocational issue ()
 - How to relate with each other ()
 - Any other (specify) ()

33. What measure apart from counseling do you take to ensure that aggressive children develop into good responsible citizens
- a)
 - b)
 - c)
 - d)
34. After rehabilitation, do you see any behaviour change in these children?
- a) Yes ()
 - b) No ()
35. If yes, how do you rate your success
- a) Poor ()
 - b) Average ()
 - c) Above average ()
 - d) Very good ()
36. What problems do you experience while trying to rehabilitate the children
- a)
 - b)
 - c)
37. Specify the areas that you think ought to be given the highest priority and why?

APPENDIX D

Observational schedule checklist

1. The rehabilitation school records in order to see the kind of aggressive behaviour recorded, the family background and the consequences of such behaviour.
2. Physical appearance of the children in the rehabilitation school
3. Emotional appearance of the children in the school
4. Observation on the relationship with the staff
5. The kind of language used by the children

6. The children's response to commands given by the school authority
7. Observation on children tolerance to each other.
8. Observation on the guidance and counseling office and its appropriately set.

APPENDIX E

Introduction Letter

Osii Margaret Akinyi
Kenyatta University
P.O. Box 43844
NAIROBI

REF: RESPONDENT CONSENT REQUEST

I am a postgraduate student from Kenyatta University doing my Masters in Education Psychology, as partial fulfillment of the programme, I am supposed to conduct a research. Looking at the research problem, I have to collect information and hope that you have the answers please provide me the expected information please find time and complete this questionnaire.

All information given will be used for the purpose of the study only and will be kept confidential.

Your co-operation will be highly appreciated.

Yours faithfully,

OSII MARGARET AKINYI

APPENDIX F

Observational checklist for children from rehabilitation center/school

Tick appropriately (✓)

1) GENDER

Boy ()

Girl ()

2) AGE

Boy ()

Girl ()

a) 14 yrs

d) 17 yrs

b) 15 yrs

e) above 17 yrs

c) 16 yrs

AGGRESSIVE BEHAVIOUR	Never	Rarely	Frequently	Most frequer
Kicking				
Hitting				
Pushing				
Impulsive				
Inattentive				
Hyperactive				
Anxious				
Hostility				
Have troubled relationship with parents				
Low self esteem				
Running away from home				
Truancy				
Temper outburst				
Arguing with adults				
Defying or refusing to comply				
Blaming others for personal mistakes or behaviors				
Irritated by others				
Acting angry and resentful				
Violent behaviour				