

# Analysis of Predictors of Behaviour Change among Children at Risk in Juvenile Rehabilitation Centres in Nairobi County, Kenya

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## Abstract

The aim of this study was to analyse predictors of behaviour change among children at risk in juvenile rehabilitation centres within Nairobi County, Kenya. The target population was all the children and managers of Juvenile rehabilitation Centres in Nairobi County. This consisted of 380 boys, 160 girls, 8 managers in Kabete and Getathuru and 4 managers in Dagorreti rehabilitation Centre, all adding up to 552 respondents. Children at risk in Juvenile rehabilitation Centres within Nairobi County were sampled using probability and non-probability sampling techniques. To obtain a manageable sample from the target population, convenience, purposive, stratified random and systematic random sampling techniques were used respectively. Questionnaires, interview schedules and focus groups were used in the study as tools for data collection. Data collected was entered, coded and analyzed using inferential statistics and SPSS. The qualitative data was organized, analyzed and reported into emerging themes. The study found out that rehabilitation of children at risk in Juvenile rehabilitation Centres was not adequately addressed and it was only those children with severe and profound cases whose misbehaviours transformed to moderate levels. Educationists were left out during assessment, classification, referral and exit stages despite their rich expertise in rehabilitation. The analysis of determinants scored below average in terms of behaviour change. Among the predictors, Special needs intervention measures did not exist irrespective of the fact that more than ninety percent of children had special cases. Environment was not barrier free while majority of the staff were untrained in professional courses regarding behaviour change. The researcher recommended that all the staff of Juvenile Rehabilitation Centres to undergo training in Special Needs Education. That all the Juvenile Rehabilitation Centres be moved from Ministry of Labour and Social Services and be placed under the Ministry of Education which has adequate personnel required to rehabilitate a child.

**Keywords:** Behaviour, Children at risk, Juvenile, Rehabilitation, Juvenile Rehabilitation Centres, Delinquency and Predictor

## 1.0 Introduction

**Behaviour:** is every action by a person that can be seen or heard. That is both observable and measurable (Alberto & Troutman, 2003). In context of this study it means the actions of a children at risk (CR) in regards to the societal norms.

**Children at risk:** Bluestein (2012); Mendel and Case (2011) all concur that these are children who by virtue of their circumstances (probationary status over past behavioral issues, disabling conditions, low socioeconomic status or negative peer pressure) are statistically more likely than others to fail academically. Examples in this study include: children of street families, those living with internally displaced persons (IDP) camps, orphans and generally those with Emotional and Behavioural Difficulties (EBD).

**Juvenile:** Kenya's Children's Act (2001) describes juvenile as a child whose behaviour is in conflict with societal law, less than eighteen (18) years old and is confined in a Juvenile rehabilitation Centre.

**Rehabilitation:** is a combination of practices aimed at intervening on the inappropriate behaviour (Torbet & Thomas, 2005).

**Juvenile Rehabilitation Centres:** these are institutions tasked with the role of restoring a child to useful life, desired operation and peaceful state of mind through rehabilitation and education after placement (Children's Act, 2001).

**Delinquency:** Muhamad (2007) describes delinquency as inappropriate behaviour by children who conflict with the societal rules. In context of this study, it means children with EBD.

**Predictor:** As per Gay (2011), a predictor is a variant or information used to approximate or foretell imminent performance, action, safety or other traits. In context of this study, it means attributes likely to affect the behaviour of children at risk such as the programmes applied, referral techniques, environmental influences, and competency of staff managing children at risk in the Juvenile rehabilitation Centers.

## 1.1 Background to the Study

Globally, society has faced the complicated predicament of how best to handle children with Emotional and Behavioural Difficulties (EBD) as outlined by Brei, Ruff and Amber (2011) who point out that community,

government, families and society in general struggle to handle children at risk. They further show that in the United States of America (USA), State Juvenile corrections confine youth in many types of facilities, including: group homes, residential treatment centers, boot camps, wilderness programmes or county-run youth facilities (some of them locked, others secured only through staff supervision). These facilities are usually large, with many holding up to 200 - 300 youth. They typically operate in a regimented (prison-like) fashion and feature correctional hardware such as razor-wire, isolation cells and locked cell blocks. These institutions have never been found to reduce misbehaviour of troubled children. Quite the contrary, for decades now follow-up studies tracking youth released from juvenile corrections facilities have routinely reported high rates of recidivism.

Mendel and Case (2011) assert that pervasive violence and abuse have been regularly emerging from Juvenile Rehabilitations Centres (JRC) for as long as anyone can remember. Overall, research findings suggest that juvenile misbehavior frequently occurs in the context of unsupervised groups of adolescents (Office of Juvenile Justice and Delinquency Prevention, 2006). Adolescents engage in riskier behaviour than adults (such as drug, alcohol use, unsafe sexual activity, dangerous driving and antisocial behaviour) despite understanding the risks involved (Boyer, 2006; Steinberg, 2005). It appears that adolescents do not consider risks cognitively (by weighing up the potential risks and rewards of a particular act), but socially and emotionally (Steinberg, 2005). The peer influence can heavily impact on youth risk-taking behaviour (Gatti, Tremblay & Vitaro, 2009; Hay, Payne & Chadwick, 2004).

In Africa, educators in the correction settings face difficulties specifically from the environment, challenging learners, complicated systems of oversight, high staff turnover rates, shortage of resources, difficulties obtaining educational records and the competing priorities of education and maintaining security (Macomber, Skiba, Blackmon, Esposito, Hart, & Mambrino, 2010). In South Africa, it is reported that some adults are bad role models as they are the ones who supply drugs to the juveniles, they expose them to a gangster influence with inappropriate language being used and they also orient them on a distorted curriculum (Gast, 2001). In Nigeria, physical discipline characterized by poor parenting practices which emphasizes corporal punishment has increased misbehaviour among children (Ugboajah, 2008). Many teachers are not primed to work in a juvenile detention setting. Even after specialized training on delinquency, many become overwhelmed by the diversity of educational needs and experience a high level of professional stress (Houchins, Shippen & Catrett, 2004). Thus there was need to analyze the predictors of behaviour change in JRC to address the misbehaviors associated with EBD learners.

In Kenya, lack of tangible government policy specific to the education of children on the streets remain a major constrain to efforts aimed at addressing the misbehaviours. Despite numerous reforms and repeals, streets children continue to be treated in ways that breach their basic human rights. For example, whenever dignitaries are visiting the capital city, it is common for authorities to 'sweep clean' the streets by detaining street children under charges of 'Protection and discipline'. Although the introduction of the Children's Act in 2001 brought children's issues to the fore, education of children at risk (CR) especially those in Juvenile Rehabilitation Centres, remains overlooked (Undugu Society of Kenya & Cradle, 2004).

Specifically, in Nairobi, misbehaviour is not only significant due to population distribution but over 50 % of lawbreakers are youths (Juvenile Injustice in Kenya Report, 1997). Thus rehabilitation must start in time to address the multiple risk factors such as inadequate institutional interventions.

A technique that reforms, re-educates and rehabilitates a child with misbehaviour should be applied (Muhammad, 2007). The idea of the study was to get an empirical perspective in addressing misbehaviours experienced with EBD learners as already outlined. Thus, this study analysed predictors of behaviour change among CR in JRC within Nairobi County, Kenya.

## **2.0 Objectives of the study**

The study was guided by the following objectives which sought to:

- i. Find out what determines behaviour change among CR in JRC in Nairobi County.
- ii. Establish Special needs education and behaviour change among CR in JRC in Nairobi County.

## **3.0 Materials and Methods**

The study employed a descriptive survey design to analyze predictors of behaviour change of children at risk (CR) in juvenile rehabilitation centres (JRC) in Nairobi County, Kenya. Shuttleworth (2008) defines descriptive survey design as a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way to obtain a general overview of the subject. The choice of this design was due to the predictors of behaviour change being analysed. That is what determines behaviour of children at risk (CR) and Special needs education applied to CR in Juvenile Rehabilitation Centres (JRC) in Nairobi County, Kenya. The researcher intended to find and explain their current state as they were in JRC. The researcher aimed to obtain quantitative and qualitative data in order to analyze predictors of behaviour change among CR in JRC.

The data collected from the field was coded and analyzed using SPSS as follows: Quantitative data

was analyzed using descriptive analysis procedures while coding was done using tallying method where the responses on rating scale(s) were piled together and frequency of responses and percentages calculated. Qualitative data was organized into themes and concepts and analyzed to answer research questions. The findings were reported in a summary form using frequency tables, pie charts and bar charts.

#### 4.0 Results and Discussion

##### 4.1. Bio data of the respondents'

The biodata of the respondents' in this study is enumerated as per the following table 4.1.1.

**Table 4.1.1 Bio data of the respondents**

| Respondents                   | B1 (Male 50%) | G1 (Female 50%) | Total     |
|-------------------------------|---------------|-----------------|-----------|
| Children (12 to 17 years old) | 28            | 28              | 56        |
| Adults                        | 2             | 2               | 4         |
| <b>Total</b>                  | <b>30</b>     | <b>30</b>       | <b>60</b> |

Source: Researcher, 2015.

From table 4.1.1, the ages of the CR in JRC ranged from twelve to seventeen years and that there were 30 children of either gender and 2 adults of either gender, all making a total of 60 respondents. The detailed bio data of the participants such as names were not taken due to fear of them being victimized owing to the incarceration situation of CR in JRC.

##### 4.2 Determinants of behaviour change among CR in JRC in Nairobi County.

This objective Sought to find out what determines behaviour change among CR in JRC in Nairobi County. This objective had the following indicators: staff competencies, Special Needs Interventions (SNI), transitional programs, barrier free environment, resource rooms and support services.

##### 4.2.1 Staff Competencies

The findings on the staff competencies were analysed as shown on table 4.2.1.1 below.

**Table 4.2.1.1 Staff Academic Level**

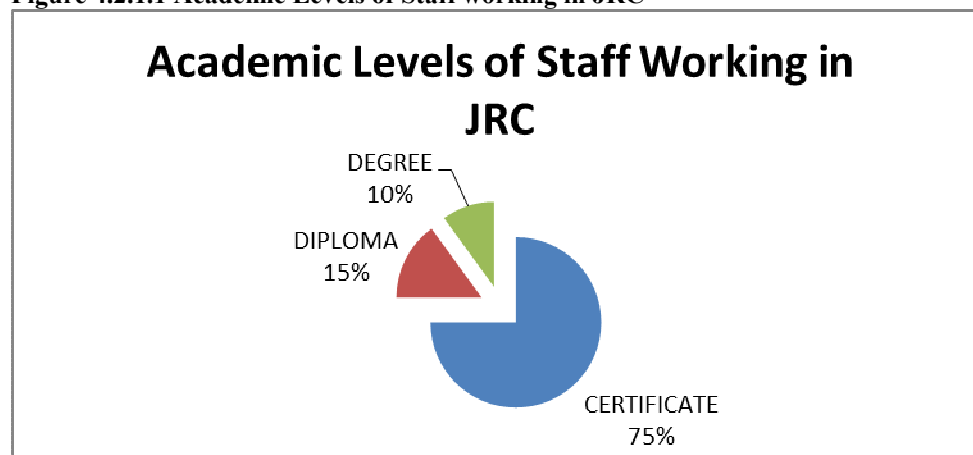
| Gender       | Certificate | Diploma   | Degree    | Total      |
|--------------|-------------|-----------|-----------|------------|
| Male %       | 40          | 5         | 5         | <b>50</b>  |
| Female %     | 35          | 10        | 5         | <b>50</b>  |
| <b>Total</b> | <b>75</b>   | <b>15</b> | <b>10</b> | <b>100</b> |

Source: researcher, 2015.

As per table 4.2.1.1 above, it was established that Certificate holders were the largest in number with 75% followed by diploma at 15% and lastly degree holders were the least with 5%. This implied that staff members with lower qualifications (certificate) were the majority, thus showing why implementing the programmes was a challenge. This conformed to the observation of Mendel and Casey (2011) that some members of the staff in JRC were abused by CR. The researcher attributed such abuses to inadequate behaviour change skills by the staff.

The data in table 4.2.1.1 above was graphically represented by the following figure 4.2.1.1

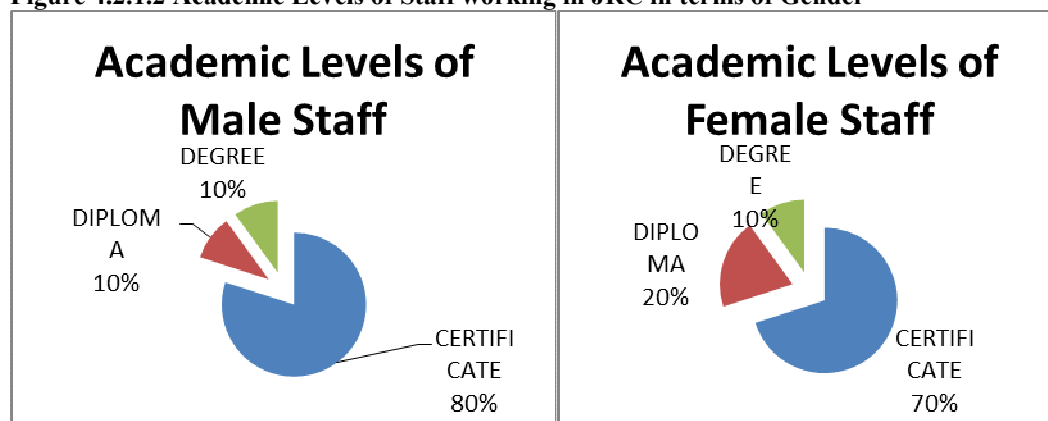
**Figure 4.2.1.1 Academic Levels of Staff working in JRC**



Source: researcher, 2015.

Also the data of table 4.2.1.1 was graphically represented in terms of gender representation by the following figure 4.2.1.2

**Figure 4.2.1.2 Academic Levels of Staff working in JRC in terms of Gender**



Source: researcher, 2015.

Figure 4.2.1.2 shows that in terms of gender; at graduate level, both genders scored equally. Females were more than males by 10% at diploma level while males were more than females by 10% at certificate level. This implied that more male working in JRC need more of behaviour change awareness skills compared to ladies at a ratio of 2:1 in the opinion of the researcher.

**4.2.2 Programmes and Structures in JRC**

Findings as to the programmes and structures in behaviour change and their existence in JRC: Special Needs Interventions (SNI), transitional programmes, barrier free environment, resource rooms and support services were as shown in the following table 4.2.2.1

**Table 4.2.2.1 Programs and Structures in JRC**

| Program Existence | SNI      | Transitional Services | Resource rooms | Support Services | Barrier free Environment | Total     |
|-------------------|----------|-----------------------|----------------|------------------|--------------------------|-----------|
| Male JRC          | 0        | 3                     | 18             | 8                | 1                        | 30        |
| Female JRC        | 0        | 4                     | 15             | 9                | 2                        | 30        |
| <b>Total</b>      | <b>0</b> | <b>7</b>              | <b>33</b>      | <b>17</b>        | <b>3</b>                 | <b>60</b> |

Source: researcher, 2015.

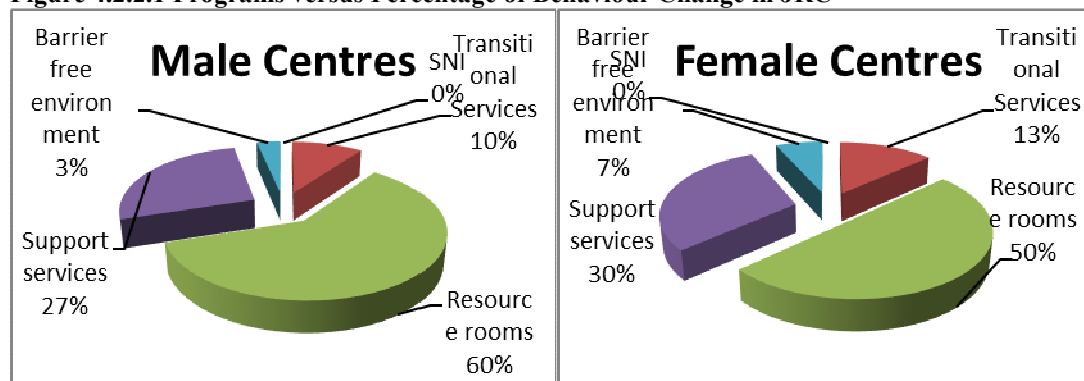
From the above table 4.2.2.1, frequency of the tallied programmes and structures were found from the target population as follows:

SNI 0, Transitional services 7(male 3 and female 4), resource rooms 33 (male 18 and female 15), support services 17 (8 male and 9 female) and barrier free environment 3 (male 1 and female 2).

Absence of SNI means that special needs of CR are not addressed. This finding concurs with Carmichael (2011) who observes that there is deficit in specialized educational services in JRC.

A graphical representation of data in table 4.2.2.1 in terms of the percentage of behaviour change in regards to gender is as shown on figure 4.2.2.1 in the next page.

**Figure 4.2.2.1 Programs versus Percentage of Behaviour Change in JRC**

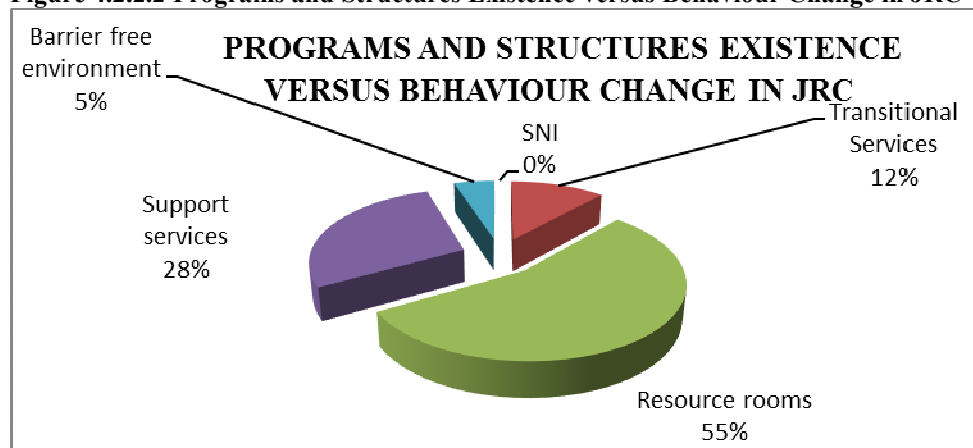


Source: researcher, 2015.

Figure 4.2.2.1 illustrates crucial programmes in behaviour change namely SNI measures, support and transitional services, barrier free environment and resource rooms in regards to their existence in JRC as per their gender. However, there is no gender disparity observed. Thus the above determinants of behaviour change were found not to vary in relation to the gender.

An overview of the programmes was illustrated in figure 4.2.2.2 below.

**Figure 4.2.2.2 Programs and Structures Existence versus Behaviour Change in JRC**



Source: Researcher, 2015.

From table 4.2.2.2, summation of crucial programmes in JRC was that resource rooms highly existed while SNI were absent. It was observed that JRC overlooked the child’s immediate environment which entailed the surrounding communities in contrast to Barbour (2008) who confirms that institutions offering education, can not ignore the child’s immediate environment.

**4.3 Special Needs Education and behaviour change among CR in JRC**

This objective Sought to establish Special needs education and behaviour change among CR in JRC in Nairobi County. It had two indicators namely staff training and the environment. The findings of the above in relation to the study is as tabulated in table 4.3.1

**Table 4.3.1 Special Need Education in JRC**

| SNE Existence | Ease of access (Environment) | SNE Teachers | Staff training on SNE |
|---------------|------------------------------|--------------|-----------------------|
| Male JRC      | 0                            | 0            | 0                     |
| Female JRC    | 0                            | 0            | 0                     |
| <b>Total</b>  | <b>0</b>                     | <b>0</b>     | <b>0</b>              |

Source: researcher, 2015.

From table 4.3.1 above, it was established that:

Despite JRC admitting children who are of special needs by virtue of their previous non conformity with societal norms among other disadvantaging aspects, SNE was absent in terms of ease to access the institution (inclusion), Specially trained teachers and general staff training on special needs of the CR.

No in-service or short training on SNE or even involvement of EARC was established in the JRC during the time of study hence the study concurs with Clark (2007) who states that learners with disabilities have been marginalized within or excluded from learning institutions.

That most of the infrastructures in the JRC are not friendly to children with special needs and this is in agreement with the findings of Gast (2001) who notes that education in JRC should entail more than just formal classes. The CR who use wheel chairs, white canes, Kenyan sign language and those with physical coordination challenges, find the environment of JRC highly intimidating.

It was also established that in the rehabilitation process at JRC that children are reintegrated into the society which they were isolated from when they could not conform to the norms. However, they often do not conform to the society for more than a year. Thus, the cycle of recidivism commences until these children are eighteen years when some are likely to spend most of their time in confinement and fail to become productive citizens. Thus it was found out that the JRC did not adhere to Epstein (2008) model of school community partnerships in the development of education through collaboration with the community.

It was also found that teaching in JRC is done partially by untrained teachers an aspect attributed to the fact that these centres are not under the Ministry of Education which has the mandate to change individual behaviour through education and monitoring of curriculum implementation for the benefit of the society. This is despite the overwhelming diversity of educational needs in juvenile detention setting (Houchins et al., 2004).

**5.0 Conclusion**

The determinants analysed were Staff competencies, SNI measures, transitional programmes, barrier free environment, resource rooms and support services. Also rated were the academic credentials of staff in JRC in terms of the most common (Certificate) to the least common (University degree). The researcher did not

encounter any staff member trained in special needs. In the opinion of the researcher, staff competencies were below average since those at diploma level and above were lower than one eighth of the total staff population. Hence staff qualifications affected behaviour change. Thus, there was an urgent need for training staff in JRC in Nairobi County and the entire Country on SNE.

On SNI measures, transitional programmes, barrier free environment, resource rooms and support services existence as well as functionality in JRC were in ascending popularity as follows: SNI measures, barrier free environment, transitional programmes, support services and resource rooms. All were rated below average in existence and functionality. This was a clear indicator that the process of behaviour change in JRC was not in order and a change into the approach to yield results was overdue and inevitable.

From the data gathered it was established that children with special needs were admitted at the centres. The special child requires special care in order to change behaviour but it is regrettable that the whole process of rehabilitation does not involve any special education experts.

The study further revealed that SNE was lacking as a skill among JRC staff and programmes being offered. This made the objective of behaviour change unachievable. SNE awareness had not been done to staff in JRC by any agent of the government involved in practice of SNI measures such as the Teachers Service Commission, Kenya Institute of Special Education, Kenya Institute of Curriculum Development or EARC for the last six (6) months.

## 6.0 Recommendations

Based on the study findings, the following was recommended:

The educational, transitional and support programmes should be offered by competent individuals and with at least a minimum qualification of a diploma in education by virtue that JRC are referral institutions. All the staff working in JRC should undergo a SNE training in order to be better placed to handle CR. Teachers Service Commission, Kenya Institute for Curriculum Development and the Kenya Institute of Special Education should address the above.

Kenya Institute of Special Education in collaboration with the Ministry of Education should ensure that the environment of CR in JRC is barrier free and with a variety of resources aimed at changing behaviour such as different games and sports adapted for learners with special needs, up to date information communication devices such as computers and inclusion with the society. That the JRC be placed under the Ministry of Education as special schools for learners with EBD for ease of inclusion instead of the Ministry of labour, social security and services.

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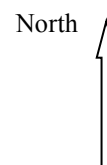
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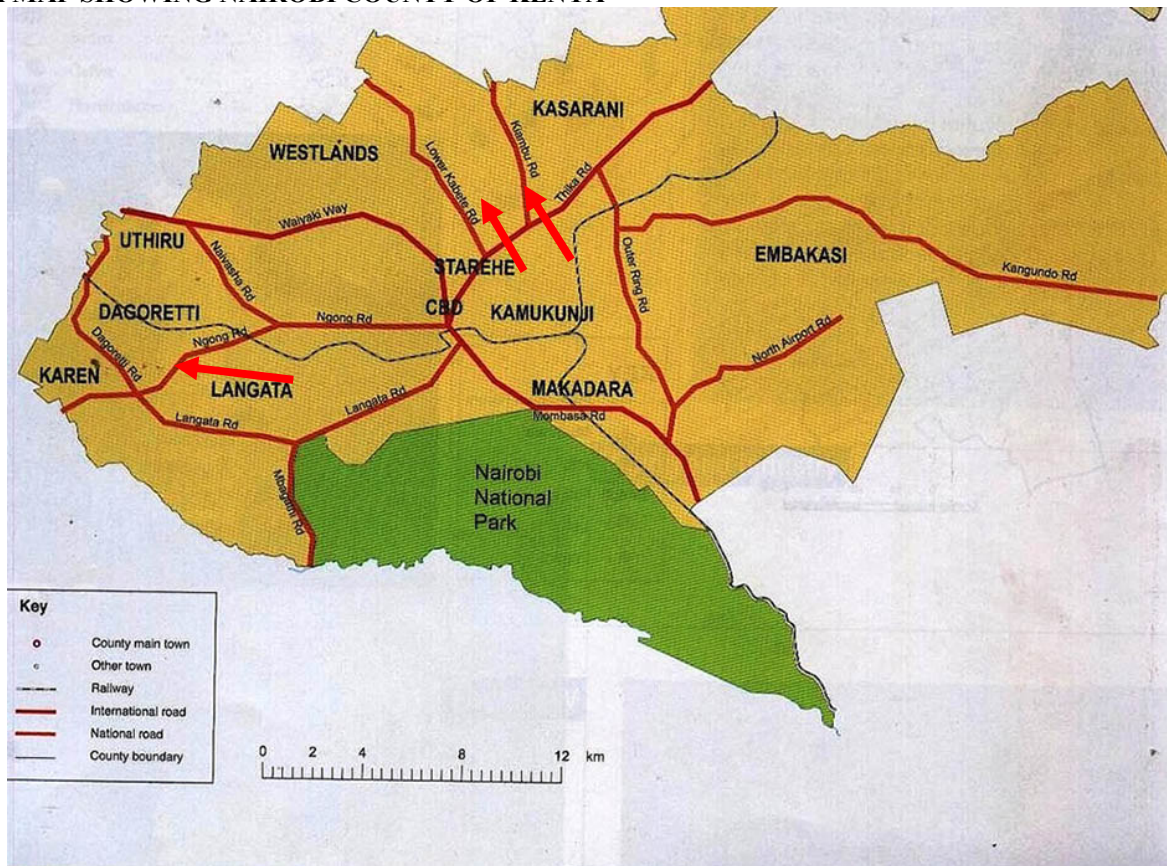
### A MAP SHOWING THE 47 COUNTIES OF KENYA



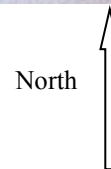
Latitude 1° 00' N and Longitude 38°00' E  
Source: Ministry of lands, 2013.



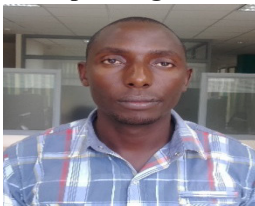
### A MAP SHOWING NAIROBI COUNTY OF KENYA



Latitude 01° 17' S and Longitude 36°48' E  
Source: Ministry of lands, 2013.



### Corresponding Author Biography



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