

Review of Characteristics 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 review characteristics 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. It consisted of 380 boys, 160 girls, 8 managers in Kabete and Getathuru and 4 managers in Dagorreti rehabilitation Centre, making a total of 552 respondents. Children at risk in Juvenile rehabilitation Centres within Nairobi County were sampled using probability and non-probability sampling methods. To obtain a practicable sample from the target population, convenience, purposive, stratified random and systematic random sampling methods were used respectively. Questionnaires, interview schedules and focus groups were used in the study as tools for data gathering. Data gathered was entered, coded and analyzed using inferential statistics and SPSS. The qualitative data was organized, analyzed and reported into emerging themes. The study established that rehabilitation of children at risk in Juvenile rehabilitation Centres was not sufficiently 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 and in general, the behaviour change process despite their rich expertise in rehabilitation. The researcher recommended a multidisciplinary approach in behaviour change process. That is in Educational Assessment and classification of children at risk to specifically cater for the Children's special Needs in Education. That the government of Kenya moves all the Juvenile Rehabilitation Centres 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 and Delinquency.

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 which conflicts with the societal rules. In context of this study, it means children with EBD.

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.

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 despite understanding the risks involved (Boyer, 2006; Steinberg, 2005). It appears that adolescents do not consider risks cognitively 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 and 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).

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. Thus, this study reviewed characteristics 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 the entry behaviour of children at risk in JRC in Nairobi County.
- ii. Find out the exit behaviour of children at risk in JRC in Nairobi County.

3.0 Materials and Methods

The study employed a descriptive survey design to review characteristics 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 characteristics of behaviour change being reviewed. That is the entry and exit behaviour of children at risk (CR) in Juvenile Rehabilitation Centres (JRC) in Nairobi County Kenya, which the researcher intended to find out and explain their current state of affairs. The researcher obtained quantitative and qualitative data. 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 form of 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
Total	30	30	60

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 The entry behaviour of children at risk in JRC in Nairobi County.

The findings on entry behaviour of CR in JRC in Nairobi County were analysed as shown in the following Table 4.2.1.

Table 4.2.1 Entry Behaviour of Children at Risk in JRC in Nairobi County

Gender	Mild		Moderate		Severe		Profound		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Male	8	13	7	12	7	12	8	13	30	50
Female	7	12	8	13	6	10	9	15	30	50
Total	15	25	15	25	13	22	17	28	60	100

Source: researcher, 2015.

From table 4.2.1 majority of children at risk who joined the JRC had profound behavioural problems (28 %) with severe ones being 22 %. This meant that the misbehaviour of CR had escalated by the time of identification whose key trait was conflict with societal law. This identification does not concur with a report by the National Research Council and Institute of Medicine (2000) who states that misbehaviours should be identified early enough by a multidisciplinary team. Children with mild and moderate behavioural problems were 25 % implying that their misbehaviours could easily be addressed without a need for incarceration by SNE teachers in regular schools. The above view is supported by Combs et al. (2010) that if Special Needs Interventions (SNI) are applied to children with mild and moderate EBD, their delinquency can be adequately addressed.

Findings on entry behaviour of CR in JRC in Nairobi County in Table 4.2.1 were graphically represented using a pie chart as shown in the subsequent illustration on figure 4.2.1

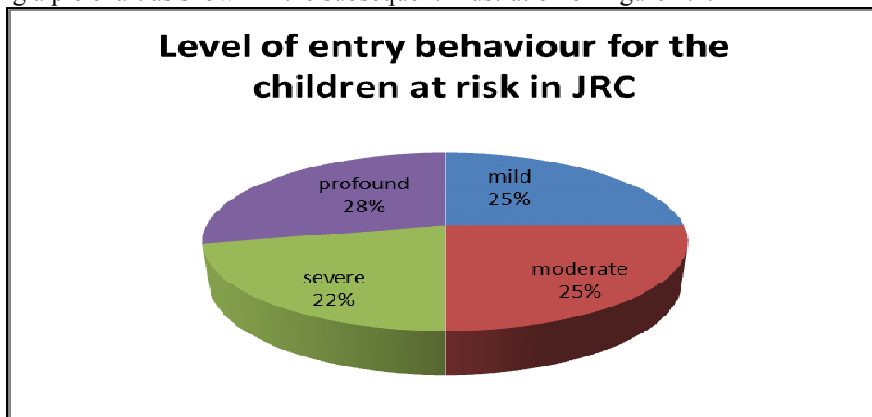


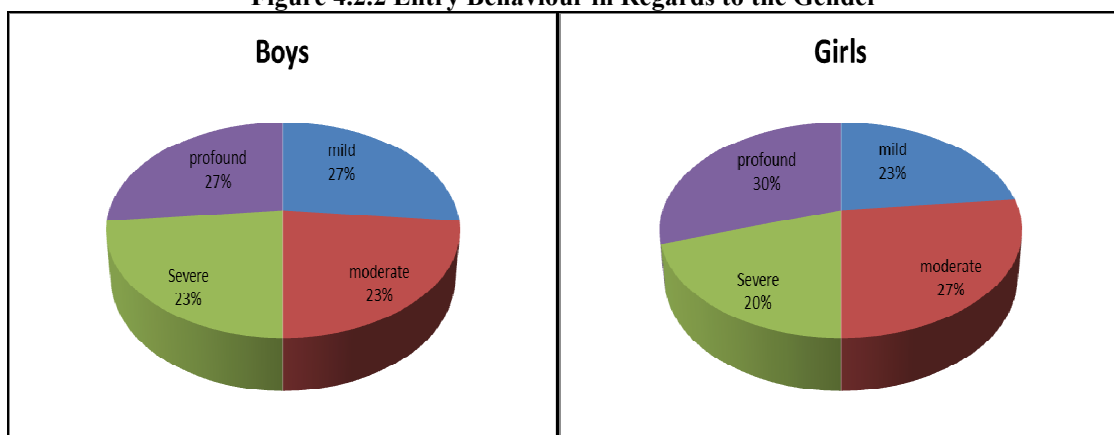
Figure 4.2.1 Levels of Entry Behaviour of Children in JRC in Nairobi County

Source: Researcher, 2015.

From figure 4.2.1, it was found that the entry behaviour of CR varied from mild to severe. This finding concurred with Bluestein (2012) who states that behaviour of children with EBD varies from mild to severe.

Also the entry behaviour was classified in terms of gender as shown in the following figure 4.2.2

Figure 4.2.2 Entry Behaviour in Regards to the Gender



Source: researcher, 2015.

From figure 4.2.2 in the previous page, profound cases, girls were more than boys by 3% while for severe cases boys were more by 3%. For moderate cases, girls were more than boys by 4% while for mild cases, boys were more than girls by 4 %. This meant that the misbehaviours were not affected by the gender but by the

upbringing and environment as stipulated by Maddy-Bernstein (2000) who states that society contributes to inequalities of children regardless of their gender orientation. The severities in both genders were almost similar.

4.3 The exit behaviour of children at risk in JRC in Nairobi County.

The analysis of findings on exit behaviour of children at risk in JRC in Nairobi County were as tabulated in table 4.3.1 in terms of assessment and progress records.

Table 4.3.1 Assessment and Progress records of Children at Risk in JRC

Gender	Mild		Moderate		Severe		Profound		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Male	6	10	10	16	7	12	7	12	30	50
Female	4	7	13	22	7	11	6	10	30	50
Total	10	17	23	39	14	23	13	22	60	100

Source: researcher, 2015.

From table 4.3.1 which has data of the oldest CR (key informants by virtue that they had optimally interacted with the programmes available in the Centres and that they were about to be reintegrated back to the society) the following was gathered:

That profound cases were 22% (boys 12% and girls 10%) from assessment and progress evaluation while at entry behaviour to the JRC was 28% (boys 13% and girls 15%) cases. This implied that behaviour change at profound level had been addressed to 6% (boys 1% and girls 5%) cases. It was easier to change the behaviour of girls at this level than that of boys.

Severe cases were 23% (boys 12% and girls 11%) from assessment and progress evaluation while that of entry behaviour was 22 % (boys 12% and girls 10 %). No change difference was noted implying behaviour change was not achieved.

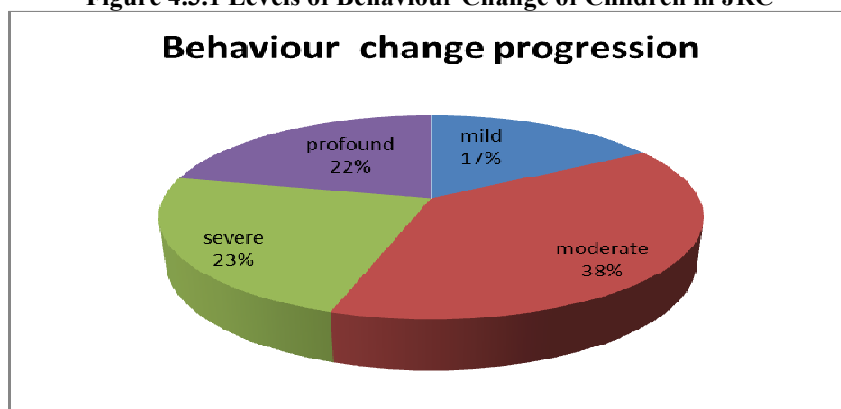
Moderate cases were 38% (boys 16 % and girls 22%) from assessment and progress evaluation, while at the entry behaviour was 25 % (boys 12 % and girls 13 %). This showed that complexity of behavioural problems attributed to programmes applied had increased by 14% (boys 5% and girls 9%).

Mild cases were 17% (boys 10 % and girls 7%) from assessment and progress evaluation while from entry behaviour was 25 % (boys' 13 % and girls' 12%). Mild cases had dropped by 8% (boys 3% and girls 5%).

The researcher observed that the two extreme misbehaviours namely mild and profound had reduced in percentage while the intermediate ones namely severe and moderate had increased. This was attributed to inadequate behaviour change and influence by the extreme cases as observed by Kelly (2011), that putting CR in confinement may not deal with the factors which caused their recorded misbehaviours but a mere removal from their environment. Thus those CR with mild cases need not to be confined and also need not to be mixed with those who have severe and profound levels. The programmes need to be improved to address the misbehaviours in regards to complexity and gender since from the assessment, gender uniformity was not observed in regards to percentage of behaviour change.

The presentation of data on table 4.3.1 is as shown on the figure 4.3.1 below.

Figure 4.3.1 Levels of Behaviour Change of Children in JRC

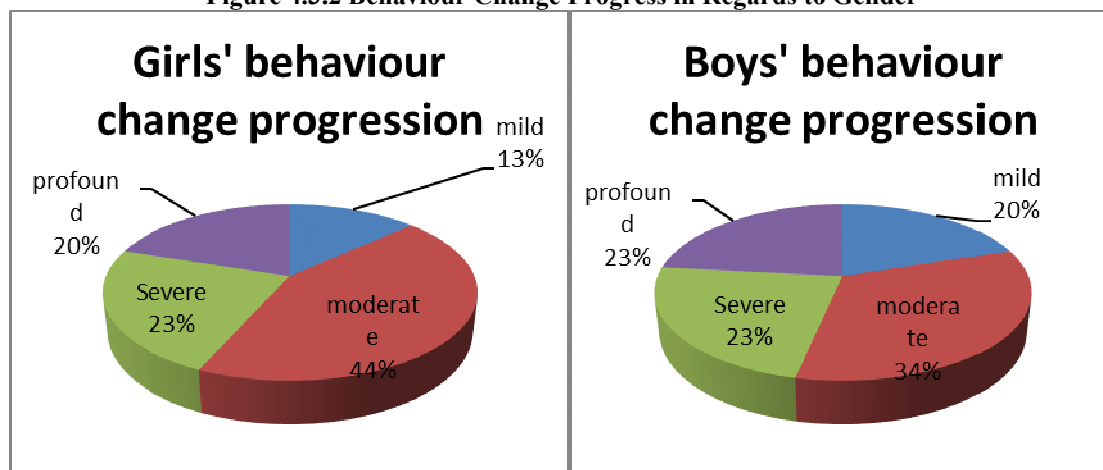


Source: researcher, 2015.

From figure 4.3.1 in the preceding page, different levels of severity in misbehavior as found in the study were as follows: mild (17%), moderate (38%), severe (23%) and profound (22%) from the assessment and progress records.

The researcher also analysed behaviour change progression in terms of gender as shown in the following figure 4.3.2

Figure 4.3.2 Behaviour Change Progress in Regards to Gender



Source: researcher, 2015.

From figure 4.3.2 above, boys had 3% more than girls in profound and severe cases. At moderate level, girls had 10% more than boys while at mild level; boys were more than girls by 7%. This shows that the behaviour change pattern for a girl child is not the same as that of a boy child. It implies that the strategies to change the behaviour should be gender sensitive, an observation pointed by Starr et al. (2009) that core competencies should entail adolescent development. Girls with extreme (profound and mild) behaviour problems were easily assimilated by the moderate category more than the boys by 10%.

In summary, the findings of entry and exit behaviour change of CR in JRC generally concurs to Onyango (2011) findings that the current rehabilitation programmes in JRC are outdated and do not address the needs of CR. For instance, at entry level moderate cases were 25% while at exit stage they were 38% with an increase of 13% contrary to the expectation of reduction.

5.0 CONCLUSION

The entry behaviour of CR varied from mild to profound levels in severity. The children were rehabilitated for the period they were confined in the institution while isolated from the general society. Actually, any visitor to the centre required a pre-authorization from the children department in writing. This made the rehabilitation process closed, which meant that children had been taken from various parts of the republic and brought together in an isolated place.

Those with mild misbehaviour were easily influenced by the profound ones making learning negative traits from each other easy. At the end of the programme when children were to be taken back to the society, the following was observed. That each of the behaviour categories changed at the exit level, the profound cases had reduced while the mild cases worsened to moderate or severe categories. This implied that the centres were incapable of handling learners with severe and profound cases of misbehaviour satisfactorily. For the categories of mild and moderate misbehaviours, they could be addressed better while in context of the general society without a need for isolation or confinement. Isolating the mild and moderate cases from the general society and confining them escalates their behaviour. Thus, an inclusive approach lacked in addressing the misbehaviours.

Thus, behaviour of CR in JRC was not adequately addressed due to the fact that severe and profound misbehaviours did not reduce significantly. A quarter of mild cases deteriorated to moderate levels at the end of rehabilitation period.

6.0 Recommendations

Based on the study findings, the following was recommended:

That the Ministry of Education should ensure that a multidisciplinary team comprising of SNE teachers, educational counsellors, law enforcers and members of the judicially perform assessment and placement of CR.

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.

Kenya Institute of Special Education in collaboration with the Ministry of Education should ensure that the environment of CR in JRC is friendly to behaviour change.

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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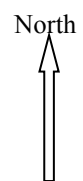
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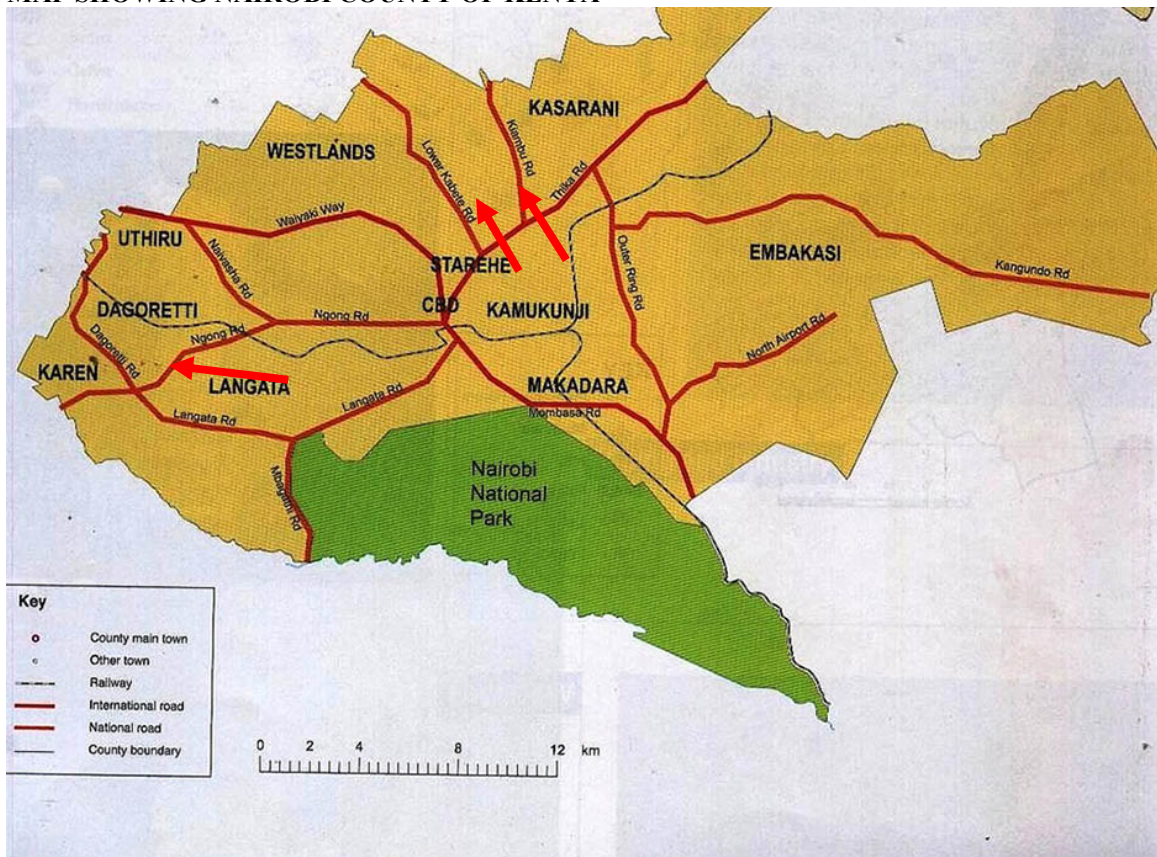
A MAP SHOWING THE 47 COUNTIES OF KENYA



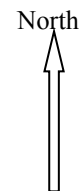
Latitude 1° 00' N and Longitude 38°00' E
Source: Ministry of lands, 2013.



A MAP SHOWING NAIROBI COUNTY OF KENYA



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



Corresponding Author Biography



Rintaugu James Muthomi is currently enrolled for a PHD in Special Needs Education at Kenyatta University, Kenya where he graduated with M.Ed. in Special Needs Education. He holds a B.Ed. (Special Needs with IT) from Maseno University. He worked as a teacher for regular and special learners at Primary and secondary levels and thereafter a as a Police Detective in Kenya. He is currently working as an investigator in an Oversight body in Kenya.