International Journal of Social Science and Economic Research

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

ESTABLISHMENT OF DYSFUNCTIONAL FAMILY STRUCTURES RELATED TO ADOLESCENT BEHAVIOUR PROBLEMS WITHIN THE SOCIETY: A CASE OF SHIKUSA BORSTAL INSTITUTION IN KAKAMEGA COUNTY.

[1]Rose A. Otieno, [2]Prof. James Kombo (PhD), [3]Prof. Michael Bowen (PhD)

[1]Kisii University

[2,3] Daystar University

ABSTRACT

Adolescent delinquency is a major health concern. BSFT is one of the many family therapies targeting the youth and their families as a system throughout the treatment. The objective of this study was to determine the effectiveness of Brief Strategic Family Therapy (BSFT) in treating juvenile delinquents. The study was conducted at Shikusa Borstal institution, Kakamega County which was purposively chosen as one of the three Borstal institutions in the country. The study used a quasi-experimental study design with pre and post- test evaluations using both quantitative and qualitative data collection instruments. Purposive sampling was used to pick the 67 participants who were screened and scored positively both on CD and ADHD. Data was collected using socio-demographic and standardized tools. The standardized tools included Family Assessment Measure and Youth Self Report (YSR) for Ages 11-18. The Family Assessment Measure (FAM111) questionnaire was used at pre-test evaluation only while YSR was used at both pre- and post-test evaluations. Data was analyzed using SPSS version 21. The results showed proportionate morbidity rate of 61.2% of the 67 sampled delinquents having CD and 59.7% having ADHD while 22.4% had a comorbid of CD and ADHD. A t-test was used to determine the statistical significance in the paired mean difference scores between baseline and midline as well as endline. Results showed statistical significance for both CD and at ADHD ($p<0.0001$). Cohen's d effect sizes for the ADHD and CD were calculated and showed statistically significant effect size for both ADHD and CD. Results indicated that BSFT was effective in reducing the symptoms of both CD and ADHD among the juvenile delinquents, consequently treating delinquency with a statistical significant significance of $P<0.0001$.

Keywords: Delinquency, dysfunctional family, family functioning, CD, ADHD, effectiveness, treatment, symptom reduction and BSFT

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

INTRODUCTION AND BACKGROUND

Adolescent delinquency is a major health concern. The treatment and management of adolescent delinquent requires concerted effort involving families. BSFT is one of the many family therapies among others such as systematic, structural, experiential, narrative, cognitive-behavioral, multi systematic, psychodynamic and solution focused family therapies that have been found to be effective in treating adolescent delinquents (Szapocznik, Schwartz, Muir & Hendricks, 2012). According to Robbins, Szapocznik & Horigian (2009), BSFT builds on the assumption that families can be viewed as systems and each individual in the family is important for the family system as a whole.

In Kenya juvenile delinquency is on the increase, and the number of children in conflict with the law has risen significantly and is currently estimated at 2,767 (Kenya Demographic Health Survey, 2014). For instance, the number of juveniles in conflict with the law has been on the increase with a number of children ending up in the Borstal institutions (Human Right Watch Report, 2016). This is confirmed by Probation Report, 2016 which indicates that the total number of juveniles in the two Borstal institutions of Shikutsa and Shimo La Tewa was 2,395 in 2011, 2,425 in 2012, 2,401 in 2013, 2,577 in 2014 and 2,582 in 2015 (*see Appendix H)*. On the other hand the government spends huge amounts of money in taking care of juveniles in correctional facilities yet the effectiveness of these programs is minimal due to lack of adequate staff with skills in handling juvenile delinquency (Onyango, 2009)

The children's growth in competence is largely influenced by family life and family relationships, and their well-being depends on the quality of family interactions. According to Synder & Patterson (1997), parents play a role in fostering their child's growth and development. Many studies indicate that the broad pattern of parenting is important in predicting child well-being. For example, a study by Szaczponik & Williams (2000), found out that it is the pattern of interaction that shapes a child's behaviour. Additionally Szaczponik, Muir & Scwartz (2013) stated that certain parental interaction patterns were risk factors or predictors of adolescent delinquency. The authors noted that these *included; parenting characterized by lack of monitoring of the child's activities, indulgent parenting,* enablement of misbehaviour and authoritarian parenting.

According to Demuth & Brown (2014), besides the negative parental influences, a maladaptive family structure also contributes to adolescent delinquency. Similarly Burt, Barnes, McGue, & Locano (2008), stated that a maladaptive structure is viewed as an important contributor to the occurrence and maintenance of adolescent externalizing behaviour. They further observed that maladaptive family relations are predictors of drug abuse and related anti-social behaviours. In

Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

addition, adolescent delinquency has been linked to negative family functioning such as high conflict, low cohesion, ineffective parenting (Szapocznik & Kurtines, 1990), while positive aspects of the family such as family cohesion, warmth, emotional support and parent availability and monitoring are all protective factors in preventing.

Family functioning affects adolescent's mental well-being Henngeler (2011). According to Veronneau & Dishion (2010), family dysfunction provides children with models and opportunities to engage in problem behaviours. Demuth & Brown (2014) observed that family drug use has constantly been linked to adolescent delinquency. Similarly Robbins Horigian & Zapoczrnik (2009) noted that poor family practices such as failure to set clear expectations of children's behaviour, insufficient monitoring and supervision as well as severe inconsistent discipline constantly predict later delinquency and substance use or abuse. According to Bloakland & Palmen, (2012), if a child has low parental supervision, he is likely to offend, and lack of supervision is connected to poor relationship between the child and the parents. According to Demuth & Brown (2014), the family wields tremendous influence on adolescent since it provides the primary socialization context for children. This is similarly Henngeler & Sheidow (2012) established that family relations play a pivotal role in the evolution of problems, hence the primary target for intervention.

In Africa, studies by Aderanti (2000) mainly concentrated on distinguishing characteristics such as matrilineality, polygamy and patrilineality among different African families which form structures in African family set up. The same author observed that family structures have been influenced by widespread culture, socio-economic, and geography. Similarly, Samir (2002) stated that African families which face similar challenges as those of the West have broader economic and socio-political structures, causing a shift from the traditional patterns to the newly generated lifestyle influenced by the western culture. This has introduced serious pressures on families hence changing the nature and sustainability of households, thus affecting parental supervision, monitoring and other family structures (Samir, 2002). The same has been observed by Aderanti, (2000), that African families have been clouded with competing strains generated from social regeneration and mixed outcomes. According to Maseko (2009), the Bemba people of northern Zambia practiced a matri-local marriage where a man stays in his wife's village during the first years of marriage. The author noted that this was found to contribute to adolescent delinquency, since such a man would be drawn away from parental supervision.

A study by Mwai, Ngare & Mwangi, (2013), found out that stability in family functioning lead to academic achievement by the children. In the same study the researchers found that a close relationship between family dysfunction such as parents' alcoholism and family instability results in a number of psychological disorders in children, leading to problematic behaviours

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

among adolescents. The Demographic Health Survey of 2009 established that children in intact, two parent households typically do better on educational outcomes.

Daily Nation of September 28, 2015, an article entitled “Kenyan family unit faces collapse” it was reported that most parents spend their time at work place and evening classes leading to parental abseentism. The same article indicated that lack of parental supervision has led to other family dysfunctional structures such as excessive use of internet by the adolescents (WhatsApp, Facebook and Twitter), divorce and separation leading to behavioural problems among adolescents. Similarly, Kariuki, Aloka, Kinai & Ndeke (2014), found out from their study on adolescents’ perception of parents’ behaviour that negative behaviours creating dysfunctional family structures may contribute to delinquency. Onyango, (2009) observed that dysfunctional family structures that contribute to adolescent delinquency include parental conflicts, separation or divorce. A study on characteristics and level of recidivism of children appearing in the Nairobi Juvenile court, found that poor family support systems contributed to juvenile delinquency (Maru, Kathuku & Ndetei, 2003). The dysfunctional family structures presented in the above cited studies, make BSFT a relevant therapy in treating juvenile delinquency in Kenya.

METHODOLOGY

The research design that was used in this study was quasi-experimental design. Quasi-experimental studies according to White, Saarwal & Hoop, (2014) encompass a broad range of nonrandomized intervention studies. The authors also noted that these studies are useful in addressing evaluation questions about the effectiveness and impact of programs. Similarly Adler & Clerk (2015) noted that quasi experimental design emphasizes the use of comparative data as context for interpreting finding. The authors further observed that it increases the confidence that observed outcomes are the result of a given program or innovation instead of a function of extraneous variables or events. According to Kombo& Tromp (2006), quasi experimental design uses comparison pre-test, post-test to establish changes after a given treatment which this study adopted. Quasi experimental design was suitable for this study since it was not fully experimental because the element of a control group was lacking, but still enabled the researcher to establish changes occurring after therapy.

The target population is the group of elements to which the researcher wants to make inference (Chandran, 2004). The target population for the study was 64 delinquents who screened positive to CD and ADHD. Shikusa Borstal institution had a population of 367 juveniles at the time of the study with about 500 registered as parents and guardians at the time of the study (Personal communication with the director, Mr. Chahcha on 12th August,2016).The participants and their parents were also screened for family functioning to establish the level of family dysfunction.

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

This being a prospective study that would involve cases for comparing the mean functional outcome score by means of a standard t - test, the study adopted the two means comparison formula (Rosner,2000).The symptom reduction based on the effect size, power and confidence level. The study assumed an effect size of 30%. The sample size needed to detect a 0.7 unit difference in mean functional scores in the group, with 95% level of confidence and 80% power with an assumed standard deviation of 2 units among the juveniles.

The sample size calculation in this study was therefore used Adamchak, et al. (2000) formula as follows

$$n = \frac{(Z_{1-\alpha/2} + Z_{1-\beta})^2 \times [P_0(1-P_0) + P_1(1-P_1)]}{(P_0 - P_1)^2}$$

Where:

n=	Desired sample size
$Z_{1-\alpha/2}$	Z-score corresponding to the probability with which it is desired to be able to conclude that the observed change did not occur by chance (two-tailed; $Z_{1-\alpha/2}$ is 1.96 at 95% confidence level)
$Z_{1-\beta}$	Z-score corresponding to the degree of confidence (power) with which it is desired to be certain that the difference between the groups actually occurred (at 80% power, $Z_{1-\beta}$ is 0.84)
P_0	Estimated proportion of delinquent juveniles at pretest will be 34.4% prevalence (assumed to be similar to study by Okwara in 2012).
P_1	Estimated proportion of improvement in CD and ADHD behavioural problems was 23.8% (assumed 30% percentage point drop)

n= (1.96 x 0.84) x [(0.34x0.66) + (0.238x0.762)]/(0.34-0.238)

n= 1.6464 x0.405756/0.010404

n=0.6663902784/0.010404

n=64.05

Using the formula and working with 80% power, the minimum sample size achieved was 64. Allowing for 20% attrition, the sample size was adjusted upwards to 77 respondents. To recruit 77 respondents at the Shikutsa Borstal institution, a total of 293 juveniles were screened to get those who met the criteria of CD and ADHD. However out of the 77, 10 of the juveniles dropped from the study as they could not be screened for family functioning since the parents did not

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

report for the screening. The total number of the respondents who participated in the study was therefore 67at baseline survey and 66 at treatment one and two.

The researcher applied purposive sampling technique, proportional and simple random sampling. Notably, purposive sampling was used in this study as the researcher purposively chose Shikusa Borstal Institution because of its higher population of delinquents at 367 compared to Shimo La Tewa with a population of 300 delinquents at the time of the study. The researcher also purposively selected the 293 participants who in their first and second years. These participants were likely not to be discharged from the institution before the study ended. These were screened for CD and ADHD and also filled the socio-demographic questionnaires. The 77 respondent who met the criteria of the two psychological disorders were recruited to participate. However 67 respondents went were screened together with their parents as 10 of them dropped out immediately

The juveniles and their parents received intervention together at least for a period of 12 weeks. Consistent with inclusion as a whole, the sample was at a clinical range of CD and ADHD as reported by the juvenile in YSR for Ages 11-18 (Kiswahili version). The instrument was administered at the baseline survey as a pre-test and post test at midline and end line. It has 112 questions on a 3-point Likert Scale for example; 0=Not true, 1=Somewhat/Sometimes true, 2=Very True or Often True scale. The scores on CD range from 0-26 and was covered by questions; 16,21,26,28,37,38,43,57,73,82,90 and 100 from the instrument. Any a score above 12 indicated the presence of conduct disorder. The scores for ADHD ranged between 0-26 and was covered by questions; 4,8,10,15,22,24,41,53,67,78,93,100 and 104. Any score of 13 and above indicate the presence of ADHD; *(See Appendix E for the whole instrument)*. The scoring instrument was normalized in Ethiopia, Malawi and Kenya and in Kenya. The instrument has been used in Kibera with high validity and reliability.This resulted in the adaptability of the instrument (Harder, et al., 2014).

Youth Self Report (YSR) has the capability to offer psychosocial adjustment in the presence of externalizing and internalizing problems Ebustani, Bernstein, Martinez, Chorpita and Wesiz (2012).

Youth Self Report (YSR) has the capability to offer psychosocial adjustment in the presence of externalizing and internalizing problems Ebustani, Bernstein, Martinez, Chorpita and Wesiz (2012). DSM-oriented scales were added into the techniques to incorporate Oppositional Defiant Disorde (ODD) and ADHD, which are very empirical for assessing children and adolescent behavior.

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

FINDINGS

Socio-demographic characteristics such as previous admission to rehabilitation, reading/writing difficulties, having learnt any skills at the institution, history of mental illness as well as having been abused as a child. The finding revealed that 80.6% of those who had not been admitted came from moderate dysfunctional families while 12.9% came from severe dysfunctional families. Those who had been previously admitted, 80% came from moderate dysfunctional family and 20% came from severe dysfunctional families. Those who had reading/writing difficulties, 81.1% came from dysfunctional families while 9.1% came from severely dysfunctional families. Those who did not have reading/ writing difficulties, 80% came from dysfunctional families while 14.3% came from severe dysfunctional families. The study finding further revealed that 76. 5% of juveniles who had acquired some skills at the institutions came from moderate family dysfunction while 15.7% came from severe dysfunctional families. Those who had not acquired any skills, 93.8 % came from moderate dysfunctional families and 6.2% from severe dysfunctional families. These study findings indicated that majority of adolescents admitted in the institution came from dysfunctional families whether they had been in placement or not and also whether they had acquired any skills or not.

The study finding further revealed that all the juveniles who had a history of mental illness came from moderate family dysfunction status while those who did not have a history mental illness 80.3% came from dysfunctional family while 13.6% came from severe dysfunctional families. For those who were ever abused as children, 8o% came from moderate dysfunctional families. Those who did not experience childhood abuse had 80.6% from moderate dysfunctional family and 14.5% from severe dysfunctional families. This study finding seems to suggest that dysfunctional family affected the juveniles irrespective of whether they had a history of mental illness, or whether abused as children or not.

Relationship between family functioning from delinquent's perspective and ADHD

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

Table 4.9: Spearman's correlation between Family functioning structures and ADHD from delinquent's perspective

Family functioning structures	Spearman's rho	p-value
We spend too much time arguing about what our problems are	-0.169	0.172
When I ask someone else to explain what they mean, I get a straight answer.	-0.029	0.815
When someone in our family is upset, we don't know if they are angry, sad, scared or what.	-0.247	0.044
We are as well-adjusted as any family could possibly be	0.275	0.024
You don't get a chance to be an individual in our family	-0.090	0.470
When I ask why we have certain rules, I don't get a good answer	-0.329	0.007
When problems come up, we try different ways of solving them	-0.130	0.295
My family expects me to do more than my share.	0.115	0.352
We feel loved in our family.	0.035	0.777
When you do something wrong in our family, you don't know what to expect.	-0.002	0.985
It's hard to tell what the rules are in our family.	-0.065	0.599
I don't think any family could possibly be happier than mine.	-0.133	0.283
I can let my family know that is bothering me.	-0.066	0.593
If we do something wrong, we don't get a chance to explain.	-0.296	0.015
We argue about how much freedom we should have to make our own decisions	-0.162	0.191
When things aren't going well it takes too long to work them out.	-0.246	0.045
We deal with our problems even when they're serious.	0.142	0.252
The rules in our family don't make sense.	-0.107	0.389
We don't really trust each other.	-0.153	0.218
We are free to say what we think in our family.	0.102	0.411

The spearman's correlation was conducted between various elements of the family functioning structures from the child's perspective and the ADHD as presented in table 4.9 (See the complete family questionnaire Appendix G). Four elements of the family functioning status from the child's perspective were correlated with ADHD. We are as well-adjusted as any family could possibly be positively correlated (spearman's rho=0.275) with ADHD and this was statistically significant (p=0.024). The following elements a) When someone in our family is upset, b) we don't know if they are angry, sad, scared or what c) When I ask why we have certain rules, I don't get a good answer d) If we do something wrong, we don't get a chance to explain e) When things aren't going well it takes too long to work them out were found to be negatively correlated with ADHD and these were statistically significant (table 4.5). The rest of the elements were found not to correlate with ADHD. The study finding seems to suggest that

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

certain dysfunctional family structures may contribute to ADHD among the juvenile delinquent while some structures do not seem contribute to ADHD even if they are dysfunctional

Table 1: Relationship between family functioning structures from delinquent's perspective and CD

Table 4.10: Spearman's correlation between Family functioning structures and CD from the delinquent's perspective

Family functioning structures	Spearman's rho	p-value
We spend too much time arguing about what our problems are	-0.169	0.172
When I ask someone else to explain what they mean, I get a straight answer.	-0.029	0.815
When someone in our family is upset, we don't know if they are angry, sad, scared or what.	-0.247	0.044
We are as well-adjusted as any family could possibly be	0.275	0.024
When I ask why we have certain rules, I don't get a good answer	-0.329	0.007
When problems come up, we try different ways of solving them	-0.130	0.295
My family expects me to do more than my share.	0.115	0.352
We feel loved in our family.	0.035	0.777
When you do something wrong in our family, you don't know what to expect.	-0.002	0.985
It's hard to tell what the rules are in our family.	-0.065	0.599
I don't think any family could possibly be happier than mine.	-0.133	0.283
I can let my family know that is bothering me.	-0.066	0.593
If we do something wrong, we don't get a chance to explain.	-0.296	0.015
We argue about how much freedom we should have to make our own decisions	-0.162	0.191
When things aren't going well it takes too long to work them out.	-0.246	0.045
We deal with our problems even when they're serious.	0.142	0.252
The rules in our family don't make sense.	-0.107	0.389
We don't really trust each other.	-0.153	0.218
We are free to say what we think in our family.	0.102	0.411

The spearman's correlation was also conducted between various elements of the family functioning structures from the delinquent's perspective on CD as presented in table 4.10. *(See the complete family questionnaire Appendix G)* Only one element of the family functioning status from the child's perspective was correlated with CD. You don't get a chance to be an individual in our family was positively correlated (spearman's rho=0.241) with CD and this was statistically significant (p=0.049). The rest of the elements were found not to correlate with CD.

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

Finding seem to suggest that certain dysfunction family structures seem to contribute to CD among the juvenile delinquents while others structures do not even if they are dysfunctional.
The relationship between family functioning structures and ADHD from parents' perspective

Table 2: Spearman's correlation between Family functioning structures from parent's perspective and ADHD

Family functioning structures	Spearman's rho	p-value
We spend too much time arguing about what our problems are	-0.056	0.655
Family duties are fairly shared.	0.066	0.596
We are as well-adjusted as any family could possibly be	-0.219	0.078
Some days we are more easily annoyed than on others.	0.207	0.096
My family expects me to do more than my share.	-0.160	0.198
It's hard to tell what the rules are in our family.	0.103	0.412
I don't think any family could possibly be happier than mine.	-0.130	0.298
I can let my family know that is bothering me.	0.154	0.218
We argue about how much freedom we should have to make our own decisions	0.083	0.506
My family and I understand each other completely.	-0.111	0.373
Some things about my family don't entirely please me.	0.162	0.195
We never get upset with each other.	-0.144	0.249
My family lets me have my say, even if they disagree.	0.094	0.452
When our family gets upset, we take too long to get over it.	0.121	0.333
We hardly ever do what is expected of us without being told.	-0.011	0.933
We have never let down another family member in any way.	-0.208	0.093

The spearman's correlation was conducted between various elements of the family functioning structures from the parent's perspective and the ADHD. Four elements of the family functioning status from the parent's perspective were correlated with ADHD as presented in table 4.11. (See the complete family questionnaire Appendix G) We are as well-adjusted as any family could possibly be was positively correlated (spearman's rho=0.275) with ADHD and this was statistically significant (p=0.024). The following elements a) When someone in our family is upset, b) we don't know if they are angry, sad, scared or what c) When I ask why we have certain rules, I don't get a good answer d) If we do something wrong, we don't get a chance to explain e) When things aren't going well it takes too long to work them out were found to be negatively correlated with ADHD and these were statistically significant. The rest of the elements were found not to correlate with ADHD. The study finding revealed that from the parent's perspectives, certain dysfunctional family seems to contribute to ADHD among the juvenile delinquents but not all.

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834
Volume:02, Issue:05 "May 2017"

The relationship between family functioning structures and CD from parents' perspective and CD

Table 3: Spearman's correlation between Family functioning structures from parent's perspective

Family functioning structures	Spearman's rho	p-value
We spend too much time arguing about what our problems are	-0.056	0.655
Family duties are fairly shared.	0.066	0.596
We are as well-adjusted as any family could possibly be	-0.219	0.078
Some days we are more easily annoyed than on others.	0.207	0.096
My family expects me to do more than my share.	-0.160	0.198
It's hard to tell what the rules are in our family.	0.103	0.412
I don't think any family could possibly be happier than mine.	-0.130	0.298
I can let my family know that is bothering me.	0.154	0.218
We argue about how much freedom we should have to make our own decisions	0.083	0.506
My family and I understand each other completely.	-0.111	0.373
Some things about my family don't entirely please me.	0.162	0.195
We never get upset with each other.	-0.144	0.249
My family lets me have my say, even if they disagree.	0.094	0.452
When our family gets upset, we take too long to get over it.	0.121	0.333
We hardly ever do what is expected of us without being told.	-0.011	0.933
We have never let down another family member in any way.	-0.208	0.093

The spearman's correlation was conducted between various elements of the family functioning structures and CD from the parent's perspective. Six elements of the family functioning status from the child's perspective were correlated with CD as shown in table 4.12. *(See the complete family questionnaire Appendix G*) When I ask someone else to explain what they mean I get a straight answer (p=0.013), we tell each other about things that bother us (p=0.003), we feel loved in our family (p<0.0001), we are free to say what we think in our family (p=0.014) had strong statistically significant correlation with CD. The rest of the elements were found not to correlate with CD as indicated in table 4.12. The study revealed that certain elements in dysfunctional family structures were found to contribute to CD among the juvenile delinquents from the parent's perspective, while some did not contribute to CD among juveniles even if they were dysfunctional.

Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

Relationship between psychological disorders (CD and ADHD), Family functioning and Nature of offence among the juveniles in Shikusa Borstal institution

Table 4: Bivariate analysis between the Family functioning, ADHD from the child's and Nature of offence from the delinquent's perspective

Covariate	ADHD		Chi-square	p-value
Family Functioning	No ADHD	ADHD		
Mild	2 (50%)	2 (50%)	1.572	0.456
Moderate	19 (35.2%)	35 (64.8%)		
Severe	5 (55.6%)	4 (44.4%)		
Nature of offence				
Physical attack against a person & Physical threats	3 (42.9%)	4 (57.1%)		
Assault & Sexually Assault & Murder/manslaughter	6 (35.3%)	11 (64.7%)	0.146	0.933
None	17 (39.5%)	26 (60.5%)		
Offence on property				
Stealing	14 (34.1%)	27 (65.9%)		
Destruction of property & Robbery	4 (57.1%)	3 (42.9%)	1.453	0.484
None	8 (42.1%)	11 (57.9%)		

Table 4.13b: Bivariate analysis between the family functioning status, CD and the nature of offence and CD from the delinquent's perspective

Covariates	CD		Chi Square	p-Value
Family Functioning	No CD	CD		
Mild	1 (25%)	3 (75%)	1.997	0.368
Moderate	24 (44.4%)	30 (55.6%)		
Severe	2 (22.2%)	7 (77.8%)		
Nature of offence				
Physical attack against a person & Physical threats	3 (42.9%)	4 (57.1%)		
Assault &Sexually Assault & Murder/manslaughter	4 (23.5%)	13 (76.5%)	2.696	0.260
None	20 (46.5%)	23 (53.5%)		
Offence on property				
Stealing	18 (43.9%)	23 (56.1%)		
Destruction of property & Robbery	2 (28.6%)	5 (71.4%)	0.716	0.699
None	7 (36.8%)	12 (63.2%)		

Pearson's bivariate analysis was conducted between the family functioning status, the psychological disorders of CD and ADHD and the nature of offence from the delinquent's perspective. The finding showed no statistical significant relationship as indicated in tables 4.13a

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834
Volume:02, Issue:05 "May 2017"

and 4.13b. These findings seem to suggest that the respondents were reluctant to admit the presence of the psychological disorders of CD and ADHD. This could be because culturally there is a tendency to mask mental disorders because of stigma

Table 5: Bivariate correlation of family functioning status between delinquent's and parent's perspective

Covariates		Family functioning status – child's perspective	Family functioning status – parent's perspective
Family functioning status – child's perspective	Pearson Correlation	1	-0.153
	Sig. (2-tailed)		0.215
	N	67	67
Family functioning status – parent's perspective	Pearson Correlation	-0.153	1
	Sig. (2-tailed)	0.215	
	N	67	67

Persons' bivariate correlation coefficient shows a low negative linear relationship between the Family functioning status–delinquent's perspective and Family functioning status–parent's perspective(r=-0.153) and that this is statistically not significant (p=0.215) as indicated in table 4.14. The results demonstrate that the delinquent's and parent's perceptions on Family functioning status are not correlated in this study. This finding seems to suggest that parents had a more favourable attitude to family dysfunction than the juveniles. In this study, the parents appeared to be defensive about the mental disorders of CD and ADHD.

CONCLUSION

The study concluded that exists a close association between certain family dysfunction and the psychological disorders of CD and ADHD both from the juveniles' and the parents' perspectives. The study established that certain dysfunctional family structures such as being upset, emotional expression, communication, feeling loved, adjustment, problem solving, individuality and freely expressing oneself have close association with CD and ADHD, often reflected in adolescent behavioral problems. This finding is similar to the finding by Hengeller & Sheidow (2012) that established that negative family patterns, poor socialization and a favorable attitude towards

Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

adolescent problem behavior contribute to delinquency. It also supports the finding by Bloakland & Palmen (2012) that maladaptive structural patterns such as low parental supervision is linked to delinquency. Similarly Mwai, Ngare & Mwangi (2013) found a close association between family dysfunction and psychological disorders in children. This finding further supports findings by Kariuki, Aloka, Kanai & Ndeke (2014) that adolescents' perception of parents negative behaviors contribute delinquency and Wandonyi (2007) that dysfunctional family structures contribute to Juvenile delinquency. The study therefore confirmed that dysfunctional family contributes to adolescent behavior problem that in turn lead to juvenile delinquency. The study further revealed that families play an important role through parental involvement and supervision in shaping adolescent behavior.

RECOMMENDATION

The study established that there were rehabilitation programs put in place for the rehabilitation of the juveniles. However, the juveniles were not screened for any psychological disorders underlying delinquency. Based on this finding, it is recommended that the prison department which is charged responsibility of rehabilitating juveniles develop adequate policies and procedures for screening the young offenders for any mental health problems.

REFERENCES

Achenbach, T.M. (1991b). *Manual for the youth self-report and 1991 profile.* Burlington, VT: Department of Psychiatry, University of Vermont.

Achieng, A. (2009). An investigation of the socio-economic factors leading to juvenile delinquency in Nairobi, Rehabilitation and Control of Juvenile Delinquency Offenders in Kenya, Nairobi-Kenya: Kenyatta University.

Aderanti, A. (2000). Recent trends in international migration in sub-Saharan Africa, *International Social Science Journal, 52*(2) 383-94.

Adler, E. S., & Clark, R (2015). *An invitation to social research: How it's done*. Stamford, CT : Cengage Learning

Blokland, J & Palmen H. (2012). Criminal career patterns from patterns from adolescence to early adulthood. In R. Loeber, M, Laan & Slot, N. *Persisters and desisters in crime from adolescence into adulthood. Explination, prevention, prevention and punishment*. Aldershot, UK. Ashgate

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

Harder VS, Mutiso VN, Khasakhala LI, Burke HM, Rettew DC, Ivanova MY, Ndetei, D.M. (2014). Emotional and behavioural problems among impoverished kenyan youth: Factor structure and sex-differences. *JPsychopatholBehav Assess. 36*(4), 580-590

Henggeler, S.W., & Sheidow, A. J. (2012). Empirically supported family based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy,* 38 (1) 30-58.

Kariuki, N.S., Aloka P.O., Kinai, T., Gatumu, H.N. & Ndeke, F.N. (2014). Relationship between adolescents' perceptions of their parents' behaviours and youths' non-illegal and minor-illegal delinquency in Nairobi secondary school, Kenya. *Mediterranean Journal of Social Sciences*. 5(7)

Maru,H.M., Kathuku,D & Ndetei, D.M (2003*)*. Psychiatric morbidity in children appearing in Nairobi juvenile court. *East Africa Medical Journal* 80 (60)

Maseko, J.S. (2009). *Socialization of children and youth: Role of the home and the school* uir.unisa.ac.za

Mwai W., Ngare G. & Mwangi W. (2013). Relationship between alcoholism and family cohesion: A gender analysis of Kigio Location, Gatanga District, Kenya *International Journal of Education and Research* 1(7).

Robbins, M.S, Szapoczrnik, J: Horigian V.E (2009). Brief strategic family therapy for adolescents with behaviours problems. In Bray J.H & Stanton, M (Eds). The Wiley – Blackwell Handbook of family Psychology.

Samir, A. (2002). Africa: Living on the fringe, *Monthly Review*, *53*(10), 41-51.

Snyder, J. & Patterson, G. (1997).Family interaction and delinquent behaviour, In Quey (ed). *Handbook of Juvenile delinquency*. New York: John Wiley & Sons, 216-43

Szapocnik, Jos, Seth, J., Schwartz, Joan, A.Muir & Hendricks, Brown. (2012). *Couple and family psychology: Research and practice, (1)* 2, 134-145

Szapocznik, J., Muir, J. A., & Schwartz, S. J. (2013). *Brief strategic family therapy for adolescent drug abuse: Treatment and implementation*. In P. M. Miller (Ed.), Encyclopaedia of addictive behaviours (Vol. 3, pp. 97–108). New York: Elsevier.

 Copyright © IJSSER 2017, All right reserved

ISSN: 2455-8834

Volume:02, Issue:05 "May 2017"

Szapocznik, J., & Williams, R.A. (2000). Brief Strategic Family Therapy: Twenty-five years of interplay among theory, research and practice in adolescent behavior problems and drug abuse. *Clinical Child & Family Psychological Review*, *3(2)*, 117-134.

Szapocznik, J.,&Kurtines, W. (1990). Interplay of advances between theory, research, and application in treatment interventions aimed at behavior problem children and adolescents. *Journal of Consulting & Clinical Psychology*, *58*(6), 696-703.

 Copyright © IJSSER 2017, All right reserved