

The Social Status of Street Children in Kakamega Central Sub-County, Kenya

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Abstract

The problem of street children is a worldwide social concern. There is virtually no city in the world without the presence of street children. The study problem was the apparent lack of a comprehensive evaluation that critically analyzes the social status of street children which make them vulnerable in street life of Kakamega Central sub-county, Kenya. The Study objective was to establish the social status of street children in Kakamega Central sub-county, Kenya. This study was guided by the Social learning theory by A. Bandura and the Ecological theory by U. Bronfenbrenner. Descriptive research design was employed in the study to enable the examination of the variables. Study population included 220 street children in closed and open rehabilitation systems, 30 Governmental and Non-Governmental Organizations rehabilitation staff, 10 social workers, 8 Governmental officers, 5 counselors and 21 businessmen. Primary and secondary data were used. Primary data collection utilized questionnaires, interview guides, observation checklists and Focus Group Discussion. Cluster and snow-ball sampling were used to sample street children. Census and purposive sampling were used to sample rehabilitation stakeholders. Quantitative data was analyzed using descriptive statistics specifically frequencies, percentages and means. Qualitative data analysis and interpretation utilized narrative analysis. Data was displayed in form of graphs, charts and tables. With regard to social status of street children, this research established that majority (43.6 %) of street children are in the age group 11-15 years. Male Street children were 78.2% compared to female 21.2 %. Those who had spend 1-3 years in street life were 41.8 %. Step mother/father harassment 25.5% and parent's death 18.2 % were popular reasons for children joining street life. Some street children 27.6 % suffer from malaria whereas 63.6 % dropped school in primary. Economically 21.8% of street children were involved in begging while 41.8% collect scraps. Glue (mbiere) was most abused drug by 38.2 % whereas 60 % have been arrested when in street life and 10.9 % were harassed and remanded for months. Study findings revealed that street children do not enjoy due legal processes when they are in conflict with the law thus they are vulnerable and their social status development is at stake in street life. The study therefore recommends that street children's social status should be improved by; establishing of a listening platform for stakeholders and street children's views, establishment of a comprehensive rehabilitation and dropping centre for street children and improvement in socio-vocational skills development so as to make them self independent.

Keywords: Street children, Social status and Rehabilitation

1.1 Introduction

A street child refers to "any girl or boy who has not reached adulthood, for whom the street has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by adults" (UNICEF, 2005). Street children phenomenon is a great concern worldwide, while it is emerging in other cities where it was unknown so far (Kaime & Ahlberg 2008). According to International Street Children (2000), street life can be traced to lack of communication in the family, human conflicts, HIV and AIDS, disasters and the weakening of social capital. While preventive interventions are essential, those children already facing

the hardships of street life need immediate opportunities for human social development through rehabilitation interventions (Mufune, 2000). Article 27 of the Convention on the Rights of the Child (CRC) asserts that "State Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development." Street life denies each one of those rights and it has detrimental effects on these children social development (Shanahan, 2000). The United Nations issued a Resolution on the Plight of Street Children in 1992, expressing concern over their emergence and marginalization. This resulted into street children rehabilitation interventions on local and regional levels which provide safety, healthcare,

counseling, education, vocational training, legal aid, love, food, clothing, sports, recreation and other social development services (UNICEF, 2012). In Kenya, there are estimated 250,000 street children and over 60,000 are in the capital city Nairobi with an estimate of 2000 street children in Kakamega County (Wakhu, 2002). Street children face challenges ranging from poor health, poor diet, deny to education, drug abuse, lack of shelter, infringement of legal, social, civil and economical human rights and fundamental freedoms which compromise their social status and make them vulnerable in street life.

UNICEF, (2009) indicates that life on the streets, coupled with the conditions that cause children to leave home, make street children vulnerable to a variety of risks to their physical, emotional, social and cognitive development. Inadequate nutrition, prolonged exposure to cold and damp, substance abuse and high levels of violence all compromise their chances of survival and social development. Ward and Seager, (2010) note that street children face challenges in their search for food, safety, employment, shelter and medical care. They depend on their peers, Non-Governmental Organizations, and their own resourcefulness to survive on the streets. Beazley, (2011) assert that street children develop skills on managing their earnings well, building up social support networks, forming groups to meet their basic physical and psychological needs, using safety measures to avoid danger faced on the streets and finding creative resources to entertain themselves. Once in the street, the children have to engage in a variety of jobs like collecting rubbish for recycling, shining shoes, washing cars, prostitution and begging to meet their basic needs which leave the street children's social status and development vulnerable.

1.2 Statement of the problem

The problem of street children has been an existing and growing phenomenon in Kenya and is expected to grow even more especially in the emergence of devolution. Despite government and NGO interventions towards alleviation of the problem of street children, there is lack of a comprehensive approach that yields significant impact in addressing specific challenges of street children social status and development (Susan, 2014). In Kakamega County, interventions for street children by government and NGOs have been reactive rather than preventive. Although street children interventions keep mushrooming the number of street children is also on the rise in Kakamega Central (Morangi, 2010). A study conducted by (Wakhu, 2012) on factors leading to the influx of street children in Kakamega urban areas revealed that preventive initiatives should be emphasized in street children phenomena. Researches on family, political and social factors leading to street life in street children have also established a relationship between social disintegration and street life in Kenyan Urban Centers (Maina, 2014). There are almost 2000 street

children in Kakamega County, Kenya (Wakhu, 2012). Unfortunately little has been done about the establishment of street children's social status. From this background, it was therefore imperative to establish the social status of street children which make them vulnerable in street life of Kakamega Central sub-county, Kenya.

1.3 Research objective

To establish the social status of street children in Kakamega Central sub-county, Kenya

1.4 Literature review

1.4.1 Street children's Social Status

The majority of children living and working in the street globally are aged between 10 and 14 years, an age profile that seems to be a function of the nature of the demands of street life (Lalor, 1999; Volpi, 2002). Street 'life' requires manipulating members of the public to part with their money through demeanors that reflect misery, hardship and suffering, and these often appear more genuine when the 'worker' is younger. Researches indicate that street children may be vulnerable, partial or completely orphaned (Mufune, 2000). In Kakamega town young boys aged 7 to 9 years are spotted begging on streets. This study sought to know the social status of these children in the streets of Kakamega Central sub-county. Worldwide there is a higher incidence of street boys than girls (Mufune, 2000), a trend that might be explained by parental fears regarding the dangers of street life to females (Lalor, 1999) and the ease with which girls are absorbed into households because they are perceived to be more able than boys to do chores such as domestic work (Mufune, 2000). Another common explanation for finding fewer girls in the streets is that they are more likely to be engaged in commercial sex work (Richter, 2003). The true incidence of street girls may be hidden by the nature of their work which tends to be less visible than the work of street boys. Females may work as maids in bars and back street hotels, while street boys typically engage in more visible activities such as car washing and peddling (Lalor, 1999). Thus, this study sought to find out the social status of girls in street life. Given the nature of their lifestyle, the skills required to survive on the street, the general lack of parental supervision, and the inability of parents to pay school fees, children living and working in the street often find it difficult to attend school or to adjust to standard school curricula and school discipline (Richter, 2003; Volpi, 2002). Consequently, many don't go to school, and those in school typically perform poorly, and are at high risk of dropping out. Additionally, most children living and working in the street have never had, or have lost, their birth certificate, which in many countries is a vital document to legal and civic existence, including school

registration (Ward, 2007). Studies from Europe and Latin America have consistently shown that children living and working in the street frequently belong to ethnic minorities such as the Roma in Southeastern Europe, Afro-Caribbean peoples in the United Kingdom, and descendants of Africans in Brazil (Volpi, 2002). A similar pattern has been observed in South Africa where African children tend to constitute the majority of children living and working in the street than Non-African children (Kaime & Ahlberg, 2008). This study sought to find out why the contemporary well off families may also find their children in street life.

1.4.2 Social Factors Leading to Street Life

Kombarakaran, 2004 argue that, Children find themselves in the streets for a variety of reasons that may include; drug abuse, family break ups, poverty, HIV and AIDS, disasters, human conflicts and civil wars. Dybicz, 2005 categorize social factors leading to street life into 'push' and 'Pull' factors. The latter include the perception that life in the big city will be easier, fun and glamorous, and that it would raise one's standard of living through access to material goods or means of making a living. This perception is often relayed by friends and family members who are already on the streets or have been there (Kopoka, 2000; Ward, 2007). It is noteworthy, however, that the notion of a fun life in the city may gain its attraction against the backdrop of an intolerable home life (Ward, 2007). As Kopoka, (2000) argue, the increasing number of children living and working in the street may also indicate a constellation of other trends such as rapid industrialization and urbanization that have led to the weakening of the traditional extended family systems and other community structures that leave children unprotected. A large number of these migrants fail to find employment and consequently sink into the degrading conditions of urban poverty that are distinct in kind and scale from rural subsistence living. Under such stress, the families often struggle to provide the material and emotional support that children require, and the resultant neglect and abuse cause many children to feel compelled to leave home for what may at first seem a more free life on the streets (Street kids International, 2005).

Indeed, consistent with the literature, parental substance abuse; family violence (including sexual abuse by stepfathers and mothers' boyfriends (for girls); discord between children and family or neighbors; fear of punishment; feeling unsafe at home or in the neighborhood; and difficulties with schoolwork and/or with paying school fees and other necessities, featured significantly in the narratives of children living and working in the street during a qualitative study of these children in the Gauteng province (Ward, 2007). This study intended to examine the social factors that may lead to street life in the Kenyan context in Kakamega County. It can be concluded that poverty, associated with the

collapse of the rural economies and migration into overburdened urban environments is the root cause of the children living and working in the street phenomenon in developing countries (Richter, 2003). As Kopoka, (2000) note, it is poverty that is resulting in children being forced to work on the streets to support themselves and their families; that is causing many families to break up with parents being unable to support their children; that is making rural populations including children to move to urban areas with the hope of a better future; that causes malnutrition and poor health; and that reduces a family's ability to work, thus creating conditions for children streets life. This study sought to establish the social factors other than poverty leading to street life in Kenya.

1.4.3 The effects of street life on street children social status and development

Researchers have provided evidence that the street life environment influences and affects the children's social status, with the effects ranging from victimization, to health issues, and to psychological deprivation. By the typical standards of society, children living and working in the street contravene norms and values (Le Roux & Smith, 1998), and they are often viewed as a threat to society, delinquent, or criminal, and as responsible for making the streets dirty (Lalor, 1999; Mufune, 2000). This image is aggravated by the increasing involvement of street boys in theft as they progress through adolescence. While younger boys mainly practice petty theft such as stealing food from shops and markets, older boys engage in more confrontational activities such as pick pocketing and robberies (Lalor, 1999). Inevitably such activities bring them into confrontation with the police and other security forces as well as with the general public (Lalor, 1999; Mufune, 2000). Christle (2002), for example, cites cases of shopkeepers in South Africa using boiling water and raw-hide whips to keep these children away. Children living and working in the street also suffer violence and abuse at the hands of other street dwellers, and gangs. For example, in a study undertaken in the Gauteng Province by Ward, (2007) reported that young street boys complained about beatings and robbery carried out by older boys, while the older boys mentioned gang fights, drugs and alcohol-related violence, as well as abuse by members of the public. Disputes typically arise over 'rights' to work in a particular area or perceived insults (Lalor, 1999). This study sought to fill the time gap of Lalor, 1999 by examining the emerging trends in the social status of street children presently. The major risks to the health of children living and working in the street lie in their lack of shelter and concomitant exposure to cold and damp; their vulnerability to traffic accidents; the difficulties they face in accessing medical services including their inability to pay for such services; and malnutrition from their dependence on left-over-food from restaurants, food stalls or garbage bins (Mufune, 2000). Writing on street children in Latin America,

Aptekar (1994) argued that given that their lifestyle cannot afford the exclusive drug procurement and consumption, "hard" drug use is not as prevalent among children living and working in the street populations as commonly believed. Although, the long-term effects of children living and working in the street's substance use may not be clear, there is evidence that sniffing glue places them at high risk of injury in pedestrian traffic accidents (Ward, 2007). Children living and working in the street are also at a relatively higher risk of contracting sexually transmitted infections including HIV because they tend to become sexually active at a young age, have more sexual partners, are vulnerable to sexual abuse and various forms of 'survival'(transactional) sex, and rarely use condoms (Mufune, 2000;Ward, 2007). The present study sought to examine the contemporary issues like homosexuality and reproductive health in street children social health status. In addition to social and physical development, children living in the street evidence risk and vulnerability in the areas of emotional and cognitive development (Muigai, 2003).

According to Ward (2007), although they may retain some contact with their homes, the children usually have experienced their homes as hostile, rejecting and/or abusive. This particular loss has profound implications for their development in that it affects basic emotional security and trust (Beaudoin, 2001). It has also been shown that children living and working in the street often suffer from low self-esteem, apathy, fatalism, anxiety, depression, or show regressed behaviours (Richter, 2003). In the cognitive domain, these children may have deficits in cognitive and neuropsychological functions such as attention, motor coordination, concentration and memory. The present study objective was to look at the effect of rehabilitation interventions in enhancing street children social development which cognitive and learning is a key component. Notwithstanding the above, research has also highlighted the resilience and adaptability of children living and working in the street and their ability to thrive in difficult circumstances (Colby, 2004). Indeed, the degree to which children living and working in the street are emotionally and intellectually well adjusted was a primary finding of Aptekar's (1994) work. It has also been shown by a study conducted in South Africa (Richter and van der Walt, 2003) that street life is capable of promoting certain cognitive growth in children including self-management, high amounts of social awareness of people and knowledge of their natural environments (Richter and van der Walt, 2003). The present research intended to bridge the time gap of more than 10 years of studies conducted on social status of street children. Furthermore, while their peer relations are erratic, children living and working in the street provide an experience of peer support and bonding for each other (Ward, 2007). Their friendship groups, for example, are seen to assist them in finding work and taking care of them when they are ill. They also keep each other warm at night and provide a sense of family (Kombarakaran,

2004). Overall, however, the longer the children living and working in the street stay on the street the more likely they are to lose abilities and acquire handicaps and antisocial behaviors and habits (Richter & van der Walt, 2003). Kombarakaran, 2004 and other researchers looked on the effect of street life to street children social development, this study intended to look at the effect of rehabilitation interventions on the street children social development and their social status.

1.5 Conceptual Framework

A theory in research forms the basis of which we describe or explain our phenomena. Concepts are ideas deriving from models, which offer ways of looking at the world, which are essential in defining research problems (Neuman, 2006). Therefore this research was guided by the following conceptual frameworks; Social Learning Theory by Albert Bandura (Bandura, 1986) and Ecological Systems Theory by Urie Bronfenbrenner (Berk, 2001).

1.5.1 Social Learning Theory

According to the Social Learning Theory by Albert Bandura, (Bandura, 1986), everything we do has been learned. Much learning in humans, results from observing the behavior of others and from imagining the consequences of our own actions. Often children copy the behavior they have observed from others. Social learning Theory therefore, explains street life as a coping mechanism learned through observation or experience. Modeling is a contributory factor to learning street behaviour as well (Alianza, 2000). This theory maintains that the likelihood of repeated deviant behaviour is contingent upon reinforcement. Intergenerational transmission of violence is one component of social learning theory (Colby, 2004). This aspect maintains that children who witness or experience disintegration and miscommunication in their family of origin are more likely to integrate into the street life behavioral socialization. Research has been done linking family brake-ups to children deviance during childhood and the experience of street life as a product of family social dysfunctioning. Christle and Jolivette (2002) conducted a correlational study that examines the relationship between witnessing or experiencing child abuse and neglect in the family of origin and family as a source of street life. Results suggested that participants who witnessed and experienced child abuse and neglect in members of their family of origin were more likely to have been a victim of street life. In this study, the principles of observational learning, imitation, and intergenerational transmission of street life have been used as a guide in understanding the causes and social status of street life.

1.5.2 Ecological Systems Theory

Ecological Systems Theory by Urie Bronfenbrenner (Berk, 2001), states that child development is linked to the environmental settings in which the child operates. This

model consists of five types of sub-systems whose Centre is the child. The child’s physical and biological make up is based on inherited factors which continue to be influenced by the immediate social and physical environments (Berk, 2001). The first and immediate setting or system in which the individual operates is known as the micro system. This context includes the individual’s family, school, peers and neighborhood. The most direct interactions take place in these contexts with social agents like parents, siblings, peers and teachers. The child depends on these social agents for care and support. Inadequate care and love for example, by parents, siblings, guardians or teachers, may lead to street life. Once the child is neglected, they experience stigma and withdrawal isolation. If the frustration is too much the child may fail to attend school. This lowers their self-esteem and might lead to home run away. This situation causes much stigma to the child and may finally become a contributing factor for the child to drop out of school and opt to streets. On the other hand, if the social agents are supportive, they help in promoting healthy social development of children which may help them to overcome street life (Berk, 2001). Therefore, in this study, an eclectic approach was adopted where the ideas from the above theories were amalgamated in conceptualizing the street children social status and development. Thus street life may be caused by learning street culture from observation and experiences in childhood and peers on the street. Rigid family and societal roles may be oppressive and inhibit children in accessing opportunities that may lead to their social status development.

1.6 Methodology

Descriptive research design was employed in the study to enable the examination of the variables. Mouton *et al*, (2010) emphasize that descriptive research is the research in which the primary purpose is to paint a picture using words or numbers and to present a profile, a classification of types, or an outline of steps to answer questions such as who, when, where and how. Study population included 220 street children in closed and open rehabilitation systems, 30 Governmental and Non-Governmental Organizations rehabilitation staff, 10 social workers, 8 Governmental officers, 5 counselors and 21 businessmen. Primary and secondary data were used. Primary data collection utilized questionnaires, interview guides, observation checklists and Focus Group Discussion. Cluster and snow-ball sampling were used to sample street children. Census and purposive sampling were used to sample the key informants. Quantitative data was analyzed using descriptive statistics specifically frequencies, percentages and means. Qualitative data analysis and interpretation utilized data coding, voice and narrative analysis. Data was displayed in form of graphs, charts and tables. The data obtained from the field was organized, edited to ensure completeness,

comprehensibility and consistency, classified and coded according to the study objective for analysis.

1.7 Findings

1.7.1 Age of Street children in Kakamega Central sub-county, Kenya

With regard to the age variable, street children between the ages of 6-10 years were 16(7.3%) while Street children between the ages of 11-15 years were 96(43.6%). Street children between the ages of 16-18 were 80(36.4%) and 28(12.7%) were over the age of 18 as shown in Table 1. The ages of the children were bound to be subjective based on what they believed their ages were since the researcher had no objective way of verifying Children’s ages. The highest concentration of the street children is found between the age ranges of 11-15 years which is represented by 96(43.6%). These findings agree with the findings of Morangi (2010) who found that 90 % of the street children in Eldoret Town fall within the age bracket of (11-15) years. Further, a study by German Technical Cooperation (2002) reported that 50% of street children in Nairobi were in age group of 11-15 years. Through an FGD with Social Workers, it was revealed that, most children join street life at age 11-15 years because it’s the start of adolescent stage which need freedom that may be limited at home and school. This group is also easily influenced by peer pressure. The age profile of street children varies from country to country. However, the majority of street children worldwide are aged between 10 and 14 years (Lalor 1999). Aptekar (1997) states that the mean age of 76 Kenyan street children was 12.6 years and Veale *et al*, (1993), quoted by Veale & Donà (2003), argues that, of 1,000 street children in Ethiopia, the average age of initiation to the street was 11 years. The age distribution of street children in Kakamega Central sub-county, Kenya is shown in Table 1.

Table 1: Age of Street children in Kakamega Central sub-county, Kenya

Age Group	Frequency	%
6 – 10 years	16	7.3
11 – 15	96	43.6
16 – 18	80	36.4
Over 18 years	28	12.7
Total	220	100.0

Source: Researcher, 2016

1.7.2 Gender of Street children

In terms of gender, out of the 220 street children interviewed, 172(78.2%) of them were male compared to 48(21.2%) who comprised of female street children. The study findings showed that majority 172(78.2%) of street children are male and so did observation in Kakamega town indicated. The researcher, during the study could

observe many street boys rooming around resting park of 'Muliro' gardens, bus parks, compost pits and supermarkets. Street girls were rarely noticed. Interview with Kakamega Central Sub-county Social Service Officer revealed that whenever children are orphaned, most of the caretakers seem to prefer to foster girls other than boys because traditionally, girls are a sign of wealth in future unlike boys who will want to inherit land when they grow up. It is also seen as a bad omen for girls to be on the streets, as they will engage in activities such as prostitution that shake the morals of the society. During a FGD with Social Workers, 8(80%) out of 10(100%) noted that girls unlike boys would easily be absorbed in alternative family activities including working as house girls or early marriages instead of joining street life. Similarly, they were also the first choice target for those engaged in rehabilitation of street children. Different studies show a higher incidence of boys on streets than girls, worldwide (Veale & Donà, 2003). The reasons for such differences are related to diverse socio-cultural factors. In Columbia, the street child population is 75% male and 25% female. In Zimbabwe, 95% of 520 children interviewed were boys, as were 84% in Angola, 76% in Ethiopia, 70% in Zambia, and nearly 100% in Sudan (Lalor, 1999).

Table 2: Gender distribution among Street children in Kakamega Central

Gender of Respondents	Frequency	%
Male	172	78.2
Female	48	21.8
Total	220	100.0

Source: Researcher, 2016

1.7.3 Residence of Street Children

Findings indicate that 80(36.4%) street children reside in the streets of Kakamega town and this while 16(7.3%) were on the streets during the day and in the evenings returned to their homes. Through interview with the Sub-county Children Officer (Kakamega Central) it was revealed that, Street children who lived at home were from the outskirts of Kakamega town which included Bondeni, Marava, Masingo, Lurambi and Makaburini slum areas.

Table 3: Residence of Street Children in Kakamega central sub-county

Residence of Street Children	Frequency	%
Rehabilitation & Children Homes	40	18.2
On the Streets	80	36.4
In rented own houses	60	27.2
With Parents & guardians/Caregivers	16	7.3
With friends in Groups	16	7.3
Missing Responses	8	3.6
Total	220	100.0

Source: Researcher, 2016

Children who live in children homes and orphanages that include Juvenile Remand Home and Rehabilitation Schools represented 40(18.2%). Those who have own rented houses were represented by 60(27.2%). Street children who live with friends were represented by 16(7.3%).

1.7.4 Sleeping arrangements for street children

The collected data affirms that, 104(47.2%) of the street children sleep in the street of Kakamega town. Through a FGD with businessmen specifically scrape dealers; it was revealed that the sleeping points for street children include shop corridors, buildings verandas, in broken Lorries in garages, in market stalls and buildings under construction. Further, 12(5.5%) of street children indicated that they sleep at their parents/caretakers' home while 28(12.7%) reported that they sleep in rental houses with gangs in Masingo slums, Makuburini and Bagdad slums. The big boys and girls in street life, 40(18.2%) sleep in their own rental houses mostly in Embakasi, Lurambi, Koromatangi and Shirere. Through interviews with Social Workers, 6(60%) out of 10(100%) indicated that those girls involved in sex work 16(7.3%) sleep in sex dens where their clients find them. Those street children under closed rehabilitation system 16(7.3%) sleep in rehabilitation homes where they live. Interview with Sub-county Social Development Officer revealed that closed system rehabilitation centers include Kakamega Rehabilitation School, Children Remand Home and Victorious children home. The missing responses were 4(1.8%) because they didn't want to reveal where they reside for their private reasons.

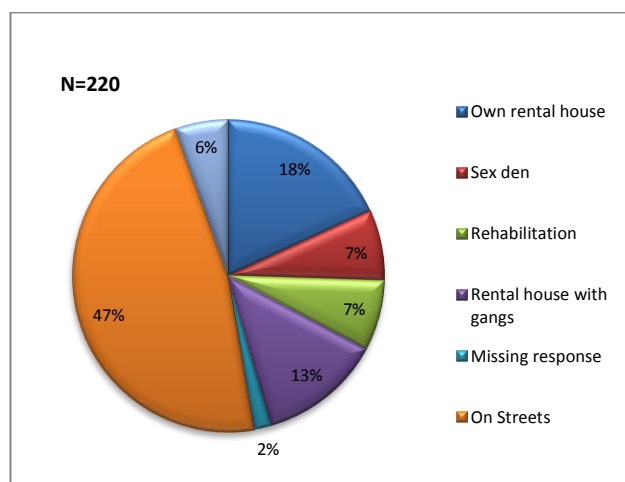


Figure 1: Where street children sleep in Kakamega Central sub-county

1.7.5 Parental survival status of Street Children in Kakamega Central Sub-county

The survival status of street children's parents was examined by the study and findings show that out of 220street children interviewed, 112(50.9%) have their

mothers alive and 100(45.5%) said that their fathers are alive while 72(32.7%) affirmed that their fathers are dead and 72(32.7%) similarly, pointed out that their mothers are dead. However, 36(16.4 %) of the street children did not know if their mothers were alive or dead while 48(21.8%) did not know if their fathers were alive or dead. The results in Table 4 imply that most of the street children were from broken families or from single parent backgrounds and that most of the street children have their single mothers and absentee fathers. A similar study undertaken on situation of street children by the Rwanda National Commission for Children, (2012) indicated that, 51.6% of street children’s fathers are alive while 42.1% of street children’s fathers are dead. On the other hand 71.5% of street children’s mothers are alive against 25.5% who have died. This signifies that single mothers tend to raise children alone who eventually fall victims of street life due to their social vulnerability levels. Through an interview with Guidance and Counseling Officers in Kakamega Central 3(60%) out of 5(100%) noted that most (45%) street children hail from broken families where their mothers move out of marriage with them to another marriage or slums.

Table 4: Parental survival status of Street Children in Kakamega Central

Parental Status	Father	%	Mother	%
Alive	100	45.5	112	50.9
Dead	72	32.7	72	32.7
Unknown	48	21.8	36	16.4
Total	220	100	220	100

Source: Researcher, 2016

1.7.6 Duration of street children in the Street life of Kakamega Central sub-county

The study in its problem statement had identified that Kakamega town saw an increase in street children. The researcher therefore, sought to identify how long the sampled street children had been in the street life in Kakamega Central sub-county, Kenya. As indicated in Figure 2, those who have been in the street life for more than 4 years accounted for 80(36.4%) while those who had spend 1-3 years in street life were 92(41.8%) and those who were in the streets for less than one year were represented at 48(21.8%). This is confirmed by a study in Kakamega by Wakhu, (2012), which found that 30% of the respondents who participated in her study had lived on the streets for a period ranging 4-7 years. During interviews with staff of rehabilitation interventions, 15(50%) out of 30(100%) asserted that some of the street children in their programmes had come to the streets of Kakamega town from other neighboring centers which included Mumias, Khayega, Malava, Navakholo, Busia and Kisumu.

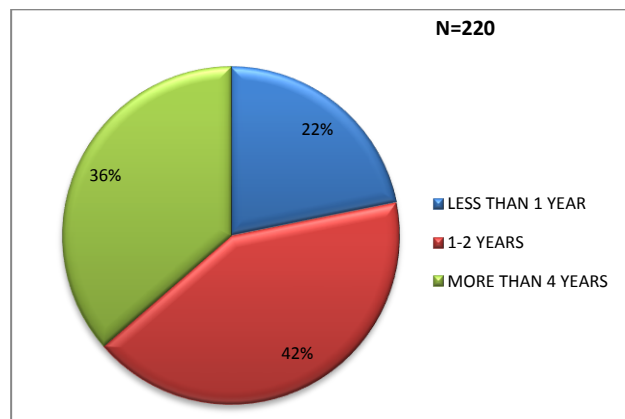


Figure 2: Duration of street children in the Street life of Kakamega Central (Source: Researcher, 2016)

1.7.7 New faces (children) joining street life and rehabilitation facilities per week

The study sought to establish the number of new children who join street life per week in Kakamega Central sub-county whereby 88(40%) of the respondents noted that they witness 3-5 new children joining street life in Kakamega Central sub-county. FGD with Social Workers 6(60%) out of 10(100%) said that majority of these new faces are of ages 6-12 years because it’s at this age when a child needs more care and attention. In addition 36(16.4%) of the interviewed street children noted that they see 5-7 new children joining street life. Further, 40(18.2%) of the interviewed street children said that they meet less than 3 new children in street life. Also, 16(7.3%) indicated that they see 8-10 new children joining street life per week. However, not all new entrants who join street life automatically join rehabilitation centers. This is because they are socialized into street culture first by other old street gangs. Through interviews with middle level businessmen, 8(40%) out of 20(100%) commented that some of these new children joining street life come from other towns like Kisumu, Mumias, Majengo and Busia. They added that street children hang on Long truck vehicles ferrying goods from one region to the other while others use Lorries carrying building materials as they means of transport. During interviews with Government rehabilitation staff 10(50%) out of 20(100%) pointed that, sometimes street children come to hide in Kakamega after committing crimes in other towns or when there’s police round ups in their towns. When things get well they go back to their previous towns. In addition, the Kakamega Central sub-county children officer noted that when schools close especially in April vacation (when there is less food in homes), the number of street children increase and 60% originate from Kakamega slums and outskirts including Masingo, Bagdad, Kambi Somali and Makaburini slums. These slums areas are associated with low class dwellers in Kakamega town.

Table 5: Number of new faces (children) joining street life and rehabilitation per week

Number of new faces (children) per week	Frequency	%
Less than 3	40	18.2
3 - 5	94	42.7
5 - 7	36	16.4
8 - 10	16	7.3
More than 10	28	12.6
Missing responses	6	2.7
Total	220	100

Source: Researcher, 2016

1.7.8 Reasons that led Children to the Streets of Kakamega Town

Ray *et al*, (2011) have stressed that the causes of street involvement are complex, multi-faceted, context-specific and personal. Dawes *et al*, (2007) as well as Rizzini, (2003) assert that the rationale for children leaving home and going onto the streets may involve both “push” factors such as disasters, poverty, war, drought, family dysfunction and the death of a parent as well as “pull” factors like following friends and peer influence, or believing that there were good things to discover in the streets. Street children highlighted various reasons which led them to the streets of Kakamega town which are presented in Table 6. Step mother/father harassment and parent’s death were the most popular reasons for children coming to the streets and represented 56(25.5%) and 40(18.2%) consecutively. One street boy aged 12 years, during the study said:

“My step father told me to go back to our home ...if I don’t know, I can ask my mother. He doesn’t know me and I am always a bother to him” (Field data, 2016).

From this evidence, it is clear that some children particularly those who are married with their mothers are discriminated against in favour of the biological children with some parents seeing these children as a burden. Therefore, they are not willing to support them as their own children. During a focus group discussion one street boy 14 years old, had this to say:

“My mother died when I was still young then my father remarried. My step mother used to deny me food every day. Since my father works as a watchman at Nairobi, I had no one to advocate for me. This forced me to go to the streets every day evening after school and look for food in hotels and composts. When schools close I spend most of time in streets.” (Field data, 2016)

Key informant interviews with the Kakamega Central sub-county Social Development Officer indicated that poverty had contributed to children coming to town to seek ways of making money since they could not access basic needs

in their homes. Pull factors highlighted by the children included seeking employment by 16(7.3%) and peer influence by 20(9.0%). These findings support Muraya, (2003) who states that the influence of friends emerges as the most critical factor pulling girls to the streets. Some of the children were influenced into the streets by their brothers, cousins or relatives who had been on the streets earlier. During the study one girl 13 years old, said that:

I didn’t know anything about going on the streets until one day when I accompanied my elder sister, who also introduce me her friends on the streets, and therefore I started coming to the streets slowly and then decided to live here (Field data, 2016).

This means that most street children have networks that help them to consciously decide to join street life. Push factors highlighted by street children included sexual abuse by father at 16(7.3%), death lack of food and other basic need with 16(7.3%) and alcoholic parents by 24(10.8%). These findings were similar to the findings of Kudrati *et al*, (2001) who found out that one quarter of the full-time street girls and a tenth of the boys came from homeless families. Other push factors identified included truancy and stealing among the children which accounted for 16(7.3%) and lack of freedom at home was represented by 16(7.3%).

Table 6: Reasons that led children to the street life in Kakamega Central

Reasons that led children to the streets	Frequency	%
Step mother/father harassment	56	25.5
Lack of food & other basic needs	16	7.3
Stealing & Truancy (At School & Home)	16	7.3
Alcoholic parents & negligence	24	10.8
Peer pressure and Company influence	10	4.5
Parents death (orphan hood)	40	18.2
Looking for employment	16	7.3
Disasters (IDPs, HIV & AIDS, Insecurity, Floods, Droughts & Famine)	10	4.5
Total	220	100.0

Source: Researcher, 2016

1.8 Health status of street children in Kakamega Central sub-county

The researcher was interested to examine the health status of street children in Kakamega Central Sub-county, Kenya in categories of sicknesses commonly suffered by street children, health facilities where street children seek health services and the Street children experiences while seeking health services as discussed in the following sub-sections.

1.8.1 *Sicknesses commonly suffered by Street Children in Kakamega Central*

The study sought to establish if indeed children suffered from illnesses in street life in order to document their experiences while seeking treatment. Figure 3 presents street children responses where 180(82%) indicated they have been sick compared to 40(18%) who said No. A report for child support unit in Ministry of Health in Jamaica, (2002) noted that 63% of street children reported having suffered various illnesses in street life. These were usually of a general nature, such as flu, fever and colds. However, 8% of those reporting illnesses suffered from breathing problems. Nearly a half of these street children did not see a doctor or visit a clinic when sick.

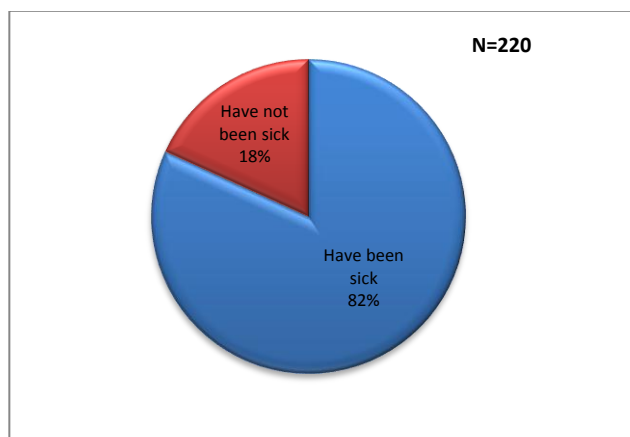


Figure 3: Street children response on sickness in Kakamega Central (Source: Researcher, 2016)

Further the study sought to identify what ailments or diseases street children in Kakamega Central commonly suffered from within the last six months as presented in Figure 4.

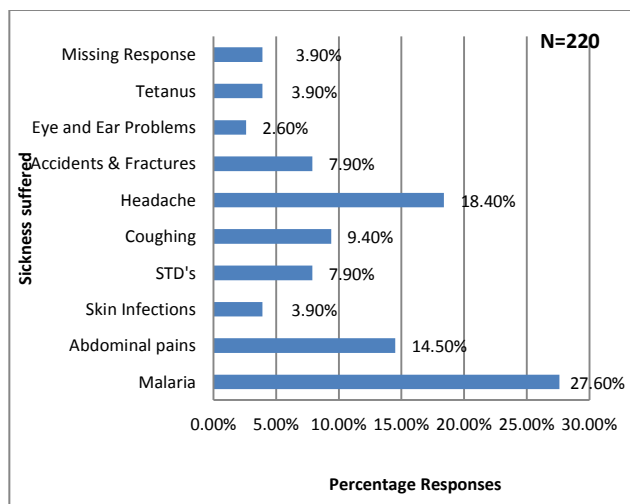


Figure 4: Types of sickness street children suffer from in Kakamega Central (Source: Researcher, 2016)

As illustrated in Figure 4, majority 24(7.9%) of street children had suffered from one or more sexually transmitted diseases including gonorrhoea and syphilis. These findings imply that street children are involved in unprotected sexual activities which has led to their vulnerability to contracting HIV/ AIDS. This finding is similar to that of the SNV / GTZ, (2002) where street children in the streets of Nairobi during interviews and workshops, they identified the negative effects of sexual relationships as HIV/AIDS, STDs including syphilis and gonorrhoea. FGD with Social Workers 15(75%) out of 20(100%) revealed that sexual activities were rampant between the street children themselves and also with the community members. Taxi operators and watchmen indeed had sexual relations with street girls and this has contributed to the increase of STIs as study findings show. Skin infections were also a common occurrence among the street children with 12(3.9%) indicating they had suffered from this kind of ailment. Malaria was also present at 84(27.6%) while coughing represented 28(9.4%). Eye and ear problems were represented with 8(2.6%) while headaches represented 56(18.4%). UNICEF, (2003) observed that many street children look sick, and suffer from coughs, watering eyes and sores. UNICEF further added that street children also look filthy, and live in surroundings with poor sanitation which could result in spread of diseases like cholera and dysentery. The study found that 44(14.5%) of the street children suffered from abdominal pains while 24(7.9%) had motorcycle accidents and other fractures. Further, 12(3.9%) of the street children suffered from tetanus which occurred from metals cutting and scrapes. After establishing the common illness affecting street children, the study went further to examine the health facilities where street children seek health services when they suffer from the mentioned diseases.

1.8.2 *Health facilities where street children seek health services*

The researcher further sought to ascertain where street children seek health services given that they were suffering from particular ailments. Public hospitals were the main source of treatment that street children cited and this accounted for 48(21.8%) of those who had suffered from ailments. The study revealed that 44(14.5%) acknowledged having sought treatment from private facilities and had to meet the cost of their medicine. In addition 4(1.8%) of street children especially those who had wounds looked for traditional healers when sick also 28(12.9%) of the respondents indicated that they got treatment from voluntary services. The Salvation Army was cited by the majority of street children as a health provider. However Kakamega Rehabilitation School has a public dispensary serving both the public and children in that school and this represents 24(10.9%) of children who access those rehabilitation centres health services while 44(20%) of the respondents

especially the big girls and boys indicated that they buy medicine in chemists when they feel sick however 32(14.5%) of street children don't seek any medical attention when sick. They heal naturally and this consists of mostly the drug addicted street children and 8(3.6%) was missing responses. Findings of this study contradicts results by Matende (1997) who found out that street children in Kakamega town suffered from venereal diseases were mainly the boys between 16 years and 18 years. However in contrary the present study noted that STDs (7.9%) were common in girls between 14-18 years in street life than boys. From an interview with the Kakamega central sub-county health officer, it was revealed that out of 48(21.8%) of street children who sought health services in public hospitals 50% of them preferred going to health centers/clinics than the general hospital because of the long ques. Table 4.8 show health facilities where street children seek health services.

Table 7: Health facilities where street children seek health services

Health facilities	Frequency	%
Public Hospital	48	21.8
Private Hospital	32	14.5
Traditional Healers	4	1.8
Voluntary Services/Health camps	28	12.9
Buy Medicine	44	20
Nowhere	32	14.5
In rehabilitation centers	24	10.9
Not Applicable	8	3.6
Total	220	100.0

Source: Researcher, 2016

As observed earlier, street children sought treatment from public health facilities, traditional healers, voluntary services and some did not seek any help for their ailments as indicated in Table 7. It was therefore important for the study to identify the experiences of street children while seeking for health services. One of the findings indicated that services in public health facilities were identified as good and friendly by street children and this accounted for 116(52.7%) of the sampled street children as shown in Table 8. Further findings revealed that 32(14.5%) had a bad experience with staff at the public facilities where they indicated that they were harassed due to their conditions.

During the interview, one 17 years old street girl said that:

When the medical practioneers discovered that this was my fourth time to seek treat for a similar STI in the same hospital, they were reluctant to treat me, they abused and accused me of being over-generous to every man who passes around at the expense of my body (Field data, 2016).

Interviews with Guidance and Counseling Officers 5(100%) confirmed that, street children who had sexually transmitted infections (STIs) were looked down upon as they sought health services. Through questionnaires, 20(40%) out of 50(100%) street girls who participated in the study said that they involve themselves in sexual relationships on the streets as a way of survival. This confirms a study done by (Flynn, 2008) who asserts that female street children's sex for food relationships involved an intricate mixture of dependency, support, affection, threats and exploitation. The study found out that sex particularly for female street children was not only used for survival but also for self gratification. An interview with Kakamega Central Sub-county Health Officer noted that Street children were often asked to buy their own medicine upon prescriptions given by the health professionals. UNICEF, (2006) reported that street children are recognized internationally as being extremely vulnerable to violence, abuse and neglect of many kinds, including under-nutrition, health problems (including HIV and AIDS), drug abuse (glue sniffing), sexual exploitation and medical neglect. UNICEF, (2010) further points out that 75.2% of street children are discriminated while accessing health services in South Africa.

Table 8: Street children experiences while seeking health services

Experiences while seeking health services	Frequency	%
Good, they were friendly	116	52.7
Harassed/stigmatized due to my condition	32	14.5
Asked to buy own medicine	16	7.3
Not Applicable	56	25.5
Total	220	100.0

1.8.3 Education Status of Street Children in Kakamega Central Sub-county

The researcher was interested to establish the education status of street children in Kakamega Central Sub-county, Kenya in categories of literacy ability of street children, education Levels of respondents, classes in which respondents attend and reasons for street children dropping out of school as discussed in the proceeding sub-themes.

1.8.4 Literacy ability of street children in Kakamega Central sub-county

The study sought to compare the literacy ability of street children between those who are able to read and those who are unable to read and write. The study established that 154(70%) of the street children were able to read and write while (60)27% of the street children were unable to read and write as illustrated in Figure 5.

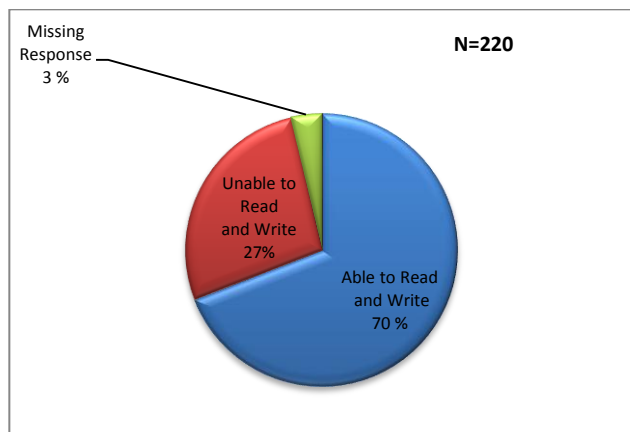


Figure 5: Literacy Ability of street children in Kakamega Central sub-county (Source: Researcher, 2016)

1.8.5 Education Levels of Street children in Kakamega Central sub-county, Kenya

Results in Table 9 indicate that those street children who dropped in primary school were 140(63.6%), those who finished primary were 28(12.7%). Street children with secondary level of education were 20(9.2%). Street children who come on streets partially and those undergoing rehabilitation were asked to indicate whether they were currently in school or not whereby 28(12.7%) indicated that they were continuing with primary or secondary school and came on streets mostly during vacations and holidays. Interview with Kakamega Central sub-county Education Officer revealed that most (60%) street children in Kakamega town did not attend school. During interviews with government rehabilitation staff 10(50%) out of 20(100%) revealed that there are children who come to the streets during the day and go home in the evening, and that, at times they may attend school but will frequent the streets during the school holidays.

Table 9: Education Levels among Street children in Kakamega Central

Level of education	Frequency	%
Dropped in Primary	140	63.6
Finished Primary Education	28	12.7
Dropped in Secondary School	20	9.2
Finished Secondary	0	0
Others (Continuing Primary & Secondary Education)	28	12.7
Missing Responses	4	1.8
Total	220	100.0

Interview with the coordinator of The Salvation Army Kenya West Territory street children rehabilitation centre added that some (25%) street children are sent to the streets by their parents so as to supplement the family income especially during weekends and public holidays. Further, the manager of Kakamega rehabilitation school added that due to children’s appearance and habits of using drugs and noting that they were not completely

rehabilitated, school administration were hesitant to accept them since they would negatively influence other pupils.

Focus group discussions with street children 10(22%) out of 220(100%) indicated that indeed most of the children would like to go back to school stating that it was the only intervention that they deemed would benefit them in the long term. During a FGD with Social Workers in NGO rehabilitation programmes 5(25%) out of 20(100%) noted that some of the children however were skeptical of where they would be placed in school, given their experience they preferred to be admitted to school but at a lower grade than they were before they joined street life but they were against being taken to classes with other smaller children. The Kakamega central sub-county education officer confirmed that street children undergoing rehabilitation were not being given interview examinations to determine what level of class they should be placed in. A study by UNICEF, (2008) show that most street children are not in school and have either had no education, or have dropped out of school during the primary school years. Poverty and marginalization make families vulnerable to the social and economic stresses that result in children dropping out of school, engaging in hazardous and exploitative working situations or becoming involved in street life as highlighted by Ray et al, (2011). Street children have challenges in attending school because they simply do not enter primary school or drop out of school at a later stage since they have to take care of their families or siblings (Human Rights Watch, 2006). Such crises may cause children to drop out of school and go to work to help support the family and parents to reduce the level of poverty or suffering (Ray et al, 2011).

1.8.6 Classes in which Street children dropped school

Results in figure 6 indicate that the majority 100(43.6%) of street children in Kakamega streets dropped school in class 4-6 followed by those who dropped in class 1- 4 which represented (61)27.3%. Street children who completed class 8 were (28)12.8% while those who dropped in class 7-8 were (20)9.1% and 8(3.6%) those street children who have never been to school.

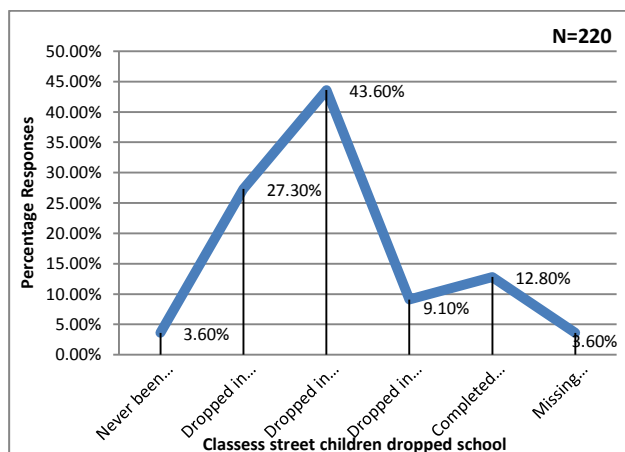


Figure 6: Classes in which street children dropped school

During an interview with Guiding and Counseling Officers 2(40%) out of 5(100%) revealed that majority 100(43.6%) of street children drop school in class 4-6 because this is the sprout of puberty and adolescence stage which need a lot of care, attention and love by caregivers, teachers and social environment. When these essentials miss then children may turn truants and deviants and opt for street life. According to a report by Human Rights Watch, (2006) children and adolescents in juvenile detention, very often street children, are basically excluded from any form of education as many detention centres do not appropriately offer classes, although it would be of particular importance for them. In addition the Asian Development Bank, (2003) declared that non-formal education and vocational training projects should be offered to street children in order to capacitate their skills and improve their lives, thus preventing them from abandoning their families in favor of street life.

1.8.7 Reasons for Street Children dropping out of school

The study sought to determine the reasons that lead street children dropping out of school whereby the majority 48(21.8%) of street children had dropped out of school due to lack of school requirements which included school uniforms, levies, lunch, books and internal exam fees. The study revealed that some street children dropped school so as to support their parents meet the household’s basic needs basically food and this accounted for 12(5.5%) while 8(3.6%) represented street children who dropped school as a result of sexual assault especially to girls by their fathers or close relatives or people known them. In addition 8(3.6%) represented street girls who dropped out of school due to early marriages some at tender age of 15 years then their marriages broke after 2 or 3 births thus making them opting for street life and survive through sex work or bar jobs. Harassment from step mothers/fathers was also cited as a source of children dropping out of schools and this accounted for 20(9.1%). The study established that 17(7.3%) of street children dropped school just to have freedom out of school. They felt that school schedules are too demanding. Parental death and separation was also attributed to children dropping out of school due to the absence of an adult to take responsibility of the children and this accounted for 24(10.8%). Alcoholism amongst parents and guardians was cited as a cause of children dropping out school because the alcoholic parents failed to meet their children’s school/basic needs and also didn’t follow child’s school progress and this represented 17(7.3%). School stress including too much workload, high performance demands from parents, peers and teachers, corporal punishment and fixed school timetables and tuitions made children drop out of school and come to streets and this was represented with 40(18.2%) as illustrated in Figure 7.

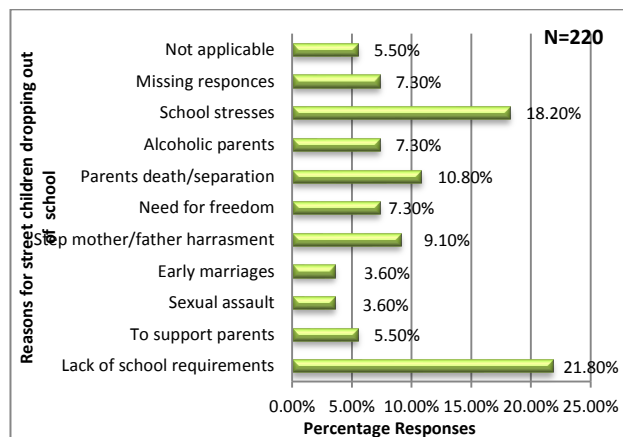


Figure 7: Reasons for street children dropping out of school (Source: Researcher, 2016)

1.9 Economic Status of Street Children in Kakamega Central Sub-county, Kenya

The study sought to find out the economic status of street children in Kakamega Central Sub-county, Kenya in sub-themes of economic activities undertaken, income of street children per day, how street children spend their income and street children who earn a living through sex. It was observed that indid all the street children sampled for the study indicated that they participated in socio-economic activities as highlighted in Table 10.

Table 10: Economic activities undertaken by street children in Kakamega Central

Economic activities	Frequenc y	%
Begging	48	21.8
Selling drugs to children & other users	48	21.8
Carrying luggage & delivering goods	36	16.4
Collecting and selling scrap metal and plastics	12	5.5
Gambling, Hawking and Touting	8	3.6
Commercial Sex Work	40	18.2
Fetching water and cleaning business premises	8	3.6
Barber & Saloon	8	3.6
Washing cars	12	5.5
Total	220	100.0

Source: Researcher, 2016

It was observed that Majority 48(21.8%) of the street children involved themselves in begging money, favors and food from pass-byers, travelers and business joints. Collecting and selling scrap metals and plastics was also a favorable economic activity among the street children with 48(21.8%) indicating this as their occupation. Beggars and scrape collectors were mostly boys (11-16 years) as observed by the researcher. Focus Group Discussions with 20(44%) of 220(100%) street children revealed that they are paid by the scrape dealers Kshs.20(less than 1 US. Dollar) per kilogram of scrap metal

or plastic they collect and sell. However, 2(20%) out of 20(100%) social workers in NGO rehabilitation programmes indicated that street children are sometimes given a raw deal by the scrap metal dealers where they would tamper with the scales to get more material for cheaper prices. Some street children especially the older ones (15 years and above), wash cars in bus parks and these were represented by 12(5.5%). On the other hand 36(16.4%) of street children worked as loaders and delivering goods to sellers using carts (*mukokoteni*). It was also noted that 40(18.2%) represented the older street girls who earned a living through commercial sex. Through an interview with the Kakamega Town area (Municipality) Assistant Chief, it was revealed that those street girls who practiced commercial sex meet their clients both at night and day in their sex dens, backstreets, bar joints or rented lodge rooms. Street children who worked as barbers and saloonists were represented at 8(3.6%). FGD with 5(25%) out of 20(100%) Social workers noted that, most of those who work in saloons were mostly single teenager mothers. During an interview one Social worker said;

“... because of poverty at home, the kids think that maybe they can make their own means by coming to the town to make a living by getting some money and eventually they get stuck there thus ending up in the street life activities”(NGO Social Worker).

Lastly, 8(3.6%) accounted for those older street boys working as touts (*manamba*) and motorbikes transporters. In a survey conducted by Ward and Seager, (2010) with street children in Pretoria, South Africa, it was found that children nominated a pull factor (seeking a better life, employment, money, shelter or survival) as their primary reason for going onto the streets. Wargan and Dreshem, (2009) further explains that in escaping dire conditions at home, children try to find ways to make their own living outside of their households and spend earned money on personal needs or on their friends. Many see income generation as a way to support their families and some are also expected or forced to make money and bring it back home. However, these findings contradicts conclusions made by Wakhu, (2012) who found out that 80% of street children in Kakamega town were involved in begging activities and 20% in car washing. The present study contradicts results of a report on street children in Rwanda, (2012) that reported that, 75.7% of street children were involved in jobs like; fetching water, packing and unpacking goods, washing cars, washing dishes in restaurants and carrying luggage in the market place.

1.9.1 Income of street children per day in Kakamega Central sub-county

The study therefore sought to establish the income level of street children in Kakamega Central sub-county. It was revealed that the least street child earns ksh.50 (almost

half a US. Dollar) per day and this represented 48(21.7%). Through an interview with the Manager of Kakamega Juvenile Remand Home it was noticed that those street children who earn least money daily are mainly young children who mostly beg money from the public. On the other hand 36(16.4%) represented street children earning Ksh.150 (1.5 UD) per day. An interview with 5(25%) out of 20(100%) business people revealed that those street children earning Ksh.150 (1.5 UD) per day are mainly metal scrape collectors (this is commonly known as *khusuma/kusaka* in street language) while 44(20%) of the street children get Ksh.100 (1 UD) per day and these are mainly the plastic sellers. In addition, 20(9.1%) of the street children earn Ksh.200 (2 UD) per day and these are mainly engaged in touting and *bodaboda*. Similarly, 20(9.1%) indicated to be earning ksh.500 (5 UD) per day and these children are mostly engaged in off-loading luggage from trucks. Further 17(7.3%) indicated to earn Ksh.1000 (10 UD) per day. Key informant interview with 2(20%) out of 10(100%) Rehabilitation staff in N.G.O based programmes indicated that those earning more money were mostly older girls in sex dens and working as bar maids. Those children working in hotels and hawking earn Ksh.250 (2.5 UD) and this represented 12(5.5%).The older big girls working as on-call commercial sex workers reported that they averagely earn Ksh.2000(20 UD) daily and this accounted for 20(9.1%).

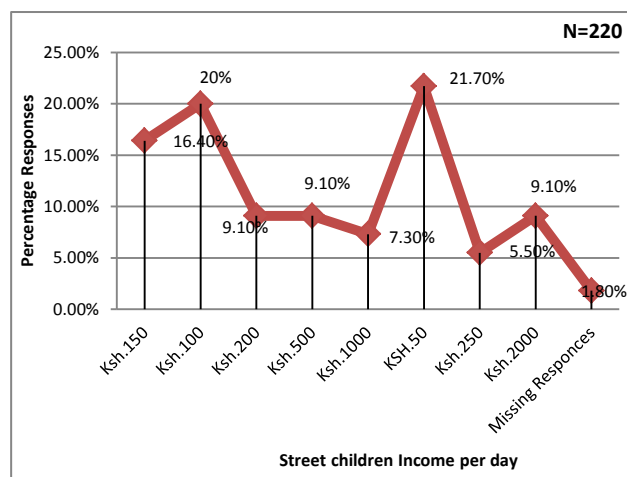


Figure 4.8: Income of street children per day (Source: Researcher, 2016)

The study findings however disagree with those of German Technical Cooperation, (2002) that showed that older boys were involved in doing jobs (76.4%) and earn more money Ksh.600(6 US Dollars) per day than girls (27%) who earn Ksh.200 (almost 2 UD) daily. The GTC study further went further to state that more girls were involved in begging (35.1%) than boys (13.5 %) and collecting different items (29.7%) as opposed to 24.5% for boys. On this premise the present study disagrees with those results as it has been observed that the boys engage more in begging and collecting materials than girls. This can further be strengthened by plate 1 which

portray a scene of street children (street boys) in their usual daily economic activities. This is a centre of collecting scrape metals and plastics. Also black market business takes place in such settings where the general public doesn't access easily. As it can be seen the boys are wearing head caps while others are showing their backs because of the ethical aspect of upholding respondent's confidentiality and privacy. Berg, (2007) and Neuman, (2006) define confidentiality as the ethical protection of those who are being studied by holding research data in confidence or keeping them a secret from the public; not releasing information in a way that permits linking specific responses to specific participants.



Plate 1: Section of street children in a backstreet undertaking economic activities (Source: Researcher, 2016)

1.9.2 How street children spend their income in Kakamega Central sub-county

The street children were asked to explain how they use the money they earn.

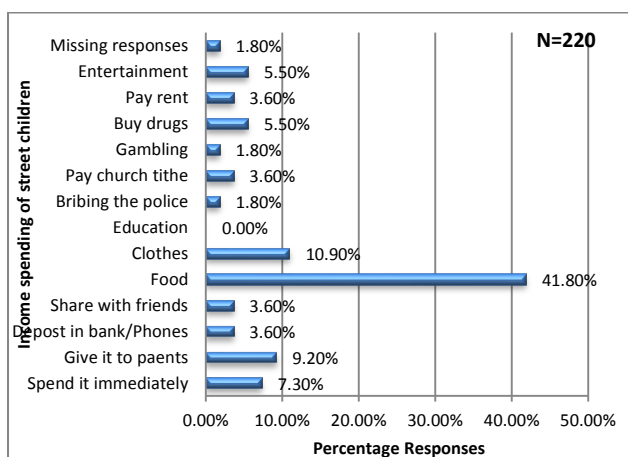


Figure 9: How street children spend their income in Kakamega Central (Source: Researcher, 2016)

As indicated in Figure 9, spending money on food and clothes and shoes ranked significantly higher than all the other uses of money at 92(41.8%) and 24(10.9%) respectively. On the other hand 16(7.3%) of street

children stressed that they immediately spend the money they earn on the following activities: watching a movie, buying drugs, meeting family expenses, gambling, saving in mobile phones, paying church tithe, sharing with friends and paying house rent. Figure 9 illustrate how street children spend their income in Kakamega Central sub-county, Kenya.

1.9.3 Source of food for street children in Kakamega Central sub-county

Based on the reported data it appears that most of the street children 72(32.7 %) buy their own food using their income as illustrated in Table 4.11 while 8(3.6%) eat leftovers from restaurants and bins. It was observed that in most cases street children take late breakfast and late supper so as to enjoy the huge food quantity and left overs especially in food joints. Some of street children 48(21.8%) eat from rehabilitation centers/facilities/donors. While 20(9.2%) obtain food from generous people who include; pass-byers, business people (mostly Asian owned shops), mosques especially on Fridays and hotels (they give them food left over's). In addition, 28(12.7%) of street children work for food in hotels and retail businesses while 12(5.5%) of the street children especially those involved in sex work get their food from their sex clients. During FGD with street children, majority of 72(32.7%) out of 220(100%) confirmed that they buy their own food in cheap food joints found mostly alongside the retail market, garages and scrap dealers.

Table 11: Source of food for street children in Kakamega Central sub-county

Source of food	Frequency	%
Begging	20	9.2
From people/Pass-Byers	28	12.7
Buy own food	72	32.7
From centers/facilities/donors	48	21.8
Work for food in hotels/retailer business	28	12.7
From sex clients	12	5.5
From compost/dumping bins	8	3.6
Missing responses	4	1.8
Total	220	100.0

Source: Researcher, 2016

FGDs with Social Workers 8(80%) out of 10(100%) reported that buying food with the money earned and eating leftovers from restaurants are the prominent source of food amongst street children especially for the big boys and girls. However, the researcher observed that majority 176(80%) of street children aged 6-10 years to engage more in begging food from pass-byers, hotels and shopkeepers than any other age groups. In comparison with other age groups, the Sub-county children officer (Kakamega Central Sub-county) through a key informant interview revealed that 48(21.8%) of street children in

open system especially those aged 6-10 years ate from rehabilitation interventions. However these findings contradict with those of Nyamai & Waiganjo, (2015) who found out that majority (60%) of street children in Nakuru town especially those of age 10-15 years rely on begging food from the public and collecting food leftovers from dustbins. As a way of supporting street children with food, Morangi, (2010) note that businessmen in Eldoret town provided food and clothing and these were mostly of Asian community members who did this on every Friday. The children had nicknames for the Friday food giving activity which they referred to as *Kajumaa* (Friday).

1.9.4 Drug abuse amongst street children in Kakamega Central sub-county

The study went further to examine the drug abuse amongst street children in terms of common drugs taken and source of drugs. Collected data from street children revealed that 202(91.9%) of them have abused drugs. The most commonly abused drug was glue (*mbiere*) which was abused by 84(38.2%) of street children, followed by alcohol abused by 32(14.5%). Other mostly abused drugs included the cannabis sativa (*ganja*) by 28(12.7%), petrol (premium) by 20(9.1%), cigarette by 20(9.1%), *miraa* by 4(1.8%) and *kuber* was abused by 12(5.5%). However 20(9.1%) of the street children reported not to have never abused any drugs while on the streets and these were mainly the new entrants. During a FGD with 10(50%) out of 20(100%) government rehabilitation Social Workers, it was revealed that many children abused more than one type of drug in their street life. In a FGD with 5 street children, one 11 year old street boy said that,

“I usually sniff glue (mbiere) on daily basis because it helps me get warmth when I sleep in the cold on the veranda. It also help me feel consoled when I miss something to eat during the day” (Field data, 2016).

Table 12: Drug abuse amongst street children in Kakamega Central sub-county

Drug used by street children	Frequency	%
Glue (<i>Mbiere</i>)	84	38.2%
Alcohol (<i>Chang'aa</i>)	32	14.5%
Cigarette	20	9.1%
Petrol	20	9.1%
Bang (<i>Ganja</i>)	28	12.7%
Miraa (<i>Veve</i>)	4	1.8%
Kuber	12	5.5%
Not Applicable	20	9.1%
Total	220	100.0

Source: Researcher, 2016

1.9.5 Source of drugs amongst the street children

The researcher sought to identify the source of drugs in street children whereby 132(60%) of the street children indicated that they buy these drugs from drug dealers in

Kakamega town and slums while 52(23.6%) represented those street children who were given drugs by either friends in street life or adults whom they associated with like touts, hawkers and businessmen. In addition, 16(7.3%) of the street children reported that they steal drugs from their friends or other adults or in alcohol dens as illustrated in Figure 10.

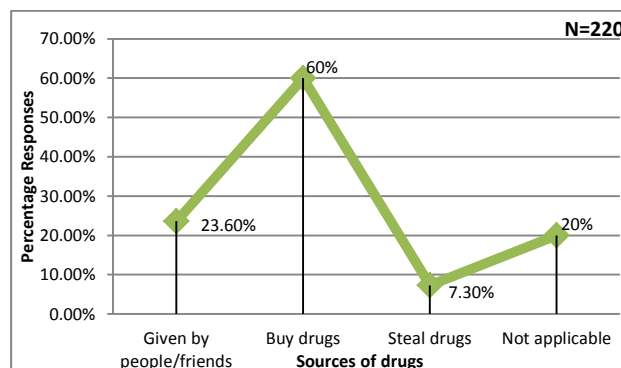


Figure 10: Sources of drugs amongst street children (Source: Researcher, 2016)

Through observation, the researcher noted that street children especially the old boys are given cigarettes and marijuana to smoke by *matatu* touts in bus parks while the big girls in sex work were given alcohol by their old counterparts in sex business. Through a FGD with 10(22%) street children, it was discovered that those people involved in shoemaking business and garages sold glue, petrol and used oil to street children to use them as drugs whereby the price ranges from Ksh.20-100 depending on quantity. A cross examination of literature on street children interventions in Kenya and Africa display that none of the NGOs or government street children rehabilitation interventions has a program that deals directly with substance abuse among street children. Most interventions address drug abuse through general guidance and counseling. For instance Rubavu street Children transit centre in Rwanda started in 2009, offers drug abuse rehabilitation through Psychosocial counseling and dialogue then children are taken back into their families and given financial support and small domestic animals (goats) through home visits and support with school materials.

1.9.6 Legal Factors Affecting Street Children in Kakamega Central sub-county

The researcher sought to explore the legal factors affecting street children in categories of; Street Children Experiences as an offender and Source of violence meted to street children. UNCEF, (2012) points out those legal factors facing street children include lack and poor of protection of their rights as children, actual and perceived conflict with the law and their inability to defend the infringement of their rights. In the study 132(60%) indicated that they had been arrested compared to

88(40%) who indicated that they have never been arrested as shown in Figure 11.

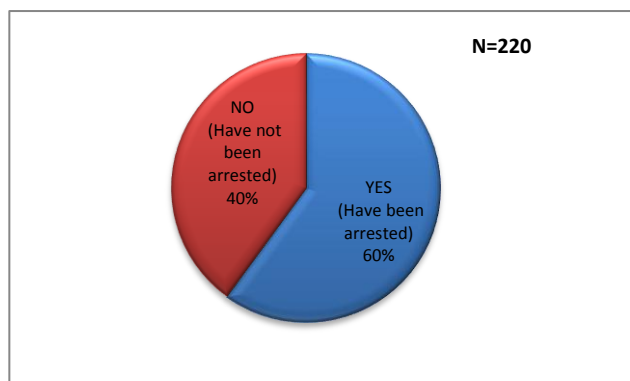


Figure 11: Arrest status amongst street children (Source: Researcher, 2016)

Having established that 132(60%) out of 220(100%) of street children have been arrested while in street life, the researcher was therefore interested in identifying the reasons for these arrests.

1.9.7 Reasons for Arrests among Street children in Kakamega Central sub-county

As illustrated in Figure 4.12, there were several reasons for which street children were arrested for in Kakamega town. During an interview with assistant chiefs 2(50%) out of 4(100%) confirmed that street children were usually arrested during occasional swoops by police in Kakamega town which came as a result of public outcry of the increasing insecurity and high number of street children in town. Interviews with Government rehabilitation staff 8(40%) out of 20(100%) further confirmed that there was no clear approach to conducting these arrests which were mostly influenced by any security threats or occurrences that may have happened where street children were mostly perceived as the culprits. This implies that their rights as individual citizens are usually contravened based purely on a circumstantial evidence which is a threat to their civil and human rights. The study found out that loitering in the streets was a major reason leading to arrests as well as being found in the possession of scrap metal which accounted for 40(18.2%) of the street children. Drug possession was also cited as a reason for street children arrest and this represented 16(7.3%). A FGD with 10(22%) out of 220(100%) street children revealed that street children were commonly arrested with *bhang* (Marijuana). Furthermore during the FGD one street older boy affirmed that;

“I mostly sell marijuana because it’s fast selling and easily portable.” (Field data, 2016)

Pick-pocketing and stealing were also observed to be reasons that had led to arrests among street children and this accounted for 16(7.3%) of the N=220. Hosting

criminals was also another reason leading to arrests where street children especially old girls and boys were found hosting criminals in their rented houses or sex dens and this represented 4(1.8%). Further street children indicated that they were arrested by the police or Kakamega county security teams for fighting and causing public disturbances and this were represented with 16(7.3%). Those who dropped out of school indicated that they were arrested by village elders and chiefs for resisting to go to school and this accounted for 8(3.6%). Those who slept on street said that they were arrested by police at night for sleeping on streets and this represented 28(12.7%). The street old boys were mostly arrested because of gambling which represented 4(1.8%). Perez (2007) observes that street children arrested for vagrancy or begging are considered offenders in connection with acts that would not be punishable if committed by an adult.

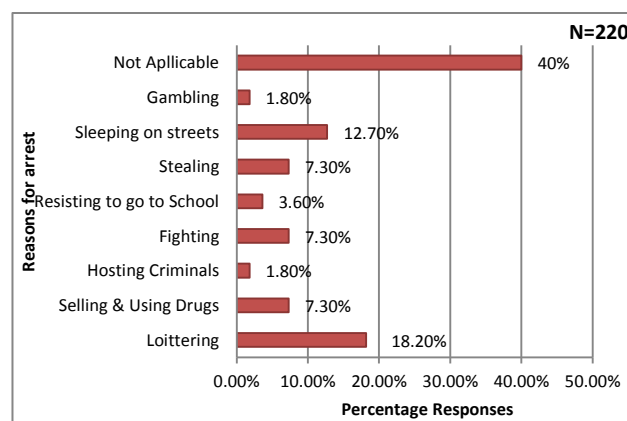


Figure 4.12: Reasons for Arrests among Street children N=220 (Source: Researcher, 2016)

Droz, (2006) in his study on political factors affecting street children in Kenya noted that many street children (36%) fear that they might be arrested by the police, and in the process, be sent back to their families or to institutional care. Of the latter, they have no idea about the services or care such institutions provide, but street lore among such children paints a negative image of government-sponsored residential institutions. On the other hand, street children know that when caught, they will be sent back to their families or to the non-supportive atmosphere they escaped from. Without prior effective efforts to change that negative family situation, in most cases they will end up being on the street to repeat the same vicious circle. A study conducted in Rwanda in 2012 on the situation of street children revealed that 64% of street children arrests are due to loitering and involvement in black market.

1.9.8 Street Children Experiences as an offender in Kakamega Central sub-county

The study further sought to establish the experiences of street children during and after their arrest. Figure 13

illustrates that street children when arrested they experienced violent beatings from police officers and other inmates thus representing 32(14.5%).

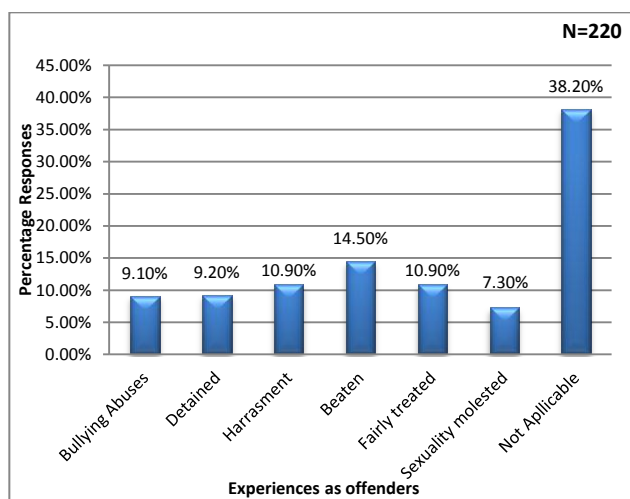


Figure 13: Street Children Experiences as an offender
(Source: Researcher, 2016)

Children also expressed that they were usually detained with no food for several days at the police stations and these accounted for 20(9.1%). According to Wernham, (2004); Roy & Wong, (2006) Street children are more likely than most children to come into actual or perceived conflict with the law; and in the first place and at the same time, once within the system, they are less able to defend themselves against infringements of their rights. Among the respondents 10.9 % indicated that they were harassed and remanded for months with no trials or any judicial process being undertaken at the Children Remand Home (CRH) within Kakamega town. Key informant interviews with revealed that one of the challenges in protecting and safeguarding the rights of street children was that when the court orders for a child to be committed to a CRH, they don't take time to gather all the information concerning the child thus, it becomes difficult to assist the child appropriately. Another challenge identified through key informant interview with Kakamega Central sub-county Children Officer indicated that street children did not give true background information which could be used by the social workers in taking any further action such as trying to establish why they are in the streets in order to take appropriate action. Lack of proper facilities for arrested street children was identified where 20(9.1%) indicated that they were bullied and abused then slept on the floor during their time in custody in police stations. There were also street girls who were arrested but later released by police officers after being molested sexually and this accounted for 16(7.3%). A FGD with 5 street girls indicated that they paid for their freedom since at their time of arrest they had some money with which they bribed the officers in

order to release them with and thus treated fairly and this accounted for 24(10.9%). This finding supports Perez, (2007) who argues that Governments frequently put forth the idea of improving care for marginalized children, but in practice, these street children will probably end up as criminals because almost no public funds are allocated to support them. Figure 13 displays street children experiences as an offender or suspect.

1.9.9 Source of violence meted to street children in Kakamega Central sub-county

Street children have often suffered the brunt of violence from the community, business community, and security agencies and also among themselves. Among the street children 172(78.2%) indicated that they have faced violence while in street life against 44(20%) whom indicated they haven't experienced violence in street life where N=220. Further the study sought to establish from whom the street children got the violence from. As note in Table 13, security agencies were seen as perpetrators of violence against street children and accounted for 36(16.4%). Security agencies included the Kakamega County *askaris* and the regular police officers. Through interviews with 5(50%) out of 10(100%) NGO rehabilitation staff it was pointed out that violence from police officers occurred during the regular swoops of street children whereas violence from county *askaris* (security teams) occurred when they were found hawking in the streets of Kakamega town. Violence among the street children was also highly observed where older children were the culprits who were involved in the use violence against the younger children and this were represented by 84(38.2%). Business people and the community were also found to use violence against street children and this was shown by 32(14.6%). During an interview with 7(35%) out of 20(100%) business people it was brought on surface that the business people attacked street children who would occupy front verandahs of their business premises while hawkers would also use violence against street children who were involved in selling wares to compete them. A street child focus group discussant indicated how he had been roughed up by 5 hawkers for selling sweets near the 'MaishaMart Supermarket' and being told that it was their job to sell wares and their work was to *chokoramapipa* (go through garbage bins). Public transport operators including touts and *bodaboda* were also found to be violent toward street children where 28(12.7%) indicated that they had received beatings from *matatu* touts after they were suspected to be thieves in bus stages. Street girls in sex work noted that they experienced violence from their male clients who sometimes failed to pay them for services rendered and this accounted for 28(12.7%) as demonstrated in Table 13.

Table 13: Source of violence meted to street children

Source of violence	Frequency	%
Older Street Children	84	38.2
Business People / Community	32	14.6
Security Agencies	36	16.4
Public Transport Operators	28	12.7
Sex Clients	28	12.7
General Public/Pass-Byers	8	3.6
Missing Responses	4	1.8
Total	220	100.0

A study undertaken in Egypt revealed that most street children of the sample interviewed 86% stressed that violence represents a major feature of their everyday life, and is a determining factor in developing their abilities to be able to cope with street life. Violence normally takes place through 3 main channels: Violence within the small children groups(23%), either by peers or by older street children, especially when they get drowsy and under the effect of the substances they consume, Violence from the surrounding community(51%), whether through other people on the street who tend to exploit them, or by the community itself as a reaction to their existence in particular settings and areas where their presence is not appreciated, and Violence while working(18%), either through the employers or through other peers working in the same place, such as when selling items on the street in areas where other people or children exercise control. Wakhu, (2012) adds that violence normally ends in cuts and bruises to the street children, since it often entails fights. Children normally carry razor blades to defend themselves in case others attack them. Droz, (2006) noted that many children expressed that sexual abuse is a common problem to most street children, especially the young new children and females, which is often associated with violence against them. Focus group discussions with 10(50%) out of 20(100%) GOK social workers revealed that street children often times conflicted with security agents such as the police, day and night guards which at times led to fatalities. However the Social workers have a problem in dealing with the security agents when they try to seek justice for the street children. This finding is attributed to the fact that most street children when attacked/assaulted do not report in the police station immediately because of ignorance or fear of further brutalities. Thus, it becomes hard to sue some of the offenders without evidence.

During the interview one social worker stated that;

“The problem is that, even if the street children confide in us about police harassment or violence directed at them; we try to follow up at the police station but no action is taken and reports are not recorded in the police occurrence book” (Field data, 2016).

Additionally, it was noted by 6(60%) out of 10(100%) NGO’s social workers that legal processes for street children were not done in a procedural manner. Although there were child information desks in the police stations

these were not often manned and getting assistance from police officers was a big problem as they took street children as cases that did not require their attention and urgency. Social workers involved in the FGD also shared that there was no clear guidelines or strategy to deal with street children in the correctional justice system. As such most of the contacts of street children with law enforcement agencies were during rounding up of the children where they are beaten, harassed and their property and possessions are confiscated from them whenever security agents ambushed their bases.

Social worker’s Focus group Discussant said that;

“The police conduct sweeps in the streets of Kakamega now and then to round up street children. However, there is no guideline as to how it is conducted but only done when there has been a report of increasing street children, a serious crime has been committed or there have been complaints from the community.” (Field data, 2016)

Street children are also at risk of being molested. During the FGDs with 10 street children in the open rehabilitation system the researcher found out that there was sodomy practiced among the boys in Kakamega town and on the other hand street children were enticed by smartly dressed men in the town. It was revealed by 1(25%) out of 4(100%) assistant chiefs that there was a case of a street child who shared his experience of attempted kidnapping by a woman who suddenly started screaming that she was his mother and the public were harassing the boy to go home with his “mother”. This indicates the vulnerability of street children regardless of the gender. In Kenya, The Children’s Act 2001 is currently the most comprehensive piece of legislation in terms of dealing with children’s rights, covering issues relating to violence against children. It has domesticated the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children (ACRWC). Articles 19, 20, and 32-38 of the United Nations Convention on the Rights of the Child (UNCRC) deal with the need to protect children from various forms of abuse and mistreatment. In addition, Article 39 affirms the obligation of State Parties to ensure physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, abuse, torture or any other form of cruelty, inhuman or degrading treatment or punishment; or armed conflicts to children. According to the Children’s Act 2001, the government provides the legal and policy framework to guide the operations of organizations and children institutions. Its role is to provide a suitable and enabling legal environment for child support activities of Civil Society Organizations (CSOs). The Act puts in place an administrative structure to deal with children matters. This was achieved through the establishment of the National Council for Children Services (NCCS) in September 2002. Under the NCCS, the government plays

the lead role of a facilitator in bringing together different programmes addressing issues of vulnerable children in society like the street children through the key partners in the children sector.

2.0 Conclusions

Based on the findings of the study, it can be concluded that the number of street children is on the rise. Although street life has been a domain of male children, the number of female street children is increasing rapidly. It is apparent that a second generation of street children is now emerging, that is, mothers who have given birth to children on the streets now have grandchildren who are street children. The majority of these children have dropped out of school. Most of street children had health problems ranging from malaria, skin diseases to venereal diseases and malnutrition. While on the streets the children engaged in drug abuse and economic activities from which they earned incomes to buy food and these factors increases their social vulnerability and compromise their social status development.

2.1 Recommendations

The following recommendations were made based on the findings and conclusions of this study:

- 1) It is highly recommended that the government, NGOs and other stakeholders should review and come up with policies that protect children from poor families and vulnerable backgrounds from being denied their right to education and social welfare so as to keep them in school and home to avoid them opting for street life.
- 2) The Government agencies and other stakeholders should establish a comprehensive rehabilitation and dropping centre for street children and emphasize on socio-vocational skills development so as to make them self independent.
- 3) There should be a listening platform to include the views of street children in rehabilitation interventions and also a collaborative mechanism to bring on board stakeholders and partners involved in street children social development interventions.

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