EFFECT OF STREETISM ON PSYCHOSOCIAL HEALTH AMONG STREET CHILDREN IN MERU COUNTY: A CASE OF NORTH IMENTI SUB-COUNTY.

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DECLARATION

I declare that this document and the research that it describes are my original work and that they have not been presented in any other university for academic work.

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DEDICATION

I dedicate this study to my family who have been very helpful, more so my husband who has been encouraging me to continue even when the feeling of giving up surface.

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ABSTRACT

Streetism is the phenomenon of children living and working on the streets, often without proper adult care or supervision. This study investigated the effect of streetism on psychosocial health among street children in Meru County, a case of North Imenti Sub-County. The study was guided by four objectives, as follows: to find out the effect of streetism on psychological health, social well-being, psychosomatic symptoms, and moral wellness among children living on the streets of North-Imenti sub-county, Meru County. The study was informed by Bowlby's attachment theory and Erickson's theory of psycho-social development. A descriptive study design was used, taking a mixed-methods approach that combined quantitative and qualitative techniques. The target population was approximately 1,293, as per the 2019 national census for street children. A non-probability sampling system, specifically a snowball sampling technique, was used in this study. With a population of about 250 street children in the sub-county, the sample size was 152 for a confidence level of 95% and a margin of error of 5% with p = 0.5. The data collection tools included questionnaires, interviews, and focus group discussions. In order to determine reliability, a test-retest was used. This study conducted a pilot test on 10 street children who were selected from the wards in North Imenti Sub-County. Data was analyzed using descriptive statistics in terms of frequencies, percentages, and means with the help of the Statistical Package for Social Sciences (SPSS) version 25. The result suggests that there are significant associations between the independent and dependent variables being studied. These statistical findings contribute to a deeper understanding of the interplay between streetism and the psycho-social health of street children, providing a basis for further exploration and targeted interventions. Thematic analysis reinforced the need for initiatives that tackled issues such as stigmatization, emotional instability, and the absence of positive role models. The interplay between streetism and psychosocial health was complex and necessitated a holistic approach to intervention. The study recommended that mental health programs specifically tailored for street children be established and implemented, providing counseling, therapy, and support groups to address their psychological challenges. It also recommended the development of resilience-focused interventions that empower street children to overcome adversities, enhance functional competence, and modify social systems to promote their overall well-being. Several avenues of exploration, like longitudinal research, would offer insights into the long-term trajectories of psycho-social development, while comparative analysis with other regions within Meru County could reveal contextual variations.

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I would like to express my gratitude to my heavenly father, who provided me with the strength and ability to carry on even though it was difficult for me to complete my study.

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DEFINITION OF TERMS

Child: For the purpose of this study, a boy or a girl between the ages of 10 and 18.

Moral Health: Operationally defined, principles and beliefs concerning right and wrong behavior in connection with the state of emotional, mental, and physical well-being.

Psychological: In this study, it is the aspects of human behavior broadly defined to include ways of thinking, perceiving, feeling, and acting that causes people distress or interfere with functioning in important areas of their lives.

Psycho-social: For the purpose of this study, psychological, social, psychosomatic, and moral factors influence the well-being of street children due to living in the streets.

Psychosomatic: Operationally defined as physical symptoms that are thought to be caused by emotional or psychological factors.

Social health: In this study, we examine the ability to secure relationships with others and develop trust so that a child can feel safe to explore and learn.

Street Children: For the purpose of this study, these are poor and homeless children who live on the streets.

Streetism: Operationally defined, living on the streets.

ABBREVIATINS/ACRONYMS

ADHD: Attention Deficit Hyperactivity Disorder

CD: Conduct Disorder

CSC: Consortium of Street Children

FBOs: Faith-Based Organizations

IRIN: Integrated Regional Information Networks

KNBS: Kenya National Bureau of Statistics

NACOSTI: National Commission for Sciences, Technology, and Innovation

NGOs: Non-Governmental Organizations

ODD: Oppositional defiant disorder

PTSD: Post-Traumatic Stress Disorder

SES: Social Economic Status

UNICEF: United Nations Children's Fund

WHO: World Health Organization

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CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

It is an inescapable fact that, if provided with proper care, children become the lifeblood and future architects of society, contributing to the progress of an entire country. To ensure the best possible development, they should have the right to food, clothing, and a safe place to live. Streetism, which is a phenomenon of children living and working on the streets, often without proper adult care or supervision, does not allow the street children to experience good psycho-social health. Living on the streets restricts children from having access to social services and denies them their fundamental human rights. Homelessness for children leads to a lack of proper nurturing, and the children lose out on the love, care, and guidance that come from good families, all of which are crucial for their healthy growth. Street life does not provide good shelter, food, and basic health services for the children; hence, they are more susceptible to various diseases and experience psychological, emotional, and social issues. (Sorber et al. 2014).

The study was focused on street children between the ages of 10 and 18. This is a phase where major physical, psychological, and social changes occur. With neglect of any dimension of the children's psycho-social well-being, their social lives with others, moral wellness, mental health, and overall development would be compromised. This chapter introduces the study by providing the foundation of the study, the problem statement and purpose of the study, the goal and importance, including the scope, limitations, and delimitation. Also presented in the study is the conceptual and theoretical framework.

1.2 Background of the Study

There are between 120 and 150 million street children reported worldwide, with boys making up the majority of the population (Centers for Disease Control and Prevention, 2019). Dabir (2014) stated that unsupervised young people who live on the streets unabated and depend on them for their livelihood might be classified as street children. Atwar and Engkus (2020) made it abundantly evident in their literature review that stereotypes of street children were frequently unfavorable and invariably linked to violent crimes, criminal activity, and social unrest. They developed social susceptibility and environmental vulnerability as both victims and causes.

Living on the streets (streetism) has a substantial implication on the growth and development of the children in the street. This could lead to severe psycho-social effects such as psychological implications (depression and anxiety), psychosomatic problems (physical illness), social problems (lack of education, proper treatment, bad company, drug abuse), and moral wellness (crime, lack of trust, bad behavior) among the street children. The United Nations Children's Fund (2014) stated that there were significant psycho-social issues facing street children. Unpleasant experiences with psychological, social, and psychosomatic symptoms and moral wellness that make it difficult for people to go about their regular lives are referred to as psycho-social problems.

Based on federal data, America's Youngest Outcasts investigated the situation of child homelessness in the country. According to data from the 2014 U.S. Census and the U.S. Department of Education's count of homeless children in public schools nationwide, approximately 2.5 million children (1 in 30 children in the country) were homeless in 2013. Every year, the number of homeless children in the country

increased by 8%, and in 13 states and the District of Columbia, it increased by 10% (2014) (Bassuk et al., 2017). Homelessness posed long-term problems for social welfare and US public health as it increased illness and stress levels. In America, homelessness had a terrible impact on children's development, impairing their cognitive function and causing physical health issues (Mohanty & Raut 2009).

One of the biggest issues facing most European nations, such as Turkey, is the issue of street children. Many problems have risen as a result of the increasing number of street children, especially in large cities like Ankara and Diyarbakir. The Turkish Statistics Institute (TSI) reported that 625,000 teenagers were in danger while walking around Istanbul. These individuals experienced sexual abuse, with 85% of them becoming victims of any kind of sexual exploitation; 70% of the victims were over the age of ten (Aytac, 2021). These homeless kids lacked the necessary skills to find respectable jobs and suffered from extreme hopelessness. Consequently, while homeless, they experienced injustice, torture, insecurity, and other issues that negatively impacted their development, as depicted by Woan et al. (2014).

A significant number of street children in African and sub-Saharan countries were reported to suffer from depression, anxiety, hopelessness, and suicidal ideations, according to Nambile and Mahlako (2015). This could be attributed to a lack of parental care and guidance, which were crucial in curbing psychological, social, and physical hurt and oppression. In Nigeria, it was projected that there were about 10 million street children (Wike, 2013). According to Adewale and Afolabi (2015), street children included the cumulative figure of schoolchildren who were on the streets most of the time. The kids were exposed to violence and health problems, denying them their right to live in a safe atmosphere (Sharma, 2020). Some of these health

problems included malnutrition, infectious diseases, substance abuse, sexual abuse, injuries, behavioral disorders, and a lack of access to health care.

Tanzanian urban street children have increased dramatically over the past ten years, according to studies done by Bwambale, Bukuluki, Moyer, and Van den Borne (2021). The study estimated that about 437,000 children were homeless in Tanzania. In large cities like Dar-es-Salaam, Dodoma, Mwanza, and Arusha, this issue was more serious. The children had experienced abuse and violence at home, which was why they were on the streets (Ashraf et al., 2022). They were continually harassed by the police, sex tourists, and other people, when they moved to the street, where they faced similar, if not worse, consequences. These effects brought on psycho-social health issues, including trauma, stress, depression, aggressive behavior, and hopelessness.

According to Goodman et al. (2016), it was estimated that there were between 250,000 and 300,000 homeless children in Kenya. The researchers' awareness of the need to learn more about the life experiences that led children to leave their homes and live on the streets grew as a result of their multiple interactions with homeless children. The most recent national census of 2019 estimated that 46,639 Kenyans were homeless nationwide. With 15,337 residents, Nairobi had the most people living on the streets, followed by Mombasa (7529), Kisumu (2746), Uasin Gishu (2147), and Nakuru (2005) (KNBS, 2019). According to the data, every street child had a backstory that led them to become homeless. Forty-three percent of people aged 15 to 19 said they were subjected to corporal punishment; 28.1% of children aged 10 to 14 lived on the streets with their parents, and 33.5% said they were influenced by friends. These street kids worked in hazardous environments, lacked a sense of identity, and the girls turned to prostitution as a means of subsistence. Most of these kids were

involved in glue sniffing as a coping mechanism to deal with the harsh treatment and surroundings. This was one of many coping mechanisms that helped these kids resist their own emotions and anxiety, as well as the harsh weather because they didn't have enough clothing and shelter.

The 2019 census showed that Meru County had the sixth-highest number of street children out of all the counties. A total of 1293 street children were counted (KNBS 2019). According to a 2015 study by Kieni, the majority of street children in Meru town were born in informal settlements. Based on the gathered data, it was found that 84.8 percent of children were forced to live on the streets by their parents, whereas 15.3 percent did so voluntarily. In terms of health, 36.0% of street children reported being in good health over the previous five years, 31.8% reported having illnesses over that same period, 29.5% reported being in poor health over that same period, and 2.8% reported being in good health over that same period (Kieni, 2015). Though studies have reported the number of children on the streets and the causes of their influx on Meru County streets, none have exclusively studied the psychosocial implication of streetism on children. This research aimed to illuminate the psycho-social impact of streetism on children in North Imenti sub-county, Meru County, and sought government bodies' and other organizations' interventions to help these children meet their basic social needs and services.

1.3 Statement of the Problem

UNICEF (2014) stated that children who were neglected in any aspect of their psycho-social well-being (cognitive, social, psychological, and moral) had a weakened social life. This has a significant impact on these kids' general development and mental health. A study conducted by Chepngetich (2018) aimed at proposing practical solutions to mitigate the obstacles to street children's rehabilitation in Nakuru Town. The study found that street children were forced to live on the streets due to a lack of social support networks. Although

the public was aware of the hardships and social issues faced by street children, little was known about their day-to-day lives and psychosocial well-being. They were mostly viewed as dangerous and disregarded, and some even fled from them.

Most of the documented literature did not attempt to draw a connection among the implications of psychosocial aspects on street behaviors among children in the streets of Meru. A study done by Ngaku (2015) highlighted the drivers of the surge of children into the streets and the problems they caused on the streets. The study did not report on the psycho-social impact of psychological issues, psychosomatic symptoms, and social and moral wellness on these children as they lived in the streets. There was therefore a need for this study, which focused on the impact of streetism on the psychosocial health of children in North Imenti sub-county, Meru County. If this study is not done, policymakers may not be well informed about the detrimental effects of children living in the streets, and so they may not be rescued from the streets. Consequently, the street children's mental, physical, and moral health will deteriorate, and they will not be able to achieve what they ever wished to do in life. As children grow up, they have many aspirations. When they don't go to school, they do not have the academic qualifications required to become what they ever dreamed of. With no proper guidance from parents or guardians, their moral wellness would be degraded, and they would have continued to be a menace to society. It is therefore of paramount importance that this study be done to find out the effect of streetism on the socio-social health of street children in North Imenti sub-county, Meru County.

1.4 Purpose of the Study

The purpose of this research was to assess the effect of streetism on the socio-social health of street children in North Imenti sub-county, Meru County.

1.5 Objectives of the Study

The overall goal of this research was to examine how living in the streets affects the psycho-social health of street children in North Imenti sub-county, Meru County.

The objectives of the study were:

1. To assess the effect of insecurity on the psychological health of street children in North Imenti Sub-county, Meru County.
2. To determine the effect of a lack of proper adult care on the social well-being of street children in North Imenti Sub-county, Meru County.
3. To establish the effect of a lack of proper health care on the psychosomatic health of street children in North Imenti Sub-County, Meru County.
4. To evaluate the effect of being homeless on the moral wellness of children in North Imenti Sub-County, Meru County.

1.6 Research Questions

Research questions form the backbone of good research. They explore an existing uncertainty in an area of concern and point out a need for deliberate argument. The research questions for this study are as follows:

1. What is the effect of insecurity on the psychological health of street children in North Imenti Sub-county, Meru County?
2. How does a lack of proper adult care affect the social well-being of street children in North Imenti Sub-county, Meru County?
3. What is the effect of a lack of proper health care on psychosomatic symptoms among children living in the streets in North Imenti Sub-county, Meru County?
4. How does homelessness affect the moral wellness of children living in the streets in North-Imenti Sub-county, Meru County?

1.7 Significance of the Study

All individuals, including children, have the right to pursue education and live in a secure environment. The study focused on providing information and empirical evidence concerning the psycho-social conditions of children residing in the streets of Meru County. From the findings, the study may enable the ministry of gender and children to formulate policies and strategies, design projects, and use assessment tools to help curb the menace of street children. The study may also provide insights for policymakers, government organizations, and NGOs regarding the psycho-social well-being of children living on the streets so as to provide funds to support rehabilitation centers where these children could be taken to get help.

The results of the study may provide an opportunity for scholars to have access to a wide scope of evidence to inform their research. The study could also help in further research in areas related to street children not covered in this particular study. The findings of the psychological, social, psychosomatic, and moral challenges faced by the street children may offer valuable information for experts, policymakers, and humanitarian institutions to improve the lives of these youngsters through guidance on prevention, intervention, and the promotion of their psycho-social well-being. The information could also be essential for social workers and child counselors who may be willing to help these children both in the streets and in rehabilitation centers where they may be taken.

1.8 Scope of the Study

The coverage of this research was in the North Imenti sub-county in Meru County. The county covers an area of 7006 square kilometers and is divided into 9 sub-counties. It was not possible to cover the whole area due to time constraints and budget limitations. The area is also wide, and hence this study covered the North

Imenti sub-county, where Meru town has the highest number of children in the streets. Most of the studies had been conducted in major towns in Kenya, ignoring other towns like Meru, yet the issue of street children in Kenya affected all towns in Kenya. This was why the researcher settled on Meru County. The street children phenomenon in Kenya has the same characteristics; thus, the results could be generalized to other counties that have similar characteristics, like Meru County.

The focus of the study was the psychosocial effect of streetism on children in North Imenti, Meru County. The topic was selected because the street children's psychosocial health has been ignored for a long time, and it was time that something was done about that effect. Their well-being matters, just like for other human beings. This is not to say there had been no deliberate efforts to address the issue, but a lack of sustainability and consistency had been the major drawback.

The target population was all the street children in Meru County, totaling 1293 as per the 2018 national census. This was the sixth-highest in all the counties. The study was conducted from December 2023 to January 2024.

1.9 Delimitations

This study covered only the sub-county of North Imenti. It would have been problematic to visit all the sub-counties of Meru County. The study only targeted the four psycho-social issues of the street children, namely, psychological, social, psychosomatic, and moral wellness, though they faced many other challenges on the streets. Other common challenges like lack of food, insecurity, and lack of shelter were not largely explored because they were widely known and obvious. It would have made this study too large. The study did not cover the reasons for the increase of children in the streets of towns in the county because this had been done by other researchers, and again, it would have made the study too big.

1.10 Limitations of the Study

The research, although very significant, faced several challenges, such as data fluctuation due to the mobility of the street children as they retreated into casual houses or settlements, thereby affecting the exercise, which might have led to an extension of the enumeration time than scheduled. For the purpose of overcoming this challenge, the researcher allocated adequate time for the exercise to ensure all the targeted respondents participated fully in the research process. He also assessed the appropriate time when most street children were available.

Some street children may have been unwilling to give full information due to fear and insecurity. This was taken care of by befriending the street children, offering them food or snacks, and also ensuring the researcher created a friendly environment for engagement. The language barrier may have posed a great challenge because some words in the questionnaires may not have been well comprehended by the children, therefore reducing the process of data gathering. The use of an interpreter from the locality eased the problem.

1.11 Assumptions of the Study

In this research, it was assumed that the participants would be transparent and would answer the queries correctly for the interviewer to gather all the information and data required for this research. It was also assumed that the research would take the allocated time. There was the assumption that the research report would be a real and viable replication of the psycho-social effect of streetism on children.

1.12 Theoretical Framework

This research was based on Bowlby’s attachment theory and psycho-social theory by Erick Erickson.

1.12.1 The Attachment Theory

The attachment theory was formulated by psychiatrist and psychoanalyst John Bowlby (1907–1990), according to Abrams et al. (2015). Bowlby treated many emotionally disturbed children as a psychiatrist at a London child guidance clinic. His goal was to comprehend the feelings of worry and anguish that kids go through when they are taken away from their primary caregivers (Bowlby, 2005). The theory proposes that the emotional and social development of an infant is primarily shaped by their relationship with their primary caregivers. Bowlby's theory posits that attachment bonds are innate, and if the need for a stable bond is not met consistently, the infant can develop social, emotional, and even cognitive problems.

Bowlby's original work from 1970 was greatly expanded upon by psychologist Mary Ainsworth. Both of them made the argument that people have an innate need to develop relationships with their primary caregivers. An individual's attachment style may be influenced by these ties for the rest of their life. The most crucial idea is that for young children's normal social and emotional development, they must form a bond with at least one primary caregiver (Cherry, 2018). Babies form attachments to caregivers who exhibit social sensitivity and responsiveness, and who remain such for several months. It could take anywhere from six months to two years to complete this. The reactions of caregivers result in the formation of attachment patterns, which may give rise to internal working models that direct a person's emotions, ideas, and expectations in subsequent relationships. A child's behavior and development may be impacted by separation, anxiety, or grief after losing an attachment figure.

Understanding how people relate to one another and the methods they use to deal with early-stage adversity can be gained through an understanding of attachment theory. As per Bowlby's (1969) assertion, attachment behaviors are innate and are

triggered by situations that appear to jeopardize the attainment of proximity, like fear, insecurity, or separation. According to him, persistently upsetting the bond between newborns and their primary caregivers may lead to long-term emotional, social, and cognitive problems. Street children's lives are highly disrupted because their primary caregivers are separated from them. The challenges in the streets, such as lack of food, hostility from other people, and lack of parental care, may lead them to experience a lot of anxiety and grief. It is important to find out how this affects their cognitive, social, and emotional development, hence the need for this study.

Secure attachment, insecure-avoidant attachment, and insecure-resistant attachment are the three primary forms of attachment that Mary Ainsworth distinguished. (Shemmings, 2011). Secure attachment can serve as a solid basis for wholesome relationships and emotional control since it conveys a feeling of safety and trust in the caregiver. Conversely, insecure-resistant attachment is typified by conflicting emotions and a hard time separating from the caregiver, whereas insecure-avoidant attachment is characterized by a lack of emotional closeness and avoidance of the caregiver. The final two may result in behavioral problems, anxiety, or depression. Although Ainsworth divided the theory into three attachment styles, people can display different attachment patterns in different relationships or a combination of these styles.

Although Bowlby stressed the existence of a single primary attachment figure, children can form multiple attachments to different caregivers, so this may not always be the case. According to Bowlby's theory, development would suffer from being removed from the primary caregiver; however, contemporary theorists understand that quality is more important than quantity. Additionally, the diversity of context and culture is limited. Since the theory was primarily developed from observations from

western middle-class families, it has not fully captured the diversity of attachment patterns and behaviors across different cultures and socioeconomic backgrounds. Bowlby's theory of attachment places a lot of emphasis on the relationship between parents and children and might not take into account other aspects of development, like genetics, temperament, and cultural influences.

In contrast to Bowlby's theory, Harris contends that peers, not parents, are responsible for forming a child's personality and character. Additionally, Harris thinks that peers have a greater impact on kids than do parents. For instance, compared to identical twins raised in the same home, identical twins separated at birth and raised in separate homes are more likely to behave similarly. According to the current study, children living on the streets feel a great deal of fear and insecurity in addition to being separated from their primary caregivers. Their social and cognitive development may be impacted by the environment they live in.

1.12.2 Psychosocial Theory by Erick Erickson

The Theory of Psycho-Social Development was introduced in the 1950s by a 20th-century German psychologist and psychoanalyst called Erikson (Carrey, 2010). It built upon Freud’s theory of psychosexual development by drawing parallels in childhood stages while expanding it to include the influence of social dynamics as well as the extension of psychosocial development into adulthood. It posits eight sequential stages of individual human development influenced by biological, psychological, and social factors throughout the lifespan. This theory suggests that people grow in a sequence that occurs over time and in the context of a larger community (Erickson 1998). The proponent maintained that personality development follows an order of eight stages of psychosocial development from infancy to adulthood. During these stages, the person experiences psycho-social crises because

they involve both the psychological and social needs of the individual. Successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Failure to achieve successful completion will lead to an unhealthy personality and sense of self.

When children are fleeing to the streets, they will have already experienced unsuccessful stages of psycho-social development due to disconnection from parents or any other form of lack and mistreatment that may have led them to the streets. This means that their psycho-social well-being is already affected and may continue like that unless there is some intervention. According to Woan (2013), street children experience high levels of hopelessness, vulnerability to depression, and depressive symptoms. They lack the proper capabilities to secure decent jobs, and they face oppression, torture, insecurity, and other problems that have a detrimental effect on their development and often have serious psychosocial consequences such as distrust, a lack of self-confidence, and negative interpersonal relationships.

Erikson’s theory has been criticized for focusing so much on stages and assuming that the completion of one stage is a requirement for the next crisis of development. His theory pays attention to the social expectations that are found in certain cultures, but not all. For example, the idea that adolescence is a time of searching for identity might translate well in developed countries’ cultures, like the United States, but not so well in African cultures, where the transition into adulthood coincides with puberty through rites of passage and where adult roles offer fewer choices. According to Cole and Cole (1989), one of Erikson's favorite methods for testing his theory is the case study of such famous men as Martin Luther King Jr. and Mahatma Gandhi. This can be time-consuming and difficult to apply to individuals experiencing role confusion.

The psycho-social development theory holds that individuals are shaped by and react to their environment, and for this reason, the theory may prove to be a useful tool in addressing the issue of street children. The theory can be utilized in the analysis of a street child's psychosocial challenges in relation to past traumatic experiences and conflicts with current developmental tasks.

1.13 Conceptual Framework

Independent Variable **Dependent variable**

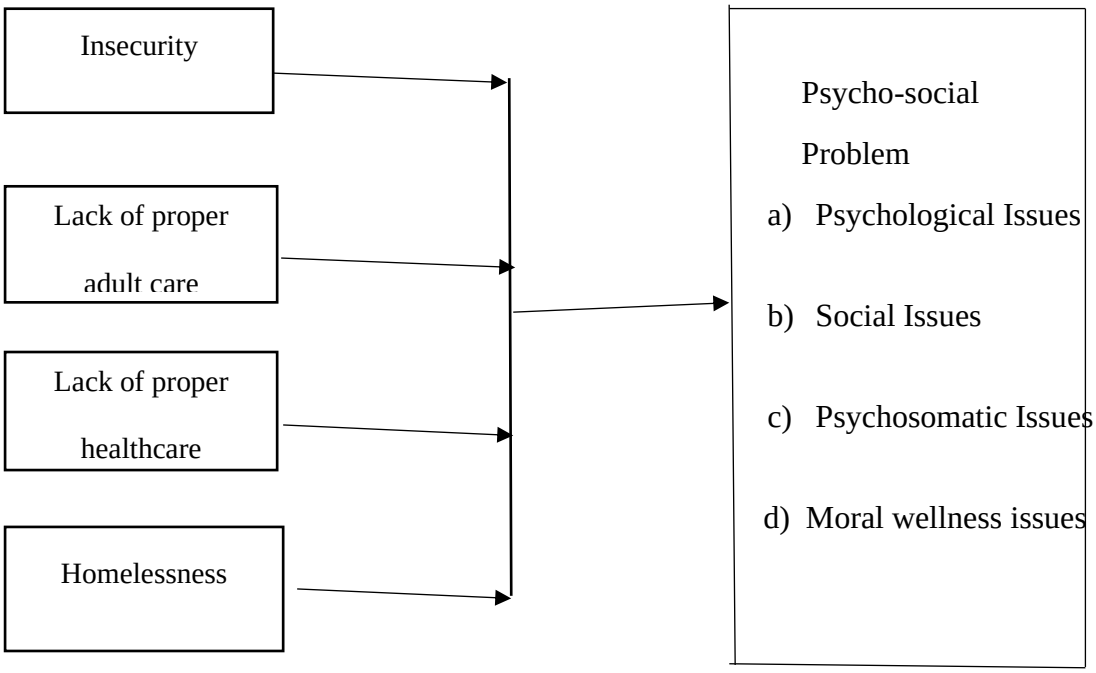

Figure 1.1: Conceptual Framework

Discussion of the Conceptual Framework

This is a diagrammatic representation of the study's variables. It displays how the independent and dependent variables are related to one another. Streetism, or living on the streets, or the circumstances of street children, who typically live on the streets and work for menial wages, is the independent variable. Homelessness and living on

the streets lead to mental health problems among street children. The street children experience high levels of hopelessness, depression, behavioral issues, and suicidal thoughts, in addition to moderate to severe emotional and neurological problems. Children need adults for their overall wellbeing because they require love and attachment during their developmental stages. Lack of proper adult guidance or supervision makes the street children deal with a great deal of oppression, torture, insecurity, and other issues. Their development is greatly impacted by this, which has major social repercussions like mistrust, low self-esteem, and strained interpersonal relationships. Lack of proper health care leads to psychosomatic illnesses; these are physical symptoms that may be brought about by or made worse by psychological factors. The dependent variable is the psycho-social effect, that is, the psychological, social, psychosomatic, and moral wellness of children living in the streets.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

As depicted by Sharma (2020), street children are considered the most vulnerable population that is severely impoverished by a lack of health care and education. The most prevalent reasons that force children to the streets include escaping abusive parents, parental alcoholic behavior, and the low income of families, among many others, as stated by Endris (2019). UNICEF (2014) stated that children who have been neglected in any dimension of their well-being (physical, social, psychological, and moral) are denied social life with other children and general development. Adolescent street children are the most marginalized population and are well-disposed to psychosocial glitches. The chapter will cover a review of the literature, which will be based on the study objectives, which are psychological health, social well-being, psychosomatic symptoms, and moral wellness.

2.2 Review of the Literature.

According to a 2019 report from the Centers for Disease Control and Prevention, there are between 120 and 150 million street children worldwide. About 25% of people reside in Asia, 25% in Africa, and 50% in South America. The vast majority of kids experience mental health issues. Many street children from African and sub-Saharan nations experience anxiety, hopelessness, and depression, according to Nambile and Mahlako (2015). According to Goodman et al. (2016), the number of children living on the street in Kenya is estimated to be 250, 000. There has been a notable increase in the number of children living on the streets in Kenya, mainly in the major urban areas of Nairobi and Western Kenya. In Kenya, especially in the study area, the issue of psycho-social well-being and the general development of street children have received little attention. For this reason, the purpose of this study

is to determine the level of psychosocial distress among street children in North Imenti sub-county, Meru County.

2.2.1 Psychological Health

Psychological issues are described as an ongoing dysfunctional pattern of thought, emotion, and behavior that results in distress for the individual experiencing them (American Psychiatric Association, 2013). Children who are homeless and live on the streets are more likely to experience mental health problems, according to the United Nations (2013). In practically every aspect of development and health, they struggle. According to Bowlby and Einstein, children are extremely reliant on adults for their overall wellbeing because they require love and attachment during their developmental stages (Cherry 2018).

According to a WHO report from 2004, street children are pushed to experience distress and anxiety that results in behavioral issues due to their unavoidable exposure to poverty, physical, emotional, verbal, and sexual abuse without access to proper healthcare. Oppong (2016) states that street children in Ghana are vulnerable to both health risk behaviors and mental health problems, which are further aggravated by limited access to education, support, and health facilities. Children's immunity, growth, and general health are all influenced by their diet and food quality, which also has an impact on their psychological and mental well-being.

In Kenya, the Situational Report for Children stated that the largest concentration of street children is found in urban areas like Nairobi, Mombasa, Kisumu, Eldoret, and Nanyuki (United Nations Children’s Fund, 2017). According to the same reports, this number keeps rising as a result of kids from informal settlements being drawn to Nairobi's streets. Devolution has made the problem more complicated, as county

governments are not required by the constitution to set aside money for the rehabilitation of kids living on the streets (United Nations Children's Fund, 2017).

According to a longitudinal study, a sizable portion of kids with early ODD symptoms grow up to be adolescents and young adults, facing major issues with their mental and physical health, their education, their finances, and their involvement in violent crimes (Burke, Hipwell, & Loeber, 2010). According to a 2011 study by Munkvold, Lundervold, and Manger, boys were more likely than girls to experience the impact of ODD symptoms and to have the disorder overall. Fraser and Wray (2008) also discovered that boys were more likely to exhibit symptoms in early childhood, while girls were more likely to exhibit symptoms during adolescence, following the onset of puberty. Early-onset ODD sufferers were more likely to have experienced parental abuse, dropped out of school, or participated in criminal acts that have long-term implications for their mental health. According to a study done in Kenya, 12.1% of people have ODD (Kamau, Kuria, Mathai, Atwoli, and Kangethe, 2012). Muthoni and Karume (2014) went on to say that psychologists were desperately needed in Kenya to work with this population because ODD children could be misinterpreted as mischievous and hard to manage. Children are frequently disciplined both at home and at school. They may also experience peer rejection or neglect, which leads them to associate with other antisocial individuals to form antisocial gangs. Muthoni and Karume also came to the conclusion that ODD has not received much attention in Kenya and that the nation's therapists are unqualified to work with kids who have ODD and other disorders, for instance, spectrum diseases, anxiety, and autism.

A common and severely debilitating psychological disorder, conduct disorder (CD) typically manifests in childhood or adolescence. Fairchild et al. (2019) describe

it as marked by severe antisocial and aggressive behavior. It is in our nature to be aggressive. It is a well-known fact that self-defense against verbal or physical aggression plays a role in both adaptation and survival. Young children are universally prone to aggressive behaviors. For instance, biting, kicking, spitting, pushing, slapping, and hitting are examples of behaviors that caregivers use to shape their children's behavior and teach them more acceptable ways to express their desires and defend their rights in society. However, some teenagers don't follow this socialization route and frequently act aggressively. These teenagers might fit the categorical definition of conduct disorder, which is the most severe kind of disruptive behavior disorder. Sometimes, between the ages of four and six, oppositional defiant disorder develops into CD. Adolescence, which lasts from 10 to 19 years of age, is a crucial time in a person's life cycle because it is the biological, social, and psychological transition from childhood to adulthood.

According to research, early-life insecure attachment raises the risk of psychopathology and has other detrimental effects on behavior that persist into later childhood and adulthood (Young, Simpson, Griskevicius, Huelsnitz, & Fleck, 2019; Mikulincer & Shaver, 2012). Adoption issues are frequently present in children with conduct disorder, oppositional defiant disorder (ODD), and post-traumatic stress disorder (PTSD), potentially as a result of early trauma, abuse, or neglect. Conversely, infants who grow up feeling safely attached typically develop strong romantic relationships and high self-esteem. They typically perform better in school and have greater independence. They can express themselves more effectively, have fulfilling social relationships, and endure lower levels of anxiety and depression. The street children lack this, and this affects their behavioral outcomes.

2.2.2 Social Wellbeing

Though street children's social problems, plight, and suffering have garnered public attention, little is known about their day-to-day experiences and psychosocial health. Hai (2015) asserts that street kids don't have the skills necessary to land good jobs. While living on the streets, they deal with a great deal of oppression, torture, insecurity, and other issues. Their development is greatly impacted by this, which has major psycho-social repercussions like mistrust, low self-esteem, and strained interpersonal relationships. Their social power is lacking. According to AMAL (2004), street children face a number of difficulties, including being physically abused and stigmatized by society as a result of their homelessness, in addition to being beaten by police on the streets. Every human being needs to feel like they are accepted. It gets easier for them to be violent toward society the more cut off they feel from it. They are not even close to reaching their full potential. The most socially and marginally excluded segment of society is thought to be children who live on the streets. They are more likely to experience issues with drug abuse, violence, neglect, and sexual problems.

Drug use is typically a result of psychosocial health problems in street children. According to research done in the Midwest of the US by Tyler and Schmitz (2018), physical street victimization was the only factor linked to drug and substance abuse. According to a 2005 report by Save the Children, street children in Canada who flee from violence at home are particularly susceptible to being sexually exploited. In return for food, shelter, and medical care, they engage in prostitution, drug trafficking, stealing, and begging.

Sharma and Joshi (2020) conducted a study in India to examine preventative strategies for drug abuse among children living in the streets. They discovered that the children were influenced by their peers to use drugs and other substances. Reza and Henly's (2018) study of street children in Bangladesh found that social networks are

the primary source of support for these children and that there is an increased incidence of illnesses, calamities, and other hazards in street life.

Policymakers and law enforcement continue to face significant challenges when it comes to drug abuse among children, according to a study conducted in Egypt by Aly, Omran, Gaulier, and Allorge (2020). These children's growth and development are seriously impacted, which leaves them more susceptible to illness. Street kids are easily enlisted to work as drug dealers because they are raised in an environment where new psychoactive substances are always available. They are consequently exposed to drugs at a young age. This suggests that adolescent drug use is significantly influenced by the environment in which they are raised.

According to Sorber et al. (2014), the children living in the streets of Kenya, known to the general public as "Chokaraa," endure severe stigmatization, social exclusion, and discrimination in addition to human rights violations. These experiences have an adverse impact on the well-being and health of the children. They work in the street or in an informal economy, earning between fifty and one hundred Kenyan shillings a day on average, and are marginalized both socially and economically. According to Cottrell-Boyce J. (2010), these street kids are regularly involved in the criminal justice system and tell stories of confrontations with law enforcement, harassment and arrest, violence, and beatings at the hands of authorities. According to Undugu Society (2011), a number of social issues that make the home or family environment unfriendly and unsuitable for the needs of children cause children to flee to the streets. This could include, but is not limited to, home poverty, drug and substance abuse, child abuse, and a low lack of motivation to attend school. According to the report, the majority of street children came from drunken parents

who had failed to provide for their kids. For these kids, the street served as an alternate source of income.

Even though there is ample evidence that street children in Kenya face social and health disparities, no comprehensive research has been done in Meru County to examine how structural and social determinants of health in this setting contribute to, perpetuate, and shape these disparities. There is a dearth of research in Meru County that results in uneven outcome measures and subpar study designs, which is why more attention is required. Therefore, this study is necessary to determine how streetism affects the psychosocial health of children who live on the streets.

2.2.3 Psychosomatic Symptoms

Physical symptoms that may be brought on by or made worse by psychological factors are what define psychosomatic illnesses. These include breathing difficulties, chest, arm, and leg pain, anxiety about one's health, and difficulty falling asleep. Disorders such as hypertension, asthma, ulcers, colitis, diarrhea, migraine headaches, or other pains may arise from this. Because of their emotional, physical, developmental, or behavioral traits that contribute to their frequent injuries, street children are more likely to sustain injuries.

A study conducted by Suliman and Nada (2010) in Cairo, Egypt, found that the most common injuries reported were sprains, cuts, scratches, lacerations, burns, and bruises from fights and accidents. In order to lower morbidity and mortality and better understand why street children have a much higher injury rate, more research is required. According to a study conducted in 2005 by Reidner and Danhe, infectious diseases and parasites are major health issues in Africa. Compared to children who live in homes, street children are more likely to be infected with parasites like worms and protozoa. The three main causes of morbidity and death among street children are

tuberculosis, pneumonia, and malaria; malaria is more common in West Africa, while tuberculosis and pneumonia are more common in East Africa.

A large number of street children in Kenya pass away too soon from avoidable causes of death. Because of the unprofessional conduct of hospital employees, they are unable to receive public health services. They also have to buy medication and pay fees. The need for the current study to look into the health status of street children is evident because no research has been done in Meru County regarding the physical health issues that these children face (Aptekar et al., 2014). By enhancing the quality of diagnosis and treatment of these conditions and customizing interventions to the needs of this population, promoting research on psychosomatic conditions in children and adolescents would be beneficial for professionals.

2.2.4 Moral Wellness

Moral reasoning is the process by which humans develop and apply moral principles as well as their understanding of right and wrong. Children are guided in making moral decisions by parents and other authority figures. A child's moral development is greatly influenced by spiritual guidance as well. Empirical studies have demonstrated the significance of spiritual practices and religion in fostering positive attitudes and behavioral patterns among teenagers in certain domains, such as drug and substance abuse, sexuality, and gang membership (Okwumabua et al., 2014). It has been discovered that religious activities and mentoring, in particular, encourage healthy sexual behaviors (Hope et al., 2019).

Research has also demonstrated that high levels of spirituality and religion correlate with pro-social behaviors, resilience, and coping skills (Butler, Evans, Brooks, Williams, & Bailey, 2013). This mentorship is lacking among the street children; hence, their moral wellness is poor. Children living in the streets are

stereotyped as immoral and evil, devalued, and guilty. Although religion and spiritual guidance can help shape the lives of the children living on the streets, they rarely go to religious gatherings due to stigma and the attitude that people have toward them. They are considered thieves and nuisances, and many people would not like to associate with them (Hart, 2011).

Studies carried out in various sub-Saharan nations have demonstrated, according to Murray & Singh (2010), that street children are highly susceptible to contracting STDs, such as HIV/AIDS. These kids witness rape, prostitution, sexual abuse, and bartering between heterosexual and homosexual people. According to Belcher & Deforge (2012), stereotypes give social actors the power to hold people accountable for their circumstances. Children who live on the streets face stigmatization and humiliation from the general public, according to a study done in the Eastern Cape, South Africa (Chireshe et al. 2010). Because of life experiences that may compromise their ability to grow emotionally and develop appropriately in the future, this can cause them to descend into a pit of despair.

Children who live on the streets in Kenya are known as "chokoraa" and are viewed as threats. Nobody is concerned about their health, how well they eat, or how well they sleep. They now live on the street and rely on it for their livelihood, yet they receive insufficient protection, supervision, or guidance from responsible adults. If these kids don't get the help they need, they might start acting out and end up becoming a danger to society's social order (Mwoma and Pillay, 2015).

Ngaku and Kieni in 2015 did different studies on factors contributing to the influx of street children in Meru County; however, not much study has been done on the moral wellness of children living in the streets, and therefore this study tends to focus

on research on this aspect as part of the psycho-social issues experienced by the street children.

2.3 Conclusion

The current study emphasizes the different psycho-social problems that homeless children encounter on a daily basis. It's crucial to remember that not every street child has worse life circumstances than they did in their prior lifetimes. The majority of research has shown how vulnerable and marginalized street children are. Their general development, socialization, health, and quality of life are all impacted by this. More attention and research focus are required in this area due to the paucity of previous studies and the inconsistent outcome measures.

Prior research did not record the psychosocial status of street children, despite the fact that the number of children experiencing difficulties and the difficulties they encounter are rising. These kids are homeless and will grow up to be teenagers and adults, which will either positively or negatively impact their future. In that regard, creating effective interventions requires a thorough understanding of psychosocial problems and the difficulties the children on the streets encounter. Past research on this topic has not included this information. This study will bring to light the psycho-social problems experienced by the street children in Meru County and the interventions therein.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

The researcher outlined the strategies that would be employed to achieve the study's goals in this chapter, as well as the methods and procedures that were chosen for data collection and analysis. This chapter covered the following subtopics: data collection, data analysis, target population, study sample, research design, research site, and legal and ethical considerations.

3.2 Research Design

This research used a descriptive study design using a mixed-methods approach that combined quantitative and qualitative techniques. For this reason, questionnaires, interviews, and focus group discussions were all used as data collection tools. The descriptive research design was chosen because it would enable the study to gather comprehensive information to address inquiries about the current state of the study's subject. To better understand the psycho-social problems that street children face, the qualitative research design aided in the collection and analysis of descriptive data. Quantitative research collected using the questionnaires produced data leading to knowledge and developed an understanding of the psycho-social issues that street children face.

3.3 Research Site

The county of Meru was the site of the study. The counties of Nyeri to the southwest, Isiolo to the north, Laikipia to the west, and Tharaka-Nithi to the east border this county. A study by the Meru County Integrated Plan 2018–2022 stated that a population of 1.55 million people lives in this county, which covers an area of about 7006 square kilometers. Its five principal cities are Timau, Maua, Laare, Nkubu, and Meru Town. The study was important because this county is rapidly

expanding and, according to the 2019 national census of street children, the county ranked sixth out of forty-seven counties in Kenya with the highest number of street children.

The area of study was the North Imenti sub-county, which is one of the nine sub-counties. The researcher chose the North Imenti sub-county because Meru town is located here, and this is the area where the majority of street children are concentrated. They came from neighboring villages such as Giaki, Kaaga, and Ruiri, just to name a few. It was also significant to do the study in this sub-county because it is a fast-growing area and the hub of the county, and the number of street children has been increasing tremendously.

3.4 Target Population

The study targeted the total population of street children in Meru County, which was approximately 1,293, as per the 2019 national census for street families. This was distributed among the five main towns, namely, Meru town, Nkubu, Laare, Timau, Maua, and other small towns. However, the figure might have been higher than this due to the possibility that not all street children were captured in the census as they feared being counted. For example, in the Igembe region, more than 700 children lived on the streets of Maua, Laare, Kangeta, and Mutuati towns, as reported by Nation Television on April 26, 2023. About 75 percent were boys, living mainly by begging on the streets and searching for food in waste bins.

The North Imenti area had about a total of 250 street children, as mentioned by Gikunda in a study done by Ngaku in 2015 and reported by the Star newspaper. This included Meru town, the Makutano area, Gakoromone market, and its environs (Giaki, Ruiri, and Kiirua towns). The study also showed that a wide range of socioeconomic issues, including child labor, alcohol and drug abuse, dysfunctional

families, poverty, and lawlessness, caused an increase in the number of street children in this area of North Imenti. The absence of feeding programs in public primary schools was evidence that the government did not sufficiently assist low-income families.

3.5 Study Sample

3.5.1 Sampling Procedure

The study used a non-probability sampling system, which was a snowball sampling technique. In this method, new units were recruited by other units to form part of the sample (Mugenda, 2019). Street children are a stigmatized group and have specific traits that might be difficult to identify. They can be hesitant to participate due to fear of exposure. Therefore, exponential non-discriminative snowball sampling was best used for this study, whereby the researcher recruited the first participants and, in turn, recruited others. The researcher included all the referrals in the sample. The first five samples were picked randomly from Meru town, the Makutano area, and Gakoromone, Ruiri, Giaki, and Kirwa towns, respectively.

3.5.2 Study Sample Size

With a population of 250, the sample size was 152, for a confidence level of 95% and a margin of error of 5% with p = 0.5. According to the study "*Sample Size Determination Using Krejcie and Morgan Table"* in Appendix V, a target population of 250 will have a corresponding sample size of 152 respondents; therefore, a sample size of 152 respondents will be used for the actual study.

3.6 Data Collection

3.6.1 Data Collection Instruments

Questionnaires

In the study, questionnaires were employed to collect data from participants, specifically street children. The questionnaires consisted of several questions, allowing the researcher to obtain accurate and comprehensive data in a logical manner. The questions covered various aspects of psychological health, social health, psychosomatic symptoms, and moral wellness, as shown in Appendix I. The use of questionnaires assisted in minimizing open-ended queries and contributed to achieving the research goals and objectives. A pilot test was done to check the validity and reliability of the questionnaires. Data from the questionnaires was used in the assessment of the different objectives through descriptive and inferential analysis. To determine the effects of streetism on the psychological health and social well-being of street children, a chi-square test was used. An analysis of variance (ANOVA) was used to explore the establishment of psychosomatic symptoms exhibited by children living on the streets, and one-sample t-tests were used to determine the moral wellness of children living in the streets in North Imenti sub-county, Meru county.

Interviews for the respondents

In this study, in-person interviews were incorporated as they were deemed suitable for collecting data related to this research from street children. Street children aged between 10 and 18 from the streets of various towns (Meru town, the Makutano area, and Gakoromone, Ruiri, Giaki, and Kirwa) in North Imenti sub-county, Meru County, were interviewed. They helped to give information on how living in the streets affects their psychological, social, psychosomatic, and moral health. The interview guide encompassed questions concerning street life and its impact on the psycho-social well-being of the respondents, as shown in Appendix II.

Focus Group Discussion

The research methodology included the use of focus group discussions, a method employed to gather information and data through group interaction. Each group, comprising a small number of respondents, was carefully selected to discuss specific topics. This qualitative research approach involved the researcher moderating discussions within the groups. Through this method, the researcher gained insights into the attitudes, perceptions, knowledge, experiences, and practices of street children that might not have been revealed through individual interviews. The researcher organized 10 groups, each consisting of 15 street children, with one group exclusively for girls. This number was deemed manageable, allowing the researcher to comfortably handle the discussions.

3.6.2 Pilot Testing of Research Instruments

This study conducted a pilot test on 10 street children who were selected from the wards in north Imenti Sub-County. These were Giaki, Thuura, Ruiri, Timau, and Chugu. Pilot testing helped in examining the questionnaire's ambiguous questions, responding to respondents' comments during pretesting, examining the questionnaire's flaws, and finally determining whether the analysis methods were appropriate. This was a trial of the entire research design, including the instruments, procedures, sampling, and data analysis. It was able to check the appropriateness of the instruments and help estimate the time, cost, and resources needed for the main study. The selected town for pilot testing was not part of the actual research.

3.6.3 Validity

Every tool, including the questionnaires and interview guide, underwent a pretest in order to find and modify any unclear, uncomfortable, or offensive questions. Expert opinion was sought from the supervisors who ascertained the content validity of the research instruments. The representation and appropriateness of the questions were determined, and recommendations for improvements to the framework and research tool questions have been implemented. This was essential in enhancing the content validity of the information to be gathered.

3.6.4 Reliability

According to Mugenda & Mugenda (2003), reliability is a measure of how consistently research instruments produce results. Pre-testing was done to ascertain the validity of the research instruments, such as the questions' phrasing, organization, and sequencing. There were ten participants from the target population in the pre-test. Since the pilot study did not require statistical conditions, the respondents were chosen conveniently. The goal was to improve the language comprehension and relevance of the research instruments so that participants in the main study would have no trouble responding to the questions and the information gathered would be reliable. Reliability analysis is a statistical technique used to assess the consistency and stability of measurements in research instruments, such as surveys or questionnaires.

Table 3.1: Reliability Analysis

Variables	**No of items**	**Cronbach's Alpha coefficient**
Assessment of the implications of streetism on the psychological health of street children in North Imenti sub-county, Meru county	12	0.921
Determination of the effects of streetism on the social well-being of street children	9	0.752
Establishment of the psychosomatic symptoms presented by the children living in the streets	7	0.857
Ascertainment of the influence of streetism on moral wellness among children living in the streets	9	0.822
All questionnaires' items	**37**	**0.838**

Source Field Data (2024)

The reliability analysis conducted on the questionnaire assessing the implications of streetism on street children in North Imenti sub-county, Meru County, reveals high internal consistency for specific variables. The assessment of psychological health demonstrates excellent reliability with a Cronbach's alpha coefficient of 0.921, while the variables examining social well-being, psychosomatic symptoms, and moral wellness exhibit good to moderate reliability with coefficients of 0.752, 0.857, and 0.822, respectively. Overall, the entire set of 37 questionnaire items, encompassing all variables, indicates a commendable level of internal consistency, with a Cronbach's alpha coefficient of 0.838. This suggests that the questionnaire is a reliable instrument for comprehensively evaluating the multifaceted impacts of streetism on the well-being of children living in the streets.

3.6.5 Data Collection Procedures

An introduction letter from Nazarene University was issued to be presented to the National Commission for Science, Technology, and Innovation (NACOSTI) so as to obtain an authorization letter and a research permit. These documents were essential

to confirming that the research adhered to ethical standards and regulatory requirements set by the national governing body. To access the children for the study, permission was sought from the Meru County Department of Children Services, ensuring that the visitation aligned with local regulations and safeguarded the well-being of the children. Thereafter, the researcher filled out the questionnaires, reading word for word to the street children. In this qualitative phase, the researcher and the children's office representative asked questions in a standardized form. The questionnaires were interpreted in Kiswahili, a language understood by almost all the children. To establish rapport with the street children, they were provided with something to eat, creating a good environment for them to share information freely.

A flexible discussion guide was utilized for the focused group discussion, allowing for open and structured discussions on the issues. An open-ended, unstructured, and flexible discussion guide was prepared based on the study's objectives. This qualitative approach facilitated active listening from the children, enabling them to express what was important to them, and the information was systematically recorded. To ensure that the data gathered was accurate, consistent, and dependable, good data collection required a defined procedure. It involved assessing the goals, determining the data needed, and selecting the data collection strategy.

3.7 Data Processing and Analysis

The researcher employed Statistical Package for Social Sciences (SPSS), version 25.0, for the analysis of quantitative data. SPSS was instrumental in conducting quantitative analysis, which used both descriptive statistical and inferential analysis. For the qualitative aspect, thematic analysis was utilized as the method of choice. This involved a systematic process of analyzing the data by generating initial codes to label key concepts, searching for themes that encapsulate patterns, and

reviewing and refining these themes. Thematic analysis allowed for the exploration of the depth and nuances of the psycho-social experiences of street children, providing a rich and comprehensive understanding of their challenges. Visual representation of the quantitative results was achieved through simple frequency distribution tables, bar graphs, and pie charts, complete with percentile illustrations, while qualitative analyses were presented in themes. This approach facilitated a holistic presentation of findings, incorporating both the richness of qualitative insights and the precision of quantitative measures.

3.8 Ethical Considerations

Firstly, an introduction letter from Nazarene University was presented to provide an overview of the research, its purpose, and affiliation. This letter served to establish credibility and transparency.

Secondly, an authorization letter and a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI) were obtained. These documents were essential to confirm that the research adhered to ethical standards and regulatory requirements set by the national governing body.

To access the children for the study, permission was sought from the Meru County Department of Children Services, ensuring that the visitation aligned with local regulations and safeguarded the well-being of the children.

Throughout this process, confidentiality and anonymity were emphasized. Participants were reassured that their names would not be disclosed and their data would be treated with the utmost discretion. The researcher communicated the nature of the study clearly and sought informed consent and assent after explaining that the study results would be used solely for research purposes. Participants were informed that the results may contribute to policies aimed at enhancing their psychological

well-being. The study therefore prioritized the ethical considerations and protection of the rights of all participants involved in the study.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

In the urban landscape of North Imenti sub-county, Meru County, the pervasive issue of streetism has emerged as a critical concern, particularly affecting the psychosocial health of vulnerable street children. This study delved into the multifaceted effects of streetism on the psychological well-being, social equilibrium of these children, moral wellbeing, and psychosomatic effects, focusing on the unique context of the North Imenti sub-county. The aim was to unravel the intricate challenges faced by street children and contribute to a comprehensive understanding of the psycho-social dynamics within this specific locale. Below are the study results and findings, which start with the questionnaire return rate, reliability analysis, demographic characteristics, assessment of psychological implications, effects on social well-being, psychosomatic symptoms analysis, and finally influence on moral wellness.

4.2 Response Rate

The questionnaire response rates provide crucial insights into the level of engagement and participation of different categories of respondents in the investigation of the implications of streetism on the psycho-social health of street children in Meru County, particularly within North Imenti Sub-County. With a sample size of 152 respondents, a total of 152 questionnaires were distributed to all the chosen respondents using the non-discriminative snowball sampling method. Out of the 152 questionnaires, 138, representing 90.7%, were filled out and returned. 33 (23.9%) of the returned questionnaires were female, and 105 (76.1%) were male.

4.3 Characteristics of the Respondents

Demographic characteristics are integral to comprehending the implications of streetism on the psycho-social health of street children in Meru County, particularly within North Imenti Sub-County. The age distribution among these children is crucial for tailoring interventions to address developmental needs, while an examination of gender dynamics ensures a nuanced understanding of the diverse challenges faced by boys and girls on the streets. Exploring family backgrounds sheds light on the root causes of streetism, encompassing factors like poverty and familial breakdown that impact the psychosocial well-being of these children. Additionally, considering their educational background aids in assessing their access to formal education, contributing essential insights to the formulation of effective strategies for mitigating the adverse effects of street life on psychosocial health. The study results are presented in Table 1 below.

Table 4.1: Demographic Characteristics

Test Item		**F**	**%**
What is your gender?	Female	33	23.9%
	Male	105	76.1%
What is your age?	Below 10 years	28	20.3%
	10 - 12 years	42	30.4%
	13 - 15 years	34	24.6%
	16 - 18 years	34	24.6%
Level of education	Never Been to School	32	23.2%
	Nursery	30	21.7%
	Primary	71	51.4%
	Secondary	5	3.6%
Are your Parents Alive? Specify	Alive	26	18.8%
	One is alive	74	53.6%
	Both Dead	31	22.5%
	Don’t Know	7	5.1%
Where is your home place?	Meru town	40	28.9%
	Makutano area	36	26.1%
	Gakoromone	24	17.4%
	Ruiri	11	8%
	Giaki	12	8.7%
	Kirwa towns	15	10.9%

How many are you in your family?	Alone	81	58.7%
	1 - 2 people	32	23.2%
	3 - 4 people	19	13.8%
	Over 5 people	2	1.4%
	Don't Know	4	2.9%
What made you leave home to come to the streets?	Abusive parents	72	52.2%
	No food at home	26	18.8%
	Influenced by Friends	33	23.9%
	No Shelter	7	5.1%
For how long have you been living in the streets?	Less than 1 year	69	50.0%
	1 - 3 Years	36	26.1%
	4 - 6years	16	11.6%
	7 - 9 years	6	4.3%
	Over 10 years	11	8.0%
Would you want to go back home?	Yes	71	51.4%
	No	40	29.0%
	Not Decided	27	19.6%
Would you want to go to a children's home?	Yes	38	27.5%
	No	72	52.2%
	Not Decided	28	20.3%

Source Field Data (2024)

The demographic characteristics of the study participants, conducted to investigate the effects of streetism on psycho-social health among street children North Imenti Sub-County, in Meru County reveal a diverse profile. The gender distribution shows a majority of male participants (76.1%), outnumbering females (23.9%).

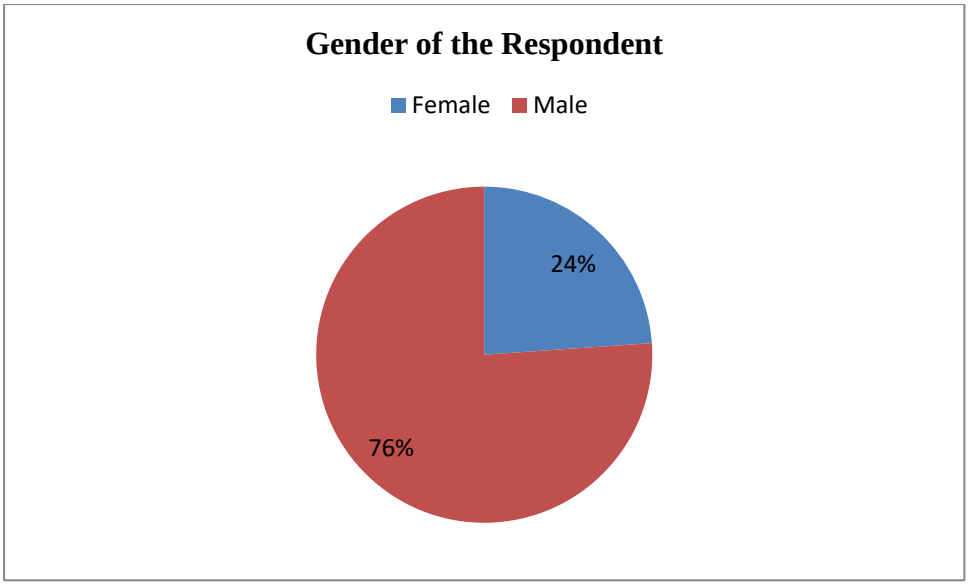

***Figure 4.1*: Gender of the Respondent**

Age distribution highlights a substantial representation from the age groups of 10-12 years (30.4%) and 13-15 years (24.6%).

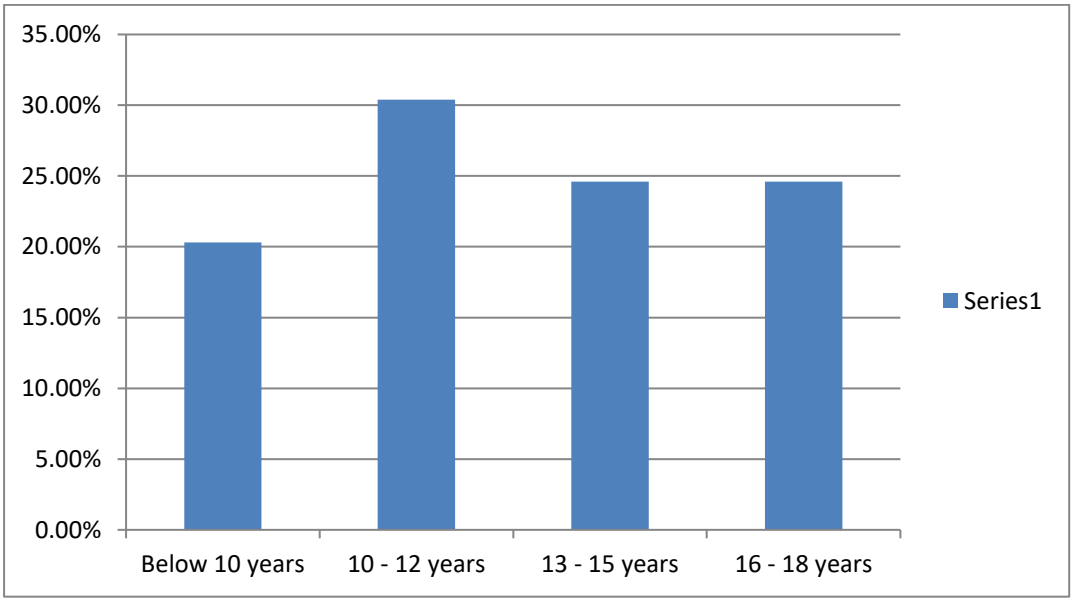

Figure 4.2: Age of the Respondent

In terms of education, a significant portion has primary education (51.4%), while a notable percentage has never been to school (23.2%).

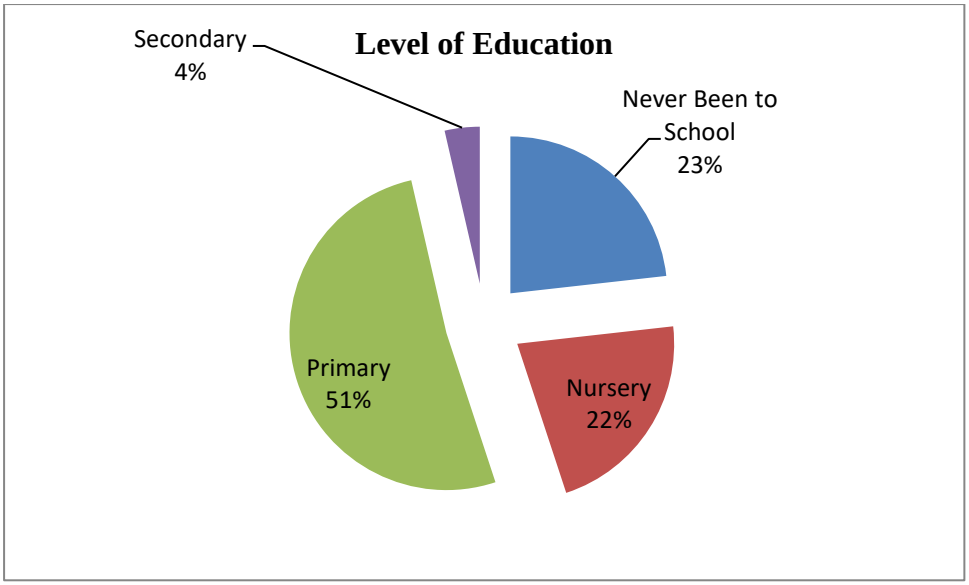

Figure 4.3: Level of education of the Respondent

The parents' status indicates a variety of family backgrounds, with a considerable proportion having one living parent (53.6%). Geographically, participants come from different areas, with Meru town (28.9%) and Makutano area (26.1%) being the most prevalent. Family size varies, with a majority reporting being alone (58.7%). The reasons for leaving home vary, with a significant portion indicating abusive parents (52.2%). The duration of street life ranges from less than 1 year (50.0%) to over 10 years (8.0%). A noteworthy portion expresses a willingness to return home (51.4%), with 27.2% preferring to go to a children's home. These demographic insights lay a comprehensive foundation for understanding the complex psycho-social health dynamics among street children in the study area.

4.4 Presentation of Research Analysis, Findings, and Interpretation

4.4.1 Effects of Streetism on Psychological Health

4.4.1.1 Implications of Streetism on the Psychological Health of Street Children

The descriptive analysis sheds light on the psychological health implications for street children in North Imenti Sub-County, Meru County, and the results are presented in Table 2 below;

Table 4.2: Implications of Streetism on the Psychological Health of Street Children

Test Item		F	%
I feel restless and cannot stay still for long	Strongly Agree	39	28.3%
	Agree	73	52.9%
	Neutral	17	12.3%
	Disagree	6	4.3%
	Strongly Disagree	3	2.2%
I frequently complain of headaches, stomach-ache and sometime sickly	Strongly Agree	39	28.3%
	Agree	71	51.4%
	Neutral	17	12.3%
	Disagree	4	2.9%
	Strongly Disagree	7	5.1%
I often lose temper	Strongly Agree	34	24.6%
	Agree	77	55.8%
	Neutral	18	13.0%
	Disagree	1	0.7%
	Strongly Disagree	8	5.8%
I prefer being alone	Strongly Agree	35	25.4%
	Agree	62	44.9%
	Neutral	25	18.1%
	Disagree	7	5.1%
	Strongly Disagree	9	6.5%
I often feel worried, hopeless, and helpless.	Strongly Agree	37	26.8%
	Agree	68	49.3%
	Neutral	19	13.8%
	Disagree	7	5.1%
	Strongly Disagree	7	5.1%
I am always unhappy, downhearted and sometime feel tearful.	Strongly Agree	27	19.6%
	Agree	73	52.9%
	Neutral	23	16.7%
	Disagree	8	5.8%
	Strongly Disagree	7	5.1%
I always get distracted and lose concentration.	Strongly Agree	39	28.3%
	Agree	62	44.9%
	Neutral	21	15.2%
	Disagree	7	5.1%
	Strongly Disagree	9	6.5%
I often feel nervous and easily lose confidence.	Strongly Agree	25	18.1%
	Agree	78	56.5%
	Neutral	19	13.8%

	Disagree	9	6.5%
	Strongly Disagree	7	5.1%
I at some point feel like committing suicide	Strongly Agree	36	26.1%
	Agree	72	52.2%
	Neutral	19	13.8%
	Disagree	8	5.8%
	Strongly Disagree	3	2.2%
I look at myself as a worthless person	Strongly Agree	39	28.3%
	Agree	66	47.8%
	Neutral	21	15.2%
	Disagree	5	3.6%
	Strongly Disagree	7	5.1%
Do you get any psychological health support from anyone/organization?	Yes	30	21.7%
	No	108	78.3%

Source Field Data (2024)

The descriptive analysis of the assessment regarding the implications of streetism on the psychological health of street children provides a comprehensive understanding of their mental well-being. Participants were asked a series of questions addressing various aspects of psychological health. With a combination of those who agreed and strongly agreed, a significant proportion of 81.2% reported feeling restless and unable to stay still for long. Emotional challenges were evident, as 80.4% agreed to often losing their temper. Complaints of headaches, stomachaches, or sickness were prevalent, with 79.7% agreeing. A concerning aspect is that 78.3% agreed to having thoughts of committing suicide. Feelings of worry, hopelessness, worthiness, and helplessness were prevalent, with 76.1% agreeing. 74.6% of the respondents agreed to experience nervousness and lose confidence. Concentration issues were highlighted, as 73.2% agreed to being easily distracted. A noteworthy proportion reported feeling unhappy, downhearted, or tearful most of the time, with 73.2% agreeing, and a substantial number preferred being alone, with 72.3% agreeing.

4.4.1.2 Inferential Analysis on the Assessment of the Implications of Streetism on the Psychological Health of Street Children

To determine whether there existed a statistical relationship between the assessment of the implications of streetism on the psychological health of street children, a chi square test was used, and the study results are presented in Table 3 below.

Table 4.3: Pearson's assessment of the implications of streetism on the psychological health of street children

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	68.590[a]	11	.019
Likelihood Ratio	66.035	11	.276
Linear-by-Linear Association	1.807	1	.179
N of Valid Cases	138		

Source Field Data (2024)

The presented Chi-Square Tests, conducted as part of the assessment of the implications of streetism on the psychological health of street children, offer statistical insights into the associations between various variables. The Pearson Chi-Square statistic, with a value of 68.590 and 11 degrees of freedom, indicates a significant relationship between the variables under consideration (p-value =.019). This suggests that there is a non-random association between the psychological health indicators examined and the experiences of street children, affirming the importance of understanding these associations for effective intervention strategies. The Likelihood Ratio, another measure of association, yields a statistic of 66.035 with 11 degrees of freedom and an asymptotic significance of.276, suggesting a less compelling association compared to the Pearson Chi-Square.

In summary, the statistical tests employed in this analysis indicate a significant overall association between streetism and the psychological health of street children, as evidenced by the Pearson Chi-Square. However, the specific nature of this association, including its linearity, requires further exploration. These statistical findings contribute to the rigor of the assessment, guiding researchers and practitioners in addressing the nuanced dynamics of psychological health within the context of streetism.

4.4.1.3 Thematic Analysis of the Implications of Streetism on Psychological Health

Thematic analysis was conducted, and some of the implications of streetism on the psychological health of street children are profound and multifaceted. These children often face extreme adversity, including exposure to violence, substance abuse, and the absence of stable familial and social support systems. Some of the issues stated in the interview included:

Exposure to violence, exploitation, and the constant struggle for survival on the streets can lead to post-traumatic stress disorder (PTSD) and high levels of chronic stress among street children.

Long-term exposure to the harsh realities of street life may result in the development of maladaptive behaviors, such as aggression, withdrawal, or substance abuse, as coping mechanisms to deal with the challenges they face.

Street children may struggle with emotional regulation due to the unpredictability and instability of their environment. This emotional instability can impede their ability to cope with stressors effectively.

The stigmatization and marginalization experienced by street children can erode their sense of self-worth, leading to low self-esteem and a negative self-perception.

The results imply that addressing the psychological implications of streetism requires comprehensive interventions that encompass mental health support, access to education, and efforts to provide stable living conditions and familial connections.

4.4.2 Effect of Streetism on the Social Well-Being of Street Children

The research aims to explore the multifaceted impacts of streetism on the social well-being of street children in North Imenti Sub-County, Meru County. The study investigates the influence of streetism on their access to basic social services, including healthcare, education, and shelter. By addressing these objectives, the research endeavors to provide a holistic understanding of the social implications of streetism on the lives of street children in North Imenti Sub-County, forming a foundation for targeted interventions and support systems to enhance their social well-being. The study results are presented below:

4.4.2.1 Descriptive Analysis on the Effect of Streetism on the Social Wellbeing of Street Children

The analysis of the effect of streetism on the social well-being of street children reveals noteworthy patterns in variables related to their education, living conditions, healthcare access, exposure to environmental factors, and social support systems as presented on table 4 below;

Table 4.4Table 4.4: Descriptive analysis on the effect of streetism on the social well-being of street children

Test Item		**F**	**%**
Did you ever attend school?	Yes	106	76.8%
	No	32	23.2%
What is the reason why you dropped out of school?	Never attended	32	23.2%
	Nobody cared	31	22.5%
	Financial reasons	25	18.1%
	Family issues	50	36.2%
	Other	0	0.0%
How did you use to perform academically?	Excellent	8	7.5%
	Good	13	12.3%
	Average	50	47.2%

	Below average	19	17.9%
	Poor	16	15.1%
How do you get to feed yourself? Do you go for days without food?	Regular meals	0	0%
	Irregular meals	71	51.4%
	Occasionally skip meals	21	15.2%
	Frequently skip meals	39	28.2%
	A day without food	7	5.1%
Where do you sleep?	Make shift houses	12	8.7%
	Corridors	69	50.0%
	Nearby slums	41	29.7%
	Relative's or friend's place	16	11.6%
	Other	0	0%
Do you ever visit a health center?	Regularly	0	0%
	Occasionally	30	21.7%
	Rarely	65	47.1%
	Never	43	31.2%
Why would you not visit a health center often when sick?	Fear	72	52.2%
	Lack of money	32	23.2%
	Stigma	22	15.9%
	Lack of trust in healthcare system	12	8.7%
	Other	0	0%
Are you exposed to extreme cold, heat or humidity?	Yes	88	63.8%
	No	30	21.7%
	Sometimes	20	14.5%
Does anyone or organization cater for your basic needs?	Yes	8	5.8%
	No	130	94.2%

Source Field Data (2024)

The study revealed that, in terms of "meal patterns," none of the respondents had regular meals, indicating that 100% of the respondents had irregular meal patterns, (66.6% had irregular meals, while 33.4% occasionally skipped meals or experienced days without food), underscoring the precarious food security situation faced by some. The variable "Social Support" explores whether anyone or an organization caters to the social well-being of street children. Results indicate that 94.2% do not receive any social support, showcasing very limited support systems for most street children.

Healthcare Access" is explored through the variable, revealing that 78.3% rarely or never visit health centers. (All those who do not visit health centers cite fear as a significant barrier with 52.2%; other reasons are stigma (15.9%), lack of trust (8.7%), and lack of money (23.2%), emphasizing challenges in accessing healthcare services. The variable "school attendance" shows that 76.8% of respondents attended school at some point but dropped out for various reasons. The major reason for dropping out of school was cited as "family issues," among other reasons like financial ones.

Regarding exposure to environmental factors, the variable "Extreme Conditions" shows that 63.8% of respondents are exposed to "Extreme Cold, Heat, or Humidity," emphasizing their vulnerability to weather-related challenges. The variable "Shelter" indicates that 58.7% sleep on the corridors and make shift houses (29.7% live in the nearby slums or relatives' houses), providing insights into the varied living conditions of street children.

In summary, the descriptive analysis provides a comprehensive overview of street children's lives, covering education, living conditions, healthcare access, exposure to environmental factors, and social support systems.

4.4.2.2 Inferential Analysis on the Effect of Streetism on the Social Well-Being of Street Children

To determine whether there was a statistical relationship, chi-square tests offer statistical insights into the determination of the effects of streetism on the social well-being of street children.

Table 4.5: Chi-Square Tests on the Effect of Streetism on the Social Well-Being of Street Children

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	51.544[a]	8	.003
Likelihood Ratio	50.410	8	.001
Linear-by-Linear Association	7.290	1	.007
N of Valid Cases	138		

Source Field Data (2024)

The Pearson Chi-Square and Likelihood Ratio Chi-Square tests yield values of 51.544 and 50.410, respectively, with 8 degrees of freedom, both indicating highly significant relationships (p-values of 0.003 and 0.001). The p-values less than 0.05 suggest that the observed relationships are not likely due to chance, indicating a statistically meaningful connection between streetism and social well-being. Apart from the social and biological effects on overall child development caused by life on the streets, there are numerous psychological impacts as well. As noted by Jane and Maria (1996), the psychological consequences of street life include low self-esteem, a lack of confidence, self-hatred, feelings of being an outcast, unworthy, unloved, and unlovable, as well as a sense of being degraded and violated. Therefore, understanding the causes of street violence among children is crucial.

4.4.2.3 Thematic Analysis on the Effect of Streetism on the Social Well-Being of Street Children

Determining the effects of streetism on the social well-being of street children involves considering various factors that contribute to their overall social welfare. Here are some key factors indicated in our interview schedule:

Street children often face economic hardships as they lack stable sources of income or financial support. Economic deprivation can impact their access to basic necessities, education, and healthcare, affecting their overall social well-being.

Life on the streets can result in psychological challenges such as low self-esteem, feelings of isolation, and mental health issues. These psychological factors significantly influence the social interactions and well-being of street children.

Street children often lack access to adequate healthcare services, leading to increased vulnerability to illnesses and diseases. Poor health can have cascading effects on their ability to engage socially and lead fulfilling lives.

Street children are often exposed to violence and exploitation, either from fellow street dwellers or external sources. Such experiences can negatively impact their mental health and social interactions.

Streetism restricts opportunities for positive social development, as street children often miss out on essential social experiences, mentorship, and guidance that contribute to a healthy and well-rounded upbringing.

Limited social interactions and a lack of positive role models can hinder the development of healthy social skills, making it challenging for street children to form meaningful relationships and integrate into mainstream society.

Understanding and addressing these factors is crucial for developing interventions and policies aimed at improving the social well-being of street children and mitigating the negative effects of streetism.

4.4.3 Psychosomatic Symptoms presented by the Street Children

Objective 3 seeks to determine the urgency and significance of understanding the psychosomatic challenges faced by street-dwelling children in North Imenti sub-county, Meru County, shedding light on the multifaceted factors contributing to their

mental and physical well-being. By exploring the psychosomatic symptoms prevalent among these children, we aim to unravel the intricacies of their lived experiences and *pave the way for targeted interventions that address their unique needs.*

4.4.3.1 Descriptive Analysis of the Psychosomatic Symptoms Presented by the Street Children

The descriptive analysis focused on examining the psychosomatic symptoms exhibited by children living on the streets, shedding light on their physical health status and associated experiences. The study results were presented in Table 6 below.

Table 4.6: Descriptive analysis on the psychosomatic symptoms presented by the street children

Test Item		F	%
Do you have any physical health problems? (Researcher explains what psychosomatic symptoms are.)	Yes	93	67.4%
	No	45	32.6%
If yes, indicate some of the health problems that you could be experiencing. ?	Stomachache	70	50.7%
	Headache and Migraines	80	58%
	Breathing Problems	65	47.1%
	Insomnia	50	36.2%
	Fatigue	88	63.8%
Have you ever visited a hospital since you ever came to the streets?	Yes	37	26.8%
	No	101	73.2%
Have you suffered from any physical injury?	Yes	97	70.3%
	No	41	29.7%
Have you been too sick not to participate in your daily work?	Yes	72	52.2%
	No	66	47.8%
How would you want the government or other organization to help?	Have medical check-ups for street children	120	70%
	Be given drugs free	130	94.2%
	Be taken to rehabilitation centers	80	58%
	Menial job opportunities	80	58%
	Other	0	0%

Source Field Data (2024)

The participants were asked about their expectations regarding assistance from the government or other organizations. A majority of 94.2% expressed the need for provision free of drugs. The study delves into the respondents' interactions with healthcare systems. 73.2% of the respondents reported not having visited a hospital. A comparable percentage, 70.3%, had suffered physical injuries, though the nature of these injuries was not detailed in the provided information. 70% of them expressed a need for medical checkups specifically for the street children.

The survey further revealed that a substantial 67.4% acknowledged the presence of physical health problems. Among those affirming health issues, prevalent psychosomatic symptoms included fatigue (63.8%), stomachaches (50.7%), headaches and migraines (58%), breathing problems (47.1%), and insomnia (36.2%). Additionally, 52.2% reported instances of illness preventing them from participating in daily activities. The participants were also asked about their expectations regarding assistance from the government or other organizations. Menial job opportunities like cleaning the town and the markets were mentioned by 58% of the respondents to enable them to buy drugs and healthy food.

In summary, the descriptive analysis illuminates the prevalence of psychosomatic symptoms among children living in the streets, providing valuable insights into their health conditions, healthcare utilization, and expectations for support from governmental and non-governmental entities.

4.4.3.2 Inferential Analysis of the Psychosomatic Symptoms Presented to Street Children

The provided inferential analysis utilized an analysis of variance (ANOVA) to explore the establishment of psychosomatic symptoms exhibited by children living on the streets. The results were presented on two tables, which comprised an ANOVA summary and a regression summary on tables 7 and 8, respectively.

Table 4.7: ANOVA summary on the establishment of the psychosomatic symptoms presented by the children living in the streets

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.947	5	.989	1.729	.003[b]
	Residual	179.053	132	1.356		
	Total	184.000	137			

Source Field Data (2024)

According to Table 7, the regression component demonstrates a sum of squares of 4.947, 5 degrees of freedom, and a mean square of 0.989. The F-statistic is now calculated at 1.729, with a corresponding p-value of 0.003. This updated p-value falls below the conventional threshold of 0.05, indicating that the regression model is statistically significant in explaining the variance in psychosomatic symptoms.

Table 4.8: Regression summary on the establishment of the psychosomatic symptoms presented by the children living in the streets

Coefficients[a]						
		Unstandardized Coefficients		Standardized Coefficients		
Model		**B**	**Std. Error**	**Beta**	**t**	**Sig.**
1	(Constant)	2.952	.619		4.773	.000
	Do you have any physical health problems? (Researcher explains what psychosomatic symptoms are.)	-.125	.201	-.054	-.624	.000
	Have you ever visited a hospital or received any medical care from a hospital?	-.162	.200	-.070	-.808	.000
	Have you suffered from any physical injury? If yes, what injury?	.102	.199	.044	.515	.000
	Have you been too sick not to participate in your daily work?	.262	.200	.113	1.311	.000
	How would you want the government or other organization to help?	-.066	.094	-.060	-.697	.000

Source Field Data (2024)

The coefficients table provides insights into the relationship between the independent variables and the dependent variable (psychosomatic symptoms) in the regression model. The coefficients table reveals the relationships between various predictor variables and psychosomatic symptoms in the regression model. The

constant term is 2.952, representing the estimated psychosomatic symptoms when all predictors are zero. Notably, the presence of physical health problems and hospital visits exhibit negative coefficients, indicating an inverse relationship with psychosomatic symptoms. Conversely, the occurrence of physical injury and being too sick to participate in daily work has positive coefficients, suggesting a positive association with psychosomatic symptoms. Additionally, the preference for specific types of assistance from the government or other organizations is negatively associated with psychosomatic symptoms. All coefficients are statistically significant, as indicated by the low p-values, emphasizing the importance of these variables in predicting the variance in psychosomatic symptoms among children living on the streets in the regression model.

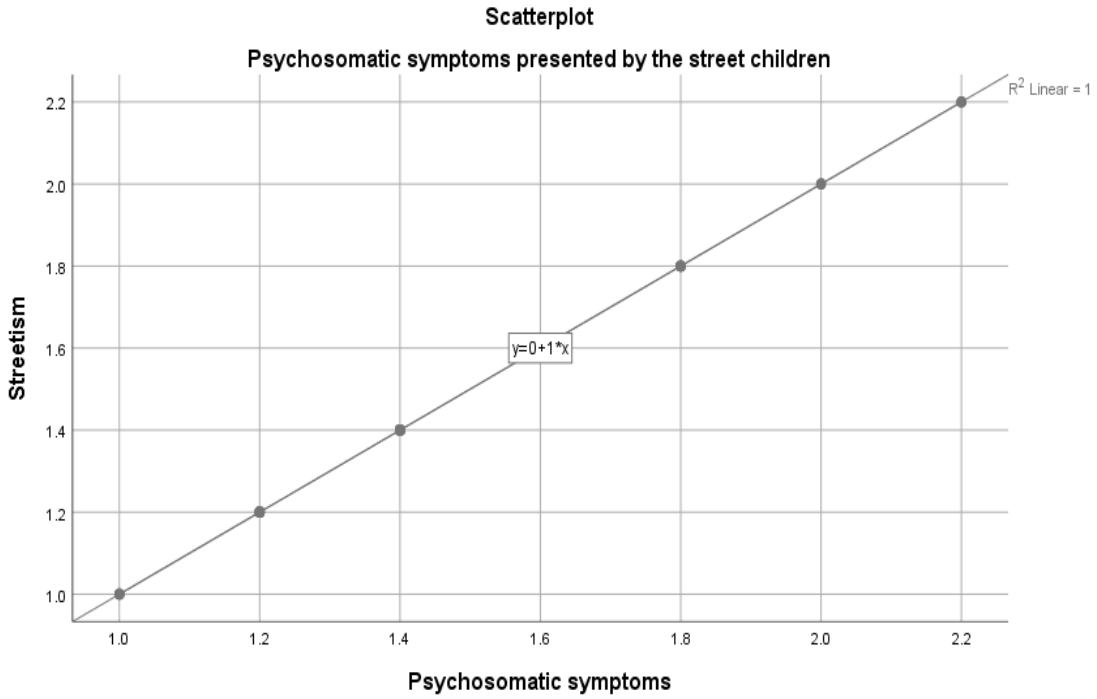

Figure 4.4: Psychosomatic Symptoms Presented by the Children Living in the Streets

This scatterplot illustrates the relationship between psychosomatic symptoms presented by children living on the streets and their stress levels. Psychosomatic

symptoms are physical symptoms that stem from psychological causes, such as stress or anxiety. The regression line in the plot indicates a linear relationship between psychosomatic symptoms and stress levels. It suggests that as psychosomatic symptoms increase, stress levels also tend to increase. The equation of the regression line, $y = 0.1x + 1$, indicates that for every unit increase in psychosomatic symptoms (x), stress levels (y) increase by 0.1 units.

The R-squared value of 1 indicates that the regression line perfectly fits the data points, implying a strong correlation between psychosomatic symptoms and stress levels among the street children in this study.

4.4.3.3 Thematic Analysis on the Establishment of the Psychosomatic Symptoms Presented by Street Children

The establishment of psychosomatic symptoms among children living in the streets is the result of the interplay of various factors. Here are some key factors that influence the manifestation of psychosomatic symptoms in these vulnerable individuals, as indicated by the interview schedule and presented below:

Children living in the streets often endure traumatic events such as physical abuse, violence, or abandonment. These experiences can trigger psychosomatic symptoms as a psychological response to the distressing situations they face.

Street environments may expose children to substance abuse, either through personal use or witnessing others. Substance abuse can exacerbate psychosomatic symptoms and contribute to mental health issues.

Limited access to formal education and cognitive stimulation can impact the cognitive and emotional development of street children, influencing the manifestation of psychosomatic symptoms.

The absence of a stable and supportive social environment can contribute to psychosomatic symptoms. Street children often lack consistent emotional support, leading to stress and mental health challenges.

Street children often face societal stigma and isolation, which can lead to feelings of loneliness, worthlessness, and rejection, contributing to psychosomatic symptoms.

This indicates that understanding psychosomatic symptoms is crucial for designing effective interventions and support systems that address the psychosomatic symptoms experienced by children living in the streets. Comprehensive strategies that consider the multifaceted nature of these influences are essential for promoting the mental health and well-being of these vulnerable individuals.

4.4.4 Influence of Streetism on Moral Wellness Street Children.

The prevalence of streetism among children represents a poignant social challenge, and its ramifications extend far beyond the immediate circumstances of these vulnerable individuals. In the distinctive setting of North-Imenti constituency within Meru County, understanding the influence of streetism on the moral wellness of children becomes imperative for a comprehensive grasp of their lived experiences. In this section, the study discusses the significance of exploring the intricate dynamics that link streetism to moral well-being among these street children.

4.4.4.1 Descriptive Analysis on Influence of Streetism on Moral Wellness among Street Children

The descriptive analysis aims to comprehend the impact of streetism on the moral well-being of children living in the streets by examining various aspects of their behavior and experiences, and the results are presented in Table 9 below.

Table 4.9: Descriptive Analysis on Influence of Streetism on Moral Wellness among Street Children

Test Item		F	%
Have you ever used drugs such as marijuana, pills or ecstasy or sniffed any chemical such as petrol or glue?	Yes	100	72.5%
	No	38	27.5%
Have you ever been abused sexually?	Yes	70	50.7%
	No	68	49.3%
Are you well behaved, like doing what you are asked to do by adults?	Always	6	4.3%
	Most of the time	8	5.8%
	Sometimes	18	13.0%
	Rarely	37	26.8%
	Never	69	50.0%
How often do you steal, lie or cheat?	Never	10	7.2%
	Rarely	2	1.4%
	Occasionally	68	49.3%
	Often	35	25.4%
	Always	23	16.7%
Do you steal from home or elsewhere?	Elsewhere	68	49.3%
	Home	35	25.4%
	Both	26	18.8%
	Neither	9	6.5%
Do you go to church or Mosque??	Regularly	9	6.5%
	Occasionally	28	20.3%
	Rarely	30	21.7%
	Never	71	51.4%
Does anyone or organization advise you on what to do or not do?	Yes	20	14.5%
	No	118	85.5%
Which organizations sometimes gives you some counseling?	Government Institutions	17	25.8%
	Faith based Organizations	26	39.4%
	Non-Governmental Organizations	23	34.8%

Source Field Data (2024)

The results reveal concerning patterns, as behavioral indicators suggest huge challenges, with 91.4% admitting involvement in stealing, lying, or cheating and

89.8% admitting to not being well-behaved as per adult instructions. 85.5% of the respondents do not receive counsel on their actions from different organizations, including government institutions, faith-based organizations, and non-governmental organizations. Unfortunately, 72.5% of the participants admitted to using drugs or inhaling substances. Church or mosque attendance is notably low, with 63.1% reporting rarely or never attending. Disturbingly, 50.7% acknowledge being sexually abused, with the majority being girls. The findings reveal alarming patterns in the behaviors of street children, such as drug use, alcohol consumption, and experiences of sexual abuse. The low attendance at religious institutions, coupled with indications of dishonest behavior, stealing, and cheating, underscores the multifaceted nature of the moral challenges faced by children living on the streets.

4.4.4.2 Inferential Analysis Ascertainment of the Influence of Streetism on Moral Wellness among Children Living in the Streets

The inferential analysis aimed at understanding the influence of streetism on the moral wellness of children living in the streets, employing one-sample t-tests for various aspects of their behavior and experiences.

Table 4.10: One-sample t-tests on the ascertainment of the influence of streetism on moral wellness among children living in the streets

One-Sample Test						
	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Have you ever used drugs such as marijuana, pills or ecstasy or sniffed any chemical such as petrol or glue?	33.877	137	.000	1.435	1.35	1.52
In the past 30 days, how many days did you drink alcohol and became drunk?	37.340	137	.000	3.333	3.16	3.51
Would you want to stop taking alcohol and abusing drugs, but you feel you are not able to? Have ever been abused sexually, if so, how many times?	35.114	137	.000	1.500	1.42	1.58
Are you well behaved, like doing what you are asked to do by adults?	43.367	137	.000	4.123	3.94	4.31
How often do you steal, lie or cheat?	39.304	137	.000	3.428	3.26	3.60
Do you steal from home or elsewhere?	22.384	137	.000	1.826	1.66	1.99
Do you go to church or Mosque?	38.294	137	.000	3.181	3.02	3.35
Does anyone or organization advise you on what to do or not do?	35.657	137	.000	1.522	1.44	1.61
Which organizations cater for your moral wellness?	21.803	65	.000	2.091	1.90	2.28

Source Field Data (2024)

The results indicate statistically significant differences in all variables assessed. For instance, regarding drug use and substance inhalation, participants reported a mean difference of 1.435 ($t = 33.877$, $p < 0.001$), highlighting a substantial prevalence of these risky behaviors. Similarly, alcohol consumption and becoming drunk in the past 30 days revealed a mean difference of 3.333 ($t = 37.340$, $p < 0.001$), emphasizing a notable pattern of alcohol-related issues. The t-tests also showed significant mean differences in the desire to stop alcohol and drug abuse (mean difference = 1.500, $t = 35.114$, $p < 0.001$), behavioral conduct (mean difference = 4.123, $t = 43.367$, $p < 0.001$), frequency of stealing, lying, or cheating (mean difference = 3.428, $t = 39.304$, $p < 0.001$), attendance at religious institutions (mean difference = 3.181, $t = 38.294$, $p < 0.001$), receiving advice (mean difference = 1.522, $t = 35.657$, $p < 0.001$), and organizations contributing to moral wellness (mean difference = 2.091, $t = 21.803$, $p < 0.001$). These results collectively suggest a profound impact of streetism on the moral well-being of children in this context. The statistical confirmation strengthens the empirical basis for asserting the influence of street life on the compromised moral wellness of street children.

4.4.4.3 Thematic Analysis and Ascertainment of the Influence of Streetism on Moral Wellness among Children Living in the Streets

Examining the influence of streetism on the moral wellness of children living in the streets, some key factors that influence the ascertainment of this influence, as indicated by interviews, were: Children often learn moral values through observation and interaction with positive role models. However, in street environments, the absence of such figures means that children may not have examples to emulate or guide them in developing ethical behaviors.

"Street children often form peer groups as a means of survival. Unfortunately, these groups may engage in activities such as theft or substance abuse, which can influence moral decision-making. The pressure to conform to the norms of the street environment may lead to moral compromises."

"Street life is characterized by the struggle for survival. Children living in these conditions may resort to unethical coping mechanisms, such as petty theft or engaging in exploitative activities, as a means of meeting their basic needs. The imperative to survive may override traditional moral considerations."

"Formal education often includes moral and ethical teachings. However, street children face barriers to accessing education, depriving them of moral education. The lack of exposure to ethical principles can hinder the development of a strong moral foundation."

"Street children may face legal challenges due to their involvement in activities like begging or scavenging. These legal issues can contribute to a sense of marginalization and may influence their perception of societal norms, potentially leading to further engagement in illicit activities."

In conclusion, the varied factors shaping the moral wellness of children living in the streets necessitate a nuanced understanding of their challenges. Thematic analysis identifies key factors contributing to the compromised moral wellness of street children, including the absence of positive role models, peer influences, survival pressures, limited access to moral education, and legal challenges. Addressing these influences goes beyond mere intervention; it calls for comprehensive strategies that encompass education, societal perceptions, and the intricacies of survival in street environments.

CHAPTER FIVE: DISCUSSIONS, CONCLUDIONS, AND RECOMMENDATIONS

5.1 Introduction

Children living in the streets face a myriad of challenges that significantly impact their well-being, ranging from social and psychological health to moral development. This collection of summaries, recommendations, and conclusions is derived from an in-depth analysis of the effects of streetism on various aspects of these children's lives. The presented insights are based on rigorous descriptive, statistical, and thematic analyses, providing a comprehensive understanding of the multifaceted issues faced by street children. The objective is to outline targeted interventions and support systems that can address the unique challenges presented by streetism, with a focus on promoting the overall health, psychological well-being, and moral development of these vulnerable individuals.

5.2 Discussion

5.2.1 Effect of Streetism on Psychological Health

The study's exploration into the psychological health implications of streetism among children in Meru County aligns with previous research conducted by the United Nations Children's Fund (UNICEF) in 2017. Both studies highlight the profound challenges faced by street children, emphasizing their detrimental effects on their mental well-being. The agreement between the findings suggests a persistent and concerning pattern that underscores the gravity of the issue.

The study concurs with the UNICEF report, pointing out the complex nature of the problem exacerbated by devolution. The lack of constitutional requirements for county governments to allocate funds for the rehabilitation of street children adds an additional layer of complexity to the challenge. This agreement emphasizes the

systemic issues contributing to the psychological distress experienced by these vulnerable individuals and implies a need for broader policy considerations beyond immediate interventions.

The Pearson Chi-Square analysis further solidifies the connection between streetism and the psychological health of street children, providing statistical evidence of this correlation. The thematic analysis delves into the multifaceted issues faced by these children, including exposure to violence, substance abuse, emotional instability, stigmatization, and difficulties in forming healthy social connections. These detailed insights complement and expand upon the existing body of knowledge, offering a more nuanced understanding of the factors contributing to the psychological challenges of street children.

The implications of these findings for the health of street children are profound. The high percentages of psychological distress, coupled with the alarming signs of mental health issues, highlight the urgent need for targeted interventions. The fact that a significant percentage of participants do not receive any psychological health support underscores a critical gap in the current support system for these vulnerable individuals. The study suggests that addressing the mental health needs of street children should be a priority, and neglecting this aspect could perpetuate the cycle of street life.

5.2.2 Discussion on the Determination of the Effect of Streetism on the Social Well-being of Street Children

The findings of the study on the social well-being of street children in Meru County align with previous research, notably the work by Green and Mitchell in 2017, as well as Ennew and Swart-Kruger in 2003. These studies collectively contribute to a

growing body of knowledge that emphasizes the profound impact of streetism on the social dimensions of vulnerable children.

The agreement with Green and Mitchell's research suggests a consistent pattern of challenges faced by street children across different contexts. The use of a combination of qualitative and quantitative methods, including interviews, surveys, and observational studies, reflects a comprehensive approach to understanding the multifaceted aspects of social well-being. This methodological alignment strengthens the validity of the findings and supports the generalizability of the implications to similar populations.

Ennew and Swart-Kruger's work, which likely focused on broader issues related to street children, contributes to the contextual understanding of the challenges faced by this demographic. The acknowledgment of disparities in various dimensions, including education, living conditions, healthcare access, exposure to environmental factors, and the presence of social support systems, resonates with the current study's comprehensive exploration. The recognition of such disparities reinforces the idea that streetism is not a singular issue but a complex web of interconnected challenges affecting multiple facets of these children's lives.

The statistical analyses, particularly the Pearson Chi-Square tests, revealing highly significant relationships between streetism and social well-being, underscore the non-random nature of these connections. The disparities in school attendance, academic performance, meal patterns, shelter, healthcare access, exposure to extreme conditions, and social support all contribute to a clearer understanding of the intricate interplay between streetism and social dimensions. The recognition of these significant relationships emphasizes the urgent need for targeted social policies that

address the root causes of streetism and promote the overall social integration and well-being of these marginalized children.

5.2.3 Discussion on the Effect of Streetism on the Psychosomatic Symptoms of Street Children.

The findings of the study on psychosomatic symptoms among children living on the streets align with previous research, particularly the work by Green and Mitchell in 2017. Both studies underscore the prevalence of psychosomatic symptoms among street children, emphasizing the interconnected nature of their psychological and physical well-being.

The agreement with Green and Mitchell's research suggests consistency in the presentation of health challenges within this vulnerable population. The acknowledgement of a range of psychosomatic symptoms, including headaches, stomachaches, and overall feelings of sickness, reflects a shared understanding of the impact of street life on the health of these children. This alignment strengthens the generalizability of the findings and contributes to a broader understanding of the health challenges faced by street children.

The study's descriptive analysis sheds light on the high prevalence of physical health problems among the surveyed participants, with stomachaches, headaches, breathing difficulties, insomnia, and fatigue being commonly reported symptoms. This aligns with the broader literature on street children, indicating a convergence of evidence regarding the psychosomatic toll of streetism on these individuals. The acknowledgement of these symptoms underscores the urgent need for comprehensive interventions that address both the mental and physical health concerns of street children to ensure their overall well-being.

The study's exploration of the respondents' interactions with healthcare systems and their expectations for assistance from the government or other organizations adds depth to the understanding of the health-seeking behaviors of street children. The limited reliance on medical care and the expressed need for medical checkups and the provision of free drugs highlight the existing gaps in healthcare accessibility for this population. These insights contribute to the formulation of targeted interventions that address the specific healthcare needs and expectations of street children.

The regression analysis demonstrating the statistical significance of factors in explaining the variance in psychosomatic symptoms provides a quantitative basis for understanding the complex interplay of various influences on the health of street children. Thematic analysis further enriches the findings by uncovering key factors influencing psychosomatic symptoms, including traumatic experiences, substance abuse, limited access to education, a lack of social support, and societal stigma. These insights not only contribute to the academic discourse but also inform the development of effective intervention strategies that address the multifaceted determinants of psychosomatic symptoms among street children.

5.2.4 Discussion on the Evaluation Effect of Streetism on Moral Wellness among Children Living in the Streets

The findings of the study on the influence of streetism on the moral wellness of children living on the streets align with previous research, particularly the work by Naker and Naker in 2003. Both studies emphasize the significant impact of street life on the moral development of these vulnerable individuals, shedding light on the ethical challenges they face.

The agreement with Naker and Naker's research suggests continuity in the ethical struggles experienced by street children over time. The acknowledgment of the lack of stable family structures, exposure to crime, and survival pressures aligns with the broader literature on streetism, indicating a persistent and pervasive pattern of moral challenges among this population. This shared understanding strengthens the generalizability of the findings and contributes to a broader comprehension of the moral complexities faced by street children.

The study's descriptive analysis reveals alarming patterns in the behaviors of street children, such as drug use, alcohol consumption, and experiences of sexual abuse. These findings resonate with the existing literature, further confirming the prevalence of risky behaviors and ethical compromises within this demographic. The low attendance at religious institutions, coupled with indications of dishonest behavior, stealing, and cheating, underscores the multifaceted nature of the moral challenges faced by children living on the streets.

The use of one-sample t-tests to confirm statistically significant differences in various variables adds a quantitative dimension to the understanding of the profound impact of streetism on the moral well-being of these children. The statistical confirmation strengthens the empirical basis for asserting the influence of street life on the compromised moral wellness of street children.

Thematic analysis identifies key factors contributing to the compromised moral wellness of street children, including the absence of positive role models, peer influences, survival pressures, limited access to moral education, and legal challenges. These themes align with the broader literature on streetism, providing a comprehensive picture of the interconnected factors influencing the ethical development of these vulnerable individuals.

5.3 Summary of the Main Findings

The discussions on the assessment of the implications of streetism on psychological health, social well-being, the establishment of psychosomatic symptoms, and the ascertainment of the influence of streetism on moral wellness among children living in the streets provide a comprehensive exploration into the multifaceted challenges faced by this vulnerable population. The assessment of psychological health underscores the profound impact of streetism on the mental well-being of street children, revealing high percentages of psychological distress and alarming signs such as suicidal thoughts. The statistically significant relationship established through the Pearson Chi-Square analysis emphasizes the urgent need for targeted interventions to address the psychological challenges these children encounter.

In parallel, the exploration of social well-being uncovers disparities in education, living conditions, and social support systems, emphasizing the intricate interplay between streetism and various dimensions of social health. The analyses conducted, including Pearson Chi-Square tests and thematic analysis, contribute valuable insights for policymakers and organizations aiming to develop interventions that address the specific needs of street children. Additionally, the establishment of psychosomatic symptoms sheds light on the interconnection of psychological and physical well-being among street children. The reported headaches, stomachaches, and overall feelings of sickness underscore the urgent need for comprehensive healthcare interventions tailored to the unique challenges of this population. The inclusion of citations highlights the existing body of literature in this field, adding credibility to the findings. Moreover, the ascertainment of the influence of streetism on moral wellness reveals alarming patterns of engagement in risky behaviors and compromised moral

conduct among street children. The statistically significant differences confirmed through one-sample t-tests underscore the need for holistic interventions that address the ethical and moral growth of these children.

Overall, these discussions collectively emphasize the urgency of implementing comprehensive strategies that address the interrelated psychological, social, physical, and moral dimensions of street children's well-being. The findings contribute not only to the academic understanding of the challenges faced by street children but also provide practical insights for organizations and policymakers to develop targeted and effective interventions.

5.4 Conclusion

The findings underscore the severe psychological toll streetism takes on street children, highlighting the urgent need for comprehensive interventions. Street children face not only immediate mental health challenges but also long-term consequences, including post-traumatic stress disorder (PTSD) and maladaptive behaviors. The study emphasizes the importance of addressing the psycho-social status of street children and advocates for interventions that go beyond superficial measures. The thematic analysis reinforces the need for initiatives that tackle issues such as stigmatization, emotional instability, and the absence of positive role models. The interplay between streetism and psychological health is complex and necessitates a holistic approach to intervention.

The analysis concludes that streetism significantly affects the social well-being of street children in Meru County. Educational challenges, precarious living conditions, limited healthcare access, exposure to environmental extremes, and varying levels of social support contribute to the complex social landscape these children navigate. The statistical significance of the relationships further validates the impact of streetism on

social well-being. The psychological consequences, as highlighted by previous research, underscore the urgent need for comprehensive interventions addressing not only the immediate social challenges but also the underlying psychological factors associated with street life.

The analysis concludes that psychosomatic symptoms are prevalent among children living in the streets, highlighting the complex interplay of various factors. Traumatic experiences, substance abuse, educational challenges, a lack of social support, and societal stigma contribute to the manifestation of these symptoms. The regression analysis emphasizes the significance of these factors in predicting psychosomatic symptoms. The findings underscore the urgent need for comprehensive interventions and support systems to address the mental health and well-being of these vulnerable children.

The analysis concludes that streetism significantly influences the moral well-being of children living in the streets, with a prevalence of risky behaviors and compromised ethical conduct. The findings underscore the multifaceted challenges faced by these children, emphasizing the urgent need for comprehensive interventions. One-sample t-tests confirm the statistical significance of these challenges, further highlighting the depth of their impact on moral wellness. Thematic analysis identifies key factors influencing moral wellness, providing insights into the complex interplay of social, environmental, and educational factors. Overall, the study emphasizes the necessity of targeted interventions and support systems to comprehensively address the moral challenges faced by street children.

5.5 Recommendations

5.5.1 Recommendations from the Study

The recommendations presented here encompass a spectrum of strategies aimed at addressing the identified challenges faced by street children. From education and health access to psychological support and moral development, these recommendations provide a road map for stakeholders, including government agencies, non-governmental organizations, and the broader community, to actively contribute to improving the lives of children living in the streets.

The study recommends the need to:

1. Establish and implement mental health programs specifically tailored for street children, providing counseling, therapy, and support groups to address their psychological challenges.
2. Develop resilience-focused interventions that empower street children to overcome adversities, enhance functional competence, and modify social systems to promote their overall well-being.
3. Develop targeted programs to enhance access to education for street children, addressing barriers such as financial constraints and providing support to those who have dropped out.
4. Implement initiatives to improve healthcare accessibility, including addressing fear and stigma, to ensure street children receive necessary medical attention.
5. Strengthen existing social support systems and establish new ones to cater to the well-being of street children, promoting positive social interactions and mentorship.

5.5.2 Recommendation for Further Study

Further study on the effects of streetism on psycho-social health among street children in Meru County, specifically focusing on North Imenti Sub-County, could benefit from several avenues of exploration. Longitudinal research would offer insights into the long-term trajectories of psycho-social development, while comparative analysis with other regions within Meru County could reveal contextual variations.

Evaluating existing policies and programs, considering ethical considerations, engaging stakeholders, and fostering cross-disciplinary collaboration would enhance the comprehensiveness and applicability of future research, ultimately contributing to evidence-based interventions and policies to improve the psychosocial well-being of street children in Meru County.

REFERENCES

Abrams, D. B., et al. (2013). Attachment theory. *Encyclopedia of Behavioral Medicine*. New York, NY: Springer New York.

Adewale, R., & Afolabi, M. (2015). *Street life in Pakistan: Causes and challenges*. Middle-East.

Ahmadkhaniha, H. R., Shariat, S. V., Torkaman-nejad, S., & Moghadam, M. M. H. (2007). The frequency of sexual abuse and depression in a sample of street children of one of deprived districts of Tehran. *Journal of Child Sexual Abuse*, 16(4), 23–35.

Ainsworth, M. D. S. (1963). The development of infant-mother interaction among the Ganda. In B. M. Foss (Ed.), *Determinants of infant behavior* (pp. 67–104). New York: Wiley.

Ainsworth, M. D. S., & Bell, S. M. (1991). Some contemporary patterns in the feeding situation. In A. Ambrose (Ed.), *Stimulation in early infancy* (pp. 133–170). London: Academic Press.

Akinnawo, E., Akpunne, B. C., & Olajide, O. A. (2019). Parenting style, emotional intelligence and psychological health of Nigerian children. *Asian Journal of Pediatric Research*, 2(3), 1–11.

Alem, H., & Laha, A. (2016). Livelihood of street children and the role of social intervention: Insights from literature using meta-analysis. *Child Development Research*, 16(1), 3.

Alston, J., & Philip, G. (1998). Hardship in the midst of plenty. *The Progress of Nations*, 6(ed.), 29.

Aly, S., Omran, A., Gaulier, J., & Allorge, D. (2020). Substance abuse among children. *Archives de Pédiatrie: Organe Officiel de la Societe Francaise de Pediatrie*.

AMAL Human Development Network. (2004). Street children and juvenile justice in Pakistan. *The Consortium for Street Children Report*.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association.

Ashraf, A., Ibrar, M., & Ullah, F. (2022). A qualitative exploration of street children life in Peshawar, Khyber Pakhtunkhwa in the light of Urie Bronfenbrenner's ecological systems theory. *Progressive Research Journal of Arts & Humanities* (PRJAH), 4, 1–12.

Atwar B., & Engkus K. (2020). *Violent language in the environment of street children singer-beggars.* Heliyon, 6(8). https://doi.org/10.1016/j.heliyon.2020.e04664

Ayaya S., & Esami F. O. (2001). Health problems of street children in Eldoret, Kenya. *East African Med Journal*, 78, 624–629.

Aytac, F. K. (2021). Children's right to the city: The case of street children. *International Sociology*, 36, 605–622. https://doi.org/10.1177/0268580920966836

Barnett, M. A. (2007). Moral development. In R. F. Baumeister & K. D. Vohs (Eds.), *Encyclopedia of Social Psychology* (pp. 587). SAGE Publications, Inc.

Bassuk, E. L., DeCandia, C. J., Tsertsvadze, A., & Richard, M. K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family homelessness: A systematic review. *American Journal of Orthopsychiatry*, 84(2), 457–474. doi:10.1037/ort0000020

Bassuk, E. L., et al. (2011). *American's youngest outcasts*: 2010 version. Needham, MA: The National Centre on Family Homelessness.

Belcher, J. R., & DeForge, B. R. (2012). Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment*, 22(8), 929–946.

Bestari, A., Qomaruddin, M., & Hargono, R. (2018). Roles of social support and social control for coping resources to prevent drug abuse among children. *International Journal of Public Health and Clinical Sciences* (IJPHCS), 5(5), 1–12.

Bone, J. (2008). Creating relational spaces: Everyday spirituality in early childhood settings. *European Early Childhood Education Research Journal*, 16(3), 343–356.

Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.

Bowlby, J. (2005). *The making and braking of affectional bonds* (2nd ed.). London: Routledge.

Bucciarelli, M., Khemlani, S., & Johnson-Laird, P. N. (2008). The psychology of moral reasoning. *Judgment and Decision Making*, 3(2), 121–139.

Burke, J. D., Hipwell, A. E., & Loeber, R. (2010). Dimensions of oppositional defiant disorder as predictors of depression and conduct disorder in preadolescent girls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(5), 484.

Butler, S., Evans, M., Brooks, M., Williams, C., & Bailey, D. (2013). Mentoring African American men during their postsecondary and graduate school experiences: Implications for the counseling profession. *Journal of Counseling & Development*, 91(4), 419–427.

Bwambale, M. F., Bukuluki, P., Moyer, C. A., & Van den Borne, B. H. (2021). Utilization of sexual and reproductive health services among street children and young adults in Kampala, Uganda: Does migration matter? *BMC Health Services Research*, 21(1), Article No. 169.

Carrey, N. (2010). The Two Ericksons: Forgotten concepts and what constitutes an appropriate professional knowledge base in psychiatry. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 19(4), 248.

Centers for Disease Control and Prevention. (2019). Adverse Childhood Experiences (ACEs).

Cherry, K. (2018). *The story of Bowlby, Ainsworth, and Attachment Theory: The importance of early emotional bonds*. Retrieved from https://www.verywellmind.com/what-is-attachment-theory-2795337

Chireshe, R., Jadezweni, J. M., Cekiso, M., & Maphosa, C. (2010). Poverty: Narratives and experiences of street children in Mthatha, Eastern Cape, South Africa. *Journal of Psychology in Africa*, 20(2), 199–202.

Cole, M., & Cole, S. R. (1989). *The development of children*. Scientific American Library.

Consortium of Street Children (CSC). (2016*). Street children in Nairobi*. Nairobi: Consortium of Street Children (CSC).

Cottrell-Boyce, J. (2010). The role of solvents in the lives of Kenyan street children: An ethnographic perspective. *African Journal of Drug and Alcohol Studies*, 9, 93–102.

Creswell, J. W. (2017). Research design: Qualitative, quantitative, and mixed methods approach, 2nd Edition. Thousand Oaks, CA: Sage.

Cudjoe, E., & Alhassan, A. (2016). The social support of street children: The experiences and views of female head porters in Kumasi, Ghana. *Asian Research Journal of Arts & Social Sciences*, 1(6), 1–11.

Dabir, N. (2014). Street-connected children. In *Encyclopedia of Social Work*.

De Moura, S. (2005). The prevention of street life among young people in Sao Paulo, Brazil. *International Social Work*, 48(2), 193–200.

Dreyer, Y. (2015). Community resilience and spirituality: Keys to hope for a post-apartheid South Africa. *Pastoral Psychology*, 64(5), 651–662.

Dubois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N., & Valentine, J. C. (2011). How effective are mentoring programs for youths? A systemic assessment of the evidence. *Psychological Science in the Public Interest*, 12(2), 57–91.

Dzikus, A., & Ochola, L. (1996). Street children in Sub-Saharan Africa: Kenya's experience. *In* Habitat Debate, 2(2).

Elzahne, S., Alida, G., & Herman, S. (2017). *The psychosocial circumstances and needs of street children.* North West University, South Africa, 57(2), 562–580.

Embleton, L., Lee, H., Gunn, J., Ayuku, D., & Braitstein, P. (2016). Causes of child and youth homelessness in developed and developing countries: A systematic review and meta-analysis. *JAMA Pediatrics*, 170(5), 435–444.

Endris S. & Sitota G. (2019) Causes and Consequences of Streetism among Street Children in Harar City, Ethiopia. *International Journal of Education and Literacy Studies*. 2019

Erikson, E. H. (1963). *Youth: Change and challenge*. New York: Basic Books.

Erikson, E. H., & Erikson, J. M. (1998). *The life cycle completed*. New York: Norton.

Fairchild, G., Hawes, D., Frick, P., Copeland, J., Odgers, C., Franke, B., Freitag, C. M., & De Brito, S. A. (2019). Conduct disorder. *Nature Reviews Disease Primers*, 5(6), 43–50.

Fauk, N. K., Mwakinyali, S. E., Putra, S., & Mwanri, L. (2017). The socio-economic impacts of AIDS on families caring for AIDS-orphaned children in Mbeya rural district, Tanzania. *International Journal of Human Rights in Healthcare*, 10(2), 132–145.

Fava, G., Cosci, F., & Sonino, N. (2016). Current psychosomatic practice. *Psychotherapy and Psychosomatics*, 86, 13–30.

Freud, S. (1999). *The standard edition of the complete psychological works of Sigmund Freud, Vol. XIX*. (J. Strachey, Ed.). London: Vintage.

Glivet, J., Bassuk, E., Elstad, E., Kenney, R., & Jassil, L. (2014). Outreach and engagement in homeless services: A review of the literature. *The Open Health Services and Policy Journal*, 3(2), 53–70.

Golombok, S. (2014). *Parenting: What really counts?* Routledge.

Goodman, M. L., Martinez, K., Keiser, P. H., Gitari, S., & Seidel, S. E. (2017). Why do Kenyan children live on the streets? Evidence from a cross-section of semi-rural maternal caregivers. *Child Abuse & Neglect*, 63, 51–60.

Green, J., & Mitchell, C. (2017). "Street children's mental health: A narrative review." The International Journal of Social Psychiatry, 63(6), 556-567.

Gupta, S., & Basak, P. (2013). Depression and type D personality among undergraduate medical students. *Indian Journal of Psychiatry*, 55(3), 287–289.

Hai, A. (2014). Problems faced by the street children: A study on some selected places in Dhaka City, Bangladesh. *International Journal of Scientific & Technology Research*, 3(10), 45–56.

Harris, J. R. (1998). *The nurture assumption: Why children turn out the way they do*. New York: Free Press.

Hart, L. (2011). Nourishing the authentic self: Teaching with heart and soul. In N. N. Wane, E. L. Manyimo, & E. J. Ritskes (Eds.), *Spirituality, education & society* (pp. 37–48). Rotterdam, The Netherlands: Sense Publishers.

Irin. (2007). Youth in crisis: Coming of age in the 21st century – 'KENYA: Nairobi's street children: Hope for Kenya's future generation'. *Journal of Scientific Research*, 23(1), 77–87.

Kamau, J., Kuria, W., Mathai, L., Atwoli, L., & Kangethe, R. K. (2012). Psychiatric comorbidity among HIV-infected children and adolescents in a resource-poor Kenyan urban community. *AIDS Care*, 24(7), 836–842.

Kenya National Bureau of Statistics (KNBS). (2019). *2019 Kenya population and housing census results*.

Kopoka, A. (2000). *The problem of street children in Africa: International conference on street children and street children's health in East Africa.* Dar-es-salaam, Tanzania.

Lalor, K. (2000). *The victimization of juvenile prostitutes in Ethiopia.* International Social Work, 43, 227–242.

Lewis, G. J., Asbury, K., & Plomin, R. (2017). Externalizing problems in childhood and adolescence predict subsequent educational achievement but for different genetic and environmental reasons. *Journal of Child Psychology and Psychiatry*, 58, 292–304.

Malmqvist, J. (2019). Has schooling of ADHD students reached a crossroads? *Emotional and Behavioral Difficulties*, 23, 389–409.

Marco, H. D., & Van Leeuwen, J. (2016). Mutual insurance between 1550 and 2015: *From guild welfare and friendly societies to contemporary micro-insurers* (pp. 70–71). Palgrave Macmillan UK.

Meru County Integrated Development Plan (CIDP) 2018–2022. (2018). Meru County.

Mishra, A., Garg, S. P., & Desai, S. N. (2014). Prevalence of oppositional defiant disorder and conduct disorder in primary school children. *Journal of Indian Academy of Forensic Medicine*, 36(3), 246–250.

Moghaddam, T., Bahreini, A., Abbasi, M. A., Fazli, F., & Saeidi, M. (2016). Adolescence health: The needs, problems, and attention. *International Journal of Pediatrics*, 4, 1423–1438.

Mohanty, L., & Raut, L. (2009). Home ownership and school outcomes of children: Evidence from the PSID child development supplement. *American Journal of Economics and Sociology*, 68(2), 465–489.

Mueller, P. S., Plevak, D. J., & Rummans, T. A. (2001). Religious involvement, spirituality, and medicine: Implications for clinical practice. *Mayo Clinic Proceedings*, 76, 1225–1235.

Mugenda, O. M., & Mugenda, A. G. (2019). *Research methods: Qualitative and qualitative approaches*. Nairobi: Acts Press.

Munkvold, L. H., Lundervold, A. J., & Manger, T. (2011). Oppositional defiant disorder: Gender differences in co-occurring symptoms of mental health problems in a general population of children. *Journal of Abnormal Child Psychology*, 39(4), 577–587.

Mwoma, T., & Pillay, J. (2015). Psychosocial support for orphans and vulnerable children in public primary schools: Challenges and intervention strategies. *South African Journal of Education,* 35(3), 1–9.

Naker, D., & Naker, F. (2003). "Adapting a psychosocial intervention for war-affected Ugandan youth." *The Journal of Child Psychology and Psychiatry*, 44(8), 1231-1238.

Nambile, S. C., & Mahlako, J. T. (2015). The health profile of street children in Africa: A literature review. *Journal of Pediatric Health Care in Africa,* 6, 566.

Nanda, B., & Mondal, S. (2012). A study on distress of street children in Kolkata metropolitan city. *Religion,* 90, 16–21.

Ndetei, D. M., Ongecha, F. A., Khasakala, L., Syanda, J., Mutiso, V., Othieno, C. J., Odhiambo, G., & Kokonya, D. A. (2007). Bullying in public secondary schools in Nairobi, Kenya. *Journal of Child and Adolescent Mental Health*, 19(1), 45–55.

Noboru, T., Amalia, E., Hernandez, P. M. R., Nubaity, L., Affarah, W. S., Nonaka, D., Takeuchi, R., & Kadriyan, H. (2020). School-based education to prevent bullying in high schools in Indonesia. *Pediatrics International*.

Okwumabua, T. M., Okwumabua, J., Peasant, C., Watson, A., & Walker, K. (2014). Promoting health and wellness in African American males through rites of passage training. *Journal of Human Behavior in the Social Environment*, 24(6), 702–712.

Oppong Asante K. Street children and adolescents in Ghana: A qualitative study of trajectory and behavioural experiences of homelessness. *Global Social Welfare.* 2016;3(1):33–43. doi:

Piaget, J., Varma, V. P., & Williams, P. (1976). *Piaget, psychology and education: Papers in honour of Jean Piage*t. London: Hodder and Stoughton.

Pluck, G., Banda-Cruz, D. R., Andrade-Guimaraes, M. V., Ricaurte-Diaz, S., & Borja-Alvarez, T. (2015). Post-traumatic stress disorder and intellectual function of socioeconomically deprived “street children” in Quito, Ecuador. *International Journal of Mental Health and Addiction*, 13(4), 215–224.

Raine, A., & Yang, Y. (2006). Neural foundations of moral reasoning and antisocial behavior. *Social Cognitive and Affective Neuroscience,* 1(3), 203–213.

Rezaa, H., & Henly, J. (2018). Health crises, social support, and caregiving practices among street children in Bangladesh. *Children and Youth Services Review*, 88(1), 229–240.

Rosen, N., & Nofziger, S. (2018). Boys, bullying, and gender roles: How hegemonic masculinity shapes bullying behaviour. *Gender Issues,* 36(4), 295–318.

Save The Children. (2005). Global submission by the International Save the Children Alliance: *UN Study on Violence against Children* (pp. 43).

Sayem, A. M. (2011). Violence, negligence, and suicidal tendency among physically disabled street children. *Asian Social Work and Policy Review*, 5(4), 44–59.

Sharma, M. (2020). Street children in Nepal: Causes and health status. *Journal of Health Promotion*, 8(3), 129–140.

Sharma, N., & Joshi, S. (2020). Preventing substance abuse among street children in India: A literature review. *Health Science Journal*, 3(1), 5–9.

Shemmings, D. (2011). *Attachment in children and young people*. Frontline briefing Dartington.

Silva, T., Cunha, P., & Scivoletto, S. (2010). High rates of psychiatric disorders in a sample of Brazilian children and adolescents living under social vulnerability–urgent public policies implications. *Revista Brasileira de Psiquiatria*, 32, 195–196.

Sim, T., Jordan-Green, L., & Wolfman, J. (2005). Parents' Perception of the Effects of Church Involvement on Adolescents Substance Use. *Journal of Religion and Health,* 44(3), 291-301.

Singh, M., Thapar, K., Kaur, J., Kumar, P., & Saini, P. (2017). Study on Prevalence and It's Contributing Factors of Psychoactive Substance Abuse among Homeless Children. *Journal of Addiction Research & Therapy,* 8(1), 333.

Sorber, R., Winston, S., Koech, J., Ayuku, D., Hu, L., & Hogan, J. (2014). Social and economic characteristics of street youth by gender and level of street involvement in Eldoret, Kenya. *PLoS One*, 9, e97587.

Sorre, B. (2009). Patterns of migrations among street children in Kenya: An

Tadele, G. (2009). "Unrecognized victims": Sexual abuse against male street children in Merkato area, Addis Ababa. *Ethiopian Journal of Health Development*, 23(4), 174–182.

Taib, N. I., & Ahmad, A. (2015). Mental illness among children working on the streets compared with school children in Duhok. *Psychology*, 6, 1421–1426.

Tyler, K., & Schmitz, R. (2018). Childhood Disadvantage, Social and Psychological Stress, and Substance Use among Homeless Youth: A Life Stress Framework. *Youth & Society,* 52(2), 272-287.

UNICEF. (2014). The state of the world's children 2014 in Numbers revealing disparities Advancing children's rights every child counts. UNICEF. 2014 (1).

United Nations Children's Fund. (2017). *Situation Analysis of children and women in Kenya. United Nations Children's Fund.*

United Nations. (2013). *Social Inclusion of Youth with Mental Health Conditions*. New York: UNITED NATION.

Veale, A. (1992). Towards a conceptualization of street-children: The case from Sudan and Ireland. *Trocaire Development Review*, 107.

Wallace, C., MacGee, Z., Colon, L., & Boykin, A. (2018). The impact of Cultural-Based Protective Factors on Reducing Rates of Violence among African American Adolescent and Young Adult Males. *Journal of Social Issues*, 74(3), 635-651.

Wallen, N. (2016). *Your Research Project: A Step by Step Guide for the First-Time Researcher, 2nd Edition*. London: Sage.

Wike, E. N. (2013). Improving Access and Inclusive Education in Nigeria: Update on the Almajiri Education Program.

Woan, J., Lin, J., & Auerswald, C. (2013). A systematic review health status of street children and youth in low- and middle-income countries. *Journal of Adolescent Health*, 53, 314–321.

Wonhyung, L., & Plitt, D. (2018). Strengthening Faith-Based Organizational Strategies to enhance the welfare of street children in Uganda. *International Journal of Culture and Religious Studies, 3*(2), 34–44.

World Health Organization. (2003). *Caring for children and adolescents with mental disorders: Setting WHO directions.* Geneva: WHO.

Yap, M. B. H., Fowler, M., Reavley, N., & Jorm, A. F. (2015). Parenting Strategies for Reducing the Risk of Childhood Depression and Anxiety Disorders: A Delphi Consensus Study. *Journal of Affective Disorders,* 18(3), 330-338.

Young, E., Simpson, J., Griskevicius, V., Huelsnitz, C. O., & Fleck, C. (2019). Childhood Attachment and Adult Personality: A Life History Perspective. *Self and Identity*, 18(5), 22-38.

APPENDICES

Appendix I: Questionnaire

This attached questionnaire is for academic work only thus the information that will be obtained will be used for academic work. The researcher will ensure its confidentiality is upheld.

Questionnaire Instructions

In the spaces provided, kindly tick {√} where necessary.

Section A: Social Demographic Information

1. Gender of the Respondent

   Male { }

   Female { }

2. Age of the Respondent

   Below 10 Years { }

   10 – 12 Years { }

   13 – 15 Years { }

   16 -18 Years { }

3. Level of Education

   Never Been to School { }

   Nursery { }

   Primary { }

   Secondary { }

4. Are your Parents Alive? Specify

   Alive { }

   Both are dead { }

   One is alive { }

Don't Know { }

5. Where is your home place?

6. How many are you in your family?

7. What made you leave home to come to the streets?

8. For how long have you been living in the streets?

9. Would you want to go back home or go to a children's home?

10. What help would you want to get from us, the government or any other organization?

Section B: Psychological Health

General Health Questionnaire (GHQ-12)

No	Test Item	SA	A	N	D	SD
1	Do you feel restless and cannot stay still for long?					
2	Do you complain of headaches, stomachache or sickness?					
3	Do you often lose your temper?					
4	Do you prefer being alone?					
5	Do you often feel worried, hopeless, and helpless?					
6	Are you unhappy, downhearted or tearful most of the times?					
7	Are you easily distracted and lose concentration most of the times?					

8	Do you feel nervous, or easily lose confidence?					
9	Do you ever feel like you can commit suicide, how often?					
10	Have you been losing confidence in yourself?					
11	Have you been thinking of yourself as a worthless person					

12. Do you get any psychological health support from anyone/organization?

Yes { }

No { }

If yes, indicated the nature of support accorded.

……

……

……...……

Section C: Social Wellbeing

No	**Test Item**	**Response**
1	Do you attend school?	Yes
		No
2	If not, why are you not in school? You stopped at what grade?	Never attended
		Dropped out
		Financial reasons
		Family reasons
		Other
3	How did you use to perform academically?	Excellent
		Good
		Average
		Below average
		Poor

4	How do you get to feed yourself? Do you go for days without food?	Regular meals
		Irregular meals
		Occasionally skip meals
		Frequently skip meals
		Days without food
5	Where do you sleep?	Own home
		Homeless
		Shelter
		Relative's or friend's place
		Other
6	Do you ever visit a health center?	Regularly
		Occasionally
		Rarely
		Never
7	What challenges do you face when you go there? Or why would you not visit a health center?	Lack of transportation
		Lack of money
		Stigma
		Lack of trust in healthcare system
		Other
8	Are you exposed to extreme cold, heat, or humidity?	Yes
		No
		Sometimes

9. Does anyone or any organization cater for your social being?

Yes { }

No { }

If yes, how is the social wellbeing undertaken?

……

……

……

Section D: Psychosomatic Symptoms

No	Test Item	Response
1	Do you have any physical health problems? (Researcher explains what psychosomatic symptoms are.)	Yes
		No
1a)	If yes, indicate some of the health problems that you could be experiencing. ?	Stomachache
		Headache and Migraines
		Breathing Problems
		Insomnia
		Fatigue
2	Have you ever visited a hospital or received any medical care from a hospital?	Yes
		No
3	Have you suffered from any physical injury? If yes, what injury?	Yes
		No
4	Have you been too sick not to participate in your daily work?	Yes
		No
5	How would you want the government or other organization to help?	Provide better healthcare facilities
		Financial assistance for medical expenses
		Educational programs on health and well-being
		Job opportunities
		Other

6. In your opinion, what can be done to avoid these sicknesses among the street children?

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Section E: Moral Wellness

No	Test Item	Response
1	Have you ever used drugs such as marijuana, pills or ecstasy or sniffed any chemical such as petrol or glue?	Yes
		No
2	In the past 30 days, how many days did you drink alcohol and became drunk?	None
		1-5 days
		6-10 days
		11-15 days
		16-20 days
		21-30 days
3	Would you want to stop taking alcohol and abusing drugs, but you feel you are not able to? Have ever been abused sexually, if so, how many times?	Yes
		No
4	Are you well behaved, like doing what you are asked to do by adults?	Always
		Most of the time
		Sometimes
		Rarely
		Never
5	How often do you steal, lie or cheat?	Never
		Rarely
		Occasionally
		Often
		Always
6	Do you steal from home or elsewhere?	Home
		Elsewhere
		Both
		Neither
7	Do you go to church or Mosque??	Regularly
		Occasionally
		Rarely
		Never
8	Does anyone or organization advise you on what to	Yes

	do or not do?	No

If yes, what kind of moral wellness support do they offer?

……

……

……

Which organizations cater for your moral wellness?

Government Institutions { }

Faith based Organizations { }

Non-Governmental Organizations { }

What can the above organizations do different to cater for the street children moral wellness?

……

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Appendix II: Interview Schedule

Assessment of the implications of streetism on the psychological health of street children

Psychological Well-being:

a. How would you describe your emotional state on a typical day?

……

……..

b. Can you share any experiences or situations on the streets that have significantly affected your mental well-being?

……

……..

c. Are there any coping mechanisms or strategies you use to deal with the challenges you face on the streets?

……

……..

Exposure to Trauma

a. Have you witnessed or experienced any traumatic events during your time on the streets?

……

……..

b. How do you think exposure to violence or exploitation has impacted your overall psychological health?

……

……..

c. Are there specific instances that have left a lasting emotional impact on you?

……

……..

Access to Mental Health Support

a. Have you ever sought or received any form of mental health support or counseling while living on the streets?

……

……..

b. What do you think could be done to improve access to mental health resources for street children?

……

……..

c. In your opinion, how important is mental health awareness and support for children living in street situations?

……

……..

Determination of the effects of streetism on the social well-being of street children

Social Interactions

a. How would you describe your relationships with other children living on the streets?

……

……..

b. In what ways has street life influenced your ability to form and maintain social connections?

……

……..

c. Do you feel a sense of belonging or community within the street environment?

……

……..

Access to Education

a. Have you had any opportunities for education while living on the streets? If yes, how has it influenced your social interactions?

……

……..

b. How do you perceive the role of education in improving social well-being among street children?

……

……..

c. Are there any barriers or challenges you face in accessing formal education?

……

……..

Community Perception

a. How do you think the broader community perceives street children?

……

……..

b. Have you faced stigmatization or discrimination from others outside the street community?

……

……..

c. What changes do you believe could improve the social acceptance of street children?

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……..

Establishment of the psychosomatic symptoms presented by children living in the streets
Physical Health Challenges

a. Can you describe any physical health issues or symptoms you have experienced while living on the streets?

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……..

b. How do you usually cope with physical health challenges in your current living situation?

……

……..

c. Have you had any access to medical care or treatment for your physical health?

……

……..

Impact on Daily Activities

a. How do psychosomatic symptoms, such as headaches or fatigue, affect your ability to engage in daily activities?
……

……..

b. Have these symptoms led to any limitations in your daily life or interactions?

……

……..

c. Are there specific triggers or circumstances that worsen these symptoms?

……

……..

Expectations from Support Systems

a. What kind of assistance or support do you expect from the government or other organizations to address your psychosomatic symptoms?

……

……..

b. How do you think improved healthcare facilities could positively impact the psychosomatic well-being of street children?

……

……..

c. In your opinion, what educational programs or initiatives could contribute to better mental and physical health among street children?

……

……..

Ascertainment of the influence of streetism on moral wellness among children living in the streets

Engagement in Risky Behaviors

a. Can you share any experiences related to engaging in risky behaviors, such as substance use or stealing, while living on the streets?

……

……..

b. How do you perceive the impact of street life on your moral decision-making?

……

……..

c. Are there any pressures or influences within the street environment that contribute to moral compromises?

……

……..

Access to Guidance

a. Do you receive advice or guidance regarding your actions from anyone or any organization?

……

……..

b. How has this advice influenced your moral conduct or decision-making?

……

……..

c. In your opinion, what forms of support contribute positively to the moral wellness of street children?

……

……..

Role of Faith and Organizations

a. How does attendance at religious institutions, like churches or mosques, influence your moral outlook?

……

……..

b. Can you identify any organizations or groups that contribute positively to the moral well-being of street children?

……

……..

c. What measures or interventions do you believe would enhance the moral wellness of children living in street situations?

……

……..

Appendix III: Focus Group Discussion

1. How would you describe the current psychological well-being of street children in North Imenti Sub-county?

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2. In your opinion, what are the main factors contributing to the psychological challenges faced by street children in this area?

……

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……..

3. How do you perceive the role of adult caregivers in supporting the social development of children?

……

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……..

4. What challenges do street children encounter in accessing proper adult care, and how does this impact their social well-being?

……

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……..

5. What are the current healthcare services available for street children in North Imenti Sub-county, and how accessible are they?

……

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……..

6. How does the lack of proper healthcare services affect the physical and psychosomatic health of street children in this area?

……

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7. From your perspective, what are the moral challenges faced by street children who are homeless?

……

……

……..

8. What strategies or interventions do you think could help address the moral wellness of homeless street children in North Imenti Sub-county?

……

……

……..

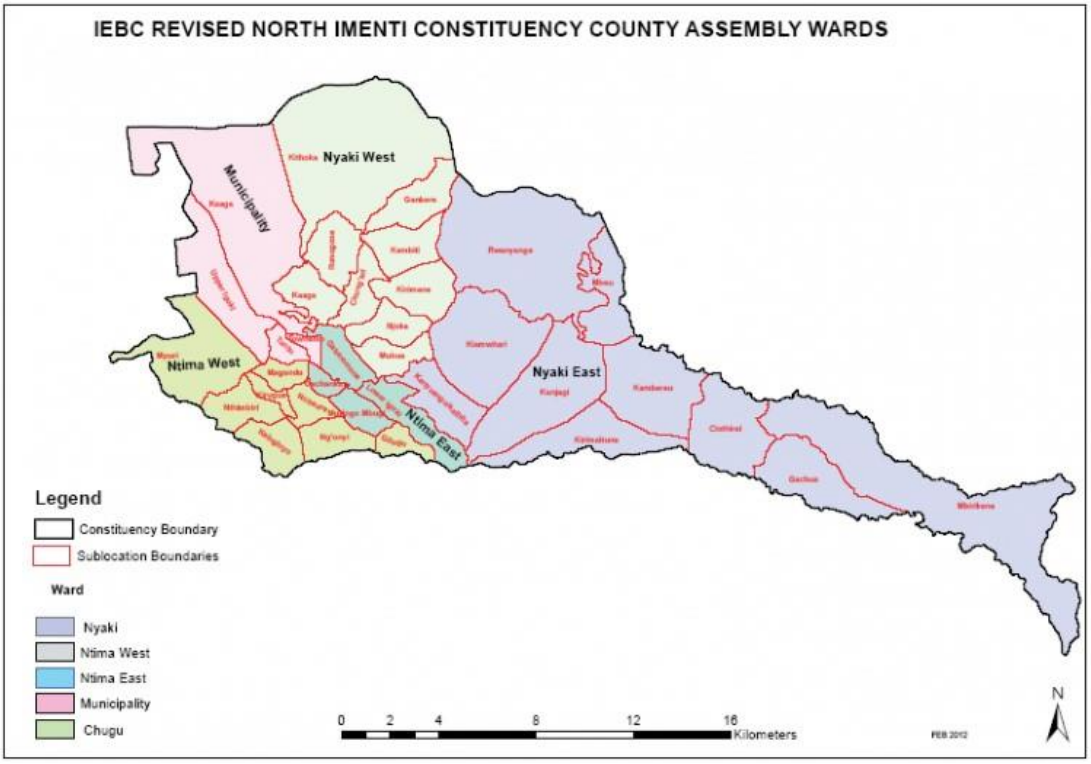
Appendix IV: Krejcie and Morgan Sampling Method

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix V: Map of the Study Area (North Imenti Sub- County, previously named North Imenti constituency.)



Appendix VI:Africa Nazarene University Approval Letter

AFRICA NAZARENE
UNIVERSITY

P.O.Box: 53067 – 00200
Nairobi, Kenya.
Tel: 020 252 7170/1 – 5
Email: vc@anu.ac.ke
www.anu.ac.ke

29th January 2024

RE: TO WHOM IT MAY CONCERN

Agnes Mugure Kariuki (18S03DMCP010) is a bonafide student at Africa Nazarene University. She has finished her course work and has defended her thesis proposal entitled: -

"Psychosocial impact of Streetism among Children in Meru County: A Case Study of North Imenti Sub-County"

Any assistance accorded to her to facilitate data collection and finish her thesis is highly welcomed.

Rodney Z. Reed

Prof. Rodney Reed

Deputy Vice Chancellor, Academic & Student Affairs

Appendix VII: NACOSTI Approval

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **242942**

Date of Issue: **06/February/2024**

RESEARCH LICENSE

This is to Certify that Ms.. AGNES MUGURE KARIUKI of Africa Nazarene University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Meru on the topic: THE EFFECTS OF STREETISM ON PSYCHOSOCIAL HEALTH AMONG STREET CHILDREN IN MERU COUNTY. A CASE STUDY OF NORTH IMENTI SUB-COUNTY. for the period ending : 06/February/2025.

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