

Street Children Rehabilitation and Reintegration Experience: An Analysis of Post - Institutionalization Outcomes in Trans Nzoia County, Kenya.

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Abstract

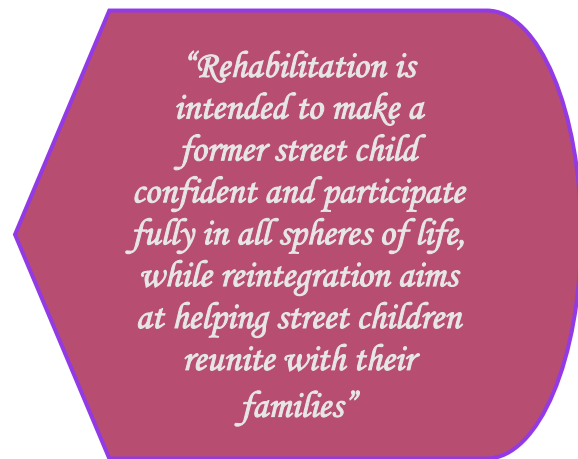
Reintegration of street children refers to enabling street children to start a new life away from the streets. It is the most sustainable way of dealing with the street children menace in Kenya. The number of street children in Kitale town has been on the rise, yet Kitale town has many rehabilitation centres and is located in agricultural-rich neighborhoods. This study sought to investigate how rehabilitation programs have influenced the reintegration of former street children in Trans Nzoia County, Kenya. The study was guided by Relapse Prevention Theory. The study used a descriptive survey design and a mixed-method approach to collect data. The caregiving organizations were purposively selected, while a systematic simple random technique was used to select the respondents. A population of 734 former street children was targeted, out of which 259 reintegrated street children were sampled using Taro Yamane's formula. Data was collected using a questionnaire, an interview schedule, and focus group discussions. Two Focus Group Discussions were held, while three social workers, two managers, and two parents were interviewed. Qualitative data were analyzed thematically per the study's objectives, while SPSS version 25 was used to analyse descriptive statistics. The study established that 82% of the respondents were adapting well and had been accepted back by their families, though some struggled with their basic needs. High poverty levels at reintegrating home was identified as the main challenge in the reintegration of street children in Kitale, Kenya. Other challenges mentioned included abuse and neglect by parents and guardians and joblessness, particularly after vocational training. The study recommends boosting the living standards of parents with reintegrated street children and availing scholarships to support school-going reintegrated street children.

Keywords: *Street Children, Streetism, Rehabilitation, Reintegration, Adaptation*

IJPP 10(4); 1-16

1.0 Introduction

Globally, the menace of street children is a major societal issue that results from socioeconomic challenges and natural factors such as population growth, poverty, famine, war, urbanization, parent death or divorce, mistreatment by parents or relatives, tribal displacement, insufficient food at home, or influence from friends can push children to live and work on the street (Aptekar & Stoecklin, 2014; Njine, 2016). Almost all cities and towns have children living on the streets, either alone or with their families. The term street children have been used to refer to any person who has not attained the age of 18 years, lives on the streets, and is inadequately protected, supervised, or directed by responsible adults (Drane, 2009; Njine, 2016).



“Rehabilitation is intended to make a former street child confident and participate fully in all spheres of life, while reintegration aims at helping street children reunite with their families”

"Streetism" has been used to refer to the life dynamics of all persons who live on the streets (Kilbride et al., 2000). While the problem of streetism is detrimental to all persons who live on the streets, they are even more devastating for street children who lack access to education and parental care. Even

though the problem of streetism is a global challenge, Asia, Latin America, and Africa bear the most significant burden since most street children are found on the three continents. According to the United Nations International Children's Emergency Fund (UNICEF, 2015), 40 million street children live in different towns and cities in Latin America. In Africa, even though the problem is a relatively recent phenomenon, streetism is a complex problem since there are more than 30 million street children on the continent (Dankwa, 2018).

According to Kenya's 2018 National Census of Street Families, 46,639 street families live in all cities and towns, with 238 in Trans Nzoia (Republic of Kenya - Ministry of Labour and Social Protection, 2018). According to the Trans Nzoia County Government (2018), the number of street children in Kitale town rose from 600 to 796 in 2015. In response to the escalating problem of street children globally, several governmental and non-governmental agencies have devised interventions to rehabilitate and reintegrate them back into society or assist them in starting an independent life. Interventions targeting street children usually take either of the two broad paradigms: short-term remedial measures; and long-term measures that strive to rehabilitate and reintegrate the children into society (Kaime-Atterhög et al., 2017).

Rehabilitation is intended to make a former street child confident and participate fully in all spheres of life, while reintegration aim at

helping street children reunite with their families (Ochanda et al., 2011). Reuniting street children with their families is the best option (de Benitez, 2011; Delap & Wedge, 2016). Alternative solutions, such as kinship care, *kafaalah*, foster care, temporary shelter, guardianship, adoption, and institutional care, should be used if the child cannot rejoin his or her natural family (The Guidelines for the Alternative Family Care of Children in Kenya, 2014)

However, reintegration is prone to challenges like unsafe families to return to, relapse, stigma, and poverty (Delap & Wedge, 2016; Friberg & Martinsson, 2017; Njine, 2016). Unless the financial need is addressed, the children will likely go back to the streets to look for a living. In some families, the parents are usually absent, which implies an absence of role models and protectors. When reintegrating children from such families, the caregivers must be educated on positive parenting skills. When former street children return to school, some have difficulties because the bad habits and culture developed on the streets affect concentration, discipline, and social relations (Aptekar & Stoecklin, 2014; Petersen et al., 2014).

Problem Statement

Rehabilitation and reintegration have been identified as the most appropriate long-term solution to the problem of street children. A critical examination of the data on children living on the streets of Kitale town reveals that the number of street children has been increasing (Khaoya, 2014 & Omondi, 2015).

Statistics indicate that many reintegrated street children return to the streets (Frimpong-Manso & Bugyei, 2019; Onyiko & Pechacova, 2015;). The continued rise in the number of street children in Trans Nzoia County, despite many caregivers' efforts to rehabilitate and reintegrate them, is upsetting and requires an immediate, data-driven response. The unique experiences of each street child and the prevailing circumstances in different towns complicate the rehabilitation and reintegration process, necessitating more research for better responses. This study aimed to investigate how rehabilitation strategies used in care facilities affect the reintegration of former street children to recommend appropriate rehabilitation and reintegration strategies.

Study Objectives

1. Assess street children's experience at rehabilitation centres.
2. Examine the reintegration patterns of former street children in relation to rehabilitation experience at the centre.

2.0 Materials and Methods

For this study, a descriptive survey design was adopted. Quantitative and qualitative data were collected and analyzed separately but discussed together. Data was collected from former street children, social workers, managers, and parents or guardians. Purposive sampling was used to select caregiving organizations with rehabilitation and reintegration programs, while the systematic simple random technique was used to select respondents. A sample of 259 former street children reintegrated by two

purposefully selected institutions (anonymized as Centers A and B) in Kitale town was chosen using Taro Yamane's formula. The age limit for this study was 13 - 25 years, and only those reintegrated in the last three years were included. Three years was considered an appropriate time to recall what happened. Data validity was achieved by combining different data collection tools: questionnaires, interviews, and the focus group discussion. Two focus group discussions (One from each centre) were held. The first focus group comprised six participants, while the second had seven. The Information saturation on reintegration was achieved after interviewing three social workers, two managers, and two parents. SPSS Version 25 was used to analyze quantitative data descriptively using cross-tabulation, while qualitative data was

analyzed thematically using emerging themes. All ethical considerations were made, including those that protected the children's rights before data collection.

3.0 Results and Discussions

Although the study set out to survey 259 former street children and interview two social workers and two parents, only 182 of the 259 questionnaires were completed and returned. In addition, the researcher interviewed two project managers, a social worker, and parents and held two focus groups in each rehabilitation centre. This gave a response rate of 70%, which is within the acceptable range, according to Mugenda (2008).

Respondents' Socio-demographic Features

Table 1

Respondents' age, gender, and level of educational attainment

Socio-demographic Features		Frequency	Percent
Age in years	13-16yrs	164	90.1
	17-20yrs	12	6.6
	21-24yrs	5	2.7
	Over 25	1	.5
	Total	182	100.0
Gender	Male	112	62
	Female	70	38
	Total	182	100.0
Level of education	Primary	173	95
	Completed	2	1
	Secondary	3	2
	Total	182	100.0

The results in Table 1 show that (90.1 %) of respondents were between the ages of 13 and 16. The remaining age categories had very small proportions: 6.6 % for those aged 17 to 20 years, 2.7 % for those aged 21 to 25, and a meagre 0.5 % for those beyond 25 years. According to qualitative data from key informant interviews, the skewed age distribution of the respondents might be ascribed to the rehabilitation institutions' approach of favouring younger children for rescue. According to one of the key informants:

"We focus mainly on the new entrants, mostly young children who have not stayed long in the streets. This is because it is easier to rehabilitate them since they have not acquired the risky behaviours and are not addicted to drugs, unlike those who have stayed for quite some time.": Key Informant 001, Home A.

Table 1 also reveals that around two-thirds (62%) of the respondents were male, indicating that more boys than girls had been rescued and reintegrated.

These findings are consistent with the results of Abdelgalil *et al.* (2004), who discovered that there were more males than females on the streets of Aracaju in Brazil, and Harare in Zimbabwe, respectively. According to

Manjengwa *et al.* (2016), the gender difference could be associated with boys being more adept at manoeuvring their way around street life than girls. The study found that practically all respondents (95 %) had not completed secondary school by the time data were collected. This means that most street children have little or no formal education, which might explain why schooling is one of the essential activities in rehabilitation centres, as corroborated by one of the primary informants.

"Education is the key focus area of our rehabilitation programs. This is because it assists in forming the child and empowers them to start a new life": Key Informant 002, Home A.

The low levels of educational attainment among street children in this study, as shown in Table 1, are comparable to that found by Manjengwa *et al.* (2016), who discovered that most street children in Harare had only completed elementary school, and others had not attended school at all.

Adaptation by former street children

This study sought to find out how former street children were adapting back into their families and society at large. In order to comprehend this, placement patterns were first established, as illustrated in Figure 1.

Figure 1

Respondents' placement patterns after discharge from the rehabilitation centre

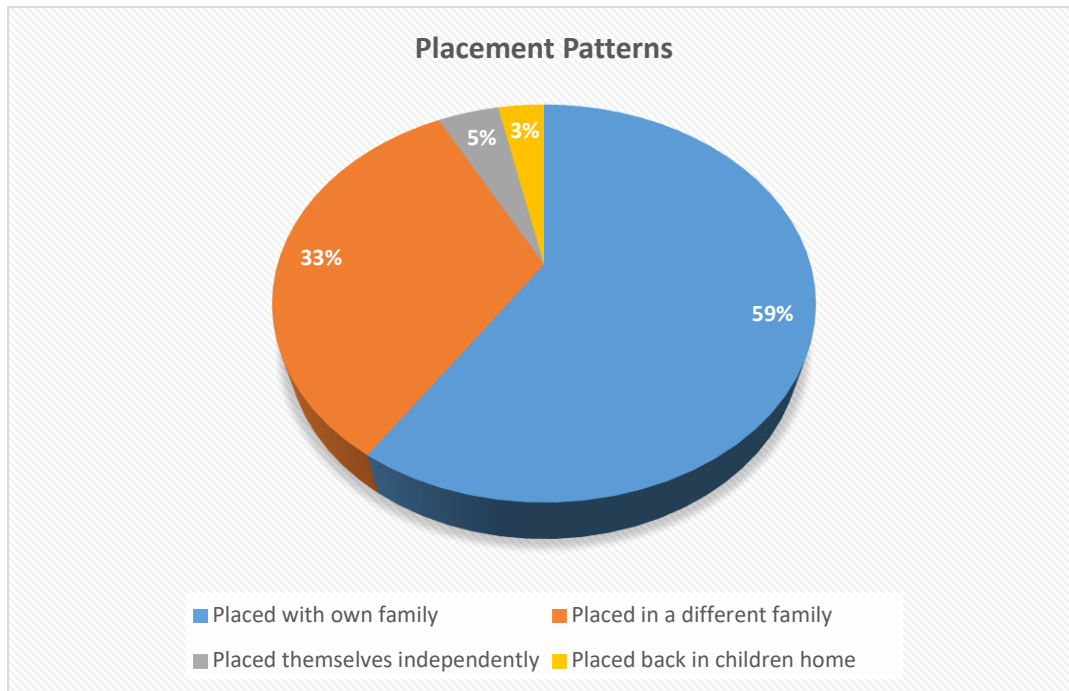


Figure 1 indicates that (59%) of the respondents were placed back with their own families, whereas (33%) were placed with families other than their own. A small proportion was either back in a children's home (3%) or had settled independently (5%). Data in Figure 1 discloses some very telling outcomes. In the first place, as revealed by qualitative data from KIIs, the primary ideal outcome of the rehabilitation programs in each of the homes included in this study was to place rescued children back into their own families. However, as seen in Figure 1, more than one-third of the respondents were not placed back with their own families. This study probed this apparent

discrepancy and noted three major issues. However, before mentioning the two issues, it is important to note that the placement process involves the child and their family in both rehabilitation centres. Both parties are asked if they are ready for the placement back home, and the child is placed back with the family only if both parties consent to it willingly.

Regarding the two issues, first, for some children, the push factors that drove them out of their homes appear to have caused significant trauma. Notably, qualitative data from FGDs and KIIs revealed that a majority of the children who were not placed back

with their families refused to do so for reasons ranging from better standards of care at the centre than in their homes, fear of being abused again, too unwilling parents/guardians to accept the children back. One discussant said in the local Swahili language:

“Mimi siendi nyumbani ikiwa bado mama mdogo yuko, huwa ananichapa sana na kuninyima chakula. English Translation: I'm not going home if my step mum is still there; she always beats me and denies me food”. (FGD discussant II, Home A)

The above sentiments were also echoed by one key informant who noted:

“There are success stories about placement and also failures. For instance, there was a case where we took a child back, but he lied to us about the directions to his home. We kept going around without reaching his home. Upon serious interrogation, he opened up and said he did not want to go back home since there was no food and they slept hungry many times”. (Key informant 001, Home A)

The second issue that emerges from qualitative data generated by data in Figure 1 is the apparent hostility of family members toward former street children.

The study established that in some instances where children were not placed back with their families, the family members were too hostile to the idea of the children being placed back home that the rehabilitation centre opted to place them elsewhere for their well-being. A key informant expressed the difficulties

they sometimes go through while placing children in their homes.

“Some families deny accepting the children completely, citing the humiliation the children brought to them and how the community will talk about them. A sad case of a boy whose uncle refused to welcome him back, we had to find another centre where he was placed since we do not support them for long”. (Key informant 003, Home B)

Nevertheless, it is notable that in both rehabilitation centres, the engagement with family members and children regarding placement started just a few weeks before placement. According to one key informant:

“We do home visits and talk to parents/guardians about positive parenting a few weeks before placement. Before the actual placement, the children go for a weekend-long visit to rebuild the relationship” (Key Informant 001, Home A).

The third major issue that can be observed in Figure 1 is that 5% of the rehabilitated children were living independently. This is quite noteworthy, considering that only 2.7% of the respondents were above the age of 20 years.

The implication of the data in Figure 1 is that a proportion of the respondents are living independently, yet they are either still children or are barely out of their childhood. According to the United Nations Convention on the Rights of the Child (1989), all children

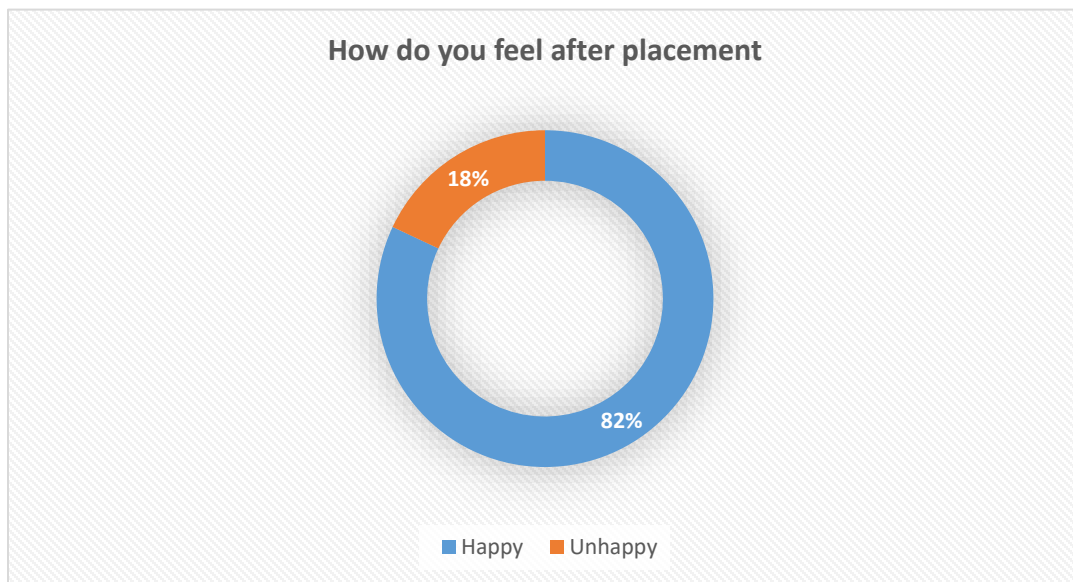
are entitled to family and parental care until they are mature enough to fend for themselves. In this regard, there is a consensus that the optimum age of maturity is 24 years (Botwinick, 2013; Sawyer, 2018). With this in mind, it is evident from this study that some former street children are being released to fend for themselves before they

are mature enough to do so.

In order to have a better understanding of how the former street children were adapting after their respective placements, the study sought to know if they were happy in their new homes and why. The results are shown in Figure 2.

Figure 2

How respondents feel after placement

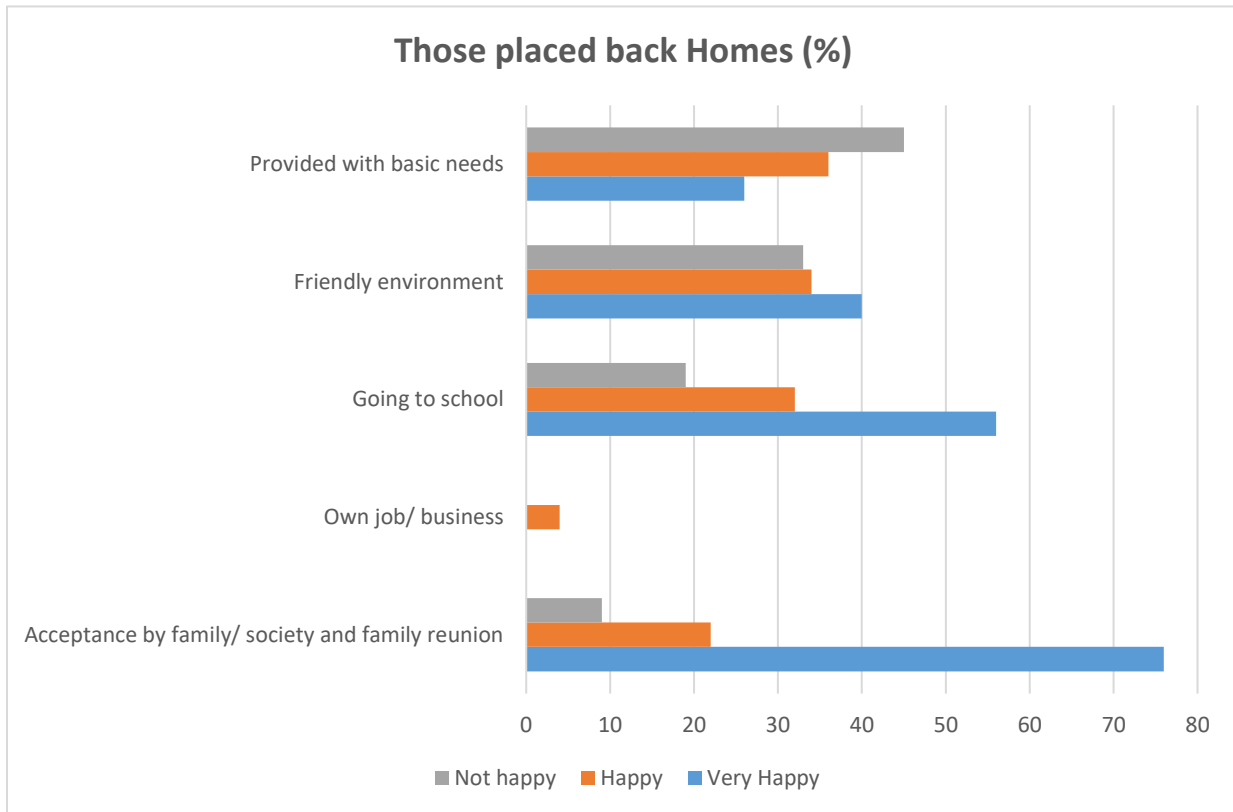


When asked how they felt after placement, 82 % of respondents were happy with where they were placed and did not miss the rehabilitation centre or the streets, while 18% indicated that they were unhappy, as shown in Figure 2. The fact that most indicated they were happy and contented to be back in the

community explains they do not miss life in the rehabilitation centres or the streets. The respondents were further propped on how they felt on indicators like discrimination, the environment, and the ability to access basic needs depending on where they were placed. The responses are shown in Figure 3.

Figure 3

How those placed back home, feel



From figure 3, the majority of the respondents (76%) indicated that they were very happy to be placed with their families. This could imply that family members had accepted the children's return and that they had been successfully reintegrated back into their homes or that their current habitation was far superior to the rehabilitation homes. This was reiterated by one FGD respondent, who indicated.

"I feel accepted at home. 'mama huwa hanichapi kama kitambo na pia nacheza na ndugu zangu vizuri, life ya street ni hard na

hakuna food.'"(My mother does not beat me like she used to, and I play well with my siblings, living in the streets is hard, and there is no food"(FGD discussant I, Home B)

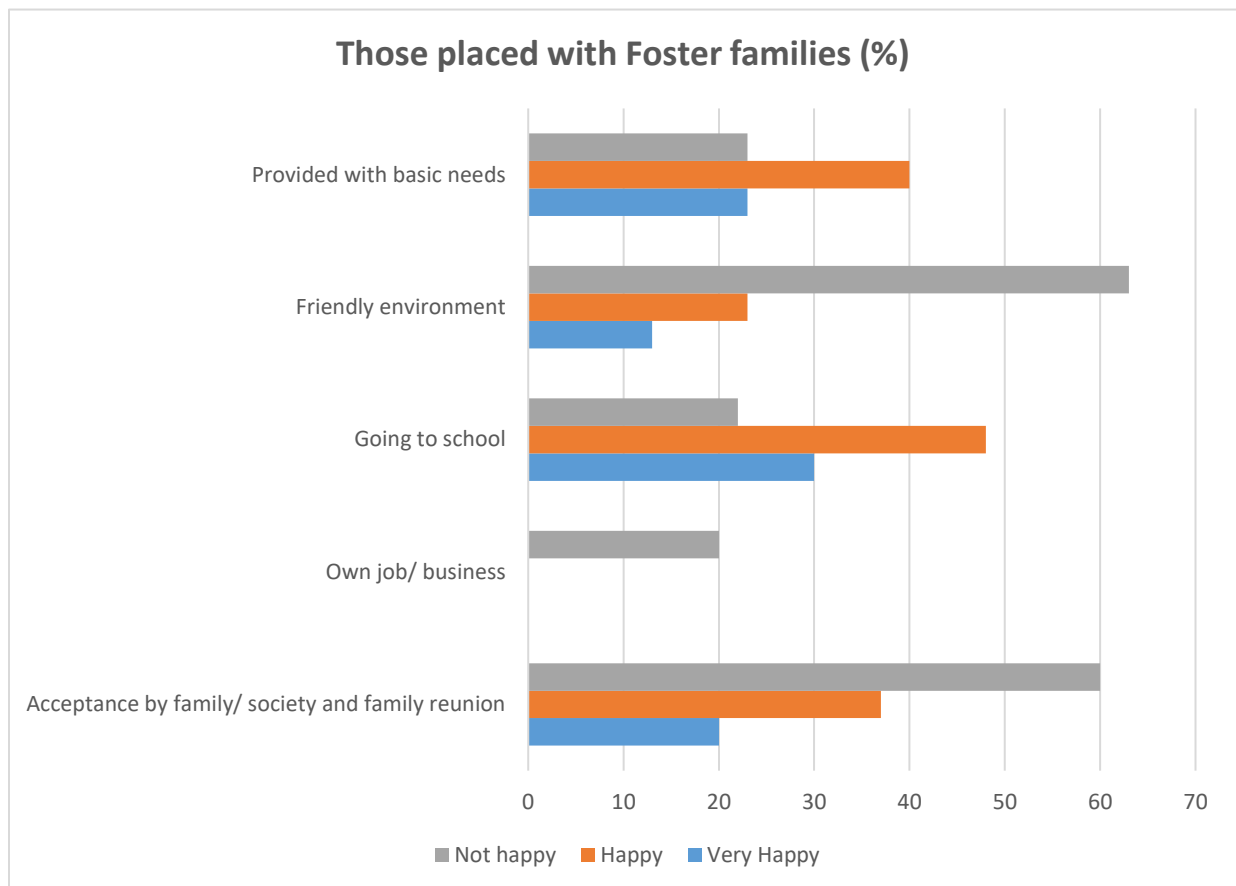
Further, 56% of those with their families indicated they were very happy because they went to school, while 40% attributed their joy to a good environment at home. This means that former street children found the home environment better than before or better when compared to the streets. It could also indicate that parents/guardians have adopted

the positive parenting skills taught to them by social workers during the reintegration process. Some respondents said they were unhappy at home even though they had been reunited with family. 45% of those polled blamed it on a lack of basic needs, while 33% blamed it on an unfriendly home environment, 19% were unhappy with the fact that they have to go to school, and 9% felt discriminated by their families. The major reason for those not being happy at home was a lack of basic needs. This considerable percentage could imply that the

poverty level is still there, and if it was the contributing factor to going to the streets, then the chances of going back are there. It could also imply that either the officers from the rehabilitation centres never empowered the parents/guardians on ways of earning a livelihood, or they were trained and have not put it into practice. Those placed with foster families were also asked about the same indicators; discrimination, the environment, provision of basic needs and ability to continue their studies. Figure 4 shows how those placed with foster families felt.

Figure 4

How do those placed with foster families feel



The findings in Figure 4 show that most respondents were happy and not very happy like those placed back with their families. 37% said they are happy to have been accepted, 48% are happy they go to school, 23% are happy because of the environment, and 40% are happy that they can get their basic needs. Few respondents indicated they were very happy compared to those placed with their families. 20% said they felt accepted by their foster families, and 30% indicated that they were very happy that they were able to go to school. 13% attributed it to a good environment, while 23% were very happy because they could get their basic needs. A notable percentage of 60 and 63 felt that they were not accepted by their foster families and found the environment hostile, respectively. This could imply they are either mistreated or discriminated against.

In the FGD, some felt discriminated against because of sibling rivalry, while others felt overworked or punished by their guardians or parents. Respondent 4 noted that:

"I feel discriminated against because my aunt only buys clothes for her children, and they always distance themselves from me". (FGD discussant IV, Home A) After probing the

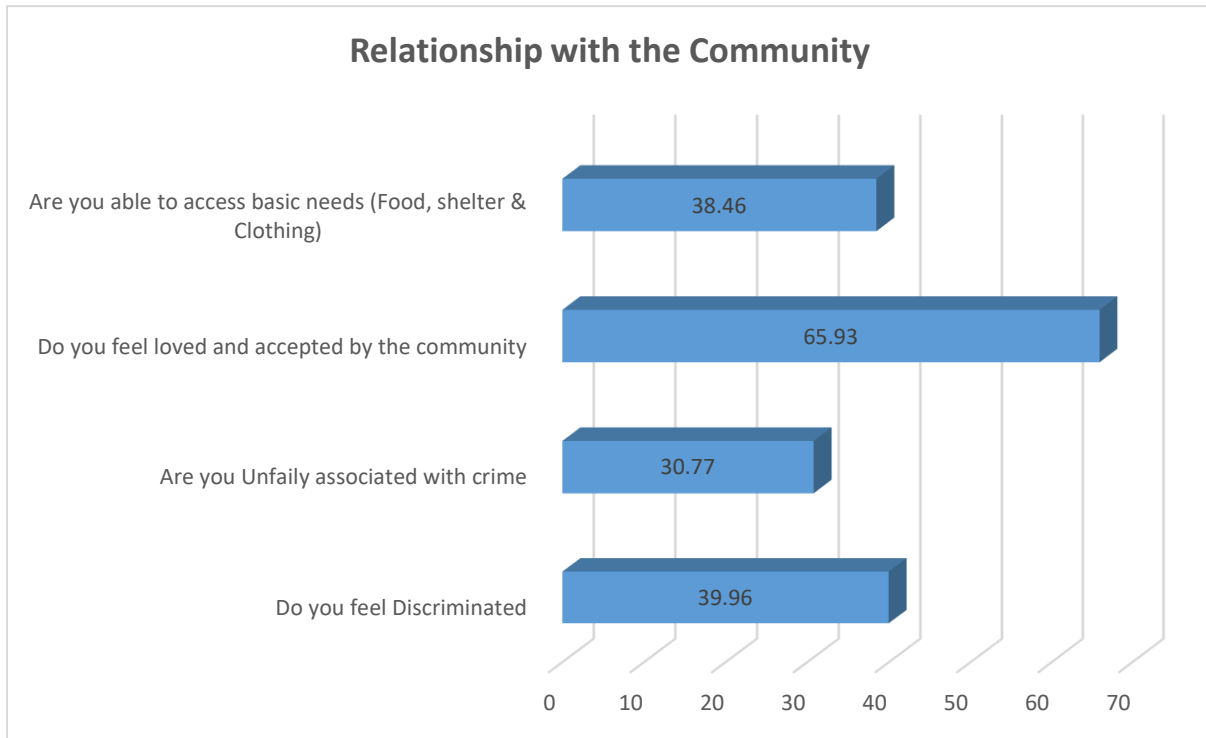
reason, the researcher learned that he had been recently placed back home, which could be why they had not interacted with him for some time and were suspicious about him. The treatment they receive at home is vital for their coping, as one parent revealed:

"Before the boy went to the streets, we lived well here at home. He fetched water, looked after cattle, and did other small chores. There was a day I punished him thoroughly, and he ran. He was brought back by 'uncle wa agape' (the head of the reintegration programme). He talked to us and taught me how to punish him and others, and now we are very well. " Now I know how to relate with my children better" (Respondent N)

Those placed independently were a meagre percentage (5%) and indicated that, although they were happy they had reformed, and out of the rehabilitation centre, they had no sustainable source of income to sustain them. Another area explored in the study was how the former street children relate to the community in which they are placed. This is reported in Figure 5.

Figure 5

Relationship with the community



From the findings in Figure 5, most respondents (65.93%) indicated that they feel loved and accepted by the community, 39.96% indicated that they feel discriminated against by society, while 38.46% indicated that they feel unfairly associated with crime whenever it happens. Other than the relationships, 30.77% indicated that they could access basic needs, i.e. food, shelter and clothing.

The community plays a critical role in assisting rehabilitated street children in reintegrating back into their homes. According to Miriti (2015), children who have previously lived on the streets crave acceptance and may be compelled to return to

the streets if they do not receive it. When the community accepts rehabilitated children, they adapt more quickly, and when the community provides them with a complimentary reception, they can quickly return to the streets. According to Omondi (2015), one of the factors that led to street children returning to the streets after rehabilitation and reintegration was an unhappy home environment.

From the focus group discussion, one discussant noted that

Tunacheza poa sana na wale wototo wengine, especially kukiwa na football games hapa mtaani. Tunacompete na wao

bila vurugu ama kitu yoyote mbaya. (We play very well with the other children especially when there is a football match here in our village. We compete without any chaos or anything bad happening) (FGD discussant III, Home A)

A follow-up question in the FGD on why some felt the relationship was not the best established that some members of the society had never accepted street children could reform. They are always suspected of doing petty crimes like they used to do in the streets. They are the first suspects whenever a crime is committed in the area. This was echoed by one FGD discussant who said that

Ngori yoyote ikitokea mtaani ni mimi huwa wananishuku kwanza. Wanakujanga kuangalia kwa boma yetu kwanza kaa niko kejani. (When anything bad happens in our village, people come to our home first to check whether I am at home) (FGD discussant IV, Home B)

38.46% indicated that they are having a challenge getting their basic needs. This implies that most respondents (61.54%) were not getting basic needs. This could further mean that even though the children have been reintegrated with their families, the poverty levels are still high, and they struggle to get food. According to Soita (2019), providing basic needs is one of the reasons children go to the streets. As a long-term plan, there is a need to address the poverty levels, or they can push the children back to the streets.

4.0 Conclusion

The study concludes that the rehabilitation strategies employed in the surveyed rehabilitation centres are effective and beneficial to street children. Most former street children agree that they had a positive experience at the centre and that it helped them adjust well to their new homes and engage in various activities. The study also concludes that 82% of former street children are pleased to have been reintegrated with their biological or foster families, independent or children's homes. Former street children face numerous challenges as they attempt to reintegrate into their families and society; therefore, there is a need to assist former street children in successfully reintegrating into their families and society if we are to address the growing number of street children.

5.0 Recommendations

The study recommends that rehabilitation centres continuously evaluate existing rehabilitation programs and tailor them to individual cases based on the study's findings and conclusions. Furthermore, the study recommends that former street children be supported with more home visits before and after reintegration, as well as financial support in the form of scholarships for those in school and capital/opportunities for those who completed vocational training. The findings of the study are valuable to managers and planners who make policies at national and county levels.

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