



UNIVERSITY OF NAIROBI

**ASSOCIATION BETWEEN OPPOSITION DEFIANT DISORDER AND
DELINQUENT BEHAVIOUR AMONG MALE TEENAGERS BETWEEN
THE AGES OF 13-19: A CASE STUDY OF KAMITI YOUTH CORRECTION
AND TRAINING CENTRE, NAIROBI COUNTY**

NAME: ROSE CYNTHIA AKINYI OMBURA.


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THE REQUIREMENT FOR THE AWARD OF MASTER OF COMMUNITY
PSYCHOLOGY IN THE FACULTY OF ARTS, PSYCHOLOGY
DEPARTMENT.**

SUPERVISOR: DR. HILDAH. OBURU

DECLARATION

This research study is entirely original to me and has never been submitted to any other institution to earn a degree.

Signature:  Date: 9TH JUNE 2022.

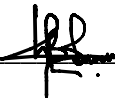
Rose Cynthia Akinyi Ombura.

C50/27397/2019.

Department of Psychology.

The University of Nairobi.

This research project has been submitted with my approval as a university supervisor.

Signature:  Date: 8/11/2022

Dr. Hildah Oburu

Department of Psychology.

The University of Nairobi.

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DEDICATION

I would like to express my gratitude to my parents and the rest of my family for instilling in me the inspiration, the desire, and the support I needed to successfully complete the research project that was required for my master's degree.

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This research undertaking simply could not have been carried out without the huge and priceless assistance that was supplied by a variety of individuals and organizations from all around the world. I would like to begin by expressing my gratitude to my parents for their consistent support throughout the many phases of preparation that this project required. These phases included the completion of courses and the drafting of proposals, in addition to the collection of information and the consolidation of it.

Without the assistance and opportunity provided by the University of Nairobi, it would have been a difficult task. I would like to express my sincere gratitude to Dr. Hildah Oburu, who served as my university supervisor and provided valuable advice and direction during the course of the research work. In addition to being grateful to the administration of the University of Nairobi for their assistance, I would want to convey my gratitude to both of these parties. In addition, I would want to take this opportunity to thank everyone who has contributed in any way to the realization of my dream.

ABBREVIATIONS AND ACRONYMS.

ERB	Ethical Review Board
KYCTC	Kamiti Youth Correction and Training Centre
NACOSTI	National Commission for Science, Technology and Innovation
ODD	Opposition Defiant Disorder

DEFINITION OF TERMS

Delinquent Behavior	Behaviour characterized by actions deemed illegal committed by juveniles.
Juvenile	A person who is below the legal age of 18 years
Opposition Defiant Disorder	A disorder characterized by defiant and disobedient behaviour to authority figures

ABSTRACT.

The nation's young people are its most valuable resource, and they must get the kind of nurturing and education that will allow them to reach their full potential. On the other hand, the problem of delinquent conduct in Kenya is primarily considered a problem with the country's criminal justice system, while the psychological element is overlooked. The goal of the research was to establish whether or not there is a relationship between Defiant Opposition Behavior and delinquent behavior at the Kamiti Youth Correction and Training Centre (KYCTC) located in Kiambu County to establish suitable measures that would assist in the reduction of delinquent behavior. Specifically, the study's goal was to find out if there was any connection between the two. The participants in the study were chosen using the Mojave Child and Adolescent Symptom Rating Scale – Oppositional Defiant Disorder in conjunction with open-ended interviews. The age range of the participants ranged from 13 to 19 years old. The research employed ex-post-facto study design and theories of learning and development in the investigations. According to the study's findings, there is a connection between oppositional defiant disorder and adolescent criminal behavior. The study came to the general conclusion that the majority of the young people who are housed in these correctional facilities are susceptible to ODD as a result of the social factors that are present in the living conditions that they are forced to endure. As a result, initiatives to empower youth should be established, parental education programs should be supported, and the government should establish regulations to guarantee that parents are allowed to attend forums related to their children's activities. The study concluded that there is a significant relationship between the risk of oppositional defiant disorder and delinquent behavior among male teenagers between the ages of 13-19 in Kamiti Youth Correction and Training Centre.

CHAPTER ONE: INTRODUCTION

1.1 Background Information.

At the present time, around 80% of Kenya's population is made up of people who are younger than 35 years old. As a direct consequence of this, there has been a comparable rise in the number of juveniles who have been convicted of criminal offenses by the legal system. As a consequence of this, the vast majority of young people are either unemployed or underemployed, a circumstance that makes them more likely to be affected by pervasive poverty. The rising engagement of young people in violent crimes and other forms of juvenile delinquency is a matter of considerable worry to the police and to society as a whole in most parts of the country. This is a problem that affects most of the country. There are a number of possible factors for the rise in the engagement of young people in criminal activities, all of which need to be addressed not only by the government but also by society as a whole. According to the police, however, if the large youth population were engaged and given opportunities for mental and financial stability, there would be a smaller number of the youth and teenagers who turn to criminal activities in order to make ends meet. This would be the case because there would be fewer opportunities for them to engage in criminal activity.

In Kenya, a child is considered a juvenile delinquent if they have committed an act that would be regarded as an offense if it were carried out by an individual older than the legal juvenile court age of seventeen. This age limit applies to individuals who have committed the act after the legal juvenile court age of seventeen. Children in this age group include those who are seven years old as well as those who are seventeen years old. Juvenile delinquency is a major cause of concern for society as a whole because it impacts a country's youth. This is because a country's youth are the most susceptible to its effects. Theories of juvenile delinquency that have their roots in sociology relate the phenomena to the micro and macro social environment, social

structures, and the learning process young people go through. Even though many people have pointed the finger at many different causes of juvenile delinquency, there is no denying that the family unit plays an essential role in molding children's behavior as they transition into adulthood. This is the case even though various people have pointed fingers at various causes of juvenile delinquency (Kauser & Pinquart, 2019). The family system is the critical interpersonal framework that incubates and maintains individual qualities and the forms of behavior that flow from those features. This is accomplished through the family's system of communication and interaction. Interactional patterns in this system inadvertently attract, retain, and perpetuate excellent and negative behavioral consequences. This is because both types of effects are preserved. This occurs due to the inherent characteristics of the system being used.

Therefore, oppositional defiant disorder, often known as ODD, is a form of behavioral sickness or disorientation that is typically identified in infants. Children who engage in behavior that is willful and defiant against authority may be suffering from one of a variety of conditions that are categorized and referred to as "defiant disorders." In the presence of their parents or guardians, teachers, and fellow students, children who suffer from this condition are shown to behave in a manner that is hostile, intolerant, and violent, as the findings of a number of studies have shown. The term "oppositional defiant disorder" (also known as ODD) is occasionally used interchangeably. These children, as a result of the disarray that they generate, are more of a liability to society as a whole than they are to themselves (Matthy & Lochman, 2017). They are the cause of oppositional defiant disorder over time for reasons that are not totally clear, but it is clear that they are the cause.

Nonetheless, it is likely related to a mix of the impacts that the environment has on a person and their heredity. According to Burke et al. (2020), symptoms often present themselves in youngsters before they reach the age of seven. The symptoms include irritable moods,

argumentative and rebellious behaviors, and vindictiveness. All of these symptoms for more than seven months lead to significant troubles both at school and school, and late, the laws and norms of civil society are the ones who are deemed to be participating in delinquent behaviors, also known as criminal activities. This is because breaking the law is seen to be a violation of the rules that govern civil society. People's capabilities are derived from the rules and conventions applied in civil society, and this is how knowledge of criminal conduct may be collected through the process of normalization: by people's capacities derived from the laws and conventions applied in civil society. The ethical and moral standards that prevail in a community are the primary factors in determining the laws that that group upholds (Kauser & Pinquart, 2019). The concept of treating such behavior as criminal behavior is the basis of the strategy that is being adopted in Kenya to deal with delinquent behavior.

The objective of this research is to establish whether or not there is an association between ODD and delinquency in adolescents. The population site that will serve as the primary focus of this research is Kiambu County, Kenya. This research will be conducted at the Kamiti Youth Correction and Training Centre (KYCTC). The volunteers will range from 13 to 19, and they may be suffering from several different diseases.

1.2 Statement of the Problem.

The propensity of a young individual to engage in criminal behavior is referred to as juvenile delinquency. As a consequence of this inclination, a person less than 18 years old is considered a convicted felon. Because most children and adolescents are cared for by their parents, it has been a topic of interest for quite some time to investigate whether certain parenting styles affect the propensity of children and adolescents to engage in unlawful behaviors or offenses. This is because most children and adolescents are cared for by their

parents. This is since the vast majority of children and teenagers are taken care of by their parents. Investigations into the occurrences have been carried out in the past, even though the findings of the previous research could have had a few errors due to the possibility that some of the data had been misinterpreted. Pederson and Fite did a case study in 2014 on adolescents and young children who exhibited antisocial behaviors and ODD. The participants in the research displayed both of these conditions. The study (2014) focused on children diagnosed with ODD as the primary focus.

On the other hand, the research did not establish a relationship between the two qualities; instead, it proved analytically what influence they have on society. In other words, the research did not establish a relationship between the two qualities. As a direct result of this, the goal of the research was to establish whether or not there is a relationship between the risk of oppositional defiant disorder and delinquent behaviors, as well as the likelihood that delinquent behaviors will result in the institutionalization of children and adolescents who have not been diagnosed with the oppositional defiant disorder. In addition, the objective of this study is to determine whether or not there is a correlation between the risk of oppositional defiant disorder and delinquent behaviors. Further, this research aims to establish whether or not there is a connection between the possibility of having an oppositional defiant disorder and engaging in antisocial actions.

1.3 Study Aims.

The goal of the study was to investigate whether or not there is an association between the risk of oppositional defiant disorder and engaging in antisocial or delinquent behavior.

1.4 Study Objectives

- i) To demonstrate a relationship between the risk of oppositional defiant disorder and delinquent behavior.

- ii) To determine the elements that play a role in oppositional defiant disorder and delinquent behavior.
- iii) To investigate potential preventative measures that can be taken to reduce delinquent behavior.

1.5 Research Questions

- i) Is there a relationship between the risk of having the oppositional defiant disorder and engaging in delinquent behavior?
- ii) What components contribute to oppositional defiant disorder and other forms of delinquent behavior, and how do these aspects interact?
- iii) What approaches may be used to manage delinquent behavior in children and adolescents?

1.6 Hypothesis.

H₀₁: There is no significant relationship between the risk of oppositional defiant disorder and delinquent behaviour.

1.7 Justification.

The term "research justification" relates to the "reasoning" behind the study, also known as the "reason why the study is being undertaken." This justification should also include an explanation of the "design" and "methods" used in the research.

Since they serve as the primary models for their children, parents have an essential part to play in assisting their children in developing constructive parenting strategies. This is because parents are the primary role models for their children. The focus of the research that has been done on this topic has been on the type of parenting that the child has been exposed to and how this affects the likelihood that the child will engage in antisocial behavior. Studies that have been

carried out on this subject have focused their attention on the style of parenting to which the child has been exposed. On the other hand, it is conceivable that these characteristics are not the only ones associated with engaging in delinquent behavior. There may be a variety of additional factors at play here. Therefore, this research aims to investigate the relationship between ODD and antisocial behavior. The findings will be utilized to shape how programs designed to interfere with teens' conduct will be conceived and carried out in the future. These programs are meant to help teenagers become more responsible adults.

1.8 Study Significance

- i. The study will be beneficial to a variety of government agencies and programs since it will ensure that these entities are aware of the significance of involving the delinquents' parents and families in the intervention programs that they offer.
- ii. The findings of the study will provide information that might be utilized in the process of building behavior intervention programs.
- iii. The outcomes of the study can be utilized as evidence to direct clinical practice in the field of psychology.
- iv. The perspectives of ODD professionals who dealt with juveniles engaged in the court system were investigated in this study, making it a one-of-a-kind piece of research. The purpose of this study is to investigate the experiences of ODD treatment experts concerning the therapy that they have found to be the most effective for adolescent felons who exhibit signs of or have been diagnosed with ODD. Clinical views might give further information on the effectiveness of treatment. When dealing with adolescent felons who have symptoms or have been diagnosed with ODD, having an awareness of the ideas and thoughts of ODD specialists on the therapies that are most suited for these offenders may give significant

knowledge that may be used. This knowledge is significant because it may give a basis for success when working with adolescent felons who have trouble controlling ODD symptoms. Interventions based on focused cognitive behavioral therapy (CBT) may help regulate illogical thinking, enhance attention, reduce impulsivity, and encourage healthy coping methods. By providing adolescent felons with successful therapy, understanding what constitutes good treatment for juvenile delinquents with symptoms or a diagnosis of ODD may influence societal transformation. If therapy is successful, patients may be given a chance to alter their behaviors and become productive members of society. Later on, opportunities may include decreasing the likelihood of future criminal activity, decreasing substance misuse, enhancing prosocial activities, and establishing healthier coping techniques through gaining access to more efficient therapy.

1.9 Study Scope.

The inquiry is centered on the subgroup of males between the age of 13 and 19 who fall under the demographic of young men. Since this institution solely houses male adolescents, the decision was made to concentrate on the male gender as the target market population. This was done because males are more likely to be victims of delinquent behavior than women (Ramsay, 2017). The KYCTC, located in Kiambu County, served as the investigation's site. This location is not only excellent from a financial aspect, but it also boasts a large consumer base comprising a wide variety of individuals from whom to draw. An expert in the mental health field identified whether or not a child or teenager has the disease by evaluating the kid's behavioral issues and then making a diagnosis based on their clinical experience.

1.10 Limitations of the Study.

As part of the investigation, the researcher expected to investigate a secured area, which may sometimes need the execution of a significant amount of paperwork to get access. As a direct

consequence of this fact, it was necessary for researcher to begin the process of gaining the required permission at an adequate early stage to reduce the likelihood of any possible delays that may develop. The investigation into the global corona virus outbreak will have to be conducted under very stringent conditions since restrictions limit unfettered entry to institutions. This is a result of the regulations that the government established.

Second, some of the respondents may choose not to engage in the surveys due to their concerns about becoming infected with the coronavirus. At the same time, other participants may be more hesitant. These two elements work together to make the possibility more likely.

Thirdly, since some of the persons who engage in my research will most likely be children or teenagers dealing with ODD issues, there is a possibility that some of them may not respond at all or would respond incorrectly. Because this study will only be soliciting responses from male participants, any variables exclusive to females will not be taken into account in any way. This is yet another significant limitation of the study, and it has to do with the issue of whether or not the findings of the study can be extended or duplicated if the investigation is carried out in different geographical locations.

During the study endeavor, there is the potential for several complications to arise. It was probable that one of the challenges associated with this research was the difficulty of collecting a sufficient sample of prison experts who had direct experience working with young criminals who had been specifically confirmed with ODD. One of the reasons why this researcher did not have positive results was this. The respondents' lack of interest in participating in discussions is a further factor that may have been a barrier to progress in this project.

Already created open forums and readily available directories may be able to give the contacts that are essential to conclude the study, which will allow you to get around these constraints. It is necessary to detect prospective respondents by utilizing the general permit search offered by the

Panel of Cognitive Science in the province of Iowa, by linking with coworkers who might have suggestions on healthcare professionals who would be interested in the study, and by attempting to make use of social media portals like LinkedIn to obtain respondents. In addition, it is possible to find prospective respondents by reaching individuals with coworkers who might have suggestions on healthcare professionals who would be focused on the study. The views of the healthcare professionals who were questioned probably cannot be generalized to the experiences of other clinical groups, age ranges, or those with different ailments.

The success of the research project depended on the respondents' consent in submitting their responses to the questions. It was expected that the ODD specialists who were interviewed would provide information that was authentic and truthful to the best of their ability, given their prior experiences and competence in the subject matter. On the other hand, it is unknown whether or not the volunteers maintained their honesty throughout the experiment. The inquiries were portrayed in such a way as to inspire attendees to discuss a variety of therapeutic strategies with one another, as opposed to focusing on just one conceptual framework, in which the respondents may have lacked competence. This allowed the researchers to avoid concentrating on just a single theoretical orientation.

1.11 Delimitations of the study.

The primary focus of the research was on criminal conduct that fits the criteria for diagnosis outlined by KYCTC. The delinquent behavior that satisfies these criteria was investigated. Another research emphasis is on determining whether or not children exhibit ODD symptoms. After that, a screening test rather than a more in-depth diagnostic procedure was employed to determine whether or not ODD was present in the individual. The diagnostic tool consisted of a series of questions on the presence of symptoms that may be classified into one of eight different groups.

Researchers had to limit their study to only those adolescent felons who had been diagnosed with ODD or showed signs of it. The primary goal of this study was to find out if doctors who had previously treated juveniles with ODD symptomatology or a diagnosis were reliable sources of information. This study excluded clinicians who had never dealt with children with ODD symptoms or a diagnosis. For this reason: they did not fit the scope of our investigation. Other clinical specialists may be provided access to the treatment that best correlates with adolescents who have been confirmed with ODD or who display indicators of ODD so that they may implement it within their operations with this specific subset of patients.

1.12 Assumptions.

- i. The feasibility of this research endeavor will depend on whether or not my request for participation in the study is approved by the relevant authorities at KYCTC.
- ii. Additionally, I assumed that all participants would afford me sufficient time and coordination.
- iii. The research also assumed that the responses provided during interviews and questionnaires were accurate. As a result, I assumed that all participants would be trustworthy and sincere.

CHAPTER TWO: LITERATURE REVIEW.

2.1 Introduction.

This is a depiction of the literary sources connected to the research question and the conceptual framework that was addressed earlier. The first thing that will be done in this part of the research project is going to be an analysis of all of the empirical evidence that has been gathered in relation to the subject of the investigation. This study lays a significant amount of emphasis on two subtypes of behavior: oppositional defiant disorder and delinquent behavior. Both of these subtypes fall under the category of behavioral disorders.

According to the findings of recent studies, there is an urgent need to screen children for oppositional defiant disorder (ODD) at a young age and begin treatment for them at that age in order to reduce the risk of juvenile delinquency and incarceration. This can be accomplished by screening children for ODD at a young age and beginning treatment for them at that age (Matthys & Lachlan, 2017). According to the findings of study that was carried out by Buitelaar and Ferdinand (2016), more than half of adult offenders who participated in ODD programs prior to their incarceration did not have an ODD diagnosis once they were incarcerated. In addition, NewloveDelgado et al. (2019) conducted a qualitative study project to collect the perspectives of general practitioners on the treatment of ODD in patients who were making the transition from childhood to adulthood. According to the findings of their study, general practitioners believe that patients with ODD should be sent to experts who concentrate completely on the disorder (Pezzella et al. 2016). Pezzella, Thornberry, and Smith (2016) acknowledged that ODD disorders are present among all age ranges associated with the criminal population. Despite the fact that a large number of research have produced data on the connection between juvenile offenders and a variety of therapeutic approaches for a variety of disorders.

2.2 Review of Empirical Evidence.

According to Matthys and Lochman (2017), juvenile institutions have a significant impact on the development of the thoughts and actions of young people. Children who have been diagnosed with ODD but are still in the early stages of the disorder should have close supervision. They should begin receiving education on these behaviors at an earlier age, as this will assist them in learning how to be responsible and accountable for the activities that they take. According to Matthys and Lochman (2017), when these children are instructed and taken to professionals, they may decrease their mischievous behavior, which will result in a reduction in the number of unlawful behaviors that they participate in. Consequently, this will lead to a reduction in the overall number of illegal behaviors that they engage in. Children who are not given appropriate supervision by their parents, teachers, or other members of their family have a greater propensity to develop antisocial tendencies as adults. This propensity can be traced back to childhood. They get involved in harmful activities as a direct result of their antisocial behavior, and as a direct result of their involvement in harmful activities, they are transferred to juvenile penal facilities (Matthys and Lochman, 2017).

Pezzella, Thornberry, and Smith (2016) conducted research to evaluate the effect that being a juvenile has on an individual's inclination to participate in criminal activities. The research that was carried out by Pezzella et al. (2016) throws light on the fact that individual characteristics may potentially play a role in the criminal conduct of teenagers. Pezzella et al. (2016) believe that as children enter the adolescent stage, parents should have a more active position in their children's lives in order to foster good behavior in their progeny. This is in line with the findings of previous research. The findings obtained by Pezzella et al. (2016) are complimentary to those reported by Schepers (2017). According to Schepers (2017), parenting styles are not the only factor that contributes to the development of delinquency in children and adolescents. Rather, the

development of delinquency in children and adolescents is also influenced by a variety of other factors in addition to these. However, Schepers (2017) draws attention to the fact that the manner in which parents raise their children is one of the most important factors that influence the criminal behavior of adolescents. It is really necessary to place an emphasis on this particular fact.

2.3 ODD vs Delinquency.

Two of the signs connected with the oppositional defiant disorder include an irritable temperament and conduct that is argumentative and defiant (ODD). A kid has typically to fulfill at least four or more of the symptom criteria given in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and they need to have done so for at least six months before an oppositional defiant disorder (ODD) may be established and diagnosed in them (Schepers, 2017). The essential book of reference for the ODD diagnosis is the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, issued by the Kenyan Psychiatric Association. It is generally acknowledged that oppositional defiant disorder (ODD) has either a genetic or a neurological foundation, even though the exact origins are still unclear. In the vast majority of cases, it can be traced back to neuromental issues more so than it can to inherited elements (Schepers, 2017). The process through which a child gains information by seeing or perceiving his or her environment and then learning proper behavior is referred to as "neuromental," This is the meaning of the term "neuromental."

It is often difficult for professionals, parents, and other guardians to discriminate between ODD and delinquent conduct in the charges they are responsible for. One of the most important distinctions that can be made between ODD and delinquent conduct is the degree to which a person can maintain control over their actions (Pezzella et al. 2016). Children and adolescents who engage in delinquent behavior will fight not only against being controlled but also against

controlling others, such as by coercing others into doing what they want, stealing things that do not belong to them or even resorting to aggressive behavior or physical intimidation in order to gain control of a situation. Children and adolescents with the oppositional defiant disorder (ODD) will always fight against being controlled (Pezzella et al. 2016). In contrast, children and adolescents who engage in delinquent behavior will fight against being controlled and other aspects of life.

2.4 Theoretical Framework.

Researchers have put forward four basic ideas that aim to explain the development of ODD, even though the precise explanation for ODD is unknown. Learning theory, developmental theory rational choice theory and Feature-Intensive Processing Theory, are the names of these four distinct schools of thought.

2.4.1 Theory of Development.

When using the theory of development, it is believed that the difficulties connected with ADD and ODD reveal themselves in young children most of the time. Eventually, children and adolescents in this age range who acquire the syndrome struggle to remove themselves from the individuals with whom they have a personal tie and to be autonomous within the context of interactions of this kind. In developmental theories, human development and the various changes it experiences from the early to the later stages of life are explored methodically (Pezzella et al. 2016). These changes might range from physical to mental to social to spiritual. These shifts might occur on any level, be it the physical, the cerebral, or the social. These phases include everything from infancy to senior citizenship and all in between (Schepers, 2017). There are a lot of different theories of development, and each one tries to explain why and how these transformations take place in the world. Jean Piaget is credited with developing an influential

theory that examines the changes that occur during a person's intellectual maturation throughout their lifetime.

Since a phenomenon known as the "sensitive period," there is a possibility that particular progress will be made during specific periods of the year. These moments can be found throughout the year. You can find the times for these events on the calendar (Nagel, 2016). When development is hindered at a stage in which it is particularly vulnerable, it impedes the process of developing normally. This might harm the final product. Even if you wait until a critical period has passed and then make an effort to resume the development of skills or abilities that were impacted, there is no guarantee that you will be successful (Nagel, 2016). In most cases, the lost one cannot be completely restored. If you wait until a critical period has passed, then make an effort to resume the development of impacted skills or abilities.

2.4.2 Learning theory.

According to this theory, ODD is associated with several undesirable qualities, the majority of which are learned attitudes that represent the repercussions that come about as a direct result of the harmful techniques utilized by guardians. In addition, this theory asserts that ODD is linked to several undesirable characteristics that are linked to ODD (Nagel, 2016). They reflect the consequences of the harmful enhancement strategies that parents and other rulers used, and the fact that they exist is the reason for their existence. A child's odd behavior is magnified when subjected to negative reinforcement, which may have severe repercussions due to the child's actions. This is because the youngster can obtain the attention and reaction he or she wants from parents and other people by engaging in these behaviors (Schepers, 2017). This is because the youngster can gain the attention and reaction he or she wants. The reason for this is because the child can get what he or she wants if they engage in these activities, which is the primary reason for this.

2.4.3 Rational Choice Theory

Due to their obvious choices, adolescent felons are brought into the justice system for children and adolescents (Nagel, 2016). Inattentiveness to prospective consequences and impulsive behavior both have a role in developing the oppositional defiant disorder (ODD). Cesare Beccari created the notion of rational choice. According to rational choice theory, individuals can make suitable judgments based on their capacity to understand the costs and advantages of activity prior to adopting that action. This skill allows individuals to make acceptable selections.

Given that the process of decision-making is essential in both the signs of ODD and rational choice theory, it makes sense to apply rational choice theory to adolescent felons who are battling with ODD. A young person who uses the information to make better decisions based on benefits is not likely to become involved in the juvenile justice system. This is because an individual in this situation would be equipped with the tools necessary to make wise choices and decisions based on the rational choice theory. The criteria used to determine ODD are consistent with the principle of rational choice. An impulsive young person will make irrational decisions, even though they believe themselves to be reasonable based on their mental processes while making judgments (Nagel et al., 2016). Supporters of the rational choice theory acknowledge the role opportunity plays in criminal behavior and how opportunity promotes crime. Alfred Adler maintained that criminals engage in logical cognitive processes to plan out their illegal activity methodically. Because children and teenagers who struggle with ODD are unable to focus for extended periods or make judgments on the spur of the moment, they are unable to plot a crime before carrying it out.

Children and adolescents who have been diagnosed with ODD may lack the attention span required to rationally balance the costs and rewards of a given circumstance (Sonuga-Barke

et al., 2016). In addition, many of the characteristics of ODD, such as forgetfulness, restlessness, excessive talking, and restlessness, contribute to an individual's failure to accurately evaluate all of the necessary information to arrive at an acceptable choice. The inability to spend time concentrating on possible outcomes is a factor that leads to making bad judgments. In order to have a grasp of which theoretical orientation is most appropriate based on the perspectives of ODD doctors, it is necessary to analyze the automatic cognitive processes that occur.

The purpose of the research that Klein and Egan (2018) carried out was to determine whether or not the rational choice theory may be utilized as a strategy to limit behaviors based on punishment. The researchers investigated how the rational choice theory might be applied to the concept of punishment. According to the study's findings, incidences of criminal behavior among high school students are more likely to be related to the level of disorder within the school environment than previous forms of discipline. In addition, according to rational choice theory, using punishment to reduce behavioral disorders is not an effective way to do this. The research conducted by Klein and Egan is comparable to that conducted by the present researchers in that both sets of investigators attempted to identify new ways of enhancing behaviors by using rational choice theory. This study only looked at one of the costs associated with certain activities at school—punishment—instead of examining both the costs and the benefits associated with such behaviors.

2.4.4 Feature-Intensive Processing Theory.

It is mostly dependent on the decisions that a juvenile makes as to whether or not they will become involved with the legal system that is designed for children and adolescents (Nagel et al., 2016). Sharps' Gestalt/feature-intensive processing theory, which he devised, centers on the deployment of new information to effect processing in decision-making. Specifically, the theory examines how the deployment of new information can impact processing. Both the

Gestalt theory and the feature-intensive processing theory attempt to solve the problem of poor decision-making, which can occur even when an individual is provided with enough information to enable them to make a sound choice. Liu et al. (2021) examined mindlessness and tried to understand why it is so difficult to fathom how intelligent beings like humans may be capable of generating "mindless" judgments.

The symptoms of ODD impair a person's capacity to digest the information presented to them. Despite this, the individual continues to make poor choices. Memory and helpful knowledge in decision-making were the primary foci of an investigation that Liu and colleagues (2021) carried out. The research looked at how important it is for relevant information to be easily accessible and stored in working memory in order for it to be useful in the process of making important and appropriate choices. Their research indicated that it is likely to result in good decision-making when information necessary to make a positive decision is both up to date and readily available.

Because ODD influences an individual's cognitive skills in making judgments, the Gestalt theory and the feature-intensive processing theory are related to ODD. Processing information is difficult for those with ODD, regardless of whether the individual suffers from the inattentive or hyperactive version of the disorder (Sonuga-Barke et al., 2016). When working with adolescent felons who exhibit symptoms of or have been diagnosed with ODD, ODD clinicians could benefit from having access to up-to-date, comprehensive information about the condition. This information could be factored into the most effective therapeutic orientation available to assist them in providing services to this population (Sonuga-Barke et al., 2016). When working with adolescent felons battling with the symptoms of ODD or being diagnosed with the disorder, the application of Gestalt and feature-intensive processing theory is aligned with the necessary therapeutic features.

2.5 Literature Review Related to Key Variables and Concepts

2.5.1 ODD

Studies have indicated that if an individual with ODD does not receive a diagnosis and treatment for their condition, there is a greater chance that they may end up in jail or prison later in life. Over six million children in the Kenya have been given a diagnosis of oppositional defiant disorder (ODD). In the Kenya, the juvenile justice system has shifted its focus away from providing therapy to control antisocial behaviors as a result of ODD issues and toward a stance that is more focused on the administration of punishment (Nagel et al., 2016). This movement has had an effect on the rising number of young people who are involved in the juvenile justice system and who suffer from an ODD issue. In addition, Beckford (2016) emphasized the need of receiving treatment for ODD at an early age in order to reduce the likelihood of future involvement in criminal activity. Children as young as 3 years old might have a diagnosis of oppositional defiant disorder (ODD). It is possible that a diagnosis of ODD received during the adolescent years will come too late to limit engagement in criminal activity in later life. When identified at a young age and treated promptly, ODD is one of the more manageable ODD conditions.

Although there is not a single factor that causes ODD, there are a few factors that should be taken into consideration as possible causes. When a child or teenager has a parent or sibling who has been diagnosed with oppositional defiant disorder (ODD), there is a potential that heredity plays a significant influence in the development of the disorder in the child or adolescent. In addition, there is a possibility that having a family member who suffers from a documented mental illness is another trait that fits the description of someone who has oppositional defiant disorder (ODD). Coming into contact with environmental toxins, such as lead paint, is still another element that may be a contributing factor. Children who are born

prematurely have an increased risk of having attention deficit hyperactivity disorder (ADHD). Last but not least, young people who have mothers who used drugs or drank alcohol, or smoked cigarettes while they were pregnant may have a greater risk of being diagnosed with oppositional defiant disorder. This is because these behaviors can increase a mother's risk of passing on the disorder to their child.

According to Zahmaciolu and Kilic (2017), getting an early diagnosis of ODD not only helps lower the likelihood of being involved in criminal activity, but it also helps boost self-esteem and decreases the feelings of isolation that come along with it. These are all benefits that come from receiving a diagnosis of ODD earlier rather than later. When coupled with a diagnosis of ODD, difficulties with self-esteem throughout the adolescent years encourage negative thought processes, which in turn may promote dangerous decision making, such as engaging in drug activity or other risky behaviors in order to fit in with peers or to make oneself feel better (Sonuga-Barke et al., 2016). Peers will have the ability to criticize and criticize the individual if the symptoms of ODD are not treated, which will result in problems with peer interactions and social anxiety for the individual (Sonuga-Barke et al., 2016). The authors of the study stressed how important it is to acquire a diagnosis of ODD as soon as possible in order to prevent the development of additional psychiatric problems. It is essential to keep in mind that oppositional defiant disorder (ODD) does not directly cause psychological problems; however, it can contribute to the development of other behavioral problems (Young et al. 2018). In addition, even though developmental issues are not the primary cause of oppositional defiant disorder (ODD), they might be variables that contribute to the difficulties of managing other psychological or developmental disorders. This is because ODD is a disorder that affects children and adolescents.

According to Young et al. (2018), an extremely high percentage of adult prisoners who are incarcerated in the correctional system have been identified as having ODD. Young people who have a history of juvenile delinquency are more likely to have a diagnosis of oppositional defiant disorder (ODD) or exhibit signs of ODD. According to the findings of Young et al. (2018), those who have been diagnosed with ODD or who exhibit signs of ODD have a greater risk of being convicted as adults, being arrested, and being incarcerated. In addition, ODD is misdiagnosed or underdiagnosed in the majority of cases, which contributes to the problem of criminal behavior in both juveniles and adults.

In order to accomplish the goals of this study, an ODD diagnosis as well as ODD symptoms have been incorporated. This covers young offenders who are exhibiting symptoms but have not been formally diagnosed with ODD but who have committed crimes. ODD is a diagnosable condition that has been shown to have a negative effect on a person's capacity to function and can also lead to developmental impairments. General practitioners and ODD experts are examples of persons who have the necessary training to diagnose ODD in their patients. In order to receive a diagnosis of ODD, a person must have difficulties in their social life, academic life, or vocational life as a result of their developmental capacity or impaired functioning within these contexts. In addition, in order to establish a diagnosis of ODD, the symptoms that are being given must not be connected with any other disorders that are behavioral in character.

One may be diagnosed with ODD based on whether the individual is inattentive, hyperactive, or a mix of both of these traits. More recently, attention deficit hyperactivity disorder (ADHD) has been identified as a person's incapacity to manage oneself in order to obtain future successes (Ramsay, 2017). This idea has taken precedence over the concept of being just hyperactive or inattentive as the primary focus of attention. In order to get a diagnosis

of ODD, an individual must exhibit at least six of these symptoms for a period of at least six months. The inability to pay focus, difficulty in pursuing through with tasks or instructions, difficulty organizing oneself, difficulty with tasks or activities that require a significant amount of time dedicated to thought and processing, forgetfulness, and the loss of items are all symptoms of the inattentive type of ODD. Fidgeting, difficulty staying seated, restlessness, being engaged when there is no need for engagement, chatting constantly, impatience, and frequently interrupting others are some of the symptoms that may be persistent in someone who has ODD of the hyperactive-impulsive kind. In order to make a correct diagnosis, it is required for many of these symptoms to have first appeared before the age of 12 in two or more different environments, and for them to not be better explained by another possible disease.

It is not always feasible to identify the signs and symptoms of ODD in a person when they are still in their early years of life. If a patient is unable to detect the indicators of their illness, there is a lower probability that they will obtain the essential therapy at an early age. This could have serious consequences for the patient's health. In addition, the majority of persons who have been identified as having ODD did not acquire a diagnosis for their disorder until after they had already reached the age of adulthood, and they did not start receiving treatment for it until after they had reached that age (Ramsay, 2017). Many of the symptoms that are thought to be diagnostic of ODD can also be present in children who do not have any sort of behavioral disorder at all. This is because ODD is a behavioral condition that affects the brain (Mayo Clinic, 2019). If interests are the only factor that are considered, children and young people may have difficulty concentrating for extended periods of time despite having high levels of energy; alternatively, they may have a lot of energy. This is because interests are the only factor that are taken into consideration.

The research conducted by Ramsay (2017) looked on problems that were common among teenagers who had been given a diagnosis of ODD. The symptoms that occurred most frequently were forgetfulness, disorganization, excessive talking, and distraction. These symptoms could result in further problems, such as poor sleeping habits, bodily complaints, poor time management, an inability to complete chores, or a refusal to participate in activities because of a lack of enthusiasm. In addition, the inability to concentrate leads to challenges with social contact, planning, anger, and other sentiments that are linked to stress (Ramsay, 2017).

2.5.2 Adolescent felons

According to Zahmaciolu and Kilic (2017), when providing treatment for oppositional defiant disorder (ODD) to children and teenagers who are involved in the juvenile justice system, it is essential to develop a therapeutic bond with the young patients. For the purpose of this study, individuals who are considered to be juvenile felons are classified as those who have reached the age of 12 but have not yet reached the age of 17 yet. In order to be eligible to work with adolescent felons, ODD providers must have prior experience working with juvenile delinquents who have either been involved in the juvenile justice system in the past or who are currently involved in the youth court. In addition, ODD providers must currently reside in Kenya. Inasmuch as there is engagement with the juvenile justice system, the particular offense that was done or the amount of crime that was committed are not relevant to this study. Rather, what is relevant is whether or not there is engagement with the system. This process could involve anything from receiving a sentence to spending time on probation as a juvenile to being detained in an institution for juveniles. Zahmaciolu and Kilic (2017) acknowledge the existence of a link between ODD disorders and aggressive conduct. They state that this link has been found to exist.

Data on educational challenges, familial concerns, peer interactions, criminal behavior, and antisocial inclinations have been supplied by adolescent felons who have provided self-reported information (Ramsay, 2017). The likelihood of these young people performing a criminal act was shown to be significantly increased by the researchers after they were given a diagnosis of ODD. The researchers also discovered that there was a possibility of an exaggerated count of the number of young people who reported having ODD (2015). Ramsay (2017) acknowledges that there is a significant overpopulation of adult criminals who have been diagnosed with ODD in the United States' incarceration system. When compared to those who are not part of the criminal justice system, the population of people who have been diagnosed with ODD is significantly higher in prisons. In addition, the researchers establish that offenders who exhibit signs of ODD that are hyperactive and impulsive are more likely to participate in criminal activities as a result of reaction inhibition. Additional information that is unique to ODD in this community could be gleaned via research that is more in-depth and focuses on the firsthand experiences of ODD doctors.

2.5.3 ODD Clinicians Who Took Care of ODD Adolescent felons.

Only a small number of research have presented data that are particular to the experiences of ODD clinicians while dealing with adolescent felons (Nagel et al., 2016). To be more precise, just a little amount of data has been published so far on the ODD clinician's personal experiences while working with adolescent felons who show signs of or have been diagnosed with ODD. According to the findings of Nagel et al. (2016), it is necessary to have an awareness of the backgrounds of adolescent felons who have been diagnosed with ODD or who are exhibiting signs of ODD. Extensive study has been done to compile the perspectives of guardians, families, and adolescent felons on their own experiences. In addition, the experiences of educators who work with children and adolescents who have ODD or indications of ODD have been compiled (Nagel et al., 2016). In addition, research conducted by Nagel et al. (2016) found that ODD and

conduct disorder are among the most prevalent forms of mental disease in the entire world. Because of this, there is a significant demand for more awareness as well as specialized treatment (Nagel et al., 2016).

ODD clinicians are those who have completed the necessary training and have obtained the necessary licenses to provide ODD counseling in the state in which they reside. For the purposes of this research, the following certifications are considered valid: certified ODD counselor, licensed commercial counselor, licensed autonomous social worker, licensed marital and family therapist, and qualified master social worker (Matthy & Lochman, 2017). These ODD practitioners can include therapists with a master's degree who only have a provisional license to practice in their place of residence.

These practitioners are required to have previous experience in the administration of ODD therapy to juvenile offenders who have been diagnosed with ODD or who exhibit symptoms that are comparable to those of ODD. When working with this population, the clinicians are particularly urged to explain their experiences in light of the particular theoretical orientation or approach that they utilize in their practice. The significance of the therapeutic relationship was revealed to be based on the opinions of juvenile offenders who participated in treatment services, as stated by Matthy and Lochman (2017). It was determined whether or not juvenile criminals had favorable impressions of the treatment they had received by looking at how the ODD provider administered therapy to them. The researchers found that it is vital to keep awareness when working with this demographic because of the vulnerability of juvenile delinquents. This population includes juveniles who have committed crimes (Matthy & Lochman, 2017).

The purpose of this study is to get a knowledge of the treatment approach that is the most beneficial for adolescent felons who are struggling to manage symptoms of or have been

diagnosed with ODD through the experiences of direct service providers. According to the findings presented by Matthy and Lochman (2017), behavioral therapy should be developed and employed before resorting to the use of medication management for the treatment of ODD in young people. In addition, the likelihood of having a successful therapy is increased when adolescents who struggle with ODD are given a voice in decisions regarding their medication and treatment (Matthy & Lochman, 2017).

2.5.4 ODD Adolescent felons Treatment Options

Throughout the course of ODD treatment, clinicians that specialize in ODD use a number of therapeutic techniques in order to best help their patients. Some forms of therapy are carried out on their own, while others incorporate more than one therapeutic modality into a single course of treatment. According to Kidder and Judd's research from 1986, ODD is a treatable disorder that can be managed with a combination of psychotherapy and medication that is given at the same time. When dealing with children younger than six who have been diagnosed with oppositional defiant disorder (ODD), it is crucial to involve the entire family in the treatment process. This is especially important when the child in question has been diagnosed with ODD. This is of utmost significance when considering the fact that the aforementioned child has been identified as having ODD. According to the findings that Kidder and Judd (1986) came to, the most effective way of treatment for achieving beneficial outcomes that continue to last over a longer length of time is one that incorporates both psychological counseling and the use of medication.

According to Kumar (2005), one way that can be used to regulate ODD is the use of medication in the appropriate doses. Today's medical world offers a wide variety of pharmaceutical options, including both stimulants and non-stimulants. Young et al. (2018) came to the conclusion that people under the age of 18 shouldn't be taking drugs that contain

stimulants, and that they should instead use drugs that don't contain stimulants. It has been shown that the antidepressants guanfacine and atomoxetine are effective in treating attention deficit hyperactivity disorder (ADHD) in both children and adolescents. When compared to other types of medication, those that do not contain stimulants are distinct in that they typically call for lower doses due to the extended amount of time during which the medication is active in the body. It doesn't take long before one may observe how stimulants improve one's ability to handle ODD symptoms (2019).

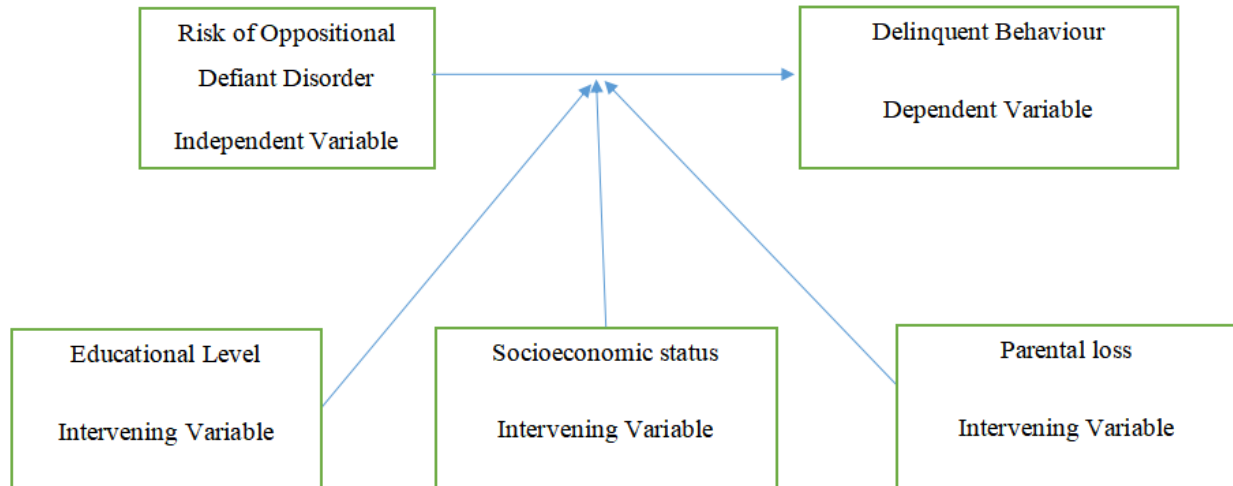
In the research that they conducted in 2018, McLennan and Sparshu give further data regarding the consumption of stimulant drugs. It is imperative to attempt another group of medications, as it is encouraged to do so, in the event that a stimulant belonging to one category of pharmaceuticals does not prove to be beneficial. If a treatment that contains amphetamine is not successful in treating the symptoms of ODD, a medication that contains methylphenidate should be used instead. Methylphenidate is a substitute for amphetamine. It is imperative to switch to medications that do not include stimulants in the event that stimulant pills are not generating the intended effects. Researchers have found a medication that, in the event that it is ineffectual when it is initially supplied, ought to be attempted once more at a later time. It is of the utmost importance to keep in mind that atomoxetine has only been shown to be effective in the treatment of symptoms of attention-deficit hyperactivity disorder (ADHD) in children who have no previous history of physical or sexual abuse. This is the only population for which this treatment has been shown to be effective (Sugimoto et al., 2015). According to these data, it would suggest that treatment with medication alone is not adequate for the illness being treated.

It is vital to note that Kumar (2005) discusses the fact that medication is not a certain treatment choice since medication is dependent on the diagnosis that is offered. This information is essential to note because it explains why medicine is not a guaranteed treatment decision.

According to the findings of the study, having parents or other family members who were either currently using medication or who had a history of taking medication increased the likelihood of being able to receive a drug to treat ODD. In addition, having parents or other family members who had a history of taking medication increased the likelihood of receiving a drug to treat ODD (Kumar, 2005). It has been proven beyond a reasonable doubt that ODD is a genetic condition (Silva et al., 2019). Age is one of the elements that is taken into consideration in the decision-making process on whether or not to prescribe medication. When compared with younger children of the same age, adolescents have a greater chance of obtaining a prescription for ODD medication (Young et al., 2018). When compared to females, boys had a larger risk of acquiring medication than girls did; however, this medication was not necessarily prescribed for ODD but rather for a wider variety of behavioral disorders (Heins et al, 2016).

2.6 Conceptual framework and Outcome.

The depiction of the link between the variables can take the shape of either a diagram or a list, depending on which format is preferred. In this study, we utilized delinquent behavior as the variable that we will be measuring, and we used oppositional defiant disorder as the independent variable. The number of years spent in school, a person's socioeconomic position, and the presence or absence of a parental figure were the intervening variables that were looked at in this research.



CHAPTER THREE: METHODOLOGY OF THE STUDY

3.1 Introduction.

This chapter is going to talk about the research technique that was utilized in the study that is being addressed here. The location of the research, the demographics of the sample, the sample size, the sampling technique, the instruments, the data collecting procedure, the data analysis, the internal and external validity, and ethical problems are also explored. The discussion undoubtedly covered each and every one of them in some capacity.

3.2 Research Design.

When we say that the research design is the overarching approach you adopt to bring everything together in order to answer the research question, what we mean by this is that the research design is the process of designing a study to collect, measure, and analyze data. This is what we mean when we say that the research design is the overarching approach you adopt to bring everything together in order to answer the research question. One way to think about a study design is as a conceptual framework that directs an inquiry, and this is only one of several ways to approach the topic (Kothari, 2010). The descriptive research design was used for this investigation so that we could get the most accurate results possible. In addition to this, it conducted its study utilizing quantitative techniques to the collecting of data. A questionnaire was used in order to collect quantitative data for the research project; on the other hand, an interview schedule was employed in order to collect qualitative data.

3.3 Area of Study.

The research was scheduled to be carried out at the Kamiti Youth Correction and Training Center, (KYCTC), which is located in Kenya's Kiambu County. This particular correctional institution has the capacity to accommodate up to 300 male inmates at any given time, and these inmates are from every region of the country. The only institution in the state's correctional

system that is dedicated only to the care of male adolescent felons is the Kamiti Youth Correction and Training Center (KYCTC). This location was recommended as the best setting for the study because it had a sufficient catchment area, which provided the study with respondents in the appropriate age bracket who were able to supply the information that this study was looking for.

3.4 Population.

The word "population" is what is meant to be utilized when talking about the collection of individuals who are going to be the primary focus of a certain piece of study (Mugenda and Mugenda, 2003). According to Creswell (2013), determining the population is an important stage that has to be completed before moving on to analyze other areas of the study. This is because moving on to other aspects of the investigation might compromise the validity of the findings. This is due to the fact that moving on to other areas of the inquiry might result in the legitimacy of the results being compromised. The Kamiti Youth Correction and Training Center (KYCTC) is able to accommodate a maximum of three hundred adolescent felons at any given time, as stated by the officials who are in charge of the correctional system. However, in order to alleviate some of the strain brought on by the COVID-19 pandemic and decongest the institution, those adolescents and young adults who had demonstrated a clear improvement in their conduct were permitted to leave. This was done in order to free up space. As a direct result of this, the number of people who can fit inside the building at one time has been reduced all the way down to 120.

3.5 Sample Size

A set of items that are considered to be a representative of a larger population and from which the findings may be used to generalize about the population as a whole is referred to as a sample. The findings from the sample can be used to draw conclusions about the population as a

whole (Kidder and Judd, 1986). (Kidder and Judd, 1986). Using a model that was suggested by Mugenda and Mugenda, the researchers had to decide how large of a sample to collect for the study (2012). According to the findings of these researchers, an appropriate representation of the target population may be achieved with an example size that falls anywhere between 10 and 30 percent of the whole population when the review population is less than 10,000. This statement will function as the foundation for determining the appropriate size of the sample that will be employed in the investigation. The current inquiry will concentrate on a representative sample of 68 young people because they make up more than half of the overall population as a whole.

3.6 Sampling Procedure.

Following the identification of the population that is comprised of the necessary characteristics, a method of stratified random sampling was utilized to select 68 individuals from within the target age group who were between the ages of 13 and 19 years old. The target age group was between 13 and 19 years old. Following the division of the total population into what are known as strata, which are collections of individuals with similar characteristics, random samples are taken from within each stratum. A method known as stratified random sampling is used if it is necessary to ensure that the population in question is represented precisely.

3.7 Instruments.

The questionnaires serve as the major research instrument for the study that is currently being conducted, hence they play an important role. It is believed that this instrument is suitable for the evaluation since it offers the respondents the needed anonymity and promotes open replies to sensitive questions and themes. In addition to this, it affords the researcher the opportunity to quickly gather data, which cuts down not only on expenses but also on the amount of time that is required to finish the study (Phellas, Bloch and Seale, 2011). Due to the fact that questionnaires are not overly intrusive, reduce the amount of interaction that occurs between

researchers and respondents, and minimize the amount of information gained from the respondents, using questionnaires as a means of collecting data for this research is an efficient and cost-effective choice due to the fact that questionnaires reduce the amount of interaction that occurs between researchers and respondents.

In addition to this, a screening assessment tool was used in order to achieve a more exact diagnosis of ODD. This was done so that the appropriate treatment could be administered. People can be identified at an early enough stage to allow for treatment that may avoid or minimize symptoms and other impacts, hence further improving the health outcomes of the population as a whole. Screening equipment detects people at an early enough level. (Bundrick et al., 2005)

Another form of research tool includes in-depth interviews that are comprised of open-ended questions. For the aim of achieving this goal, I undertook in-person interviews with subject matter experts from a wide range of fields. These professionals maintain consistent communication with the delinquents housed at the KYCTC on a regular basis. When it comes to the process of discovering the aforementioned specialist, a key component that was needed was the officer who was in charge of the establishment. The purpose of these interviews was to gather information from subject matter experts on the behavior of the teenagers who were being placed at the facility.

3.8 Reliability and Validity.

When we talk about the reliability of a technique of measurement, we are referring to the extent to which a specific method of measurement produces the same findings even when used repeatedly to a range of respondents (Kumar, 2005). The test-retest methodology was used to the same set of respondents at a variety of different times spread out throughout the course of the week. This guaranteed that the analysis was as reliable as possible. The test and retest method

was used to determine whether the results were predictable and, additionally, to identify inconsistencies that could be corrected in the things; this would most certainly work on the instrument's dependability. The purpose of the test and retest method was to determine whether the results are predictable and to identify inconsistencies that could be corrected in the things.

The degree to which an assessment tool accurately and reliably evaluates the development of a learner is referred to as the instrument's dependability. When the findings of an evaluation can be relied upon, we are able to be assured that subsequent or similar evaluations will lead to the same conclusions, regardless of whether the examination was repeated or not. A test-and-retest reliability coefficient of 0.820 was found for the ODD instrument, and it was claimed to have a Cronbach's alpha value of 0.925 (Harad et al. 2004).

On the other hand, validity pertains to the question of whether or not the questions contained on the questionnaire are assessing the proper idea (Kothari, 2008). Pilot studies are carried out for the purpose of providing assistance to researchers in the process of identifying components of the study's methodology or research instrument that have the potential to lead to misconceptions or errors in the gathering of pertinent data. These investigations are carried out with the purpose of providing researchers with assistance in identifying parts of the research technique or research instrument that may contribute to such mistakes. According to Wilkinson (1991), having a pilot focus on something can help in recognizing issues that could be underestimated. This is one of the benefits of having a pilot pay attention to something. Items that are assessed and found to be lacking in sufficiency are deleted, while others are changed; both of these actions lead to an enhanced appearance of validity for the instrument.

The validity of an assessment system may be determined by determining the extent to which it properly evaluates the traits it was created to measure, without being influenced by other characteristics. This is known as the "accuracy principle." As a consequence of this, consumers

who take the exam need to ensure that the particular assessment they are using is suitable for the cause that they have identified. (Asahi & Ohsawa, 2005). The use of an assessment of a person's eagerness and intellectual skills that is conducted by the state with people who are socially and phonetically different is referred to as culturally diverse testing. As a consequence of this, the instrument has the potential to have cultural application in any culture because it may be applied in that setting.

3.9 Data Collection Procedure.

Surveys were taken in order to get the data. It was decided that each and every one of the 68 responders would be sent with a questionnaire. Following a period of time equating three days, each and every participant questionnaire that had been handed out to those who were taking part in the study was subsequently obtained back from those individuals. When it comes to the collection of substantial amounts of data from a wide number of individuals, questionnaires provide a solution that is not only quick and inexpensive but also effective and efficient in terms of data collection. Because the researcher is not required to be present when the questionnaires are being filled out, it is feasible to collect a big quantity of data in a short amount of time. This makes it possible to speed up the data collection process. It is possible that responders will lack the incentive necessary to offer feedback that is truthful and accurate.

3.10 Data Analysis.

According to Wickham (2016), data analysis is the process of cleaning, changing, and processing raw data, and extracting actionable and relevant information. The researchers were going to employ quantitative research methods since the study was going to make use of quantitative pieces of data. Questionnaires were used to collect the quantitative data, and SPSS version 25.0 was used to collate, code, input, and analyze the data after it had been entered. Before quantitative data can be utilized in frequency and percentage calculations, it first has to be

sorted and given a coding system. Displaying the percentages and frequencies in a manner that makes it possible to recognize connections and draw conclusions that can be categorized and classified to produce rates and frequencies can be accomplished with the help of tables, bar graphs, and pie charts, all of which can be used in the same manner. The data are shown in such a way as to make it feasible to draw inferences that can be made from the data, thus allowing the desired result to be achieved. Tables, reference diagrams, and pie outlines were utilized to illustrate the rates and frequencies. These three types of presentations make it easier to draw associations and inferences from the data. The inquiry was carried out in accordance with a pre-characterized system that was formed from the queries that were found on the examination. This meeting was preceded by a comprehensive assessment of the top-to-bottom sessions, which would motivate information record, coding, organizing, and categorization efforts. In order to determine whether or not the hypothesis had any basis in reality, a Chi-square was performed. According to Nihan (2020), chi-square is a statistical test used to examine the differences between categorical variables from a random sample in order to judge goodness of fit between expected and observed results.

3.11 Ethical Considerations.

In any kind of investigation, it is essential to pay attention to and respect the participants' legal entitlements. I made sure that everyone who was taking part in the study as well as the administration of the institution had access to all of the pertinent information that they needed. In addition, people were provided with information describing the objectives of the research before they were asked to participate in it. In order to expedite the process of obtaining a clearance letter from the Ethical Review Board (ERB) and an authorization to conduct research from the National Commission for Science, Technology, and Innovation (NACOSTI), it was necessary to

make a request to the graduate school of the University a Clearance Letter and a forwarding letter.

The purpose of this request was to facilitate the acquisition of both of these letters. This was to be accompanied with an official letter asking authorization to collect data from a juvenile institution that comes under the jurisdiction of the Kenya Correctional Services Department. This letter was to be sent to KYCTC and written in official letterhead. Before I began the study, I made it a point to adhere scrupulously to all of the COVID-19 procedures as well as all of the rules and regulations that had been created by the institution. I also made sure to follow all of the instructions precisely. They were be informed in great detail about the purpose of the research as well as the fact that it was being conducted for academic reasons in order to provide the respondents with enough information to make an informed decision about their participation in the study. This was being done for the purpose of providing them with enough information to make an informed decision about whether or not they would want to participate in the study. Everyone who filled out the survey was required to remain anonymous, which meant that their names and any other information that may be used to identify them would be concealed from the researchers.

In addition to this, the respondents were to be informed that any information submitted throughout the course of the study was treated privately in such a way that it could not be traced back to a specific individual responder. This was to be done so that the respondents were aware of how the information was being handled. The participants were also be reminded that their participation in the study was fully voluntary and that they were free to withdraw from the study at any time. This information was given to them along with the reminder that they could leave the study at any moment. As part of the process of obtaining the participants' consent, we would be providing them with the aforementioned information.

CHAPTER FOUR: DATA ANALYSIS AND VISUALIZATION OF RESULTS

4.1 Introduction

In this chapter, we will look at the analysis of subjective information and the implications that it has. Additionally, we will look at the aggregation of poll data and the findings of the research into the poll that was conducted. In addition to that, it provides a summary of the findings of the research that was carried out on the subject.

4.2 Demographic Data

This section presents the demographic data of the respondents to establish the distribution of the respondents in terms of gender, age, whether the respondent enrolled at a school currently, why they are not enrolled at a school, the highest level of education of the respondent and religious affiliation.

4.2.1 Gender of the Respondents

The respondents were to specify their gender upon the researcher's request. The findings are shown in Table 4.1.

Table 4. 1: Gender of the Respondents

	Frequency	Percent
Male	68	100
Total	68	100

From the findings in Table 4.1, all the respondents indicated to be male (100%). This is attributed to the fact that the study focused only on male teenagers who are mostly involved in crime as compared to their female counterparts.

4.2.2 Age of the Respondents

The respondents were also to specify their age upon the researchers request. The findings are shown in Figure 4.1.

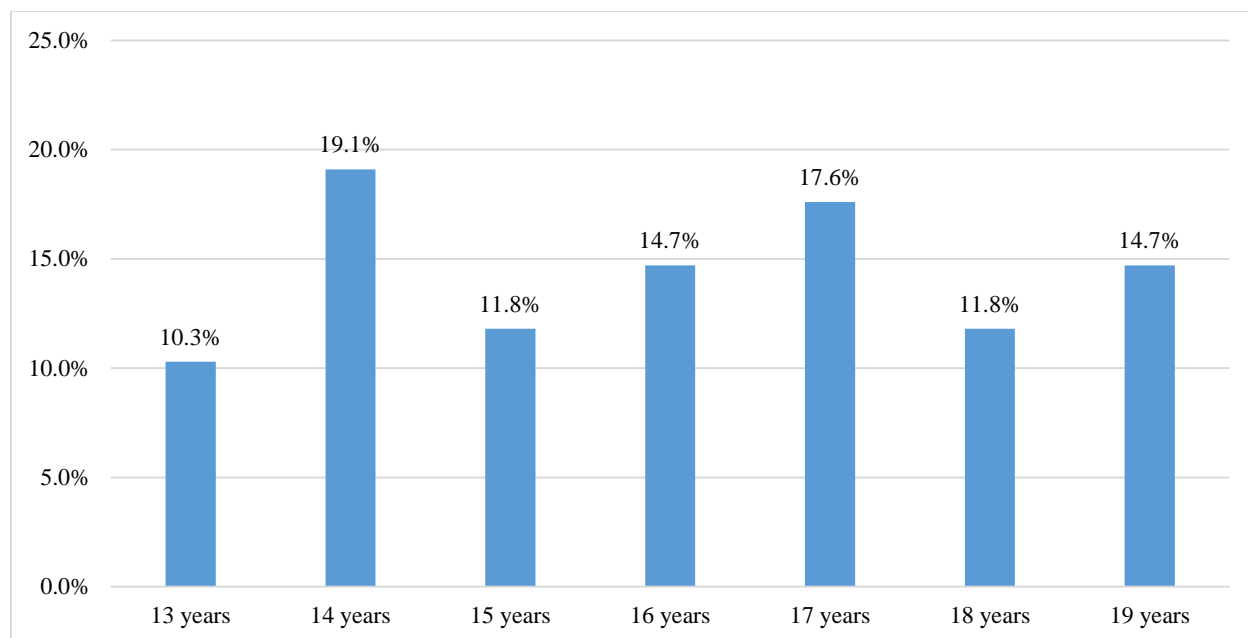


Figure 4. 1: Age of the Respondents

From the findings in Figure 4.1, the respondents specified that their age was 14 years as shown by 19.1%, 17 years as shown by 17.6%, 16 years as shown by 14.7%, 19 years as shown by 14.7%, 15 years as shown by 11.8%, 18 years as shown by 11.8% and 13 years as shown by 10.3%. This implies that the data was collected across all the targeted age groups to examine whether there is an association between the risk of oppositional defiant disorder and engaging in antisocial or delinquent behavior.

The study also sought to establish the descriptions of the age in terms of mean, std dev., skewness and kurtosis as shown in Table 4.2.

Table 4. 2: Descriptions of the Age

	N	Minimum	Maximum	Mean	Std.	Skewness	Kurtosis
Age	68	13	19	16.04	1.958	.023	-1.220

There was a minimum age requirement of 13 years for the youngest responder, and there was also a maximum age requirement of 19 years for the oldest respondent. Because the mean

age was determined to be 16.04 and the standard error was determined to be 0.237, it was feasible to arrive at the conclusion that the sample was an accurate representation of the population as a whole. This was because the mean age was calculated to be 16.04. With a standard deviation of 1.958 for the respondent's age, it was determined that the data points were not substantially dispersed in reference to the mean. According to the values of skewness and kurtosis, the age distribution does not have a form that is skewed but rather one that is excessively flat. The skewness value is 0.023, and the kurtosis value is -1.220.

4.2.3 Whether Respondents are Currently Enrolled at a School

The respondents were asked to specify whether they are enrolled at a school currently. The findings are shown in Table 4.3.

Table 4. 3: Whether Respondents are Currently Enrolled at a School

	Frequency	Percent
Yes	5	7.4
No	63	92.6
Total	68	100

From the findings in Table 4.3, most of the respondents indicated that they are not currently enrolled as shown by 92.6% while 7.4% indicated to have been currently enrolled in School. Those who are not enrolled were asked to indicate why they are not enrolled at a school. The findings are shown in Table 4.4.

Table 4. 4: Reason for Not Enrolling at a School

	Frequency	Percent
Lack of school fee	11	17.5
Resistance	44	69.8
Sickness	8	12.7
Total	63	100

From the findings in Table 4.4, the respondents they are not enrolled at a school because of resistance as shown by 69.8%, of lack of school fee as shown by 17.5% and because of sickness as shown by 12.7%. This implies that there is need to come up with strategies to tame resistance among teenagers and also mobilize financial resources to ensure that no teenager drops out of school because of school fees.

4.2.4 Highest Level of Education of the Respondent

The respondents were asked to indicate their highest level of education. The findings are shown in Table 4.5.

Table 4. 5: Highest Level of Education of the Respondent

	Frequency	Percent
KCPE	10	14.7
KCSE	20	29.4
Mid-primary	38	55.9
Total	68	100.0

According to the frequency distribution that was presented previously, out of a total of 68 participants who took part in the survey, 38 of them had completed at least the middle level of elementary school as the highest degree of education that they had earned throughout their lifetime. It is a well-documented fact that receiving a formal education increases one's likelihood of exhibiting behavior that is in the best interests of society (Moorthy et al., 2019).

In the context of this investigation, the primary education level, which is also sometimes referred to as middle primary, was accountable for 55.9 percent of the total contribution. This provides a more tangible rationale for the assumption that the respondents' lack of access to educational opportunities was the underlying reason for their antisocial behavior, as it presented an explanation that directly addressed the problem.

4.2.6 Religious Affiliation

The respondents were asked by the researcher to indicate their religion. The findings are illustrated in Table 4.6.

Table 4. 6: Respondents Religious Affiliation

	Frequency	Percent
Christian	61	89.7
Muslim	7	10.3
Total	68	100

From the findings in Table 4.6, the respondents indicated that they are Christians as shown by 89.7% while the rest indicated to be Muslims as shown by 10.3%. Religion is an important factor in this study as it plays a key role in moulding youths in a bid to ensure that they do not develop delinquent behavior.

4.2.7 Family Background

The respondents were asked to indicate whether their parents are alive, single parented or orphaned. The findings are shown in Table 4.7.

Table 4. 7: Family Background of the Respondents

	Frequency	Percent
Both parents	24	35.3
Single parented	18	26.5
Orphaned	26	38.2
Total	68	100.0

From the findings in Table 4.7, respondents indicated to be from single parent families as shown by 26.5%, from both parent's family as shown by 35.3% and the rest were orphans as shown by 38.2%. Mid Primary students had the highest record of dangerous behaviors, as evidenced by the data reported above from the research. This was the case because orphaned

children lacked a stable family environment. According to Richter, orphaned children have a significantly increased chance of engaging in dangerous sexual activities, as well as anxiety and despair, all of which may be linked back to a lack of parental care (2004). Because of this, orphaned children are more vulnerable to the adverse impacts that are brought about by behavioral determinant variables. This data provides credibility to the concept that children and young people who are not provided with enough direction from their parents are more prone to participate in dangerous conduct.

4.3 Delinquent Behavioral Factors

4.3.1 Involvement in Substance Abuse

The respondents were asked to indicate whether they have been involved in substance abuse. The findings are shown in Table 4.8.

Table 4. 8: Whether Respondents was Involved in Substance Abuse

	Frequency	Percent
No	7	10.3
Yes	61	89.7
Total	68	100.0

The vast majority of those who participated in the poll who were asked questions stated that, at some time in their life, they had tried out either illicit substances or pharmaceuticals that were prescribed to them as shown by 89.7% while 10.3% indicated to have not been involved in substance abuse. People who partake in the use of dangerous drugs put themselves in risk, which can present itself in a variety of ways, including disobedience, improper actions, and truancy. As a direct result of this relationship, substance misuse is a crucial factor in the development of sociopathic characteristics. Those respondents who said they had a poor degree of education and also acknowledged to partaking in drug usage were the ones that were questioned. The figure

that was discussed previously in this article eloquently demonstrates that kids who indulged in drug usage had a significantly increased risk of suffering rebellious problems.

The respondents were also asked to indicate reasons for engaging in substance abuse. The findings are shown in Table 4.9.

Table 4. 9: Reasons for Engaging in Substance Abuse

	Frequency	Percent
Peer pressure	61	89.7
Parental loss	41	60.3
Depression	58	85.3
Academic Pressure	47	69.1
Rejection	59	86.8

In this question, a respondent was to select as many reasons for engaging in substance abuse as possible. Hence from the findings, the respondents indicated that the reasons for engaging in substance abuse included peer pressure as shown by 89.7%, rejection as shown by 86.8%, depression as shown by 85.3%, academic pressure as shown by 69.1% and parental loss as shown by 60.3%. This implies what pushes teenagers to use of drugs is peer pressure from age mates, rejection by parents, depression and also parental loss. Hence there is need to come with strategies to address these reasons especially peer pressures which calls for effective guidance and counselling programmes.

4.3.2 Engagement in Criminal Activities

The researcher asked the respondents to indicate whether they have been engaged in any criminal activity. The findings are shown in Table 4.10.

Table 4. 10: Whether Respondents was Engaged in Criminal Activities

	Frequency	Percent
No	2	2.9
Yes	66	97.1
Total	68	100.0

The findings of this study were presented in the form of a frequency distribution table, which revealed that virtually all of the individuals who participated in this survey had, at some point in their lives, engaged in some form of conduct that was illegal as shown by 97.1%. This was a criterion that could be taken into consideration and utilized as a guide when seeking to characterize the level of delinquency that existed among the respondents. The fact that the respondents engaged in delinquent behaviors, which may have been spurred by the non-modifiable risks that produced criminal actions, confirmed the statistical evidence that verified their susceptibility to oppositional defiant disorder. It is possible that the knowledge that there were threats that could have been mitigated, which led to illegal activities, was the impetus for these behaviors. This condition can be traced back to a fundamental flaw in our ability to protect ourselves from the hazards that may be brought on by engaging in unlawful activities.

The respondents were also asked to indicate how frequently they have been engaged in criminal activity in the past one year. The findings are shown in Table 4.11.

Table 4. 11: Frequency of Engagement in Criminal Activities

	Frequency	Percent
Once	2	2.9
More than thrice	65	95.6
Twice	1	1.5
Total	68	100.0

The respondents indicated that they have been engaged in criminal activity in the past one year more than thrice as shown by 95.6%. Other respondents indicated to have been engaged in crime once as shown by 2.9% and twice as shown by 1.5%. This is indication that most of the teenagers who took part in the study have frequently engaged in criminal activity in the past one year.

4.4 Oppositional Defiant Disorder Characteristics

4.4.1 Oppositional Defiant Disorder Traits

The respondents were asked to indicate their character traits that describe their oppositional defiant disorder. The findings are shown in Table 4.12.

Table 4. 12: Oppositional Defiant Disorder Traits Statements

Statement	Yes		No	
	f	%	f	%
Easily loses temper	58	85.3	10	14.7
Easily annoyed by others	63	92.6	5	7.4
Always argues with adults or people in authority	58	85.3	10	14.7
Always blames others for his or her mistakes	56	82.4	12	17.6
Always feeling unwanted	58	85.3	10	14.7
Feel weak family bonds	51	75.0	17	25.0

From the findings in Table 4.12, the respondents indicated that they easily lose temper as shown by 85.3%, easily annoyed by others as shown by 92.6%, always argue with adults or people in authority as shown by 85.3% and always blame others for their mistakes as shown by 82.4%. The respondents also indicated that they are always feeling unwanted as shown by 85.3% and that they feel weak family bonds as shown by 75.0%. This implies that the teenagers with oppositional defiant disorder loses temper easily, are easily annoyed, often argue with adults, blames others their mistakes, always feel unwanted and weak family bonds.

The respondents were also asked to indicate whether the above-mentioned experiences had negative effects on them. The findings are shown in Table 4.13

Table 4. 13: Whether Oppositional Defiant Disorder have Negative effect on Respondents

	Frequency	Percent
Yes	63	92.6
No	5	7.4
Total	68	100

From the findings in Table 4.13, the respondents indicated that Oppositional Defiant Disorder have significant effect on them as shown by 92.6% while 7.4% were of contrary opinion. This is an indication that in one way or the other oppositional defiant disorder have negative effects on teenagers.

Further, the respondents were asked to indicate whether the listed are some of the effects. The findings are shown in Table 4.14.

Table 4. 14: Negative Effects of Oppositional Defiant Disorder

Statement	Yes		No	
	f	%	f	%
Increased stress	66	97.1	2	2.9
Withdrawal from friends and family	57	83.8	11	16.2
Getting into verbal with family members, friends and administrative authorities.	64	94.1	4	5.9
Getting into physical fights with peers and family members	58	85.3	10	14.7
Truancy	61	89.7	7	10.3
School dropout	65	95.6	3	4.4
Getting into substance abuse	53	77.9	15	22.1

From the findings, most of the respondents indicated that some of the effects of oppositional defiant disorder include increased stress as shown by 97.1%, school dropout as shown by 95.6% and getting into verbal with family members, friends and administrative authorities as shown by 94.1%. Other negative effects included truancy as shown by 89.7%, getting into physical fights with peers and family members as shown by 85.3%, withdrawal from friends and family as shown by 83.8% and also getting into substance abuse as shown by 77.9%.

4.4.2 Extent of Risk of Oppositional Defiant Disorder

The study also sought to establish the extent of risk of oppositional defiant disorder among the teenagers. The findings are shown in Table 4.15.

Table 4. 15: Extent of Risk of Oppositional Defiant Disorder

	No risk	Low risk	Moderate risk	Moderately high risk	High risk
Temper outbursts	4 (5.9%)	6 (8.8%)	18 (26.5%)	13 (19.1%)	27 (39.7%)
Argues a lot with adults	3 (4.4%)	7 (10.3%)	23 (33.8%)	17 (25%)	18 (26.5%)
Disobeys rules a lot	1 (1.5%)	11 (16.2%)	18 (26.5%)	25 (36.8%)	13 (19.1%)
Easily annoyed or angered	4 (5.9%)	12 (17.6%)	15 (22.1%)	23 (33.8%)	14 (20.6%)
Angry and resentful	2 (2.9%)	14 (20.6%)	18 (26.5%)	25 (36.8%)	9 (13.2%)
Spiteful and vindictive	4 (5.9%)	13 (19.1%)	20 (29.4%)	23 (33.8%)	8 (11.8%)
Annoys people on purpose	3 (4.4%)	12 (17.6%)	20 (29.4%)	22 (32.4%)	11 (16.2%)
Blames others for his/her mistakes	3 (4.4%)	12 (17.6%)	16 (23.5%)	19 (27.9%)	18 (26.5%)

From the findings, it established that teenagers have a high risk of oppositional defiant disorder in terms of temper outbursts as shown by 39.7%. In addition, the findings showed that teenagers have moderately high risk of oppositional defiant disorder in terms of disobeying rules a lot (36.8%), being annoyed or angered easily (33.8%), being angry and resentful (36.8%), being spiteful and vindictive (33.8%), annoying people on purpose (32.4%) and blaming others for their mistakes (27.9%). It was further established that teenagers have moderate risk of oppositional defiant disorder in terms of arguing a lot with adults (33.8%). It was determined that respondents who exhibited a higher risk of oppositional defiant disorders were more likely to have been involved in criminal behavior on more than three occasions per year.

4.5 Correctional Measures

The respondents were asked to indicate whether they have been arrested for any misbehavior. The findings are shown in Table 4.16.

Table 4. 16: Whether Respondent have been Arrested for any Misbehavior

	Frequency	Percent
Yes	68	100
Total	68	100

From the findings, the respondents indicated that they have been arrested for any misbehavior as shown by 100%. This is an indication that almost all the teenagers who participated in the study have been arrested at one point in life.

The respondents were further asked to indicate whether they support the behavior correction they underwent at the facility. The findings are shown in Table 4.17.

Table 4. 17: Whether Respondents support the behavior correction

	Frequency	Percent
No	39	57.4
Yes	29	42.6
Total	68	100.0

From the findings, most of the respondents indicate that they do not support the behavior correction they underwent at the facility as shown by 57.4% while 42.6% of the respondents indicated that they support the behavior correction they underwent at the facility. This is an indication a lot need to be done to improve the type of behavior correction at Kamiti youth correction and training centre.

4.6 Cross-Tabulation Between Risk Of Oppositional Defiant Disorder and Delinquent Behavior

The study conducted cross tabulation between risk of oppositional defiant disorder and delinquent behavior. The findings are shown in Table 4.18.

Table 4. 18: Delinquent behaviour F * Risk of oppositional defiant disorder F Cross-tabulation

		Risk of oppositional defiant disorder F					Total
		No risk	Low risk	Moderate risk	Moderately high risk	High risk	
Delinquent behaviour	Yes	1	3	19	27	10	60
	No	2	3	2	1	0	8
Total		3	6	21	28	10	68

From the findings, there were (60) teenagers who had engaged in delinquent behaviour as compared to those who had not (8). In addition, most children who had engaged in Delinquent behavior had a moderately high risk of oppositional defiant disorder.

4.7 Chi-Square Test

The study used Pearson chi-square test to test the null hypothesis that stated, “*There is no significant relationship between the risk of oppositional defiant disorder and delinquent behavior*”. To conduct Chi-square, the study inputs cumulative computation of categories risk of oppositional defiant disorder as rows and the number of individuals engaged in delinquent behavior as columns (measured using aspects of delinquent behavior like drug abuse) through cross-tabulation. The findings are shown in Table 4.19.

Table 4. 19: Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.407 ^a	4	.000
Likelihood Ratio	15.287	4	.004
Linear-by-Linear Association	14.854	1	.000
N of Valid Cases	68		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .35.

The findings in Table 4.19 shows Pearson’s chi-square for the relationship between the risk of oppositional defiant disorder and delinquent behavior was 20.407 and the asymptotic significance was 0.00. Since asymptotic significance (0.000) was less than 0.05, then the study rejected the null hypothesis. Hence, the study concluded that there is a significant relationship between the risk of oppositional defiant disorder and delinquent behavior. This is an indication

that the risk of oppositional defiant disorder significantly contributed to delinquent behavior among male teenagers between the ages of 13-19 in Kamiti Youth Correction and Training Centre.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter presents a summary of the findings of the study, as well as the inferences and conclusions that were taken from the data that was evaluated over the course of the investigation, and it finishes with some suggestions. The purpose of presenting these data is to discuss the link that exists between oppositional defiant disorder and delinquent behavior.

A growing number of antisocial behaviors are being shown by younger individuals in Kenya, according to observations that have been made. This chapter includes a condensed review of the findings of the research as well as an examination of the contribution that the study may make toward minimizing the impacts of and the variables that lead to juvenile delinquency. The purpose of this study was to analyze a number of characteristics that influence opposition defiance and to link those aspects to the association between opposition defiance and delinquent behaviors.

5.2 Summary of Findings

A total of roughly 97% of the teenagers between the ages of 13 and 19 had engaged in some type of unlawful activity, with approximately 95.6 % of those individuals engaging in unlawful behavior more frequently than three times a year. The average age of the teenagers was 16.04 years old, and the adolescents demonstrated poor levels of education, with 55.9 percent only achieving the mid-primary education level or lower. Those who took part in the study had a mortality rate of 55.88 percent, meaning that both of their parents had passed away.

The findings of the study indicated that a child's parental status, such as being orphaned or raised by a single parent, is one of the factors that can have an impact on the development of oppositional defiant disorder and antisocial behavior in adolescents. This was indicated by the fact that the status of the child was found to be one of the factors that contributed to the

development of the disorder. A person's socioeconomic situation and the amount of time spent in school are two other factors that were taken into consideration. It was abundantly evident that there was a large positive link between ODD and criminal activity. The existence of a relationship served as irrefutable proof of this conclusion.

The study established that teenagers have moderately high risk of oppositional defiant disorder in terms of disobeying rules a lot, being annoyed or angered easily, being angry and resentful, being spiteful and vindictive, annoying people on purpose and blaming others for their mistakes. It was further established that teenagers have moderate risk of oppositional defiant disorder in terms of arguing a lot with adults.

According to the findings of the study, there is a significant association between the risk of oppositional defiant disorder and delinquent behavior among male teens between the ages of 13 and 19 who were housed in the Kamiti Youth Correction and Training Centre (chi-square =20.407; $p = 0.00$). Because of this, the government should establish a department that is responsible for providing counsel to teenagers before turning them over to the legal system.

5.3 Limitations of the Study.

One of the objectives of the study was to provide advice for reducing antisocial behaviors and increasing behavioral self-control in juveniles. This was one of the objectives that the study aimed to accomplish. The Kamiti Youth Correction and Training Centre was chosen as the site for the research project because of its convenient location. Despite the fact that the major purpose of the study may have been to give remedial solutions for the problematic behaviors in question, it is probable that the study did not contain a representative sample of the real population of teenagers who suffer with disobedience. An element of gender discrimination is present in this study since it takes place in a facility that is closed off to women and is only available to male participants.

The goal of the study project was to investigate the perspectives held by ODD specialists on the delivery of ODD therapy to adolescent felons who exhibited signs of ODD or had been diagnosed with ODD. It has been determined that this study has several limitations. The findings of the qualitative investigation study were contingent on the participants' descriptions of their own perspectives. In order to eliminate any possibility of bias, the participants in the research were not informed of the research questions before the research study began. Each participant was responsible for conducting their own interview. Both of these procedures were carried out in order to elicit sincere and trustworthy responses from the people who took part in the research. Because of this, the participants had fewer chances to speak with one another or conduct study on the questions before the interview. Although it was impossible to prevent having the researcher present throughout each interview, this may have been a drawback of the study. The only kind of communication regarding the study that this researcher engaged in was the act of asking participants questions.

5.4 Implications of the Study.

The results of this research study may serve as an impetus for positive social change on a number of fronts, each of which requires a unique approach. It is likely that the observations and insights of ODD professionals will provide further information regarding the efficacy of treatment. Other clinicians who are working with this specific population may find it helpful to gain an understanding of the opinions and thoughts of ODD professionals regarding the treatments that are particularly fit for adolescent felons who exhibit symptoms of ODD or have been diagnosed with ODD. These professionals have provided their insights into the treatments that are particularly suited for this population. This might provide information that is useful.

5.5 Conclusion.

The study came to the conclusion that there is a strong association between the risk of oppositional defiant disorder and delinquent behavior among male teens between the ages of 13 and 19 who were incarcerated at the Kamiti Youth Correction and Training Centre. There has been a discernible rise in the number of antisocial behaviors exhibited by Kenya's younger population. As a direct and immediate consequence of this, a substantial quantity of study has been carried out in this particular area of concentration. This study reveals that adolescents continue to be prone to the hazards posed by the elements it describes, despite the fact that a great number of research studies have been undertaken on the topic of lowering the behavioral indiscipline that is frequent among adolescents. In a broader sense, the purpose of the study was to help fill in some of the gaps in our knowledge regarding the elements that influence the behavior of an individual and the manner in which that individual behaves. These are the most important conclusions that can be derived from the research that was done.

- I. The majority of adolescents housed in correctional facilities are at risk for developing oppositional defiant disorder as a result of the social determinants that are present in the environments in which they are forced to live.
- II. The overwhelming majority of teenagers between the ages of 14 and 15 displayed symptoms that suggested they were struggling with ODD.
- III. Before the criminal justice system takes over and recommends juvenile detention or incarcerates the children, there is a need to shift away from focusing too much on punishment and instead focus on more rehabilitative and psychological interventions. This is necessary due to the fact that what is often referred to as delinquency may in fact be undiagnosed ODD in certain cases. As a consequence of this, there is a pressing need to shift away from placing an excessive amount of emphasis on

punishment and instead place an increased emphasis on rehabilitative and psychiatric therapies.

5.6 Recommendations

In light of the findings of this investigation, the accompanying recommendations, whenever put into action and given support, would have a positive impact on the problem of delinquent behavior in adolescents.

1. In order to effectively address the problem of juvenile delinquency, there is a pressing requirement for more participation from mental health professionals such as counselors and psychologists in the process.
2. Establishing programs that are geared toward empowering young people is something that needs to be done so that information can be shared with young people about the consequences of engaging in antisocial behavior, and so that young people can be encouraged to resist the influence of destructive forces and make wise choices regarding matters that will impact their lives in the future.
3. Parental training programs should be supported, in which parents are involved in monitoring the activities of their children, encouraging appropriate behavior, and providing clearly defined rules, expectations, and actions for their children. This type of program encourages parental involvement.
4. The government ought to implement regulations that allow for parental engagement in activities that are affiliated with schools. These laws should apply to activities that are associated with schools. This will aid in the process of bolstering the connection between

parents and their children, which will, in the end, result in a reduction in the amount of delinquency committed by teenagers.

5. It is the responsibility of the institutions that are a part of the process of correction and rehabilitation to include the individual's family members in the intervention program that they are working on in order to develop a strategy that is more comprehensive. Because of this, it will be possible to cultivate a more comprehensive perspective.
6. There is an urgent need to develop a cooperative collaboration between the family home and the educational institution as soon as possible. Due to the fact that adolescents typically spend more time at school rather than at home, this will be helpful in the early identification of delinquency in juveniles.

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APPENDICES.

Appendix I: Questionnaire.

This questionnaire is designed to help research about whether there is an association between Opposition Defiant Disorder and delinquent behavior among teenagers between the ages of 13-19years. Information provided is strictly confidential and will be used only for the purpose of the study.

Please answer the questions by putting a tick [] in the response boxes and filling in the blank spaces where appropriate.

SECTION 1: DEMOGRAPHIC DATA

1. Indicate your gender

Male Female

2. Indicate your age

13 years 14 years 15years 16 years 17 years 18 years 19years

3. Is the respondent enrolled at a school currently?

Yes No

(If your answer is to question 3 is yes, proceed to question 5. Otherwise, answer question

4.)

4. Why are you not enrolled at a school?

Lack of school fee

Resistance

Sickness

Other

5. What is the highest level of education of the respondent?

Mid-primary *KCPE* *Certificate* *KCSE*

6. Religious affiliation

Christian

Muslim

Other

7. Please tick the box that relates to you. (If you have one of your parents alive, please tick single parented. If none is alive, please choose orphaned and if all of your parents are alive, please tick both parents.)

Both parents

Single parented

Orphaned

Other

SECTION II: BEHAVIORAL FACTORS.

8. Have you been involved in substance abuse? (*i.e. Bhang, marijuana, alcohol etc.*)

Yes No

(If your answer is yes, proceed to question 9. Otherwise, answer question 10)

9. Reasons for engaging in substance abuse. (*Select one or more.*)

Peer pressure Parental loss

Depression Academic Pressure

Rejection

10. Have you engaged in any criminal activity?

Yes No

(If your answer is yes, proceed to question 11. Otherwise, answer question 12)

11. How frequently have you engaged in criminal activity in the past one year?

Once

Twice

More than thrice

12. Please tick [✓] where applicable.

In the boxes below, indicate whether you have experienced the following.

Statement	Yes	No
Easily loses temper	<input type="checkbox"/>	<input type="checkbox"/>
Easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>
Always argues with adults or people in authority	<input type="checkbox"/>	<input type="checkbox"/>
Always blames others for his or her mistakes	<input type="checkbox"/>	<input type="checkbox"/>
Always feeling unwanted	<input type="checkbox"/>	<input type="checkbox"/>
Feel weak family bonds	<input type="checkbox"/>	<input type="checkbox"/>

13. Have the above-mentioned experiences had negative effects on you?

Yes No

(If your answer is yes, proceed to question 14. Otherwise, answer question 15)

14. Please indicate whether the following are some of the effects.

Statement	Yes	No
Increased stress	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal from friends and family	<input type="checkbox"/>	<input type="checkbox"/>
Getting into verbal with family members, friends and administrative authorities.	<input type="checkbox"/>	<input type="checkbox"/>
School dropout	<input type="checkbox"/>	<input type="checkbox"/>

Getting into substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION III: CORRECTIONAL MEASURES

15. Have you been arrested for any misbehavior?

Yes *No*

16. Do you support the behavior correction you underwent at the facility?

Yes *No* *Not applicable*

17. In your own words, why do you think behavior correction is necessary for those who undergo behavioral misconduct? If not, then why?

The End.

THANK YOU FOR PARTICIPATION

Appendix II: Screening tool

Mojave Child and Adolescent Symptom Rating Scale – Oppositional Defiant Disorder

(Child/Teen) Name _____ DOB _____

For each item, check the box that describes you best *over the past week*:

Date: _____

Temper outbursts	<input type="checkbox"/> Not at all.	<input type="checkbox"/> I occasionally got mad or annoyed, but no more than other kids my age.	<input type="checkbox"/> I occasionally had a temper outburst that is more severe than most kids my age. I get mad more often than other kids.	<input type="checkbox"/> I frequently get annoyed or mad. I lost my temper at least once per week.	<input type="checkbox"/> I am irritable and annoyed most days. I had severe temper outbursts several times per week.
Argues a lot with Adults	<input type="checkbox"/> Not at all.	<input type="checkbox"/> I almost never argue with or challenge my parents.	<input type="checkbox"/> I occasionally argue with my parents and teachers. These	<input type="checkbox"/> I have severe arguments with my parents or teachers 1-2	<input type="checkbox"/> I have severe arguments with my parents or teachers almost every day. I

			arguments seem more severe than most kids my age.	times per week.	always find a reason to fight with them.
Disobeys rules a lot	<input type="checkbox"/> I follow rules and directions almost all the time.	<input type="checkbox"/> I generally follow the rules. Sometimes I try to slip by without doing chores, but I usually don't fight when reminded	<input type="checkbox"/> I sometimes refuse to obey the rules at home or do my chores. I think I disobey more than other kids my age.	<input type="checkbox"/> I refuse to obey rules or do what my parents or teachers ask .I try to get away with things without getting caught.	<input type="checkbox"/> I break rules every day. I tell my parents I won't do what they tell me to. I am always in trouble at school for not following rules
Easily annoyed or angered	<input type="checkbox"/> I don't get annoyed or angered easily.	<input type="checkbox"/> Once in a while I am annoyed if I'm not allowed to do what I want, but I get along well with my	<input type="checkbox"/> I get annoyed easily 1-3 times per week. I seem more annoyed with things than most kids my age.	<input type="checkbox"/> I am easily annoyed most days. Minor things set me off. I get very bothered by	<input type="checkbox"/> Every day I'm easily annoyed and get mad about little things. Everything seems to get on my nerves.

		parents and teachers		things that don't bug most kids.	
Angry and resentful	<input type="checkbox"/> I'm almost never cranky.	<input type="checkbox"/> I get cranky and angry once in a while, but mainly if there is a reason like feeling sick or tired.	<input type="checkbox"/> I feel cranky, angry, and resentful 1-3 times per week. This seems more intense than most other kids my age.	<input type="checkbox"/> I feel cranky and resentful most days. I feel like I can't stand my parents, family members, teachers, and other kids	<input type="checkbox"/> I feel cranky and angry every day. I feel like nearly everyone and everything is a real pain.
Spiteful and vindictive	<input type="checkbox"/> I don't try to get back at other people when they hurt my feelings. I can forgive people or let things slide	<input type="checkbox"/> Sometimes I can be mean to those who hurt me. Sometimes I threaten to get even with those who	<input type="checkbox"/> I do little things to get even with others who are unfair or hurtful to me. I tend to hold grudges.	<input type="checkbox"/> I often feel that others have been unfair to me. I take revenge when I feel slighted by	<input type="checkbox"/> Every day, I lash out at others for things they have done to me. I don't let things slide.

	when mad.	made me mad.		my family or friends	
Annoys people on purpose	[] I don't annoy others on purpose and apologize if others appear annoyed with my behavior.	[] I occasionally tease my siblings and friends, but I quit if someone asks me to stop.	[] I deliberately do things to bug others. I sometimes pretend not to hear directions in order to make others mad.	[] I do things to annoy others .I often pretend not to hear them, or taunt them to get on their nerves.	[] Every day, I do a lot of things to purposefully get other people mad.
Blames others for his/her mistakes	[] I always take responsibility for what I have done.	[] I sometimes need reminders to take responsibility for my behavior, but I will own up in the end.	[] I sometimes blame others for my mistakes. I don't take as much responsibility for my behavior as other kids my age.	[] About half the time, I blame others for my mistakes. I get mad when people tell me to own up to my behavior.	[] Most of the time, I blame others for my mistakes. I don't like to take responsibility for my behavior.

Score by counting the number of responses in the 2 right-hand columns.

Appendix III: Informed Consent Form

INFORMED CONSENT FORM

I would like to request for the participation of juveniles aged between 13 and 19 held at the Kamiti Youth Correction and Training Centre (KYCTC) in a research project whose information and details are written below.

Title of the project: ASSOCIATION BETWEEN OPPOSITION DEFIANT DISORDER AND DELINQUENT BEHAVIOUR AMONG MALE TEENAGERS BETWEEN THE AGES OF 13-19.

Purpose of the study: The purpose of this study is to investigate the association between Opposition Defiant Disorder and delinquent behaviour with a view to recommend measures that will help to mitigate delinquent behaviour.

What will participants do? Participants will be required to fill in questionnaires and a screening tool for Opposition Defiant Disorder.

Time required for participation: Completing both the questionnaire will require at least 15 minutes.

Risks: There are no predicted risks in the research.

Benefits: Those who participate in this study may have a better understanding on the association between Opposition Defiant Disorder. This will enhance their knowledge base.

Confidentiality: All information collected from this study will be treated with utmost confidentiality. No names or any other identifying information will be released when reporting data. All records collected will be kept safe and once data has been fully analyzed, it will be destroyed.

Voluntary participation: Participation in this research is totally voluntary. Any participant will be at liberty to opt out of the study at any point without facing any negative consequences.

By signing this consent form, I am certifying that I have read and understood the information above and I assent to the participation of the juveniles.

Name of the authorizing officer

JANE LILIAN LUKOYE

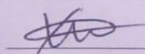
Date reviewed and signed

15/10/2021 ~~15/10/2021~~

Name of the researcher

ROSE GINTHA AKNYI OMBARA

Date and signature





UNIVERSITY OF NAIROBI
 COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
 FACULTY OF ARTS
 DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
 Telephone: 318262
 Fax: 3245566
 Telex 22095 varsity Ke Nairobi, Kenya

P.O. BOX 30197, 00100
 NAIROBI
 KENYA

28/9/2021

The Chief Executive Officer
 National Council for Science Technology and Innovation.
 P.O. Box 30623-00100
 Nairobi – Kenya

REF: ROSE CYNTHIA AKINYI OMBURA -C50/27397/2019

The above named is a student in the Department of Psychology, undertaking a Masters Degree in Community Psychology at the University of Nairobi. She is doing a project on “**Association between Opposition Defiant Disorder and Delinquent Behavior among male teenagers between the ages of 13-19: A case Study of Kamiti Youth Correction and Training Centre, Nairobi County.**”. The requirement of this course is that the student must conduct research project in the field and write a project.


In order to fulfill this requirement, I am introducing to you the above named student to kindly grant her permission to collect data for her Master’s Degree Project.


Sincerely,

Dr . Charles O. Kimamo
 Chairman,
 Department of Psychology




Appendix V: Research Permit


REPUBLIC OF KENYA


NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 222611
Date of Issue: 15/October/2021


RESEARCH LICENSE




This is to Certify that Miss.. Cynthia Akinyi Ombura of University of Nairobi, has been licensed to conduct research in Kiambu on the topic: Association Between Opposition Defiant Disorder and Delinquent Behaviour Among Male Teenagers Between The Ages Of 13-19: A Case Study Of Kamiti Youth Correction And Training Centre, Kiambu County for the period ending : 15/October/2022.

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Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077

Mobile: 0713 788 787 / 0735 404 245

E-mail: dg@nacosti.go.ke /

registry@nacosti.go.ke Website:

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