

Psychiatric Morbidity among Adolescents Girls Incarcerated at Kirigiti and Dagoretti Rehabilitation Schools in Kenya

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Abstract Studies on juvenile delinquents have shown an overlap between delinquency and psychiatric disorder such as depression, post-traumatic stress disorders (PTSD), conduct disorders (CD) and attention deficit hyperactivity disorder (ADHD). This study investigated the prevalence of psychiatric morbidity among adolescent girls in selected rehabilitation schools in Kenya. The study sample had a total of 78 purposely selected adolescents in the two rehabilitation schools. The research found that the overall prevalence of depression was 66.7% that of anxiety disorder was 70.5%, while the prevalence of conduct disorder was 55.1%. In addition, this article has shown high presence of psychiatric morbidity among adolescent girls, incarcerated at Kirigiti and Dagoretti rehabilitation schools. These juvenile needs mental treatment as a key rehabilitation measure.

Keywords: depressive, anxiety, conduct disorder, adolescents, psychiatric morbidity

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1. Introduction

Adolescence begins at puberty and extends to late teens and early twenties [1].

During this period, adolescents change physically, emotionally, intellectually, and socially [2]. Adolescent life is often confusing and changing so quickly that adolescents do not always adjust effectively [3]. The period is a highly disruptive period characterized by rebellion and periods of stress [4]. Nevertheless, adolescents go through change, characterized by the need to adjust to a variety of physical changes, peer pressure, identity crisis, lifestyles, and relationship with others.

Adolescence is divided into three periods; the early stage (11-12 years), middle (13-15 years), and late adolescence (16-21 years) [1]. This study indicates that adolescents at different stages may experience different behavioural and emotional problems.

The adolescents' behavioral and emotional problems exist on a continuum; as such it is not easy to separate troubling behavioral from emotional problems. Some of the behavioral problems portrayed by adolescents are conduct disorder, aggressiveness, fighting, lying, stealing, fighting and sleeping problems [3]. Common emotional problems on the other hand include: depression, ADHD, and PTSD [5]. Adolescents exhibit these problems even before admission to the Kirigiti and Dagoretti rehabilitation

centers. It is also likely that some girls develop these problems while they are in these centers.

Behavioral and emotional problems have been identified as major problems among adolescents incarcerated in rehabilitation schools [6]. The rise in emotional and behavioral problems among adolescents in rehabilitation schools in Kenya and the resultant adverse effects have led to a simultaneous increase in number of adolescents in need of professional help [3]. However, few corresponding evidence-based treatment modalities targeting adolescents in rehabilitation schools in Kenya were identified by the researcher. There are a number of corrective interventions to deal with behavioral and emotional problems among girls incarcerated in rehabilitation centers [7] which have varying levels of effectiveness. Some of the interventions mainly used are Strategic family Therapy, play and art therapy, person-centred therapy as well as gestalt therapy [8], none of which seems to address many of the systems within the girls' ecological milieu, such as family and schools and peers that contribute to and precipitate adolescents' behavioral and emotional problems.

As of 2011 there were 1.2 billion young people in the world aged 10-19 years which translates to about 18% of the world's population [9]. In another study [10] reported that globally young people committed 40% of robberies, felony and assaults. In addition, he noted that approximately 50% of the youth engaged in hard drugs abuse and peddling. [11] noted that adolescents aged 13-19 years were responsible for approximately 25% of major offences, with many of the criminal offences being