

*Original Article*

**Role of Limited Parental Attachment in Psychological Distress Among Adolescent Street Children at Kigali Transit Center, Rwanda**

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**Abstract**

**Background:** This study examines the impact of limited parental attachment on psychological distress among adolescent street children residing at the Kigali Transit Center in Rwanda. These youths face serious mental health challenges due to broken family ties, social isolation, and the hardships of street life. The study aimed to assess levels of parental attachment, determine the prevalence of psychological distress, and examine the association between these variables, while also considering other influencing factors such as substance use, peer relationships, and socio-economic status.

**Methods:** A cross-sectional, mixed-methods approach was utilized. The Parental Bonding Instrument (PBI) and the Kessler Psychological Distress Scale (K10) were used for measurement. Data were collected from 126 adolescent participants aged 12 to 18 years using structured questionnaires in Kinyarwanda and English, along with 15 qualitative in-depth interviews. Data analysis was conducted using SPSS version 22 and included descriptive statistics, logistic regression, chi-square tests, and thematic analysis.

**Results:** Findings revealed that 80.2% of the participants reported minimal or no parental attachment, and 63.4% showed high levels of psychological distress. A statistically significant relationship ( $p < .01$ ) was found between low parental bonding and increased psychological distress. Financial instability affected 77% of participants and showed a near-significant relationship with distress ( $p = 0.057$ ). Substance use was not significantly associated with distress ( $p = 0.638$ ), whereas the reasons for becoming street children were strongly correlated with psychological distress ( $p = 0.001$ ). Perceptions of family support did not significantly impact distress levels ( $p = 0.768$ ).

**Conclusion:** Limited parental attachment significantly contributes to psychological distress among adolescent street children. The study recommends family-centered interventions to enhance parental involvement and economic empowerment. Additionally, the establishment of safe shelters offering counseling, vocational training, and reintegration programs is essential to improving the mental health and future outcomes of these vulnerable youths.

**Key terms:** Parental attachment, Psychological Distress, Street Children, Transit Center, Rwanda.

## **Introduction**

Globally, an estimated 100 million children live on the streets, with a disproportionate number found in urban areas across Africa (UNICEF, 2021). These children often face multidimensional risks, including violence, exploitation, and mental health challenges. The crisis is particularly acute in Sub-Saharan Africa, where pervasive poverty, civil unrest, and family breakdowns have led to an increase in the number of adolescents forced into street life (Consortium for Street Children, 2020). The weakening of traditional family structures and limited access to social protection systems further intensify the vulnerability of these children.

In East Africa, street-connected adolescents face a combination of chronic instability and social exclusion, which significantly affects their psychological well-being. Studies from countries such as Kenya, Uganda, Ethiopia, and Tanzania have documented high rates of emotional distress among street children, often linked to exposure to violence, lack of parental care, and substance use. However, research in this region rarely isolates the role of disrupted parental attachment as a direct factor influencing mental health outcomes (Embleton et al., 2016; Njuguna et al., 2022). Within the Rwandan context, the increasing number of adolescents living on the streets reflects the erosion of familial and community safety nets, exacerbated by the lingering psychological trauma of the 1994 genocide (Nsabimana et al., 2019). Many of these youth experience rejection, neglect, or abandonment, yet little research has addressed the emotional and psychological dimensions of their distress. While socio-economic factors like poverty and education have been explored, the specific influence of parental bonding remains under-investigated (Kane et al., 2018).

Attachment theory posits that secure caregiver-child relationships are foundational to emotional stability, whereas disrupted bonds are associated with anxiety, depression, and behavioral issues (Bowlby, 1982; Mikulincer & Shaver, 2020). Street children lacking such bonds often develop harmful coping mechanisms, including aggression and substance abuse (Hagenaars et al., 2022; Munyiri & Waititu, 2023). Cultural stigma around mental health and rigid parenting norms further limit the effectiveness of interventions in Sub-Saharan Africa (Morris et al., 2020). Emerging evidence from countries like Ethiopia and Tanzania suggests that culturally adapted,

community-based mental health programs can successfully address emotional trauma among vulnerable children (Debebe et al., 2023; Njuguna et al., 2022). These models emphasize family strengthening and parental involvement as critical components in reducing psychological distress (Albornoz et al., 2023). Despite these promising developments, Rwanda lacks context-specific research that directly examines the relationship between poor parental attachment and psychological distress in adolescent street children using validated tools. This study addresses that gap by focusing on adolescents residing at the Kigali Transit Center. It investigates how deficient parental attachment contributes to psychological distress and seeks to develop evidence-based, culturally appropriate recommendations for mental health and family support interventions in Rwanda. By integrating psychological theory, empirical inquiry, and local context, the study aims to support trauma-informed, child-centered policy and reintegration strategies.

## **Methods**

### **Study Design**

This study employed a cross-sectional design to examine the association between limited parental attachment and psychological distress among adolescent street children at the Kigali Transit Center. This design is particularly suitable for capturing data on the prevalence of psychological distress and its potential correlates at a single point in time, providing insight into the immediate impact of attachment deficits on mental health within this vulnerable population (Katzenellenbogen et al., 2014).

### **Study Setting**

The study was carried out in Kigali Transit Center, located in the Kigali city. The center plays an essential role in providing temporary shelter, social services, and rehabilitation programs for street children, many of whom face challenges stemming from limited parental attachment and psychological distress.

### **Study Population**

The study population consists of adolescent street children aged 12 to 18 years who reside at the Kigali Transit Center. Between 2017 and 2019, the Kigali Transit Center screened and reunified 1261 children with their families (Migeprof, 2020). Adolescents within this age group are targeted due to their critical developmental stage, where the influence of parental attachment is profound in shaping mental health outcomes. Participants include both male and female adolescents who have been at the center for at least one month, ensuring they have experienced consistent conditions that may influence their attachment experiences and psychological well-being. While specific numbers of children currently residing at the Kigali Transit Center are not publicly available, reports indicate that in 2020, almost 3,000 children were living on the streets in Rwanda due to various factors, including

family poverty, the death of parents, the need for income to survive, juvenile delinquency, or mistreatment at home (MINIGEPROF, 2020).

### **Inclusion and Exclusion Criteria**

The participants of this research include adolescents aged 12 to 18 years, street children residing at the Kigali Transit Center. Both male and female participant's adolescents who have been at the Kigali Transit Center for at least one month, ensuring exposure to consistent conditions.

Excluded participants were adolescents below 12 years or above 18 years. Street children who have been at the Kigali Transit Center for less than one month and adolescents with severe mental or physical disabilities that may prevent participation in interviews or data collection. This also include participants who decline or whose guardians/legal representatives do not provide consent for their participation.

### **Sampling Technique and Sample Size**

The study utilized a purposive sampling technique to select participants. For the determination of sample size, as the population size is known and smaller, Yamane formula was used:

$$n = \frac{N}{1 + N(e^2)}$$

Where n represents sample size, N represents target population of the study, e represents the expected degree of precisions where  $e=1-P$  and P is equal to 0.95 then  $e=1-0.95$ , so  $e=0.05$ .

n is calculated to be  $n = \frac{163}{1+163(0.05^2)} = 125.4 \approx 126$

Thus, the sample size used in this study was 126 participants selected from street children in Kigali Transit Center.

### **Data Collection Tools**

The data was collected using a structured questionnaire composed both in Kinyarwanda and English language, which includes three main components: Demographic Information such as age, gender, duration at the center, and other background characteristics, Parental Attachment Assessment which include the Parental Bonding Instrument (PBI) used to measure levels of parental attachment, focusing on aspects such as care and protection. The PBI is well-suited for identifying attachment-related factors that may influence mental health. Psychological Distress Measurement, The Kessler Psychological Distress Scale (K10) was used to assess psychological distress. This scale is widely used for screening symptoms of anxiety and depression, capturing a broad spectrum of distress indicators relevant to the study population. The interview guide was also conducted in English and consisted of the same three main components.

## **Data Collection Process**

Data collection was conducted within three months in a private setting within the Kigali Transit Center to ensure confidentiality and a supportive environment. Trained research assistants were administered the questionnaire, reading questions aloud and clarifying any that participants may find difficult. Prior to the main data collection, a pilot test will be conducted with a small group of participants to refine the questionnaire and address any issues related to clarity, cultural relevance, or sensitivity of the questions. This study employed qualitative methods to gain deeper insight into the lived experiences of adolescent street children and the emotional impact of limited parental attachment. Purposive sampling was used to select 15 participants from the larger sample of 126, based on their availability, ability to communicate their experiences, and willingness to participate in in-depth interviews. This sample size was deemed adequate to achieve data saturation and to capture diverse perspectives.

Semi-structured interviews were conducted in a private setting within the Kigali Transit Center to ensure confidentiality and comfort. Interviews were guided by an interview protocol that focused on themes such as family relationships, emotional well-being, coping strategies, and experiences of distress. Each interview lasted approximately 15–30 minutes and was conducted in Kinyarwanda, the participants' native language and finally answers were translated in English. With participants' consent, all interviews' answers were recorded and later analyzed. The qualitative data were analyzed using thematic analysis, following the six-phase framework outlined by Braun and Clarke (2016). This including familiarization with the data through repeated reading of transcripts; generation of initial codes by identifying meaningful segments; searching for themes by organizing codes into broader patterns; reviewing themes to ensure internal consistency and coherence; defining and naming themes based on their relevance to the research questions; and producing the final report, with illustrative quotes from participants. Coding was done manually, and intercoder reliability was ensured through peer review of selected transcripts.

## **Data Analysis Procedure**

Quantitative data will be examined through statistical methods like descriptive statistics and correlation analysis using SPSS version 22.0 to uncover patterns and connections between weak parental attachment and psychological distress in adolescent street children (Field, 2018). Qualitative data will undergo thematic analysis, aiming to identify and interpret patterns and themes associated with parental attachment and mental health (Braun & Clarke, 2016). The results will be shown in tables and figures, and suitable recommendations will be provided based on the results.

## Ethical Considerations

Ethical approval was obtained from the Mount Kigali University (MKU) Research Ethics Review Committee prior to data collection. Informed consent was obtained from the guardians of all participants, given that the study involves minors. The participants themselves provided assent, following an explanation of the study's purpose, voluntary nature, and the confidentiality of their responses. Participants will be assured that their participation is voluntary and that they may withdraw at any time without penalty. Since the study addresses sensitive topics, a trained counselor was contacted and sign the commitment for participant in the study to provide support and referrals for participants who may experience distress while responding to questions about their mental health or attachment history.

## Results

### Socio-Demographic Characteristics of the Respondents

**Table 1. Socio-demographic characteristics of the respondents**

Variable	Category	Frequency	Percent
Age	13-15 years old	118	93.7
	16-17 years old	8	6.3
	<b>Total</b>	126	100.0
Gender	Male	79	62.7
	Female	47	37.3
	<b>Total</b>	126	100.0
Education Level	Completed primary school	28	22.2
	Primary school incomplete	98	77.8
	<b>Total</b>	126	100.0
Religious Affiliation	Christianity	103	81.7
	Islam	5	4.0
	None	18	14.3
	<b>Total</b>	126	100.0
Do you have parents (one or both)?	Yes	104	82.5
	No	22	17.5
	<b>Total</b>	126	100.0
Duration of Time Spent on the Street	Less than one year	81	64.3
	1-2 years	29	23.0
	3-5 years	13	10.3
	More than 5 years	3	2.4
	<b>Total</b>	126	100.0

**Source: Field data (2025)**

The age distribution of participants shows that most adolescents (93.7%) were between 13 and 15 years old, with a smaller group (6.3%) aged 16-17 years. This age trend suggests that the street children population at the center is predominantly in early adolescence, a time when emotional and psychological challenges are often intensified due to their developmental stage. Out of the 126 participants, 79 (62.7%) were male, and 47 (37.3%) were female. This disparity reflects broader patterns in street populations, where males are more frequently represented. Gender-specific factors might influence how these adolescents experience and cope with psychological distress, with societal expectations varying for each group. The majority of participants (77.8%) had not completed primary school, while 22.2% had finished their primary education. This high rate of incomplete education suggests a significant barrier for the adolescents in terms of future opportunities and stability, which could contribute to feelings of distress or lack of purpose. The survey revealed that 103 participants (81.7%) identified as Christians, 5 (4.0%) were Muslim, and 18 (14.3%) had no religious affiliation. Religion can be a source of strength and comfort for these adolescents, with many likely relying on it for emotional resilience. For those without religious affiliation, however, the lack of such support may lead to heightened distress or a sense of isolation. Regarding family relationships, 104 participants (82.5%) reported having at least one living parent, while 22 (17.5%) did not have parents. Despite the presence of parents, many of these adolescents may not experience strong emotional attachments or supportive relationships, which can significantly influence their psychological well-being. The length of time spent on the streets varied, with 81 participants (64.3%) reporting less than a year, 29 (23.0%) between 1-2 years, 13 (10.3%) between 3-5 years, and 3 (2.4%) spending over five years on the streets. Longer exposure to life on the streets generally correlates with increased risks for psychological trauma, and although many adolescents have been on the streets for less than a year, their experiences of distress are still significant.

### **Parental Attachment Among Adolescent Street Children**

**Table 2. Parental Attachment Among Adolescent Street Children at Kigali Transit Center**

Question	Response	Frequency	Percent
How often do you communicate with your parents or guardians?	Weekly	21	16.7%
	Rarely	45	35.7%
	Never	60	47.6%
Total		126	100.0%

Question	Response	Frequency	Percent
How connected do you feel to your parents or guardians?	Very connected	8	6.3%
	Somewhat connected	13	10.3%
	Neutral	4	3.2%
	Not very connected	63	50.0%
	Not connected at all	38	30.2%
Total		126	100.0%
Did you experience a close relationship with your parents or guardians during childhood?	Yes, very close	7	5.6%
	Somewhat close	21	16.7%
	Neutral	2	1.6%
	Not very close	50	39.7%
	Not close at all	46	36.5%
Total		126	100.0%
In your opinion, how much support have your parents or guardians provided you over the years?	Somewhat supportive	24	19.0%
	Not very supportive	67	53.2%
	Not supportive at all	35	27.8%
Total		126	100.0%
Have you felt abandoned by your family at any point?	Yes, frequently	78	61.9%
	Yes, occasionally	22	17.5%
	Rarely	24	19.0%
	No, never	2	1.6%
Total		126	100.0%

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**Source: Primary data (2025)**

To better understand the levels of parental attachment among adolescent street children at Kigali Transit Center, the responses from Table 4.2 were re-evaluated and categorized based on five key indicators: frequency of communication, emotional connection, childhood relationship closeness, perceived parental support, and feelings of abandonment. These indicators align with established attachment theory principles (Bowlby, 1982) and help



define the quality of attachment relationships. Using this approach, three attachment categories were defined: good (secure) attachment, moderate (insecure) attachment, and poor (disrupted) attachment.

Good or secure attachment was characterized by frequent communication (weekly), feelings of being very or somewhat connected to parents, childhood experiences described as close, perceived support from parents, and little to no experience of abandonment. Based on the data, only a small portion of participants 8% to 12% met most or all of these criteria. For example, only 16.7% of respondents reported weekly communication with their parents, 16.6% felt very or somewhat connected, and just 22.3% described their childhood relationship with parents as close. These figures suggest that very few street children in the sample experienced a stable and emotionally supportive parental bond. Moderate or insecure attachment included those who had rare communication, neutral or somewhat connected feelings, somewhat close childhood relationships, partial support from parents, and occasional feelings of abandonment. This group represented roughly 20% to 25% of the sample. Their experiences reflect inconsistent parental involvement and emotional ambivalence, which may contribute to emotional instability and vulnerability. The majority of participants, however, fell into the poor or disrupted attachment category, which included those who never communicated with parents, felt not very or not at all connected, reported distant or non-existent childhood relationships, experienced little or no support, and frequently felt abandoned. Data show that 47.6% of respondents never communicated with their parents, 76.2% felt not very or not at all connected, 76.2% had poor or no close relationships in childhood, and 81% felt unsupported by their parents. Additionally, 61.9% frequently felt abandoned. These findings indicate that approximately 65% to 70% of the adolescents experienced severely disrupted attachment, which has strong implications for their psychological distress and vulnerability.

### **Levels of Parental Attachment Among Adolescent Street Children at Kigali Transit Center**

**Table 3. Levels of Parental Attachment Among Adolescent Street Children**

<b>Parental Attachment Levels</b>	<b>Frequency</b>	<b>Percent</b>
Poor parental attachment	21	16.7%
Fair parental attachment	9	7.1%

Good parental attachment	96	76.2%
<b>Total</b>	126	100.0%

**Source: Primary data (2025)**

The parental attachment levels among the adolescent street children at Kigali Transit Center reveal varied responses. A majority of the respondents, specifically 96 (76.2%), reported having good parental attachment, indicating that most of the adolescents feel a relatively strong bond with their parents or guardians. On the other hand, 21 adolescents (16.7%) reported poor parental attachment, suggesting a significant portion of participants may experience emotional disconnection or lack of support from their families. Furthermore, 9 participants (7.1%) stated that their parental attachment was fair, showing that a smaller group experiences a moderate level of connection with their parents or guardians. This distribution reflects a diverse range of experiences in terms of parental involvement and emotional connection among the adolescent street children

#### **Assessment of Psychological Distress Among Adolescent Street Children at Kigali Transit Center**

**Table 4. Psychological Distress Among Adolescent Street Children**

<b>Question</b>	<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
<b>How often do you feel sad or unhappy?</b>	Very often	80	63.5%
	Sometimes	34	27.0%
	Rarely	5	4.0%
	Never	7	5.6%
<b>Total</b>		126	100.0%
<b>Do you often feel nervous, anxious, or tense?</b>	Very often	69	54.8%
	Sometimes	35	27.8%
	Rarely	11	8.7%
	Never	11	8.7%
<b>Total</b>		126	100.0%
<b>How often do you feel lonely or isolated from others?</b>	Very often	88	69.8%
	Sometimes	24	19.0%
	Rarely	10	7.9%
	Never	4	3.2%
<b>Total</b>		126	100.0%
<b>Do you ever feel hopeless about your future?</b>	Very often	75	59.5%
	Sometimes	29	23.0%
	Rarely	16	12.7%
	Never	6	4.8%
<b>Total</b>		126	100.0%

<b>Have you ever experienced sleep disturbances due to stress or worry?</b>	Very often	81	64.3%
	Sometimes	17	13.5%
	Rarely	7	5.6%
	Never	21	16.7%
<b>Total</b>		126	100.0%

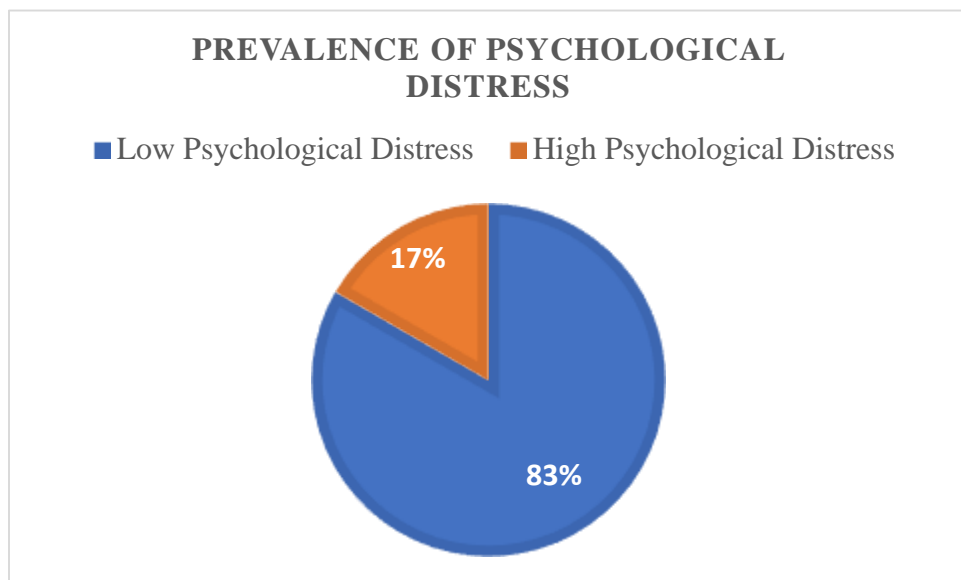
**Source: Primary data (2025)**

The data on how often the adolescent street children at Kigali Transit Center feel sad or unhappy shows that 80 (63.5%) reported feeling very often sad or unhappy. Another 34 (27.0%) experience these feelings sometimes, while 5 (4.0%) feel sad or unhappy rarely, and 7 (5.6%) never feel this way. This indicates that most of the adolescents are frequently affected by sadness, with a smaller group experiencing less frequent occurrences. Regarding nervousness, anxiety, or tension, 69 (54.8%) stated that they often feel nervous, anxious, or tense. A further 35 (27.8%) feel this way sometimes, while 11 (8.7%) report these feelings rarely, and 11 (8.7%) never experience such emotions. This shows that feelings of anxiety and tension are common among these adolescents, contributing to their emotional distress. When asked about feelings of loneliness or isolation, 88 (69.8%) reported feeling lonely or isolated very often. Another 24 (19.0%) feel this way sometimes, while 10 (7.9%) experience loneliness rarely, and 4 (3.2%) never feel isolated. This suggests that a significant number of these adolescent's experience social isolation, which may contribute to their mental health struggles. In terms of hopelessness about their future, 75 (59.5%) stated that they very often feel hopeless. A further 29 (23.0%) feel this way sometimes, while 16 (12.7%) report feeling hopeless rarely, and 6 (4.8%) never experience feelings of hopelessness. This indicates that many of the adolescents have a bleak outlook on their future, which may be a result of their difficult circumstances. Lastly, when considering sleep disturbances due to stress or worry, 81 (64.3%) reported experiencing sleep disturbances very often. A smaller group of 17 (13.5%) experiences this issue sometimes, while 7 (5.6%) report sleep disturbances rarely, and 21 (16.7%) never experience sleep disturbances. This shows that stress and worry significantly impact the sleep of these adolescents, exacerbating their emotional challenges. These findings illustrate the extent of psychological distress among the adolescent street children at Kigali Transit Center, with high frequencies of sadness 80 (63.5%), anxiety 69 (54.8%), loneliness 88 (69.8%), hopelessness 75 (59.5%), and sleep disturbances 81 (64.3%), all of which contribute to their mental and emotional struggles.

### **Prevalence of Psychological Distress Among Adolescent Street Children at Kigali Transit Center**

The prevalence of psychological distress among the adolescent street children at Kigali Transit Center shows that 105 (83%) reported experiencing low psychological distress, while 21 (17%) reported high psychological distress.

This indicates that a majority of the adolescent's experience low levels of psychological distress, with a smaller proportion experiencing higher levels of distress.



**Figure 1. Prevalence of Psychological Distress**

### **Distribution of Socio-Demographic Factors Related to Psychological Distress Among Adolescent Street Children**

The data reveals significant associations between various factors and psychological distress among adolescent street children at the Kigali Transit Center. Age strongly influences distress levels: most adolescents aged 13–15 reported low distress, while all aged 16–17 experienced high distress, indicating increased vulnerability with age ( $p = 0.001$ ). Gender differences are also notable; none of the males reported high distress, whereas a considerable number of females did, underscoring gender disparities in mental health ( $p = 0.001$ ). Education plays a critical role—those who completed primary school mostly had low distress, while adolescents with incomplete education showed higher distress levels ( $p = 0.003$ ). Religious affiliation impacts psychological well-being, with participants identifying as Christian or Muslim generally experiencing less distress compared to those with no religious affiliation, who had higher distress ( $p = 0.001$ ). The presence of parents significantly reduces distress; adolescents with one or both parents reported lower distress, while all without parents experienced some level of distress, highlighting the protective role of parental support ( $p = 0.001$ ). Finally, the length of time spent on the street correlates with distress severity—those living less than a year on the streets reported low distress, while longer durations were associated with increased psychological distress ( $p = 0.001$ ). In summary, age, gender,

education level, religion, parental presence, and street exposure duration are all key determinants influencing the psychological distress of adolescent street children at the Kigali Transit Center.

**Table 5. Distribution of socio-demographic factors related Psychological Distress Among Adolescent Street Children**

Variable	Category	Low Psychological Distress (Frequency)	High Psychological Distress (Frequency)	P-Value
<b>Age</b>	13-15 years old	105	13	0.001
	16-17 years old	0	8	
	<b>Total</b>	105	21	
<b>Gender</b>	Male	79	0	0.001
	Female	26	21	
	<b>Total</b>	105	21	
<b>Education Level</b>	Completed primary school	28	0	0.003
	Primary school incomplete	77	21	
	<b>Total</b>	105	21	
<b>Religious Affiliation</b>	Christianity	94	9	0.001
	Islam	4	1	
	None	7	11	
	<b>Total</b>	105	21	
<b>Do you have parents (one or both)?</b>	Yes	94	10	0.001
	No	11	11	
	<b>Total</b>	105	21	
<b>Duration of time spent on the street</b>	Less than one year	81	0	0.001
	1-2 years	24	5	
	3-5 years	0	13	
	More than 5 years	0	3	
	<b>Total</b>	105	21	

**Source: Primary data (2025)**

The study examined factors contributing to psychological distress among adolescent street children, revealing key associations. Peer support was significantly linked to lower distress levels ( $p = 0.001$ ); adolescents with more trusted friends reported less psychological distress. In contrast, substance use showed no significant relationship with distress ( $p = 0.638$ ), as both low and high distress groups reported similar patterns of usage. Family financial

stability during childhood approached significance ( $p = 0.057$ ), with most highly distressed adolescents coming from very unstable financial backgrounds. The reasons for ending up on the street were strongly associated with psychological distress ( $p = 0.001$ ); those experiencing higher distress were more likely to report neglect, abandonment, or abuse, while those with lower distress more often cited financial hardship or family conflict. However, the perception of family support's role in improving their situation showed no significant association with distress levels ( $p = 0.768$ ). Overall, the findings highlight that strong peer networks and stable early life conditions may buffer adolescents against psychological distress, whereas experiences of neglect and unstable backgrounds increase vulnerability. Substance use and perceived family support, while relevant, were not statistically significant predictors of distress in this population.

**Table 6. Distribution of Other Factors Contributing to Psychological Distress Among Adolescent Street Children**

Variable	Category	Low Psychological Distress (Frequency)	High Psychological Distress (Frequency)	Total
Do you currently have friends or peers you trust and rely on for support?	Yes, several	24	7	<b>0.001</b>
	Yes, a few	46	8	
	No, not really	23	5	
	No, none	12	1	
	<b>Total</b>	105	21	
Have you ever turned to substances (e.g., alcohol, drugs) to help you cope with stress or sadness?	Yes, frequently	28	7	0.638
	Yes, occasionally	43	8	
	Rarely	22	5	
	Never	12	1	
	<b>Total</b>	105	21	
What was your family's financial situation like when you were younger?	Very stable	2	0	0.057
	Stable	6	0	
	Unstable	21	0	
	Very unstable	76	21	

What are the main reasons you ended up on the street?	<b>Total</b>	105	21	<b>0.001</b>
	Financial hardship	27	0	
	Family conflict	43	0	
	Neglect or abandonment	35	18	
	Abuse or violence	0	3	
Do you believe that family support would change your current situation?	<b>Total</b>	105	21	0.768
	Yes, significantly	94	0	
	Somewhat	11	21	
	<b>Total</b>	105	21	

Source: Primary data (2025)

### Correlational Analysis Between Parental Attachment and Psychological Distress Among Adolescent Street Children

The table displays the relationship between *Psychological Distress Score* and *Parental Attachment Score*, assessed using Spearman's rank correlation coefficient. The correlation coefficient is 0.858, indicating a strong positive association between the two variables. This result is statistically significant at the 0.01 level (2-tailed), with a p-value of 0.001. Therefore, there is a notable positive correlation, suggesting that as the *Parental Attachment Score* increases, the *Psychological Distress Score* also tends to increase. Both variables have **126** observations (N). This finding shows a meaningful link between parental attachment and psychological distress.

**Table7. Correlational Analysis Between Parental Attachment and Psychological Distress Among Adolescent Street Children**

			Psychological Distress Score	Parental Attachment score
Spearman's rho	Psychological Distress Score	Correlation Coefficient	1.000	.858**
		Sig. (2-tailed)	.	.000
		N	126	126

Parental	Correlation	.858**	1.000
Attachment score	Coefficient		
	Sig. (2-tailed)	.000	.
	N	126	126

\*\* . Correlation is significant at the 0.01 level (2-tailed).

### **Mixed Methods Investigation of Psychological Distress Among Adolescents in Rwanda**

This study employed a mixed methods design, integrating quantitative and qualitative approaches to investigate the prevalence and determinants of psychological distress among adolescents in Rwanda. Data were collected from a diverse range of key informants, including adolescents, parents, teachers, social workers, healthcare professionals, community leaders, policymakers, and representatives of non-governmental organizations (NGOs). This multiplicity of perspectives enriched the analysis and enhanced the validity of the findings by providing comprehensive insight into the complex factors influencing adolescent mental health.

#### **1. Parental Attachment and Psychological Distress**

Quantitative results demonstrated a strong positive correlation between weak parental attachment and increased psychological distress (Spearman's  $\rho = 0.858$ ,  $p < 0.01$ ). Adolescents reporting limited emotional connection with their parents experienced higher levels of distress. Qualitative findings further illuminated this association. Several adolescents described feelings of emotional neglect; one remarked, "I never felt emotionally supported by my parents, so I had to learn to deal with my struggles alone." Parents acknowledged that work demands often impeded their ability to provide emotional support. Teachers observed that students from unstable family backgrounds frequently appeared withdrawn and had difficulty maintaining concentration in class. Social workers confirmed that lack of parental support was frequently reported by adolescents experiencing distress. These results highlight parental attachment as a pivotal determinant of adolescent mental health outcomes.

#### **2. The Role of Peer Support in Adolescent Mental Health**

Analysis indicated that adolescents lacking trustworthy peer relationships exhibited significantly higher psychological distress ( $p = 0.001$ ). Qualitative data revealed that feelings of loneliness and social isolation were common among these adolescents. Educators noted that students with strong peer support systems coped better with challenges, while those without such support struggled. Social workers reported that adolescents living on the streets often experience rejection and isolation. Community leaders emphasized that while Rwandan culture



traditionally prioritizes family bonds, peer relationships are equally important for adolescent emotional well-being. Collectively, these findings underscore the importance of fostering robust peer support networks to mitigate psychological distress.

### **3. Economic Hardship as a Predictor of Psychological Distress**

Adolescents from economically disadvantaged families showed higher psychological distress, with this association approaching statistical significance ( $p = 0.057$ ). Many adolescents reported hardships such as food insecurity and the necessity to leave home to survive. Parents expressed feelings of powerlessness in the face of financial difficulties affecting their children. NGO representatives linked street-connected adolescents to extreme poverty and lack of social support structures. Policymakers highlighted the importance of targeted economic interventions to support vulnerable families and reduce mental health burdens. These data suggest that economic hardship is a significant risk factor for adolescent psychological distress.

### **4. Substance Use as a Coping Strategy**

While some adolescents reported using substances to cope with distress, statistical analysis revealed no significant relationship between frequency of substance use and severity of psychological distress ( $p = 0.638$ ). Adolescents described substance use as a temporary escape from problems. Healthcare professionals noted a high prevalence of underlying mental health disorders among substance-using adolescents. Social workers emphasized that substance use often reflects deeper emotional difficulties rather than serving as a primary cause of distress. Religious leaders highlighted the absence of proper guidance and emotional support as contributing factors to substance use. These findings advocate for comprehensive mental health interventions that address underlying emotional issues beyond substance use behaviors.

### **5. Causes of Homelessness and Associated Psychological Distress**

The primary reasons adolescents left home included neglect or abandonment (42%), family conflict (34%), financial hardship (21%), and abuse or violence (2%) ( $p = 0.001$ ). Many adolescents described being forced into street life due to a lack of family support. Community leaders noted that broken families with minimal support systems contributed substantially to youth homelessness. NGO workers emphasized the severe psychological distress that can result from prolonged homelessness without intervention. Social workers reported that exposure to additional trauma on the streets exacerbated mental health challenges. These findings indicate the need for reintegration programs and family counseling to address the root causes of adolescent homelessness and its psychological consequences.

### **6. Perceptions of Family Support and Mental Health**

Adolescents' perceptions of family support varied; some believed it could improve their circumstances, whereas others expressed skepticism regarding its effectiveness ( $p = 0.768$ ). Some adolescents reported feeling emotionally disconnected from their families, doubting the possibility of change. Parents regretted lacking knowledge on providing adequate emotional support. Counselors noted variability in adolescents' willingness or ability to engage with family support systems. Policymakers emphasized the importance of strengthening family-based mental health interventions to promote adolescent well-being. These insights underscore the complexity of family dynamics and highlight the need for tailored, family-centered approaches within mental health programs.

## **Discussion**

The psychological well-being of adolescents in Rwanda is influenced by various socio-economic, familial, and cultural factors. Recent research suggests that economic challenges, familial support, traumatic experiences, and access to mental health resources play significant roles in the mental health of young people.

A major factor contributing to mental health struggles is poverty and inadequate family support. Economic hardships often limit access to necessary mental health services, as families may lack the financial means to cover healthcare expenses such as transportation and insurance costs (Mutuyimana et al., 2023). Additionally, the impact of family breakdowns, particularly following the 1994 Genocide against the Tutsi, has left numerous adolescents without the emotional and financial support they need, increasing their vulnerability to psychological distress (Kayiteshonga et al., 2020). According to the Rwanda Demographic and Health Survey (RDHS) 2019-20, adolescents from lower-income households experience higher levels of psychological distress compared to those from wealthier backgrounds (National Institute of Statistics of Rwanda [NISR] et al., 2020). Another critical element is the intergenerational transmission of trauma. The Rwanda Mental Health Survey (2018) found that trauma stemming from the genocide continues to affect adolescents born after the event. Around 27.4% of Rwandans aged 14 to 25 report mental health challenges, including trauma, anxiety, depression, and social withdrawal (Rwanda Biomedical Center [RBC], 2018). Research shows that adolescents who grow up in households where parents or caregivers are affected by unresolved trauma are more likely to experience psychological distress, thus perpetuating mental health challenges across generations (Interpeace, 2022). Furthermore, the RDHS (2020) indicates that adolescents from families with a history of trauma have higher rates of mental health disorders, underlining the necessity for targeted interventions (NISR et al., 2020).

To address these issues, a variety of interventions have been implemented to assist adolescent mental health. UNICEF, together with the RBC, has enhanced mental health services for young people by training school counselors to identify, support, and refer distressed students, making mental health care more accessible within the school environment (UNICEF, 2023). These initiatives have had a positive impact on many adolescents,

demonstrating the effectiveness of school-based mental health programs. Additionally, community-based programs like Socio-therapy healing groups have proven successful. These groups provide a safe space for adolescents to share their experiences and support each other, leading to a reduction in feelings of resentment, improved social connections, and a renewed sense of purpose. Participants have reported an increased interest in education and personal development (Interpeace, 2023). These results highlight the importance of peer support and community-driven approaches in addressing the mental health needs of adolescents. Furthermore, culturally tailored therapies such as Resilience-Oriented Therapy are being introduced to provide psychological support in ways that resonate with the cultural values of Rwandans. This approach focuses on building resilience and has shown promise in alleviating symptoms of PTSD, depression, and anxiety among participants (Mukamana et al., 2022). By incorporating collective healing and shared experiences, this therapy model aligns with the community-based support systems prevalent in Rwanda.

### **Recommendation**

Based on the study's findings, several key recommendations are proposed to address the challenges faced by adolescent street children. First, strengthening family support systems is essential; programs that enhance parental skills and promote healthy family dynamics should be prioritized. These should include education on emotional bonding, effective communication, and economic empowerment to foster stability within households. Second, targeted mental health interventions are urgently needed. Counseling and therapeutic services must be made accessible through schools and community centers staffed with trained mental health professionals to address the trauma, neglect, and isolation experienced by these youths. Third, effective collaboration between the government, non-governmental organizations (NGOs), and community-based organizations is crucial in delivering holistic support, including shelter, education, and psychological care. Lastly, community-based parental training and support initiatives should be promoted to equip caregivers with the knowledge and resources necessary to reduce the risk of children turning to street life. These integrated efforts can collectively improve the well-being and future prospects of adolescent street children.

### **Conclusion**

The study concludes that limited parental attachment is a significant factor contributing to the high levels of psychological distress among adolescent street children in Rwanda. A substantial proportion of the participants exhibited weak or no parental attachment, with 83.3% experiencing low psychological distress and 16.7% experiencing high psychological distress. These adolescents face a range of challenges, including emotional

neglect, abuse, and a lack of stable familial relationships, all of which contribute to their mental health difficulties. The prevalence of psychological distress was notably high, with the majority of the street children reporting symptoms of anxiety, and depression further underlining the mental health crisis among this population. The findings emphasize that limited parental attachment not only heightens psychological distress but also exacerbates the negative impacts of external stressors such as economic hardship, neglect, and family conflict.

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