



Examination of Prison-Based Vocational Training on Recidivism: A Review of Kisumu County, Kenya

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Abstract

Persistent recidivism undermines the effectiveness of incarceration as a tool for reform and rehabilitation in Kenya. In Kisumu County, correctional institutions face challenges such as overcrowding, limited resources, and fragmented rehabilitation programmes, raising questions about the effectiveness of prison-based vocational training in reducing reoffending. This study investigated the influence of prison-based vocational training programmes, including life skills education, counselling services, and formal education, on recidivism rates using a mixed-methods convergent parallel design. Quantitative data were collected from 220 former inmates using structured Likert-scale questionnaires, alongside 60 purposively selected prison officers and 28 probation officers. Qualitative data were collected through semi-structured interview guides to explore lived experiences, reintegration challenges, and perceptions of program adequacy. To ensure reliability and validity, the instruments were piloted prior to the main study, with Cronbach's alpha employed for internal consistency of quantitative measures and expert review applied to the interview guides for content validity. Quantitative data were analysed using descriptive and inferential statistics in SPSS version 25, while qualitative data were processed through thematic analysis. Data analysis was guided by Albert Bandura's Social Learning Theory, which emphasises behavioural change through observation, modelling, and reinforcement. Findings revealed that participation in prison-based treatment programmes was inversely related to recidivism: 85% of former inmates who underwent vocational training, 80% of those receiving life skills education, 78% of those who participated in counselling services, and 86% of formal education participants did not reoffend. In contrast, 51% of inmates who did not participate in any treatment programmes returned to criminal activity. Qualitative findings highlighted that most facilities still rely on punitive approaches, with limited access to structured rehabilitation, psycho-social support, and post-release transition planning. The study concludes that prison-based treatment programmes can significantly mitigate recidivism if implemented consistently, with sufficient staffing and individualised reentry planning. It recommends targeted investment in rehabilitation infrastructure, expansion of

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vocational and psycho-social services, and structured post-release support to strengthen reintegration outcomes.

Introduction

Recidivism remains a significant challenge to criminal justice systems globally, as many former inmates find themselves entangled in a cycle of reoffending and re-incarceration. Across the world, prison systems are under increasing pressure to move beyond punitive confinement and embrace rehabilitative approaches that foster genuine reformation and reintegration of offenders into society. Prison-based treatment programs such as vocational training, psychological counselling, substance abuse treatment, educational initiatives, and life skills coaching have emerged as key strategies in addressing the root causes of criminal behaviour and supporting inmates' reentry into society (Andrews & Bonta, 2010; Cullen et al., 2011). However, the effectiveness of these programmes in reducing recidivism rates varies widely depending on the policy environment, available resources, and implementation quality.

In many African countries, the promise of prison-based rehabilitation is frequently compromised by systemic challenges, including overcrowded facilities, underfunding, inadequate personnel, and limited infrastructure (Alemika, 2015). Although some prisons in countries like South Africa, Nigeria, and Ghana have introduced rehabilitation programmes ranging from carpentry and tailoring workshops to basic education and counselling their reach and impact remain constrained. Moreover, many correctional facilities in Africa continue to emphasise incarceration over rehabilitation, often failing to prepare inmates for reintegration upon release (UNODC, 2020). The high rates of relapse into criminal activities across the continent raise concerns about the sufficiency of current strategies in preventing recidivism and supporting meaningful behavioural change.

Kenya presents a compelling case in this context. The country has made efforts to reform its correctional system, most notably through the Kenya Prisons Service's "Offender Rehabilitation and Reintegration" framework, which seeks to promote human dignity and reduce reoffending through structured prison programmes (Kenya Prisons Service, 2019). Despite these intentions, many prisons in Kenya continue to face overwhelming congestion, limited access to mental health support, poor coordination with post-release support services, and minimal participation in vocational training (Muteti, 2017). Empirical evidence suggests that most inmates are released without sufficient rehabilitation, and a considerable proportion end up returning to criminal activity. Studies such as Mwithali and Wanjala (2022) have found that prison-based treatment programmes in Kenya often lack consistent follow-up mechanisms, individualised support, and continuity into the post-incarceration phase factors that are critical for reducing recidivism. Against this backdrop, this study sought to assess the influence of prison-based treatment programmes on recidivism in Kisumu County, Kenya. It aims to provide empirical insights into the scope, effectiveness, and limitations of such programmes in helping former inmates avoid reoffending and successfully reintegrate into society.

Despite global emphasis on rehabilitation within correctional institutions, high rates of recidivism remain a persistent challenge. In many countries, incarceration alone is insufficient to prevent reoffending, particularly where structured treatment programmes targeting the underlying causes of criminal behaviour are lacking (Andrews & Bonta, 2010). Evidence from developed nations such as the United States and the United Kingdom demonstrates that prison-based interventions including cognitive-behavioural therapy, vocational training, and substance abuse rehabilitation significantly reduce reoffending when implemented effectively (Lipsey & Cullen, 2007).

In African contexts, correctional systems are frequently constrained by overcrowded facilities, limited resources, and inadequate rehabilitation frameworks. Studies in South Africa and Nigeria indicate



that the absence of individualised treatment plans, insufficient follow-up support, and societal stigma attached to ex-prisoners impede successful reintegration, leading many former inmates to return to crime for survival and perpetuating a cycle of incarceration (Gxubane, 2008; Agboola, 2014).

Kenya reflects similar challenges. While the Prisons Act and various policy reforms advocate for rehabilitation, the actual implementation of prison-based treatment programmes remains fragmented and inconsistent (Khamis, 2016). In Kisumu County, the study found that 51% of former inmates who did not participate in any rehabilitation program reoffended, despite ongoing efforts by probation services and prison authorities to implement vocational and psycho-social interventions. Participation in structured programmes was limited: only 68% of inmates engaged in vocational training, 55% in life skills education, 47% in counselling services, and 30% in formal education programmes. Many ex-convicts cited limited access to meaningful treatment, insufficient job skills, and weak post-release support as major factors contributing to their return to criminal activity.

This gap highlights the need for an empirical assessment of prison-based treatment programmes in Kisumu County. Specifically, there is limited evidence on the effectiveness of these interventions in reducing recidivism and supporting reintegration across different types of offenders. The present study therefore sought to evaluate how participation in structured rehabilitation initiatives such as vocational training, life skills education, counselling, and formal education affects post-release outcomes, providing timely and context-specific insights to inform policy and programme development.

Empirical Literature Review

Globally, a study by Andrews and Bonta (2010) highlighted that cognitive-behavioural interventions (CBIs) delivered within correctional facilities are among the most effective in reducing repeat offending. Similarly, Lipsey and Cullen (2007), in their meta-analysis of correctional treatment programmes in the United States, concluded that structured interventions such as educational programmes, anger management training, and therapeutic communities significantly reduce the probability of reoffending, especially when they are individualised and delivered with fidelity. These findings emphasise the importance of evidence-based programming in the correctional environment.

In Europe, Meijer et al. (2019) examined rehabilitation models across several countries and found that nations with well-integrated treatment and transition programmes especially those that combine education, therapy, and employment support report lower rates of recidivism. For example, the Norwegian correctional model, which emphasises humane treatment, education, and personal responsibility, has gained global recognition due to its consistently low reoffending rates.

In the African countries, however, the effectiveness of prison-based treatment programmes is mixed due to systemic challenges. Gxubane (2008) conducted a study in South Africa and found that while rehabilitation initiatives such as vocational skills training and educational programmes were present in some prisons, they were hampered by underfunding, poor infrastructure, and overcrowding. Likewise, Agboola (2014) in Nigeria observed that despite the introduction of rehabilitation programmes, recidivism remained high due to inadequate follow-up, societal stigma, and lack of collaboration between correctional institutions and community-based reentry services.

In Kenya, the empirical evidence on prison-based rehabilitation and its influence on recidivism is still developing. Khamis (2016) assessed the impact of rehabilitation programmes in Kenyan prisons and found that although inmates participated in vocational and life skills training, the quality and consistency of these programmes varied widely across institutions. The study also identified weak linkages between prison authorities and post-release support systems as a critical barrier to successful reintegration. Similarly, a study by Njenga (2019) in Nairobi County revealed that while inmates



expressed appreciation for training programmes received during incarceration, many lacked job opportunities upon release, which led them back to criminal activity.

In Kisumu County, limited localised studies have examined the direct influence of prison-based programmes on recidivism. Anecdotal evidence suggests that some correctional facilities offer counselling, religious guidance, and vocational skills; however, the effectiveness of these interventions in reducing repeat offences remains largely undocumented. This lack of empirical focus on regional data justifies the current study, which sought to explore how prison-based treatment programmes contribute to recidivism outcomes in Kisumu County and offer policy recommendations for improved rehabilitation strategies.

Theoretical Review

The study was grounded on Social Learning Theory by Albert Bandura (1977). One of the most relevant theories underpinning the study of recidivism and the effectiveness of prison-based treatment programmes is Social Learning Theory (SLT), as developed by Albert Bandura (1977). This theory posits that human behaviour is largely acquired through observation, imitation, and modelling. According to Bandura, individuals do not learn solely through direct experience but also by observing others' actions and the outcomes of those actions. In the context of incarceration and rehabilitation, SLT offers a powerful lens through which to understand how inmates adopt, maintain, or modify behaviours during and after imprisonment.

In correctional settings, inmates are often surrounded by peers who may reinforce criminal behaviours, especially in environments where rehabilitative structures are weak or non-existent. Without structured intervention, prisons risk becoming schools for crime, where negative behaviours are learned and reinforced (Akers, 1998). However, when prison-based treatment programmes incorporate positive role models such as counsellors, vocational trainers, or reformed peers and provide opportunities for observing and practicing pro-social behaviour, the chances of behavioural change are significantly improved (Andrews & Bonta, 2010).

Social learning is particularly significant when treatment programmes employ cognitive-behavioural therapy (CBT), vocational training, and mentorship, which provide inmates with structured learning experiences that challenge criminal thinking patterns and promote new skill acquisition. Bandura emphasised the role of self-efficacy, or one's belief in their ability to perform desired behaviours, as a central element of behavioural change. Inmates who are exposed to consistent modelling of lawful behaviour and given opportunities to practice new skills in a supportive environment are more likely to internalise positive behaviours and avoid recidivism upon release (Bandura, 1986).

Moreover, the application of SLT in African and Kenyan prison rehabilitation efforts has shown promise. For instance, programmes in South African prisons that integrate peer-led education, skills training, and mentoring have demonstrated reductions in reoffending rates (Skosana, 2016). In Kenya, though some treatment programmes exist such as vocational training and counselling their effectiveness is limited by inadequate staffing, insufficient follow-up, and poor programme consistency (Makori & Were, 2020). Thus, the theory supports the argument that rehabilitation must be intentional, structured, and grounded in behavioural modelling to disrupt cycles of reoffending.

Methodology

The research article sought to assess the influence of prison-based treatment programmes on recidivism.

Research Design

This study adopted a mixed-methods research design, specifically utilizing a convergent parallel design, where both qualitative and quantitative data were collected concurrently, analysed separately, and then merged during interpretation. The rationale for employing this design was to gain a



comprehensive understanding of the influence of prison-based treatment programmes on recidivism among former inmates in Kisumu County, Kenya.

Quantitative data were gathered through structured questionnaires administered to former inmates, prison officers, and probation officers. These data provided measurable insights into the prevalence of recidivism and the accessibility and effectiveness of rehabilitation programmes within correctional institutions.

Qualitative data, on the other hand, were collected through in-depth interviews with a purposively selected subset of former inmates and key informants, including prison and probation officers. This approach allowed for a deeper exploration of the lived experiences of the participants, uncovering contextual factors such as social stigma, reintegration challenges, and perceptions of programme adequacy that could not be captured through quantitative methods alone.

The mixed-methods approach enabled triangulation of findings, enhanced the validity of the results, and provided nuanced interpretations of the relationship between prison-based rehabilitation efforts and reoffending rates. It was particularly suitable for this study, as it aligned with the complex, multi-dimensional nature of recidivism, which encompasses both behavioural patterns and socio-environmental factors (Creswell & Plano Clark, 2017).

Target Population and Sample Size

The target population for this study comprised individuals and professionals directly involved in or affected by prison-based treatment programmes and recidivism. This included former inmates, prison officers, and probation officers within Kisumu County, Kenya. These categories of participants were chosen because they possess firsthand knowledge, experiences, and observations regarding the implementation and outcomes of rehabilitation and treatment programmes offered within correctional facilities.

According to data from the Kenya Prisons Service and the Kisumu County Probation Office, Kisumu County hosts approximately 1,200 inmates and former inmates under community supervision, with about 100 correctional officers and 30 probation officers working across the main prison facilities and affiliated community reintegration programmes. This total population formed the basis for determining a representative sample.

The study employed Yamane's (1967) formula to determine the sample size for the quantitative phase:

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

Where:

n = sample size

N = total population

e = level of precision (0.05)

Assuming a total population of 1,330 (1,200 former inmates + 100 prison officers + 30 probation officers), and a 95% confidence level, the sample size was calculated as:

$$n = \frac{1330}{1 + 1330(0.05)^2} = \frac{1330}{1 + 3.325} \approx \frac{1330}{4.325} \approx 308$$



Thus, a sample of 308 respondents was considered adequate for this study. This included:

- 220 former inmates, selected through stratified random sampling to ensure representation across different age groups, genders, and duration since release;
- 60 prison officers, selected using purposive sampling based on their involvement in rehabilitation programmes such as vocational training, life skills education, and counselling;
- 28 probation officers, also selected purposively due to their roles in post-release supervision and reintegration.

Instruments

Data was collected using various instruments. Structured questionnaires were utilised to collect quantitative data from the respondents, interview was conducted while a document analysis was utilised to collect qualitative understanding from the institutional records. Piloting was conducted to ascertain the validity and reliability of the questionnaire and the trustworthiness of the interview schedule.

Findings

Effects of Prison-based Treatment on Recidivism

To examine the influence of prison-based treatment programmes on recidivism, the study collected data from former inmates regarding their participation in rehabilitation initiatives and their post-release experiences. The focus was on four key treatment components: vocational training, life skills education, counselling services, and formal education programmes. Table 2 below presents the findings:

Table 1: Participation in prison-based treatment programmes and rates of recidivism

Prison-Based Treatment Programme	Participated (%)	Did Not Reoffend (%)	Reoffended (%)
Vocational Training	68% (150)	85% (127)	15% (23)
Life Skills Education	55% (121)	80% (97)	20% (24)
Counselling Services	47% (103)	78% (80)	22% (23)
Formal Education Programmes	30% (66)	86% (57)	14% (9)
No Participation in Programmes	32% (70)	49% (34)	51% (36)

The findings indicate a strong inverse relationship between participation in prison-based treatment programmes and rates of recidivism. Among the former inmates who participated in vocational training, 85% did not reoffend, while 15% (23 participants) still returned to criminal activity. The persistence of recidivism among this group may be attributed to limited access to post-release employment opportunities, societal stigma, or insufficient reinforcement of the skills acquired during incarceration. This suggests that while vocational training improves employability and reintegration outcomes, its effectiveness can be undermined if systemic and social support mechanisms are weak. This supports findings by Cullen et al. (2011), who emphasised the effectiveness of skill-based rehabilitation programmes in lowering recidivism rates.

Similarly, life skills education, which includes training in communication, decision-making, conflict resolution, and emotional regulation, had a positive impact. Nevertheless, 20% of participants (24 inmates) still reoffended, possibly due to inadequate reinforcement of these skills post-release or high levels of community stigma in Kisumu County. This aligns with Andrews and Bonta's (2010) theory of cognitive-behavioural interventions, which posits that changing offenders' thinking patterns and behaviour reduces reoffending, provided support structures are sufficient.



Counselling services, including substance abuse treatment and trauma-informed care, also showed promising results: 78% of participants remained crime-free after release. However, 22% (23 participants) relapsed, highlighting gaps in follow-up support and accessibility of mental health services post-incarceration. These findings are consistent with prior research (Taxman, 2004), which emphasises the therapeutic benefit of addressing underlying psychological and behavioural issues among offenders.

Participation in formal education programmes, though less common (30%), had the highest non-recidivism rate at 86%. Nonetheless, 14% (9 participants) reoffended, suggesting that academic interventions alone may not fully counteract socio-economic pressures and community-level stigma faced by ex-offenders. Notably, 51% of former inmates who did not participate in any treatment programmes reoffended, which starkly contrasts with the reoffending rates of those who received interventions. This highlights the critical role of structured prison rehabilitation programmes in reducing criminal relapse.

Conclusion

The findings demonstrate that prison-based treatment programmes particularly those involving vocational training and formal education significantly reduce the likelihood of recidivism. These programmes equip inmates with essential life and job skills, foster positive identity transformation, and enhance readiness for reintegration into society. However, in Kisumu County, the persistence of recidivism among some participants indicates that the primary barriers are not merely access to programmes, but also the quality and consistency of their implementation. Limited post-release support, inadequate follow-up, and insufficiently tailored interventions reduce the effectiveness of otherwise beneficial programmes.

These results reinforce the need for correctional policies to prioritise comprehensive, high-quality, and individualised rehabilitation interventions, alongside strengthened post-release support mechanisms, to ensure sustainable reductions in reoffending rates.

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