MENTAL HEALTH PROBLEMS AMONG JUVENILE DELINQUENTS: A STUDY OF BORSTAL JAILS IN PUNJAB, PAKISTAN

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RESEARCHER:
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DEPARTMENT OF SOCIAL WORK UNIVERSITY OF SARGODHA LAHORE CAMPUS, PAKISTAN

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CERTIFICATE

Certified that the following student of M.Phil Programme of Social Work has completed his research study entitled "Mental Health Problems Among Juvenile Delinquents: A Study of Borstal Jails in Punjab, Pakistan" for the fulfillment of the M.Phil degree in Social Work, University of Sargodha under my supervision and guidance. The View expressed in thesis is those of the researcher on the basis of finding of the study. He has corrected all the typographical errors, grammatical mistakes and reviewed the thesis according to the suggestion of external examiner.

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DECLARATION

I hereby declare that "MENTAL HEALTH PROBLEMS AMONG JUVENILE DELINQUENTS: A STUDY OF BORSTAL JAILS IN PUNJAB, PAKISTAN" is my own work. All reference has, to the best of my knowledge, been rightly reported. It is being submitted for the degree of M. Phil in Social work at the University of Sargodha Lahore campus

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Person is not perfect in all the contexts of this life. He has a limited mind and minor thinking approaches. It is the guidance from the almighty ALLAH that shows the men light in the darkness and the person finds his ways in the light. Without this helping light, person is nothing but a helpless creature.

Same in the case with us, as I experience all these phenomena during the completion of this project and have been successful in fulfilling this duty assigned to us only because of the help of Allah.

The teaching of the Holly Prophet Muhammad (PBUH) were also the continuous source of guidance for us especially his order of getting knowledge and fulfilling one's duty honestly was the key for motivating us.

I am immensely thankful to my supervisor DR. AAQIB SHAHZAD ALVI whose able guidance; encouragement and continuous moral and administrative support enable me to complete my research report.

ABSTRACT

The aim of present study was to estimate the occurrence of mental health problems and impact of delinquency on social life of juvenile's delinquents. This study also highlights the physical living condition and problems within the Boarstal jails of Pakistan and focused the main causes of mental health problems. Study used both explorative and descriptive methods to explain the mental health problems. Data was collected from 130 juvenile delinquents in two Boarstal jails of Punjab by using structured questionnaire and DASS scale. Results of the study showed pervasive prevalence of mental health problems among jail inmates. The prevalence of mental health problems was found different among different categories of the juvenile delinquents and those who were young and under trial were found experiencing more mental health problems as well as other associated factors impacts. Duration of imprisonment and family relationship had significant association with mental health problems. Majority of the respondents reported harsh relation with parents while others had good relation with parents after crime, and they became victim of mental health problems, so relationship of parents played important with participant's mental health. Moreover, the main cause of stress, anxiety and depression which were found due to confinement and lack of facilities in jail. This study suggested the juveniles detained in Borstal institution must have the facilities of education and training for their mental, moral and psychological development, it also need Community based rehabilitation services must be introduced for their better adjustment in society.

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CHAPTER-I

INTRODUCTION

There is no any single acceptable definition of the mental health or the mental illness different school of thoughts (like lawyers, psychiatrist and services users) designed their own definitions (Lester and Glasby 2006). Mental health is regarded as the psychological and emotional condition of the person. In other words, a sense of well-being, confidence and self-esteem is called mental health. Mental health enables us to appreciate and fully enjoy other people, daily life and environment. A man with good mental health can form batter and positive relationships, used his abilities to reach potential, and to batter deal with daily life challenges. There are different a frame works developed by psychology, psychiatry, social constructivism, social causation, bio determinism, social determinism and the psychological determinism, to conceptualize the mental health and the mental illness.

The definers of the mental health are often disagreed with the extent of the mental health issues on psychological and biological grounds. Formal system of the medical diagnosis was started from the 19th century and specialized medicines introduced to deal with the psychiatry. The professionals involved in the medical profession developed the biomedical definitions which is regarded as the accepted a definition under the support of the Government.

Different forms are classified as the mental health predictors including the personality disorder, schizophrenia, post traumatic stress/disorder, bi-polar disorder(WHO) there are severe mental illness refers as schizophrenia, psychosis, schizophrenic disorder, and mood disorder. Imprisonment generate different mental health issues like anxiety, depression, adjust mental problems, different forms of personality disorders, dual diagnosis. Fever, madness and sadness are different human conditions while mental disorder is the product of activities in the psychiatric profession. (Pilgrim, 2005). Mental health and illness are investigated in socially

constructed understanding of the individuals (Morgan et al., 2007) "A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" (WHO, 2001)

1.1 WHO Report

According to the WHO (world health organization) about 25% world population distress due the mental health problems and on the other hand 450million people suffering from mental illness and that people increase the global burden of disease about 12% (WHO, 2001 cited in National Plan Action-NCDS Pakistan, 2004). Same as in 1987 planning commission national survey point out ten billion people which were a little bit ill while seriously ill people were one million and that one million exist in Pakistan (National Plan Action-Pakistan, 2004).

1.2 Diversity in Mental health Problems

There is a Diversity in mental hath problems of the people which they are cope these suffering in their routine life and most of them knows well how problems. But if we study mental health problems some of them are serious in their composition and these problems shapes to the serious condition some of them are panic, anxiety, depression, and frustration (What are mental health problems, 2011).

The terms mental health problems, mental illness and mental disorders are used synonymously by professionals in day to day practice and in the literature. Although these terms illustrate difficulties that need to be focused by mental health professionals. The categorization and definition of mental health problems is essential to facilitate the professionals to refer general public for proper handling and care. But few diagnoses are controversial and these are directly apprehensive with the mental health field that individuals are too often treated in accordance with or portrayed by their label. It has a yawning impact on the quality of aged life.

Various studies have been conducted to identify the mental health aspects of the prisons. Studies on the mental health are seeking the behavior of the persons in context of affects of the inmates it is identified that the behavior is rapidly affected incoordination of the inmates (Gately et al., 2006).

1.3 Prisoner's Perspective

Now a day the research on prisoner's perspective are gaining the importance for their behaviors modifications. Prisoners perspective about the management of their healthcare putted the light on the divergences among the opinion of the professional and prisons (Denzin and Lincoln; 2005).

The relationship of the individual beliefs and the culture in the social group is highly effected on the behavior of the individual. Transcultural psychiatry differentiate the concepts of the normal and abnormally in the light of the mental health by highlighting the acceptable behaviors and bearable deviations in different social contexts. It is the acknowledge fact that the impact, relevance and symptoms affect are based on the cultures (Winkelman; 2009)

In this case traditionally mental health indicators have been separated into two categories i.e. neuroses and psychoses. As neurosis, compact with the serious forms of 'normal' emotional experiences i.e. Depression, anxiety and the conditions referred to as 'neuroses' are now more usually called common mental health problems. The psychotic symptoms are easterner and thwart with the individual's perception of reality and included as well. The mental health problems affect person's way of thinking, feeling and behavior.

The most important mental health problems are depression and anxiety from the perspective of the population and primary care. The reflection of this phenomenon in the Global Burden of Disease study was visible, funded by the World Bank in which depression was reported as a second major cause of disability by the year 2020.Although the burden of care for depression

and anxiety is given main importance yet the policy of UK determined on the management of serious mental illnesses condary care gradually more leaving primary care to provide the lead on treatment for CMD. There are few options for common practitioners for the management of CMD. This lead to the striking increase in the prescriptions for antidepressant in England. It has eminent from 10m in 1990 to 25m prescriptions in 1998. (Murry, C.J.,1997, Goldberg, D. 1992, Regier, D.A., 1978)

Almost one in ten people has become sufferer of depression and anxiety and these are most common widespread mental health problems. These two problems may affect negatively the life of individuals in case of rigorousness and increased concentration of apprehension and depression. It is concluded that about 450 million people have mental healthiness problems throughout the world (World Health Organization, 2001). According to the national statistics of UK in 18 months almost half of the people become exaggerated by the mental health problems but the effeteness is more rampant among poor, long-standing sick and jobless ones among the general population (National Statistics UK, 2003). Almost% people were diagnosed mixed anxiety and depression mental chaos in UK and about 8 to 12 %Populace experiencing depression in any year (The Office for National Statistics Psychiatric Morbidity report, 2001).

The term mental health problem is used to illustrate widespread range of emotional and/or behavioral complexities which may cause discomfort or agony. They commonly occur and include mental disorders, which are more adverse and or constant (NHS Health Advisory Services, 1995).

1.4 Justification of Study

Mental health is based on the sense of confidence, wellbeing, and self-esteem. Mental health enables us to appreciate the other people, to enjoy the environment and the daily life. A mentally healthy individual have different characteristics like positive and better relationships, proper utilization of the potential and abilities to attain his goals, batter dealing abilities with

daily living challenges. Present study explored the mental health problems among juvenile delinquents. It will try to estimate how their relationships were going to be disturbed or either they are enjoying their abilities with full potential or not, are they able to compete with the daily life challenges or not. The environment of the jails is regarded as the entirely different from the normal livings.is identified that some offenders after release from the jails adopted different types of negativities in their behaviors no doubt some released with positive modifications. Itis also highlighted by the various researchers that imprisonment is seriously effected on the mental health of the individuals (Edgar et al 2003). It is estimated about 50million Pakistani individual are caught with the mental health disorder, this mental illness troubled about 15-35 million adults which are nearly about 10-20% of the population. (Dawn news; 9th October 2016). Mental health segment is mostly neglected in the third world countries this ratio is very high specifically in Pakistan(Hussain; 2014) This study is conducted in Punjab Province of Pakistan to watch the actual situation of the issue. Very limited research work has been conducted in Pakistan on the mental health issues of juvenile offenders.

CHAPTER-II

LITERATURE REVIEW

Seck (2007) conducted the study to highlight the psychological characteristics of the juvenile offenders mental disorders. Researcher also highlighted that the individual with the mental or the behavioral disorder are over symbolized in the correctional institutions of the juveniles. In 2002 daily more than 110,000 individuals were arrested and referred for detention and correctional services. All of these detailed offenders had the diagnosable mental disorder and about twenty percent had caught with serious mental disorder. But the appropriate services are lacking for the proper assessment of these juveniles and it is the main fault of the juvenile justice system and their services are inadequate. Researcher conducted the exploratory research to identify the social, personal, psychological and cognitive characteristics and family structure of the offenders to identify their mental or behavioral disorder.

2.1 Assessment of Needs

Komenda (2015) stated that assessment of health care needs either physical, mental, and emotional are very important for the person's wellbeing. But these assessment needs are not found to be satisfactory for the juveniles in the period of confinement. Researcher concluded that the comprehensive health care needs are lacking among the juveniles. It is also identified that there were lacking the health promotion activities like sleeping under nets for saving form mosquito, cleanliness of the surrounding area and sub-standardized food stuff Proper health care information management system has also identified as missing

Jordan (2012) stated that the environment of the prison detention centers is not favorable for the good mental health, and it is even not useful for the mental health care due to innumerable reasons. No doubt the treatment in the custodial period is very important but he provision of the good mental health services imprisonment environment is challenging The provision of the

health care needs to be addressed the mental health, culture, and mental health care. For provision of the appropriate health care to the prisons one must be understand the prisoners for whom he is going to provide the services because first-hand knowledge of the specific patient group is very important. Prison health care should be according to their social environment specific requirements of the health of the prisoner and the institutional setup. For the provision of the comprehensive mental health care services to the prisons understanding of the background ideas is very important

Teplin, Abram, McClelland, Dulcan, and Mericle (2002) stated that to understand the specific growth of the juvenile prisoner individuals, epidemiologic information about the their psychiatric disorders is gaining the importance. Very few empirical data is available still one don't have the batter empirical data one can't understand the sufficient utility of the insufficient resources of the mental health system. It is identified only two third of male and three quarters of the females fulfills the criteria of diagnosis for understanding of the psychiatric disorder About 50% male and 40% females were found with the disruptive behavior disorder. Emotional disorders were also found to be common among the females. 20% females are found with the depressive episode. Intensity of the disorder is found to be high among females, older and non-Hispanic whites.

Kim-Cohen et al., (2003) identified the significant psychiatric morbidity among the juvenile prisoners. The individuals with the psychiatric disorder create the challenges of the juvenile justice system and mental health system. This research study is based on the childhood mental disorder for identifying the prevention policy of mental disorder The prisons disorder was originated with the company of their juvenile counterparts. Specifically, anxiety like schizophrenia in the adults was also found in the juveniles. It is identified that 60% cuses had the history of conduct defiant disorder. It is concluded that most of the adult disorders ought to be reframed as the addition of the juvenile disorders. For the prevention of the juvenile offences

one must prioritized the juvenile conduct disorder it is the best way for overcoming the psychiatric disorder in adults.

Timmons-Mitchell et al., (1997) presented the report of surveys about the prevalence of the mental disorder in juveniles. And highlighted the facilities and needs of the prisoners, and identify the needs of male and female prisoners over time. Mental health problems of the male and female prisoners during the period of 1998- 1990 and the 1995-1996 were addressed by the researcher. Both male and female were found to be equivalent demographically on mental health measures on their first assessment. But they were found to be caught significantly in more mental health issues when they accessed second time. One important fact is when girls accessed on second time they are found 84% significantly greater mental health needs while boys are found to be 27% significantly more mental health needs. The difference of the mental health is found to be highly significant at the time of detention and at the time of release. This point issued the figure on the services mechanism of the juvenile justice system.

Moffitt (1993) discussed the two different facts about the antisocial behaviors. Firstly it has the strong linkage with the age and secondly changes are occurred dramatically over the age as it increased ten-fold temporarily during the age of adolescence. The researcher stated that the delinquency occurs in two different categories of the individuals and both two have the unique and natural history and etiology. The engagement of the small group of the people in antisocial behavior is the one kind which persist at every life stage, and a large group becomes antisocial only during the period of adolescence. The theory of the life course persistent antisocial behavior the neuropsychological problems of the children's interacted with the criminological environment throughout the development period and shaped the pathological personality. The limited antisocial behavior of the adolescent and maturity gap motivated the teens to take off the anti social behavior, the running maturity gat motivated the teens to involve in antisocial behaviors.

Steiner, Garcia, and Matthews, (1997) tried to access the measured the occurrence of the posttraumatic stress disorder (PTSD) in severe delinquents for measuring the associated characteristics of the personality. Eighty five confined males (mean age 16.6) conducted the violent offences were studied. The respondents were highly suffered in posttraumatic stress disorder then the other adult individuals in the community. Evidences proved the 32% adults were fully caught in the posttraumatic stress disorder while 20% were partially caught. About 50% respondents were caught in the interpersonal violence and regarded it as traumatizing event. Results reveals that the adolescents with posttraumatic stress disorder were caught in high distress, depression anxiety and lowered restraint, suppression of the aggression and impulse control, and they have strong immature defenses like somatization, projection, conversion, withdrawal and dissociation. Researcher concluded that the posttraumatic stress disorder highly occurred in the delinquents. Those factors are also highlighted which might put the individuals in the risk situation in posttraumatic stress disorder situatin.

Hyder and Malik (2007) discussed the World Health Organization (WHO) report about violence against the children. Researcher stated that the WHO has identified the Violence against the children is the one of the main public health issue in the whole of the world. The different researches conducted within the Pakistani contexts are the base of the conclusion. Some highlighted macro risk factors are poverty, improper legal protection, large family size, illiteracy, and unemployment, which are playing a very important role for making the environment for the valance against the children. WHO concluded that the empirical date about violence against the children don't truly represent the magnitude of the issue therefore focused research is required for the better understanding of the problem.

Cauffman, Feldman, Watherman, and Steiner, (1998) examines the incidences of the posttraumatic stress disorder in female adult offenders and find out its relationship with the socioemotional adjustment it is identified that the posttraumatic stress disorder rate among

imprisoned female delinquents was not only the higher than the general population but also surpassed their male counterparts. It is also identified that the individuals suffered in posttraumatic stress disorder have the higher level of distress and low level self restraint. Researcher suggested that the more detailed study is required for the detailed investigation of relationship among psychopathology, trauma, and violence. It is also expected that trauma will introduce the new way of the links among victim and perpetrator.

2.2 Family Factors

Loeber and Stouthamer-Locber (1986) explored the different family factors which produced the behavior issues and delinquency among the juveniles. Research reveals that the different variables of socialization like parental supervision, parent child involvement, and parental rejection are some of the main determinants of the juvenile conduct problems and the delinquency. While the background variable like marital relationship of parents and parents involvement in criminality are the medium strength predictors, while the weaker predictors are parental health, lack of parental discipline, and parental absence. These factors equally effected the both male and population is rapidly increasing, resources are not up to the mark, safety concerns are increasing, unsuitable accommodations is main issue of the prisons, prison modification activities are too low and the services of alcohol are also inadequate.

King (2007) stated that the dealing with the prisoners is indeed not an easy task. Different programs are designed to modify the offenders behaviors, their rehabilitation by respecting the human rights and of the prisoners. For their rehabilitation offenders are kept in lockers escaped from community but safe environment for their rehabilitation.

Brooker et al. (2011) conducted the study on the probationers to investigate their mental health situation They concluded that prevalence of the mental health issues in the offenders are very high then the other general population. The researcher tried to understand the various aspects of the mental health of the offenders. The researcher suggested that the substance misuse needs

of the offenders and the mental health aspects are must be prioritized in service delivery, education, and research aspects. Offenders mental health needs are still not fulfilled under the criminal justice system even at the time of the probation their mental health aspects are not been prioritized. These needs are founded satisfactory in case of the diversion tactics.

2.3 Imprisonment Environment

Bandyopadhyay (2006) highlighted the situation of the imprisonment. Researcher stated that imprisonment is the isolated program designed under the institution which breaked the link of the individual from the outside relationships from where he comes from and where he returned after completion of his imprisonment. It is very much important to put the light on the social relationships of the prisoners before the offence to understand his situation in the comprehensive manner. Along with the social profile of the individual health profile is very important because it provide the original state of his health specifically mental health. By foucusing these indicators better rehabilitation plan can be developed. Without prioritizing the social and medical needs of the offenders it is not possible to design the best plan for their behavior modification. And without proper behavior modification one can't be modified and made the active member of the society.

Coyle (2005) stated that the marginalized group of the society can be examined to predict the prison population to identify the behaviors which are available at the edges of the society. It is also identified that the prisoners in the United Kingdom are mostly socially excluded one. Prisoners are commonly faced many issues like mental health, unemployment, poverty, poor education, substance misuse, homelessness, lack of qualification and suffering abuses.

Nurse et al (2003) stated that the social environment is effected on the mental health and illness condition of the individual Study of the social environment is very much necessary for the proper understanding of the individual and the group of individuals. Mental health is the

condition which is based on how the people think and how different organizations in the communities think and feel about them and how they consider the mental wellbeing. The researcher regarded the madness as a sustained and unintelligible conduct. Mental person is living in the idiosyncratic world, and don't be effected with the surroundings situations. The major distinctions between the mental health and illness is based on the surrounding culture, socio- cultural practices, prevailing ideologies and beliefs system.

Radley and Billig (1996) stated that the individual, researchers, and experts of the different fields discusses the mental health in terms and social fitness, ideological values and notions about the health and illness. In some parts individuals constructs their own definition about the state of health based on the identity and relations with others which is necessary to lead the everyday life in the satisfactory manner. It is identified that the health beliefs are the ideological one and its definitions are varied from society to society culture to culture and country to country it is based on social negotiations, specific setting, and further support about, how people think and how they feel that how they ought to think.

Morgan et al (2007) conducted the study on the prisons to highlight the mental health services seeking behaviors. This study is based on one notion "services seeking behaviors are reportedly effected with the surrounding inmates" how they understand their mental health. It is highlighted by the different researchers that there is a big gap among the prisoners' perspectives about the managing of their health care needs and the report of the healthcare professionals. Researcher stated that the good researcher must be like the lived experience about the individual believes and action intersects along with the culture. Researcher drawn this conclusion by collecting the opinions of different stakeholders ie social actors, and professional groups to understand the mental health condition in prison environment. Researcher concluded that the for proper understanding the mental health behaviors one must focused on culture, social groups, and individual beliefs.

Wilson (2004) argued that the equivalence principle in term of healthcare is not easy to apply prisons because same community environment is not able to provide in the imprisonment. In the issues of criminality it is not easy to provide the community based mental health services to the prison population because the situation is complicated due to criminality. It is the wrong attempt to recognize the prisoner as an ordinary citizen. Prisoners are effected with the conducted of the prison inmates Prisoners point of view highlighted the issues of mental healthcare in the correctional setting which are related to the organizational structure and services.

OHRN (2011) presented the research report developed by the national institute of health research Research is based on survey, case studies, prisoners with severe mental illness. It is highlighted that the staff to deal with the mental needs of the prisoners is too little to meet their needs. The bureaucracy highlighted the ongoing barriers for working with the prisoners and prevention from the anti social acts they are confused with their involvement and responsibilities for the protection of the mental rights of the individuals. Researcher stated that face to face contact with the prisoners for obtaining the first hand information was the excellent idea. The researcher putted the light on the impacts of the organization, historical and physical factors and deliver system of the care of the prisoners Researcher concluded that the institutions must be established to protect the relationship and the cultural norms In the end researcher stated that the procedure of provision of the healthcare is strongly linked with the social and institutional nature of the place

Lord-Bradley's (2009) reviewed the people with the mental health related problems or with the learning disabilities within the criminal justice environment Researcher stated that policy must be practice in the comprehensive manner to divert the severe mental and the learning disabled individuals away from the custodial environment of the prisons. But unfortunately this practice has been found is the inconsistent in the whole of the world. Researcher invited the attention

of the different stakeholders in these areas. It is also highlighted that he prisons are not provided the correct environment for their modification and behavioral change. It is also identified that the prison environment during the custody is exacerbate the mental health issues with high intensity which leads them toward self harm or suicide attempts. It is the need of the time to address the complex needs of the prisoners with the mental health issues.

Clemmer (1940) highlighted the different aspects of the prisoners, prison staff. and prison surroundings relationships these relationships are varied with rules, habits, customs attitudes and codes of governance of the prisons social organizations. It is identified that most of the world of the prisoners is reveals around their closed walls and they have a very little information about what is going on the behind the high walls of the surroundings

Ireland and Qualter (2008) highlighted the inter group prisons bullying and its psychological and social effects. It is identified in the result of the bullying mostly prisoners are caught in the social and the emotional loneliness. Mental health orientation has the strongest relationship with the social interaction. It is identified that those who caught in the problem of the loneliness are found to be more mentally disturbed then the others.

Bandyopadhyay's (2006) collected the India based ethnography of the prisoners by focusing on the happens to the maleness and the masculinities in the disorganized and the violent atmosphere. In the period of confinement the inmates are struggling to reclaim agency for proving their self recognition snatched by the males. In the prison environment the prisoners are divided against the idea of the strong man, weak man, soft man, and hardened man basis. It is identified that the aggressive and the violent individuals are usually occupied on the highest rank in the prisoners hierarchy. Mostly prison status is depends on the political connections, money, length of sentence, personal appearance, relationship with the influential staff of the jail and the nature of crime committed. It is identified that the intelligent criminals are honored and the rapists were hated by the inmates. In the prison environment the act of the violence and

the threats of the violence strategies are used to maintain the control over the social structure of the jails. Performance of the certain image has been judged with prisoners' presentation of the self and body language, speech, and dressing style showed their cultural ramifications.

Lipsky (1980) highlighted the general opinion of the people about the role of the prison correctional institutions. Generally people think that the major role of the prison services is to adjust the individual for general compliance and regulations of the society Most of the social organizations are based on the social compliances which is the central idea of the well functioning for the prisoners. It is suggested to prioritized the clients concerning about the behavioral expectations. Prisoners have to face the diffuse appreciation of the different models of the behaviors and the deviance from the settled norms which leads towards punishment. Prisoners social system is based on the value system with the explicit of the defined codes that guide the behaviors of the prisoners and which violations decide punishment for them in the form of the ostracism or physical violence.

Goffman (1961) conducted the study on the total prisons institutions including asylum, army camps, monasteries and prisons. It is identified that the inmates produced the series of abasement, humiliations, degradation and profanations of the self. Individual learns from his inmates in systematical manner unintentionally or mortified forms. The prison regarded his inmates as his home world and adopt their conceptions, social arrangements and other actions taking on in symbolic implications which are incompatible with the concepts of the self. Different actors are associated the nature of the imprisonment leads toward different forms of the mental health problems Renewed attention is required for the modification of the environment and bringing the major institutional reforms to overcome the mental related issues. It is identified that the working of the prisoner health related parameters is contemporary to the prison life.

SCMH (2008) documents highlighted the mental health implications for the prisoners in the sentences Discussion is mad on the imprisonment for public protection (IPP) controversial sentences which was implemented in the year of 2005 which is based on the indeterminate length. There is no any provided the release date for the IPP prisoners. Their release from the imprisonment is based on the assessment of the Parole Boards which identified the risk posed by the individual in the wider society. Unidentified release date put the high level stress on the prisoners and leads toward severe mental distress. It is concluded on the basis of the evidences that the IPP inmates are supposedly to be suffer in highest level of the mental illness as compared with the general prisoners in any setting.

Cocozza and Shufelt (2006) conducted the study on juvenile mental health courts and try to identify existing juvenile mental health through collecting groundwork information about the structure, organization and service capacity of these courts. This information has been collected to answer some of the general questions about juvenile mental health courts, more detailed information is necessary. Undoubtedly, interest in juvenile mental health courts is taking hold across the country. As more jurisdictions consider these courts as a viable alternative for youth with mental health issues, more research is necessary to inspect the impact that these courts have on the lives of youth, and on the youthful justice and treatment systems, as well as help shed light on the political benefits and drawbacks of this emerging strategy.

Akhter et al (2015) accomplished that Family structure and peer group influence the juvenile criminal behavior and suggested that to keep children safe from socictal immorality its obligatory to keep an eye on their activities and take care of them with friendliness and equality. Electronic media should propagate positive messages for the youth encouragement and capacity building.

Mitchel et al. (1997) in their study on weighing against the mental health needs of female and males confined juvenile criminal and concluded that occurrence of mental chaos in infantile

justice facilities are necessary to compare changes in mental health needs for females and males over time. The mental health issues of imprisoned males versus females assessed in 1988-90 and 1995-96 were compared Males and females were roughly equivalent demographically and on measures related to mental health at the time of the first review. Both males and females evidenced significantly more mental health issues at the time of the second dimension. Most particularly, girls assessed at second time show significantly more mental health needs than boys at second time. The anticipated occurrence of mental disorder at Time 2 for boys was 27%, weigh against 84% for girls. The segregation is highly noteworthy and is discussed in terms of service system issues in infantile justice that affect males and females in different manner.

Gregory et al. (2007) Concluded that heavy co morbidity between different anxiety disorders and deficiency of specificity in developmental record of adults with anxiety disorders supports a hierarchical approach to categorization, with a broad class of anxiety disorders, having individual disorders within it. The early first diagnosis of psychiatric difficulties in individuals with anxiety disorders suggests the need to target research examining the etiology of anxiety disorders and preventions early in life.

Wasserman et al. (2003) The study reported in this Bulletin represents the first investigation of the Voice DISC-IV in juvenile justice settings. The results demonstrate that use of a systematic instrument for assessing psychiatric disorders is feasible in juvenile justice settings. The assessment was well tolerated by youth and their parents and by the agency/institution staff who were involved in administration procedures. Two findings provide initial support for the validity of the Voice DISC- IV assessment:

Bano (2000) stated that various psychologists use the term "Well Adjusted" synonymously with "Mental Health", the term "Well Adjusted", means that a person is healthy by the mental, physical and social viewpoint, whereas a 'mentally ill" person is said to be "neurotic" Therefore,

the terms "Mentally Healthy and "Well Adjusted are interrelated, interdependent and interchangeable". According to Bano (2000) the characteristics of a Mentally Healthy/Well Adjusted person are self knowledge, self esteem, feeling of security, to accept and give fondness, to be fruitful and happy, and absence of far-reaching tension or hypersensitivity

There are four aspects to persuade mental health of a person, i-e biological, and environment, physical and social factors. The sociologists and social workers mostly put down accent on the social factor that prejudices the proper functioning of an individual. Social factors deal with the relations of a person with other people. He/she is social being and the kind of behavior he/she faces is basically learned from the contacts with other people. These associates or social forces begin to affect him from quite early to the end of life.

Rutter & Giller (1983). Juvenile processing is outlined from the time of the offense through sentencing decisions, and an assessment of the measures of juvenile criminal behavior considers self-report studies, fatality surveys, observation methods, the behavioral characteristics of criminal, and the sub-classification of delinquency and conduct disorders. The discussion of teenager development gives attention to age trends, moral development, and the permanence and course of disruptive behavior. A chapter is dedicated to the impact of various chronological trends, including changes in society and family, which may have contributed to an increase in immature wrongdoing, and research findings pertaining to the impact of sex, social class, and race on delinquency are examined. An investigation of individual characteristics that may contribute to delinquency focuses on IQ and scholastic achievement, body build and disabilities, physiological characteristics, hyperactivity, personality characteristics, and genetic factors. Psychosocial factors considered include family influences, films and television, school factors, and geographic influences. The chapter on protective factors considers persuade that appear to counter the development of delinquent patterns.

Sahmey (2013) aimed at understanding the causes behind infantile criminal behavior, and the measures that are being taken for the constructive improvement of the children in conflict with law. The influence of the media on the psychosocial development of children is insightful. With advent of communication technology in recent times, a child's experience to media including television, radio, music, video games and the Internet, has increased multiple. Therefore, it was planned to study whether the impact of recent changes in the society on juvenile delinquency is significant. Point toward that the offences made by the delinquents were primarily due to the combination of various individual and environmental variables, viz. individual risk factors of the delinquents, inattention and ignorance of the parents, peer influence, poor socio-economic condition, family pressure and lack of proper socialization. Direct impact of media was not obvious in the findings of the study, apart from few cases of theft. Overall, the observation regarding fairness of justice, both before and after the offence, was reported to be positive by the respondents. The results also indicated that due to lack of funds and resources, the positive development measures for the juveniles were striking by their absence. Findings were interpreted in the light of current conceptualizations in the area of the study and their implications for future were pointed out.

Joseph et al. (2012) accomplished that the children experiencing parental confinement in countries like the United States is unprecedented. Identifying and understanding the possible effects on children is of immense importance. It is clear that children with incarcerated parents are at increased risk for disruptive behavior in contrast with their peers However, comparatively little is identified about the fundamental effects of parental incarceration on children. This topic warrants large- scale investment to understand why children develop detrimental outcomes after parental incarceration and identify how harmful effects can be prevented.

The Department of Health (DOH) (2000) recommended that 'mental health problems in children and young people are generally described as disarray of emotions, behavior or social

relationships satisfactorily discernible or long-drawn-out to cause suffering or risk to most favorable development in the child, or distress or annoyance in the family or society (DOH, 2000).

Mental health problems are genuine. They affect individual's thoughts, body, way of thinking and conduct. Mental health problems are not just a passing stage They can be overturn, seriously hinder with a person life and even cause a person to become disable. Mental health problems include depression, bipolar disorder (overexcited depressive illness), attention discrepancy (hyper activity disorder), anxiety disorder, eating disorders, schizophrenia, dementia, alziemer and conduct disorders. Mental disorder is another term used for mental health problems (Chopra, 2005)

Davis (2000) conceptualized the mental health problems inside mental health social work is as; mental health social work is a field on all sides of work with people exaggerated by mental health problems and a practice, carried out in any setting, which endorse the mental health of personnel and families. As a practice, it is entrenched in consciousness that setback of poverty, discrimination, inconvenience, in poor health or loss of respected roles may have serious conjecture for mental health; and, conversely, that mental health problems such a depression and fretfulness or stuff abuse are pervasive, often unorganized, and can cause or exacerbate difficulties in coping with relationships and the external environment.

Jackson (1969) conducted the study, keeping in view the discussion and definitions of mental health problems, it is concluded that mental health problems have a broader gamut. These MHPs have impact on body, thinking and feelings of personnel. They cover up all the disturbing and psychological difficulties that start from everyday life worries to those distressed conditions that do not usually affect insight or concern of perceptional problems ie hallucination or hearing voices. These are considered as problems of daily life. Habitually "Neuroses' are categorized as "Mental Health Problems' including depression and anxiety.

Toffler (1981) hypothesis that the Juvenile crimes are not only grass rooted in our society due to poverty and survival but are a result of social disorder which succeeds in all globe of our life. It is a social dilemma of our society, where we are unable to mould our community to higher morals and acceptability of other's right Infantile crimes are particularly high in city areas, especially Lahore because it is an amalgamation of all social classes, where poorest to richest subsists, and this clash of wealth gives birth to crimes. When, poor are required to commit crimes, considering other who has the lavishness of life. Social unfairness and hunger for for the more, gives birth to such terrible crime

Zarit and Zarit, (1998) stated that Depression has been examined as a significant trait in later life. The second century Roman physician Galen, viewed that aged are more prone to depression and he described a link between melancholia and aging (Jackson, 1969). But currently, older people are portrayed as a sad and withdrawn. It is considered that depression is due to losses experience in life, declining death, and their keeping out from position of influence and importance in society. Like other stereotypes, these images contain both elements of truth and buckle. However, depression is a most important and frequent mental health problems among the elderly in modern society.

2.4 Depression

Depression is a pervasive mental health problem that extinguishes the glint of life. It had a great impact to destroy the quality of elderly lives. Depression diminishes the hope, joy, laughter, empathy, happiness and love and leaves the depressed one in the realm of loneliness and isolation (Hogstel, 1995). Depression has been examined as a significant characteristic in later life. The second century Roman physician Galen, viewed that elderly are more prone to depression and he described a link between melancholia and aging (Jackson, 1969) But currently, older people are portrayed as a sad and withdrawn. It is considered that depression is due to losses experience in life, declining death, and their keeping out from position of

influence and importance in society. Like other stereotypes, these images contain both elements of truth and distortion. However, depression is a most important and frequent mental health problems among the elderly in contemporary society (Zarit & Zarit, 1998)

2.5 Anxiety

Anxiety is the state of mind where individual feels the condition of restlessness and distress which force and motivate individual to commit crime Anxiety snatched the power of the individual to make right decisions due to which individual has made the wrong decisions which have great consequences and impacts in his coming life. Anxiety leads toward exacerbation and diseases and sometime it leads toward the death (Vachon, 1987). Individual in the imprisonment have to experience the high level of anxiety and stress which leads them toward severe illness and decline their emotional wellbeing (Pretorius, Basson & Ogunbanjo, 2010).

2.6 Stress

Stress is the psychological reaction of the body in the variety of the environmental demands (Selye, 1982). There is the lack of the common and well recognized definition of the stress all the stakeholders designed their own definitions of the stress. The researchers have the concenses on the point that stress is harmful for the mental wellbeing of the individual (Appley & Trumbull, 1967).

CHAPTER-III

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology chapter is based on the explanation of the adopted methodology in this research studies ie description of utilized tool, sample and sampling technique, data collection methods and styles of analysis and interpretations of the information.

3.2 Research Objectives

- To watch out the relationship between the mental health and juvenile delinquency.
- To estimate the prevalence of depression, anxiety and stress among the juveniles.
- To probe the main causes of depression and anxiety among juveniles
- To understand the effects of juvenile delinquency in family, community and society.
- To study the physical living conditions of juvenile delinquents and problems in jail.

3.3 Hypothesis

1. There is no association between age of Juvenile Delinquents and mental health problem.
2. There is no effect of number of family members on mental health problem among Juvenile Delinquents.
3. There is no association between marital status and mental health problem.
4. There is no effect of education on mental health among Juvenile Delinquents.
5. Legal status has no effect on mental of Juvenile Delinquents.

6. Duration of confinement have no effect on mental health of Juvenile Delinquent

3.4 Research Methods

For identifying the proper answers of the above stated questions appropriate and the justified research methodology was require. It is identified that research methodology focuses on the different ways and plans to structure, implement the research project in scientific manner (Mouton & Marais, 1988). Research method is very much important to follow the research question to obtain the useful information. In this research the quantities method was employed to reach to realities of the above stated questions. Quantitative method is the most suitable and fit for collecting the informative facts from large population (Muijs, 2010)

This study employed the survey research method to explore the descriptive research purposes because this method was identified as the suitable to obtain the information from the juvenile offenders who are inhabitants of Boarstal jails of Punjab Pakistan.

3.4.1 Census Research Method

Census method is the complete enumeration of the whole of universe. It is mostly used when the researcher aimed to collect the response of the whole universe Mostly it is collected for population, anıma or agriculture census to gain the vast knowledge about the phenomena. It is not commonly used in the academic researches because it is regarded as the expensive and time consuming (Kothari, 2004). Our universe was comprises on only 130 juvenile delinquents in both two Boarstal jails of the Punjab therefore census method was employed

Two different tools was employed to collect the first hand information one is based on interview schedule about the delinquents type, social background, previous crime history, current relationship, nature of crime, custodial period, and the current feelings. While second tool was adopted from the well reputed designed and recognized tool regarded as the depression anxiety stress scale (DASS) to understand the mental health condition of the juvenile delinquents.

3.4.1.1 Descriptive Research

Descriptive is mostly used to see what event, situation, opinion, attitudes happens in the specific situation (Wild & Diggines, 2010). Descriptive research deals with the questions like what, who, why and where and in depth information provide about the specific situation under investigation (Neville, 2005). This study is based on in-depth investigation about the mental health issues of the juvenile delinquents in Boarstal Jails of Punjab, Pakistan therefore it is descriptive in nature

3.5 Study Participants

All the inhabitants of the two different Boarstal Jails of the Punjab are regarded as the participants of this study.

3.6 Data Collection Instruments

Two different tools was used as the instruments of the data collection one is interview schedule and one is well designed Depression Anxiety Stress Scale (DASS)

1. Interview schedule was used for data collection purpose. Tool was based on the close ended and open ended question Questions were managed user friendly from so that they can respond easily Face to face conduct was used to collect the primary data from the respondents
2. Depression Anxiety Stress Scale (DASS) long version comprises on 42 items Developed by the (Lovibond & Lovibond; 1995) was employed to access the mental health condition of the juvenile delinquents. This tool is regarded as the best tool of measuring the mental health condition of the individuals.

3.6.1 Schedule Structure

Structured interview schedule was the best tool for obtaining the information from the respondents while conducting the primary study. A well reputed interview schedule must be

based on different sections ie, personal information section, information about the specific situation and perception of the respondent (Hair, Bush, & Ortinau, 2003) therefore tool has been developed by following the above stated guidelines.

On the other hand one well designed tool with the open permission regarded as Depression Anxiety Stress Scale (DASS) Developed by the (Lovibond & Lovibond, 1995) is used to understand the mental health condition of the juvenile delinquents.

3.7 Sampling

It is identified that when the population size of the universe is easily accessible while living in the limited time and resources then census method was regarded as the best method of data collection because each individual have their own point of view of watching perceiving and describing the incidences around him (Adler & Clark, 2010) therefore census method was employed in this research and all in inmates of the both two Borstal Jails were interviewed

3.8 Permission for Data Collection

Permission was the prime need to collect the information from the respondents As we know without permission one can't access offenders residing in the Borstal Jails, therefore permission was obtained from the home department

3.9 Data Collection

Data collection phase was regarded is the most difficult phase because it was very difficult to obtain the permission from the jail management because it was considered as the sensitive matter related to the security and secrecy. It took about three month to get the permission for data collection from the inmates of the Borstal Jails. And about one month time was consumed for collecting the information from the respondents Mostly respondents was reluctant to give the interviews they have been briefed about the whole project and obtain their confidence and for data collection

3.10 Descriptive Analysis

Data analysis is very important process because it census out the data (Merriam, 2009). In current time the researcher are used to computers to analyze the quantitative data some of the best software are available for data analysis like SPSS, Minitab, Excel etc. in this study SPSS 20 (version) was used for data analysis because it is useful and reliable software for data analysis specifically in the social sciences. SPSS provide the facility to compute the information and present the report in the form of tables, graphs and frequency tables. It is also used to calculate the relationship analysis about any specific matter.

3.11 Mental Health Level

Juvenile Delinquents were labeled as having mental health problem when DASS score was $\geq$2

3.12 Relationship Analysis

Relationship was also calculated with the help of the SPSS by putting the response of the Depression Anxiety Stress Scale (DASS) (Lovibond & Lovibond, 1995) into the software. Relationship was measured with the help of predefined formulation of the tool as stated below

Table 3.1 Mental health condition among Juveniles.

Mental health condition	Normal	Mild	Moderate	Severe	Very Severe
Depression	0-9	10-13	14-20	21-27	28+
Anxiety	0-7	8-9	10-14	15-19	20+
Stress	0-14	15-18	19-25	26-33	34+

CHAPTER-IV

ANALYSIS AND INTERPRETATION

This chapter primary objective is to offer research outcomes, which includes preliminary analysis of data, sociodemographic information, reliability, standard deviation mean, and hypothesis tests. In details, this chapter gives the results of present study that analyzed through SPSS 23 Version. The reliability of the scales acquired by test results and displayed in the measurement model; hypothesis testing and predictive relevance is also chocked and reported

Table 4.1: Age Distribution of Juvenile Delinquents

Age Distribution	Frequency	Percent
Teen Age	111	85.38
Adults	19	14.62
Total	**130**	**100**

Table: 41 is about the Age Wise distribution of the juvenile Delinquents results reveals that a large majority of the 85.38% juvenile delinquents were teen ager while 14.62% juvenile delinquents were adult

Table 4.2: Gender Distribution of Juvenile Delinquents

Gender Distribution	Frequency	Percent
Male	130	100.0

Table 4.2 is about the gender Wise distribution of the juvenile Delinquents results reveals that all the participants of the juvenile delinquents were male

Table 4.3: Cast Distribution of Juvenile Delinquents

Caste Distribution	Frequency	Percent
Ansari	9	6.9
Arayen	19	14.6
Bhatti	4	3.1
Faqeer	7	5.4
Gujjar	7	5.4
Joiya	4	3.1
Jut	5	3.8
Kharal	5	3.8
Malik	4	3.1
Mughal	5	3.8
Niazi	7	5.4
Pathan	4	3.1
Pracha	5	3.8
Rajput	7	5.4
Rajput	14	10.8
Shaikh	12	9.2
Skip	7	5.4
Watto	5	3.8
Total	**130**	**100.0**

Table: 4.3 is about the Caste Wise distribution of the juvenile Delinquents results reveals that a different castes are involved in juvenile delinquency however only Aruen caste people were about 15% of the respondent.

Table 4.4: Religious Distribution of Juvenile Delinquents

Religious Distribution	Frequency	Percent
Muslim	130	100.0

Table 4.4 is about the Religion Wise distribution of the juvenile Delinquents results reveals that all the participants were Muslims.

Table 4.5: Family Size Distribution of Juvenile Delinquents

Family size	Frequency	Percent
5-7	91	70
8-10	29	22.30
11-13	10	7.69
Total	**130**	**100**

Table 4.5 is about distribution of juvenile Delinquents on the basis of their family members results reveals that a large majority of the 70% juvenile delinquents were belonging to the family size of 5-7 members. 22.30% were falling in the of 8-10 members family and 7.69% were falling in the family size of 11-13 members.

Table 4.6: Marital Status Wise Distribution of Juvenile Delinquents

Marital Status	Frequency	Percent
Un married	118	90.8
Married	12	9.2
Total	**130**	**100.0**

Table: 4.6 is about the Marital status Wise distribution of the juvenile Delinquents results reveals that a large majority of the 91% juvenile delinquents were un married while only 9% were married.

Table 4.7: Children Wise Distribution of Juvenile Delinquents

Number of Children	Frequency	Percent
Non Married	118	90.8
Had one child	7	5.4
Had two children	5	3.8
Total	**130**	**100.0**

Table 4.7 is about the Number of Children Wise distribution of the juvenile Delinquents results reveals that a large majority of the 91% juvenile delinquents were unmarried and out of the remaining married juveniles 5% have one children while only 4% have 2 children.

Table 4.8: Economic Status Wise Distribution of Juvenile Delinquents

Economic Status	Frequency	Percent
Working	40	30.8
Not working	33	25.4
Studying	57	43.8
Total	**130**	**100.0**

Table: 4.8 is about the Economic status Wise distribution of the juvenile Delinquents results reveals that a large majority of the 44% juvenile delinquents were students. About 31% were involved in working and only 25% were dependents/Not working.

Table 4.9: Monthly Income Wise Distribution of Juvenile Delinquents

Monthly Income	Frequency	Percent
No Income	90	69.2
2000-4000	26	20
4000-8000	14	10.77
Total	**130**	**100.0**

Table 4.9 is about the Monthly Income Wise distribution of the juvenile Delinquents results reveals that a large majority of the 69.2% juvenile delinquents have no income. About 20% have income about Rupees 2000-4000/- Per Month. About 14% have 4000-8000 per month income.

Table 4.10: Sources of Income Wise Distribution of Juvenile

Sources of Income	Frequency	Percent
By parents	106	81.5
By sibling	14	10.8
Any other person	10	7.7
Total	**130**	**100.0**

Table: 4.10 is about the sources of income Wise distribution of the juvenile Delinquents results reveals that a large majority of the 81 % juvenile delinquents were obtained the money from the parents, about 11% obtained the income from siblings, while only about 8% have obtained the money from other persons.

Table 4.11: Keeping Income Wise Distribution of Juvenile Delinquents

Keeping Income	Frequency	Percent
No income	116	89.2
Keeping Himself	7	5.4
Giving to Parents	7	5.4
Total	**130**	**100.0**

Table 4.11 is about the keeping income wise distribution of the juvenile delinquents results reveals that a large majority of the 90% juvenile delinquents have no income while about 5% keep income himself and 5% handed over the income to the parents

Table 4.12: Usage of Income Wise Distribution of Juvenile Delinquents

Use of Income	Frequency	Percent
No response	89	68.5
Eating	11	8.5
Enjoy	9	6.9
Family	9	6.9
Playing	12	9.2
Total	**130**	**100.0**

Table 4.12 is about the usage of income Wise distribution of the juvenile Delinquents results reveals that a large majority of the 68% juvenile delinquents skipped this question while out of the responding 9% were used this income for playing, about 8% used for eating and about 7% used for enjoying and 7% used to spend on family.

Table 4.13: Educational Status Wise Distribution of Juvenile Delinquents

Educational Status	Frequency	Percent
Illiterate	7	5.4
Matric	110	84.62
Intermediate or above	13	10
Total	**130**	**100.0**

Table: 4.13 is about the Educational status Wise distribution of the juvenile Delinquents results reveals that illiterate was 5.4% followed by matric 84.62% and intermediate or above 10%.

Table 4.14: Causes of Discontinuation of the Studies Wise Distribution of Juvenile

Reasons of study discontinuation	Frequency	Percent
Left by own choice	45	34.6
Left by family circumstances	46	35.4
Convicted during study	32	24.6
Other reasons	7	5.4
Total	**130**	**100.0**

Table: 4.14 is about the Causes of discontinuation of the studies Wise distribution of the juvenile Delinquents results reveals that a large majority of the 35% juvenile delinquents were left their studies due to family circumstances, about 35% were left the studies by their own choice, about 25% were convicted during the studies while only 5% left their studies due to other reasons.

Table 4.15: Interested in Getting the Religious Education Wise Distribution of Juvenile Delinquents

Interest in Obtaining Religious	Frequency	Percent
No	58	44.62
Yes	72	55.38
Total	**130**	**100.0**

Table: 4.15 is about the interest in getting the religious education wise distribution of the juvenile Delinquents results reveals that a large majority of the 72 % juvenile delinquents were interested in getting the religious education while only 58% were not interested in getting the religious education

Table 4.16: Leisure Time Activities wise Distribution of Juvenile Delinquents

Leisure Time Activities	Frequency	Percent
Roaming with friends	28	21.5
Relaxing, Napping, or living alone	15	11.5
Enjoying films, TV, music	66	50.8
Reading, writing playing	21	16.2
Total	**130**	**100.0**

Table: 4.16 is about the leisure time activities Wise distribution of the juvenile Delinquents results reveals that a large majority of the 51% juvenile delinquents passed their leisure time in watching movies, TV and listening music, while 21% passed time in roaming with friends, 16% passed in reading, writing and playing, and only 11% passed their leisure time in relaxing, napping or living alone in homes.

Table 4.17: Time of Returning Back To Home Wise Distribution of Juvenile Delinquents

Time to return back to home	Frequency	Percent
8-10	83	63.8
10-12	19	14.6
Above 12	5	3.8
Before 8 O Clock	23	17.7
Total	**130**	**100.0**

Table 4.17 is about time of returning back to home wise distribution of the juvenile Delinquents results reveals that a large majority of the 64% juvenile delinquents returned backed to their homes between the timings of 8-10 Pm, about 18% returned before 8.00PM, about 15% returned during 10-12 Pm, while only about 4% returned back to their homes late night after 12 O clocks.

Table 4.18: Using Narcotics Wise Distribution of Juvenile Delinquents

Using Narcotics	Frequency	Percent
No	118	90.8
Yes	12	9.2
Total	**130**	**100.0**

Table: 4.18 is about the leisure using narcotics wise distribution of the juvenile Delinquents results reveals that a large majority of the 91% juvenile delinquents don't used the narcotics while only 9% used the narcotics.

Table 4.19: Number of Friends Wise Distribution of Juvenile Delinquents

Number of Friends	Frequency	Percent
1-3	43	33.0
4-6	78	60.1
7-9	9	6.9
Total	**130**	**100.0**

Table 4.19 is about number of friends Wise distribution of the juvenile Delinquents results reveals that a large majority of the 60% juvenile delinquents have 4-6 number of friends, and 33% juvenile delinquents have 1-3 friends, while only about 7% have 7-9 friends.

Table 4.20: Occupational Status of Friends Wise Distribution of Juvenile

Friend's Occupational Status	Frequency	Percent
No friend	19	14.6
Govt. Employees	7	5.4
Personal business	4	3.1
Private job	51	39.2
Workshop	41	31.5
Any Other	8	6.2
Total	**130**	**100.0**

Table: 4.20 is about occupational status of friends wise distribution of the juvenile Delinquents results reveals that a large majority of the about 39% friends of the juvenile delinquents are involved in the private jobs, 31% working in workshops, about 15% have no friend, 6% were

involved in unspecified activities of income, 5% were involved in governmental jobs, while only about 3% friends of the juvenile delinquents have their own personal business.

Table 4.21: Watching Movies Wise Distribution of Juvenile Delinquents

Watching Movies	Frequency	Percent
No	26	20.0
Yes	104	80.0
Total	**130**	**100.0**

Table: 4.21 is about watching movies wise distribution of the juvenile Delinquents results reveals that a large majority of the 80% juvenile delinquents were taking the interest in watching the movies while only 20% were not taking the interest in watching the movies.

Table 4.22: Types of Movies Watching Wise Distribution of Juvenile Delinquents

Types of Watched Movies	Frequency	Percent
No response	26	20.0
Action movies	58	44.6
Love story	41	31.5
Any other	5	3.8
Total	**130**	**100.0**

Table: 4.22 is types of movies watching wise distribution of the juvenile Delinquents results reveals that a large majority of the about 45% juvenile delinquents watching action movies, 31% watched love stories, 20% don't watched movies while only about 4% watched other movies not mentioned in this list

Table 4.23: Place of Movies Watching Wise Distribution of Juvenile Delinquents

Movies Watching Places	Frequency	Percent
Home	65	50.0
Cinema	39	30.0
Hotel	16	12.3
Other Place	10	7.7
Total	**130**	**100.0**

Table: 4.23 is movies watching place wise distribution of the juvenile Delinquents results reveals that a large majority of the about 50% juvenile delinquents watched the movies in their homes, 30% watched in cinemas, 12% watched in hotels, while only about 8% juvenile delinquents watched the movies on other unspecified places.

Table 4.24: Parents Living Together Wise Distribution of Juvenile Delinquents

Parents Living Together	Frequency	Percent
No	12	9.2
118	118	90.8
Total	**130**	**100.0**

Table: 4.24 is about the parents living status wise distribution of the juvenile Delinquents results reveals that a large majority of the about 91% juvenile delinquents parents were living together in same households while only about 9% juvenile delinquents parents were not living together.

Table 4.25: Reasons for Not Living Together Wise Distribution of Juvenile Delinquents

Reasons of Parents Living Separately	Frequency	Percent
Not included	118	90.8
Separation	5	3.8
Other reason	7	5.4
Total	**130**	**100.0**

Table. 4.25 about the reasons for not living together of the parents. About 91% respondents were not asked this question because their parents were living together. Out of the remaining juvenile offenders whose parents were not living together 4% were separated and 5% have other reasons.

Table 4.26: Relationship with Sibling Wise Distribution of Juvenile Delinquents

Relationship With Siblings	Frequency	Percent
Affectionate	121	93.1
Unaffectionate	9	6.9
Total	**130**	**100.0**

Table. 4.26 is about the relationship with the siblings wise distribution of the juvenile Delinquents results reveals that a large majority of the about 93% juvenile delinquents have affectionate relationship with siblings while only about 7% juvenile delinquents have unaffectionate relationships with the siblings.

Table 4.27: Out of Home Time Spending Wise Distribution of Juvenile

Time Spend Outside	Frequency	Percent
Don't spend time outside	33	25.4
1-2 Hours	52	40.0
2-4 Hours	23	17.6
4-6 Hours	10	7.63
8-10 Hours	12	9.2
Total	**130**	**100.0**

Table: 4.27 is about the out of home time spending wise distribution of the juvenile Delinquents results reveals that a large majority of the 40% juvenile delinquents spend 1-2 hours outside of the home, 25% don't spend the time outside of their homes, about 18% spend 2-4 hours outside, 9% spend 8-10 hours outside, while only about 8% juvenile delinquents spend 4-6 hours daily outside homes.

Table 4.28: Activities Outside Home Wise Distribution of Juvenile Delinquents

Activities Outside Home	Frequency	Percent
Not responded	57	43.8
Playing	45	34.6
Studying	12	9.2
Working	16	12.3
Total	**130**	**100.0**

Table 4.28 is about the activities outside home while time spending wise distribution of the juvenile Delinquents results reveals that a large majority of the about 44% Juvenile delinquents skipped this question. While other 35% passed their time in playing games, 12% passed their time in working, and only 9% passed their time in studies.

Table 4.29: Obtaining Pocket Money Wise Distribution of Juvenile Delinquents

Obtaining Pocket Money	Frequency	Percent
No	12	9.2
Yes	118	90.8
Total	**130**	**100.0**

Table. 4.29 is obtaining pocket money wise distribution of the juvenile Delinquents results reveals that a large majority of the about 91% juvenile delinquents have obtained the pocket money while only about 9% juvenile delinquents don't obtained the pocket money.

Table 4.30: Obtained Sufficient Pocket Money Wise Distribution of Juvenile Delinquents

Obtained Sufficient Pocket Money	Frequency	Percent
No	24	18.5
Yes	106	81.5
Total	**130**	**100.0**

Table: 4.30 is about the sufficiency of the pocket money wise distribution of the juvenile Delinquents results reveals that a large majority of the about 81% juvenile delinquents have

received the sufficient pocket money while only about 19% juvenile delinquents were not received the sufficient pocket money.

Table 4.31: Means to Fulfill the Needs Wise Distribution of Juvenile Delinquents Means to Fulfill the Needs

Means to Fulfill the Needs	Frequency	Percent
Not responded	109	83.8
By theft	7	5.4
By gagged	14	10.8
Total	**130**	**100.0**

Table. 4.30 is about the means to fulfill the needs wise distribution of the juvenile Delinquents results reveals that a large majority of the about 84% juvenile delinquents have not responded to this question. Out of the responding one 5% fulfill their needs through theft and 11% fulfilled through gagged.

Table 4.32: Reason for Committing the Crime Wise Distribution of Juvenile Delinquents

Reasons for Committing Crimes	Frequency	Percent
Not responded	123	94.6
Accidently/Unwillingly	7	5.4
Total	**130**	**100.0**

Table 4.32 is about the reason for committing the crimes wise distribution of the juvenile Delinquents results reveals that a large majority of the about 95%% juvenile delinquents have

Skipped this question while remaining 5% stated that they have committed the crime accidently unwillingly, they were not intended to commit the crime

Table 4.33: Nature of Crime Wise Distribution of Juvenile Delinquents

Nature of Crimes	Frequency	Percent
Theft	21	16.2
Drinking	7	5.4
Murder	84	64.65
Buying illegal things	13	10.0
Quarrel	5	3.8
Total	**130**	**100.0**

Table: 4.33 is about the crime wise distribution of the juvenile Delinquents results reveals that a large majority of the about 67% juvenile delinquents were involved in the murder crime, 16% were involved in theft, 10% involved in buying illogical things, 5% were involved in drinking, while only about 4% juvenile delinquents were caught in the case of quarrel.

Table 4.34: Having Previous Crime History Wise Distribution of Juvenile Delinquents

Previous Crime History	Frequency	Percent
No	123	94.6
Yes	7	5.4
Total	**130**	**100.0**

Table 4.34 is about the previous crime history wise distribution of the juvenile Delinquents results reveals that a large majority of the about 95% juvenile delinquents don't have the previous crime history while only about 5% juvenile delinquents have previous crimes history.

Table 4.35: Previous Nature of Crime History Wise Distribution of Juvenile Delinquents

Previous nature of Crime	Frequency	Percent
No participated	125	96.2
Theft	5	3.8
Total	**130**	**100.0**

Table: 4.35 is about the previous nature of crime history wise distribution of the juvenile Delinquents results reveals that a large majority of the about 96% juvenile delinquents have not participated in this question because they don't have previous crime history while only about 4% juvenile delinquents were participated and they have previous crime history of theft.

Table 4.36: Type of Committing Crime Wise Distribution of Juvenile Delinquents

Type of Committing Crime	Frequency	Percent
Individual	130	100.0

Table: 436 is about type of crime committing wise distribution of the juvenile Delinquents results reveals 100% juvenile delinquents have committed the crimes individually

Table 4.37: Family Crime Record History Wise Distribution of Juvenile Delinquents

Family Crime Record	Frequency	Percent
No Record	123	94.6
Having Record	7	5.4
Total	**130**	**100.0**

Table: 4.37 is family crime history record wise distribution of the juvenile Delinquents results reveals that a large majority of the about 95% juvenile delinquents don't have the family crime history while only about 5% juvenile delinquents family members were involved in the crimes.

Table 4.38: Reason for Committing the Crime Wise Distribution of Juvenile Delinquents

Reason for Committing the Crime	Frequency	Percent
Own will	432	33.1
By force	63	48.5
At friend's will	24	18.52
Total	**130**	**100.0**

Table: 438 is about the reasons for committing the crime wise distribution of the juvenile Delinquents results reveals that a large majority of the about 48% juvenile delinquents stated that they have committed the crime unwillingly different circumstances forced them to commit the crime, 33% were committed the crime with their own free will, and only 18% juvenile delinquents were committed the crime on the will of their friends.

Table 4.39: Friends Crime History Wise Distribution of Juvenile Delinquents

Friends Crime History	Frequency	Percent
No	109	83.8
Yes	21	16.2
Total	**130**	**100.0**

Table: 4.39 is about friends crime history wise distribution of the juvenile Delinquents results reveals that a large majority of the about 84% juvenile delinquents friends don't have the crime history while only about 16% juvenile delinquents friends were involved in the crimes

Table 4.40: Feelings after Committing the Crime Wise Distribution of Juvenile Delinquents

Feelings after Committing the Crime	Frequency	Percent
Proud	5	3.8
Fear	37	28.5
Depression	88	67.7
Total	**130**	**100.0**

Table 4.40 is about the feelings after committing crimes wise distribution of the juvenile Delinquents results reveals that a large majority of the about 68% juvenile delinquents were depressed after conumitting the crime, 28% were feeling the fear after committing the crime, while only about 4% juvenile delinquents were feeling proud on their committed crimes.

Table 4.41: Relationship with Parents after Committing the Crime Wise Distribution of Juvenile Delinquents

Relationship with Parents	Frequency	Percent
Good	38	29.2
Harsh	9	6.9
Normal	76	58.5
No Concern	7	5.4
Total	**130**	**100.0**

Table: 4 41 is about the relationship with the parents after committing the crime wise distribution of the juvenile Delinquents results reveals that a large majority of the about 58% juvenile delinquents have observed the normal relationship with their parents, 29% observed good relationship, about 7% observed the harsh relationship with parents, while only about 5% juvenile delinquents parents have brooked their relationship with the delinquent and have no concern with their matters

Table 4.42: Feeling Status after Crime Wise Distribution of Juvenile Delinquents

Current Feelings	Frequency	Percent
Bad	37	28.5
Good	8	6.2
No change	5	3.8
Shamed	62	47.7
Skip	18	13.8
Total	**130**	**100.0**

Table 4.42 is about the feeling status after crime wise distribution of the juvenile Delinquents results reveals that a large majority of the about 48% juvenile delinquents feeling ashamed, 28% were feelings bad, about 14% skipped this question, 6% were feelings good, while only about 4% juvenile delinquents were not feels any change in their feelings

Table 4.43: Opinion About Jail Atmosphere wise Distribution of Juvenile

Opinion About Jail Atmosphere	Frequency	Percent
Feel suffocated	7	5.4
Feel Stress	20	15.4
Feel Depression and Anxiety	34	26.2
Feel Isolation	5	3.8
Want to run away	7	5.4
It’s Pleasant	4	3.1
Don’t want to come again	53	40.8
Total	**130**	**100.0**

Table: 4.43 is feelings about jail atmosphere wise distribution of the juvenile Delinquents results reveals that a large majority of the about 41% juvenile delinquents don't want to come again to the jails, 26% were feelings depressed and anxiety, 5% were feeling suffocated, 5% were wants run away, about 4% were feeling pleasant, while only about 3% juvenile delinquents were feels pleasant in jail atmosphere.

Table 4.44: Health Status Wise Distribution of Juvenile Delinquents

Health Status	Frequency	Percent
Good	123	94.6
Poor	7	5.4
Total	**130**	**100.0**

Table 4.44 is health status wise distribution of the juvenile Delinquents results reveals that a large majority of the about 95% juvenile delinquents were with the good health while only about 5% juvenile delinquents were caught with different health isques

Table 4.45: Jail Impacts on Life Wise Distribution of Juvenile Delinquents

Jail Impacts on Life	Frequency	Percent
Positive	45	34.6
Negative	12	9.2
No Change	73	56.2
Total	**130**	**100.0**

Table: 4.45 is about the jail impacts on life wise distribution of the juvenile Delinquents results reveals that a large majority of the about 56% juvenile delinquents have not experience any change in the jails atmosphere comparatively to the community atmosphere, about 35% were feels the positive atmosphere, while only about 9% juvenile delinquents were regarded the jail atmosphere as negative.

Table 4.46: Suffering With Mental Illness Wise Distribution of Juvenile Delinquents

Suffering With Mental Illness	Frequency	Percent
No	112	86.16
Yes	18	13.85
Total	**130**	**100**

Table 4.46 is about the sufficiency with mental illness wise distribution of the juvenile Delinquents results reveals that a large majority of the about 86.16% juvenile delinquents don't

suffer with any time of mental illness while only about 13.85% Juvenile delinquents were suffered in the mental illness.

Table 4.47: In Jail Satisfaction with Cleanliness Wise Distribution of Juvenile Delinquents

Satisfaction with Cleanliness	Frequency	Percent
Yes	92	70.77
No	38	29.23
Total	**130**	**100.0**

Table: 4.47 is about the satisfaction with the cleanliness condition within the jails wise distribution of the juvenile Delinquents results reveals 70% juvenile delinquents were satisfied with the cleanliness situation of the jails. While about 30% were not satisfied with the cleanliness situation of the jails.

Table 4.48: In Jail Satisfaction with Food Wise Distribution of Juvenile Delinquents

Satisfaction with Food	Frequency	Percent
Yes	112	86.15
No	18	13.85
Total	**130**	**100**

Table: 4.48 is about the satisfaction with the food quality within the jails wise distribution of the juvenile Delinquents results reveals 86% juvenile delinquents were satisfied with the food quality within the jails while about 14% were not satisfied.

Table 4.49: In Jail Satisfaction with Health Facilities Wise Distribution of Juvenile Delinquents

Satisfaction with health facilities	Frequency	Percent
Yes	105	80.77
No	25	19.23
Total	**130**	**100**

Table: 4.49 is about the satisfaction with the health facilities within the jails wise distribution of the juvenile Delinquents results reveals about 80% juvenile delinquents were satisfied with the available health facilities of the jails while 19% were not satisfied

Table 4.50: In Jail Satisfaction with Accommodation Facilities Wise Distribution of Juvenile Delinquents

Satisfaction with accommodation facilities	Frequency	Percent
Yes	87	66.92
No	43	33.08
Total	**130**	**100**

Table: 4.50 is about the satisfaction with the accommodation facilities within the jails wise distribution of the juvenile Delinquents results reveals that about 67% juvenile delinquents were satisfied with the accommodation facilities of the jails while 33% were not satisfied.

Table 4.51: In Jail Satisfaction with Jail Administration Behavior Wise Distribution of Juvenile Delinquents

Satisfaction with the behavior of jail administration	Frequency	Percent
Yes	96	73.85
No	34	26.15
Total	**130**	**100**

Table: 4.51 is about the satisfaction with the behavior of the administrative staff within the jails wise distribution of the juvenile Delinquents results reveals about 74% juvenile delinquents were satisfied with the behavior of the administrative staff of the jails while only 26% were not satisfied.

Table 4.52: Satisfaction with Medical Treatment Facilities Wise Distribution of Juvenile Delinquents

Satisfaction with medical treatment	Frequency	Percent
Yes	107	82.31
No	23	17.69
Total	**130**	**100.0**

Table: 4.52 is about the satisfaction with the medical treatment facilities within the jails wise distribution of the juvenile Delinquents results reveals 82% juvenile delinquents were satisfied with the medical treatment facilities available within the jail while about 18% were dissatisfied with the medical facilities.

Table 4.53: Satisfaction with Legal Aid Facilities Wise Distribution of Juvenile Delinquents

Satisfaction with legal aid	Frequency	Percent
Yes	118	90.77
No	12	9.23
Total	**130**	**100.0**

Table: 4.53 is about the satisfaction with the legal aid facilities within the jails wise distribution of the juvenile Delinquents results reveals about 91% juvenile delinquents were satisfied with the legal aid facilities of the jails while 9% were dissatisfied

Table 4.54: Evidencing the Drug Problem with Prison Wise Distribution of Juvenile Delinquents

Evidencing the Drug Problem	Frequency	Percent
Yes	20	15.38
No	110	84.62
Total	**130**	**100.0**

Table: 4.54 is about evidencing the drugs problems with prisons within the jails wise distribution of the juvenile Delinquents results reveals 84% juvenile delinquents were stated that they have not viewed any drugs related problems within the jails while other viewed.

Table 4.55: Evidencing the Sexual Harassment Problem with Prison Wise Distribution of Juvenile Delinquents

Evidencing the Sexual Harassment	Frequency	Percent
Yes	4	3.08
No	126	96.92
Total	**130**	**100.0**

Table: 4.55 is about evidencing the sexual harassment with prisons within the jails wise distribution of the juvenile Delinquents results reveals about 97% juvenile delinquents were stated that they have not faced any sexual harassment problems within the jails while only 3% were faced this problem.

Table 4.56: Feeling Guilty on Act Wise Distribution of Juvenile Delinquents

Feelings guilty of act	Frequency	Percent
No	25	19.2
Yes	1058	80.8
Total	**130**	**100.0**

Table. 456 is about the feeling guilty on their act wise distribution of the juvenile delinquents results reveals that a large majority of the about 81% juvenile delinquents have were feeling guilty on their act while only about 19% juvenile delinquents were did not feelings the guilty on their act.

Table 4.57: Legal position wise Distribution of Juvenile Delinquents

Legal position	Frequency	Percent
Convicted	32	24.62
Under Trial	98	75.38
Total	**130**	**100.0**

Table: 4.57 is about the legal position wise distribution of the juvenile Delinquents results reveals that a large majority of the about 75.80% juvenile delinquents were undertrial while only about 32% juvenile delinquents were convicted.

Table 4.58: Duration of confinement wise Distribution of Juvenile Delinquents

Duration of imprisonment	Frequency	Percent
1-9 months	84	64.61
10-18 months	46	35.38
Total	**130**	**100.0**

Table: 4.58 is about the duration of imprisonment wise distribution of the juvenile Delinquents results reveals that 64.61% juvenile delinquents were found with 1-9 months of confinement and 35 38% were found with 10-18 months confinement.

Table 4.59: Regular visiting persons wise Distribution of Juvenile Delinquents

Regular visiting persons	Frequency	Percent
Parents	86	66.2
Brothers	17	13.1
Others	27	20.8
Total	**130**	**100.0**

Table: 4 59 is about the regular visiting persons in the jail wise distribution of the juvenile Delinquents results reveals that a large majority of the about 66% parents of the juvenile delinquents regularly visits the prisoners, about 21% other visited the prisoners, while only about 13% brothers of the juvenile delinquents were regularly visit the prisoners.

Table 4.60: Occurring problems in family wise Distribution of Juvenile

Problems in Family	Frequency	Percent
Financial	86	66.2
Behavioral	16	12.3
Conflicts between parents	24	18.5
No problem	4	3.1
Total	**130**	**100.0**

Table: 4.60 is about the occurring problems in family wise distribution of the juvenile Delinquents. The results reveals that a large majority of the about 66% juvenile delinquents families were caught with the financial problems, 18% were caught with conflict between

parents, 12% were caught with behavioral problems, while only about 3% juvenile delinquents families were not caught with any problem.

Table 4.61: Suggestions for rehabilitation and welfare of jail environment wise Distribution of Juvenile Delinquents

Satisfaction with facilities	Frequency	Percent
Basic Education	7	5.4
Primary education	51	39.2
Vocational training	33	25.4
Recreational facilities	4	3.1
Religious activities	31	23.8
Support or placement before release	4	3.1
Total	**130**	**100**

Table: 4.61 is suggestions for the rehabilitation and welfare of the jail environment wise distribution of the juvenile Delinquents results reveals that a large majority of the about 39% juvenile delinquents stated that primary level education system must be launched within the jails, 25% supported the vocational training, about 24% proposed the religious activities, 5% proposed basic education facilities, while only about 3% juvenile delinquents were demanded the support for placement before the release in the community.

Frequency of mental health problem

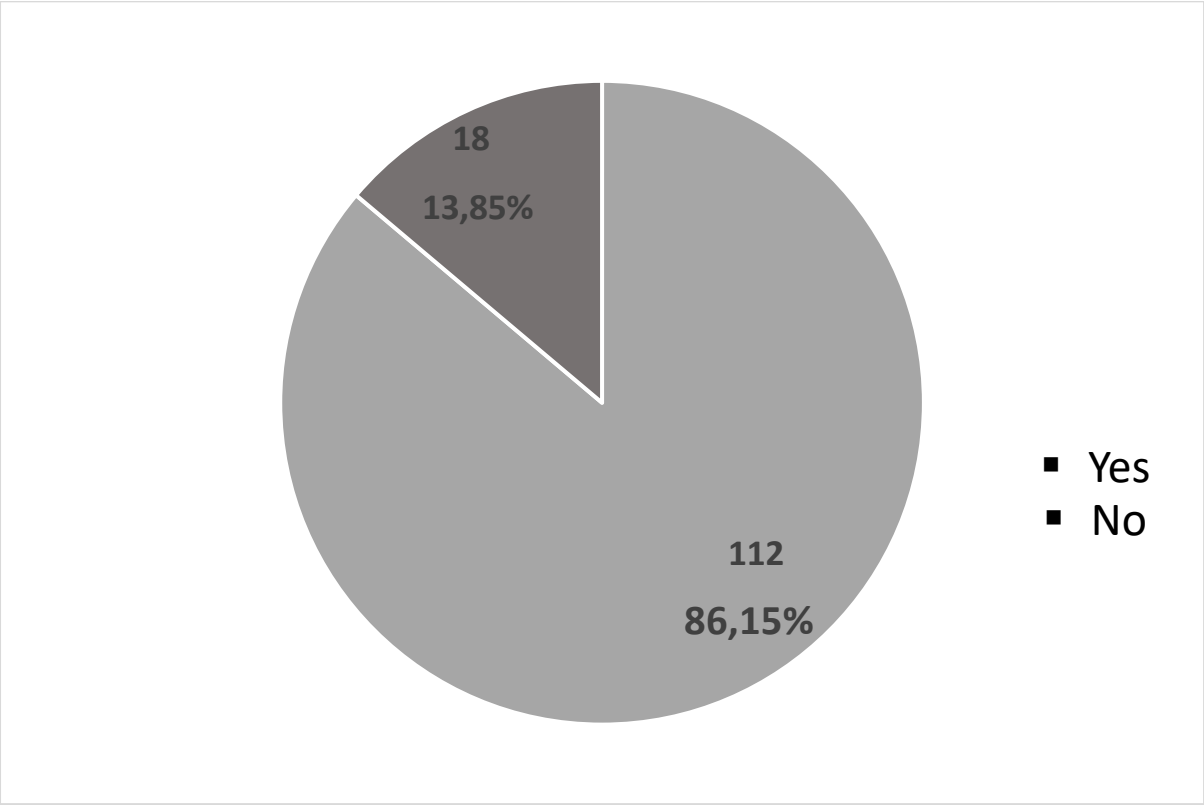

Table 4.62: Association of Mental Health Problem with age

Age Group	Mental Health Problem		Total	P value
	Yes	No	(%)	
	(%)	(%)		
Teen age	100 (90.09)	11 (9.91)	111 (85.38)	0.005
Adults	12 (63.16)	7 (36.84)	19 (14.62)	
Total	**112 (86.15)**	**18**	**130**	

Total 130 Juvenile Delinquents having age range from 15-23 years were selected for this research. Stratification in relation to age was done and 2 groups were made i e teen age and adults. Total 111 (85.38%) Juvenile Delinquents were belonged to teen age group and 19 (14.62%) Juvenile Delinquents were belonged to adults group. Mental health problem was found 100 (90.09%) Juvenile Delinquents and 12 (63 16%) Juvenile Delinquents Significantly higher rate of mental health problem was noted in teen age group as compared to adult group with p value 0.005.

Table 4.63: Association of Mental Health Problem with Family members

Family member	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
5-7	82 (90.11)	9 (9.89)	91 (70)	0.05
Adults	21 (72.41)	8 (27.59)	29 (22.30)	
11-13	9 (90)	1 (10)	10 (7.69)	
Total	**112**	**18**	**130**	

Division of Juvenile Delinquents was done according to number of family members Le 5-7 family members, 8-10 family members and 11-13 family members. In 5-7 family members group, mental health problem was found in 82 (90.11%) Juvenile Delinquents, in 8-10 family members group, mental health problem was found in 21 (72.41%) Juvenile Delinquents and in 11-13 family members group, mental health problem was found in 9 (90%) Juvenile Delinquents Significantly (P=0.05) higher proportion of Juvenile Delinquents were found in 5-7 family members group and 11- 13 family members group as compared to 8-10 family members group.

Table 4.64: Association of Mental Health Problem with Family Marital Status

Marital Status	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
Married	7 (58.33)	5 (41.67)	12 (9.23)	
Un-married	105 (88.98)	13 (11.017)	1187 (90.77)	0.01
Total	**112**	**18**	**130**	

Out of 130 Juvenile Delinquents, 12 (9.23%) were married and 118 (90.77%) were un-married. Total 7 (58.33%) married and 105 (88.98%) un-married Juvenile Delinquents found with mental health problem. Significantly (P=0.01) higher rate of mental health problem was observed in un-married Juvenile Delinquents as compared to married Juvenile Delinquents.

Table 4.65: Association of Mental Health Problem with Economic Status

Economic status	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
Working	32 (80)	8 (20)	40 (30.77)	
Not working	29 (87.88)	4 (12.12)	33 (25.38)	0.39
Studying	51 (89.47)	6 (10.53)	57 (43.85)	
Total	**112**	**18**	**130**	

Among the 130 Juvenile Delinquents, 40 (30.77%) were working and mental health problem was noted in 32 (80%) Juvenile Delinquents. Total 33 (25.38%) Juvenile Delinquents were not working and mental health problem was observed in 29 (87.88%) Juvenile Delinquents. Total 57 (43.85%) Juvenile Delinquents were studying and 51 (89.47%) Juvenile Delinquents were

found with mental health problem. But statistically insignificant association between economic status and mental health problem was observed with p value 0.39.

Table 4.66: Association of Mental Health Problem with Monthly Income

Monthly Income (Rs.)	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
No income	83	7	90	0.007
2000-4000	(92.88)	(7.78)	(69.23)	
	18	8	26	
4001-8000	(69.23)	(30.77)	(20)	
	11	3	14	
	(78.57)	(21.43)	(10.77)	
Total	**112**	**18**	**130**	

Juvenile Delinquents divided into three groups according to their monthly income Total 90 (69.23%) Juvenile Delinquents found with no income and mental health problem was found in 83 (92.22%) Juvenile Delinquents Total 26 (20%) Juvenile Delinquents found with Rs. 2000-4000 monthly income and mental health problem noted in 18 (69.23%) Juvenile Delinquents. Out of 14 (10.77%) Juvenile Delinquents having monthly income Rs. 4001-8000, total 11 (78.57%) Juvenile Delinquents found with mental health problem. Statistically significant association of monthly income and mental health problem was noted with p value 0.007.

Table 4.67: Association of Mental Health Problem with Education Status

Education Status	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
Illiterate	5	2	7	0.074
Matric	(71.43)	(28.57)	(5.38)	
	98	12	110	
Intermediate or	(89.09)	(10.91)	(0.85)	
above	9	4	13	
	(69.23)	(30.77)	(10)	
Total	**112**	**18**	**130**	

Total 7 (5.38%), 110 (0.85%) and 13 (10%) Juvenile Delinquents were illiterate, matric and intermediate or above respectively. Mental health problem was noted in 5 (71.43%), 98 (89.09%) and 9 (69.23%) respectively in illiterate, matric and intermediate or above Juvenile Delinquents. But statistically insignificant (0.074) association between education status and mental health problem was noted

Table 4.68: Association of Mental Health Problem with Religious Education

Religious Education	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
Yes	62 (86.11)	10 (13.89)	72 (55.38)	0.80
No	50 **(86.21**	8 (13.79)	58 (44.62)	
Total	**112**	**18**	**130**	

Out of Juvenile Delinquents, total 72 (55.38%) Juvenile Delinquents found with religious education and mental health problem was noted in 62 (86.11%) Juvenile Delinquents Total 58 (44.62%) Juvenile Delinquents found without religious education and mental health problem was noted in 50 (86 21%) Juvenile Delinquents. Insignificant (P = 0.80) association of religious with mental health problem was noted.

Table 4.69: Association of Victim and Under Trial of Mental Health Problem

Legal status	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
Convicted	20 (62.5)	12 (37.5)	32 (24.62)	
Undertrial	92 (93.88)	6 (6.12)	98 (75.38)	0.000
Total	**112 (86.16)**	**18 (13.85)**	**130**	

Total 32 (24.62%) Juvenile Delinquent were victim and 98 (75.38%) were under trial and mental health problem was noted in 20 (62.5%) Juvenile Delinquent. Out of 98 (75.38%) under trial Juvenile Delinquent, mental health problem was found in 92 (93.88%) Juvenile Delinquent. Significantly (P=0.000) higher rate of mental health problem was noted in under trial Juvenile Delinquents as compared to victim Juvenile Delinquents

Table 4.70: Association of Confinement of Mental Health Problem

Duration of confinement	Mental Health Problem		Total (%)	P value
	Yes (%)	No (%)		
1-9 Months	77 (86.90)	7 (8.33)	84 (64.61)	
10-18 Months	35 (76.09)	11 (23.91)	46 (35.38)	0.018
Total	**112 (86.16)**	**18 (13.85)**	**130**	

Minimum duration of confinement was 1 month and maximum duration of confinement was 18 months. Juvenile Delinquents were divided into two group according to duration of confinement 1.e. 1-9 months and 10-18 months. There were 84 (64.61%) Juvenile Delinquents in 1-9 months duration of confinement group and 46 (35.38%) in 10-18 months duration of confinement. Mental health problem was found in 77 (86.90%) and 35 (76.09%) Juvenile Delinquents respectively in 1.9 months group and 10-18 months group. Statistically significant association between duration of confinement and mental health problem was noted with p value 0.018

Table 4.71: Binary Logistic Regression Analysis of Factors Associated with Mental Health Problems among Juvenile Delinquents in Punjab, Pakistan

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Family Member (VAR00001)	-.048	.114	.177	1	0.035	.953
	Age Group (VAR00002)	.205	.120	2.902	1	.058	1.227
	Monthly Income (VAR00003)			1.666	6	.048	
	Monthly Income (VAR00003)(1)	.165	1.097	.023	1	0.36	1.180
	VAR00003)(2)	.926	1.369	.457	1	.499	2.523
	VAR00003)(3)	.684	1.596	.184	1	.668	1.982
	VAR00003)(4)	-.003	1.460	.000	1	.998	.997
	VAR00003)(5)	.219	1.765	.015	1	.901	1.244
	VAR00003)(6)	1.261	1.729	.532	1	.466	3.530
	Nature Of Crime (VAR00004)	1.145	.354	10.447	1	.001	3.142
	Duration Of Confinement (VAR00005)			3.102	2	.036	
	VAR00005(1)	-1.031	.761	1.832	1	.176	.357
	VAR00005(2)	-.015	.764	.000	1	.049	.985
	Constant	-5.876	2.839	4.284	1	.038	.003

a. Variable(s) entered on step 1: Family Members (VAR00001), Age Group (VAR00002), Monthly Income (VAR00003), Nature of Crime (VAR00004), Duration Of Confinement VAR00005.

Table 4.71 interprets the Binary Logistic Regression Analysis of factors association with mental health problems among juvenile delinquents in Punjab Pakistan. The impact of these factors on the mental health problems as a (Dependent variable) by juvenile delinquents or imprisonment. The table contain the five independent variables such as, (family members, Age groups, monthly income nature of crime, and duration of confinement/imprisonment).

In this table five independent variable associated with the dependent variable

If p-value less than 0.05 according to statistically rule than association will be exist and if the p-value will be greater than 0.05, association will not be exist. The factors which will be perform as risk factor the independent variables such as Family members, Age group, monthly income, nature of crime and the duration of confinement, these factors have close association with mental health problems. And these factors have different intensity exist different places it dependent on situation, such as, duration of confinement has p-value (0.018), and Binary regression (VAR00005) have (212) which shows the association with mental health problem

Binary regression (B) table 4 71 value(B) (-048) and sig has (674) association with family members have effect on mental health problem. Besides of this the association of age group distribution (VAR0002) Binary regression value have (205) and mental health problem was associated. So the stronger indicator or predictor age group also play the role of mental health problem.

Monthly income this predictor (VAR0003) (B) value in the above table was different(165, 926, 219,) and sig value (499), this predictor also play a strong association with mental health problems. It means all predictor or independents variables have the causes the mental health problems some play their role strong association and some play the low intensity association with the mental health problems.

Table 4.72: Juvenile Delinquent's Level of Satisfaction with the Services in Boarstal Jail

Sr #	Statements	Satisfied	Dissatisfied
1	Satisfaction with Cleanliness	70.77	29.23
2	Satisfaction with Food	86.15	13.85
3	Satisfaction with health facilities	80.77	19.23
4	Satisfaction with accommodation facilities	66.92	33.08
5	Satisfaction with the behavior of jail administration	73.85	26.15
6	Satisfaction with medical treatment facilities	82.31	17.69
7	Satisfaction with legal aid services	90.77	9.23
Total		78.79	21.21

Table 65 is about the level of the satisfaction of the juvenile delinquents with the available facilities in the Boarstal Jails. Results reveals that a large majority of the about 79% juvenile delinquents were satisfied with the available facilities while only 21% were not satisfied with the available facilities.

Table 4.73: Level of Stress wise distribution of the juvenile delinquents

Sr	Stress Statements and results	Normal	Mild	Mode rate	Severe	Very Severe
		0.0	0.0	0.0	60.0	40.0
		0		1	2	3
1	I found myself getting upset by quite trivial things	0.0		13.8	50.8	35.4
2	I tended to over-react to situations	0.0		13.8	32.3	53.8
3	I found it difficult to relax	0.0		23.1	36.9	40.0
4	I found myself getting upset rather easily	0.0		18.5	53.8	27.7
5	I felt that I was using a lot of nervous energy	9.2		4.6	33.8	52.4
6	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	6.20		12.3	27.7	53.8
7	I felt that I was rather touchy	0.0		707	60.0	32.3
8	I found it hard to wind down	0.0		12.0	47.7	40.0
9	I found that I was very irritable	0.0		13.8	61.5	24.6
10	I found it hard to calm down after something upset me	0.0		0.0	52.3	47.7
11	I found it difficult to tolerate interruptions to what I was doing	0.0		13.8	35.4	50.8
12	I was in a state of nervous tension	0.0		0.0	52.3	47.7
13	I was intolerant of anything that kept me from getting on with	0.0		13.8	58.5	27.7
14	I found myself getting agitated	0.0		13.8	60.0	26.2

Table, 4.62 is about the level of stress wise distribution of the juvenile delinquents. Fourteen different indicators has been used to understand the stress level. Results reveal that about 60% juvenile delinquents were caught with severe stress while about 40% was caught with the very severe stress.

Table 4.74: Level of anxiety wise distribution of the juvenile delinquents

Sr	Stress Statements and results	Normal	Mild	Mode rate	Severe	Very severe
		0.0	0.0	0.0	60.0	100.0
		0	1	2		3
1	I was aware of dryness of my mouth	4.6	4.6	56.9		33.8
2	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	4.6	6.2	56.9		32.3
3	I had a feeling of shakiness (eg, legs going o give way)		12.3	50.8		36.9
4	I found myself in situations that made me so anxious I was most relieved when they ended	7.7	0.0	67.7		24.6
5	I had a feeling of faintness		6.2	67.7		26.2
6	I perspired noticeable (eg, hands sweaty) in the absence of high temperatures or physical exertion	13.85	9.2	55.4		21.5
7	I felt scared without any good reason		6.2	61.5		32.3
8	I had difficulty in swallowing			43.1		56.9
9	I was aware of the action of my heart in the absemnce of physical exertion (eg, sense of heart rate increase, heart missing a beat)		6.2	50.8		43.1
10	I felt I was close to panic	6.2	0.0	18.5		75.4
11	I feared that I woujld be “thrown” by some trivial but unfamiliar task	13.8	0.0	6.2		80.0
12	I felt terrified		4.6	18.5		76.9
13	I was worried about situations in which I might panic and make a fool of myself		9.2	55.4		35.4
14	I experienced trembling (eg, in the hands)		4.6	76.9		18.8

Table: 4.74 are about the level of anxiety wise distribution of the juvenile delinquents Fourteen different indicators have been used to understand the stress level. Results reveal that 100% juvenile delinquents were caught with severe anxiety problem in the imprisonment.

Table 4.75: Level of Depression wise distribution of the juvenile delinquents

Sr. No	Depression statements and results	Normal	Mild	Moderate	Severe	Very severe
		0.0	0.0	0.0	0.0	100.0
		0	1	2	3	
1	I was aware of dryness of my mouth	0.0	13.8	38.5	47.7	
2	I just couldn't seem to get going	0.0	13.6	67.9	18.5	
3	I felt that I had nothing to look forward to	4.6	0.0	43.1	52.3	
4	I felt sad and depressed	0.0	13.2	56.8	29.8	
5	I felt that I had lost interest in just about everything.	0.0	13.0	67.0	20.0	
6	I felt I wasn't worth much as a person	0.0	4.6	43.1	52.3	
7	I felt that life wasn't worthwhile	13.8	0.0	52.3	33.8	
8	I couldn't seem to get any enjoyment out of the things I did	0.0	23.1	40.0	36.9	
9	I felt down-hearted and blue	0.0	12.3	50.8	36.9	
10	I was unable to become enthusiastic about anything	0.0	4.6	33.8	61.5	
11	I felt I was pretty worthless	0.0	13.8	38.5	47.7	
12	I could see nothing in the future to be hopeful about	13.7	13.9	46.2	23.2	
13	I felt that life was meaningless	0.0	6.2	38.5	55.4	
14	I found it difficult to work up the initiative to do things	0.0	9.2	40.0	50.8	

Table: 4.75 is about the level of depression wise distribution of the juvenile delinquents. Fourteen different indicators has been used to understand the anxiety level Results reveal that 100% juvenile delinquents were caught with severe depression situation while living in the jails.

CHAPTER: V

DISCUSSION AND CONCLUSION

This study is based on the identification of the level of mental health condition of the juvenile delinquents during incarceration. Depression Anxiety Stress Scale (DASS) is used to know the actual situation of the juvenile delinquents in Bourstal Jails of Punjab, Pakistan.

Mental health problems were found to be common among Juvenile Delinquents in Boarstal Jails of Punjab. In literature prevalence of mental health problems was between 45-85% Juvenile Delinquents (Hagel, 2002). In present study mental health problem was found in 86.15% Juvenile Delinquents. In one study frequency of mental health problem was noted in 60% Juvenile Delinquents which is lower than our findings Replin (2002).

Young male offenders in Boarstal Jails were relatively older at an average age of 17 years. This age bracket is at the peak of adolescence and in transition to adulthood. This critical period requires negotiation and role model towards developing an acceptable sense of identity that can withstand peer pressure. Thus as they progress to adulthood, identity becomes a challenge. Most young people may find themselves in conflict with the rules and regulations of the society and this may be worse for those with psychiatric disorders. The older inmates may also have come in at an earlier date and had not completed their prison term. There are only two Boarstal Jails in the Punjab, Pakistan, both two are included in the sample, only male persons are imprisoned in these Boarstal Jails. Equal participation is given to both jaals Majority (88.98%) of the juvenile delinquents were unmarried, primary educated, belongs to the middle class families, convicted during studies, feelings puilty on their act, with good physical condition, don't have the family crime history, conducted the crime due to the situational circumstances, obtained the pocket money from parents, passed their leisure time in watching action movies, returned back to their home between 8-10 Pm. have affectionate relationship with siblings, and

parents, don't have previous crime history of themselves, parents, and friends, feelings depression and ashamed after crime, promised not to commit the crime again, were convicted, primary level educated, and domestic financial problems.

Significantly about one third majority of the respondents were caught with the moderate level of stress during incarceration. It means stress level is increased during the period of the imprisonment. Stress is the condition where individual cannot balance between physical and mental reaction of body. And that unbalance condition becomes the cause of crime. Improper reaction of the body at the time of any demand is called as the stress (Warshaw, 1982) Stress is the psychological reaction of the body in the variety of the environmental demands (Selye, 1982). These results supported the previous results in following statements; "in incarceration most of the individuals experienced the moderate level of stress (Ruchkin, Schwab-Stone, Koposov, Vermeiren, & Steiner, 2002). Antisocial and delinquent behaviors significantly promoted the stress among individuals (Tolan; 1988) Prisoners are regarded as the socially excluded group of the society whose level of the mental health is needed the special access with the help of the mental health services. (Sirdifield et al., 2009). The mental condition is the prisoners is negatively affected by the bullying, overcrowding, stigma, marginalization and discrimination in prison settings. (SCMH, 2009).

Significantly more than one third majority (i.e. 41%) of the juvenile delinquents were caught with the very severe level of anxiety. Anxiety snatched the power of the individual to make right decisions due to which individual has made the wrong decisions which have great consequences and impacts in his coming life. These results are supported with results of the previous studies i.e. "depression and anxiety increased during imprisonment (Neighbors, Kempton, & Forehand; 1992)". Individual in the imprisonment have to experience the high level of anxiety and stress which leads them toward severe illness and decline their emotional wellbeing (Pretorius, Basson & Ogunbanjo, 2010). On the basis of these findings we can

conclude that the anxiety incarceration increase the level of anxiety of the juvenile delinquents due to which they cannot make the right decisions for the life betterment.

Significantly more than one third majority (i.e. 40%) of the juvenile delinquents were caught with the very severe level of depression. Depression diminishes the hope, joy, laughter, empathy, happiness and love, and leaves the depressed one in the realm of loneliness and isolation (Hogstel, 1995). These results supported the results of the previous studies i.e. depression is a most important and frequent mental health problems among the elderly in contemporary society (Zarit & Zarit, 1998). On the basis of these findings we can say that depression level is very high and reached to the very severe level. This very severe level of depression is because incarceration as we know man is the social animal he can't live alone in separation of his group, friends, family, and colleagues, if he compels to do so it will increase their level of stress, anxiety and depression. A considerable majority of the Juvenile delinquents were satisfied with the available health, food, cleanliness, accommodations, administrative behaviors, medical treatment, and legal aid facilities within the Borstal Jails. It means Borstal Jail environment is playing an important role in overcoming the negative consequences of the imprisonment as discussed in the previous study "healthy environment in incarceration reduced about 40% negative consequences (Tomar, 2013).

On the basis of different facts identified on the basis of this primary study it is concluded that juvenile delinquents are caught with moderate level of stress and very severe level of anxiety and depression. Jail environment is playing an important role in overcoming the negative consequences of incarceration but the constant very severe level of anxiety and depression is because of their social exclusion from the normal environment of the society.

5.1 Conclusion

It is concluded on the basis of the this study that the Juvenile delinquent's mental health is about to the worse condition they are caught with the severe stress, depression as well as anxiety It is

the need of the time that proper mental health care mechanism must be introduced with the strict monitoring for the health improvement of the juvenile delinquents.

The association between mental health problem and the family income of the prisoners is set up statistically significant. Moreover, the prevalence of mental health problem is highlighted higher among the delinquents who testified with no income and income ranging from 2000-8000 rupees.

The association between education status of the prisoner and mental health problems are also found statistically significant illiterate and the prisoners who mentioned their education below intermediate found higher level of mental health problems. Mental bealth problems are found greater among those prisoners who reported higher level of religious education but the association is not found statistically significant. Mental bealth problems are found higher among the prisoners who reported the duration of their stay in jail lower which is also found statistically significant.

The prevalence of mental health problems is found different among different categories of the prisoners and those who are young and under trial are found experiencing more problems. Moreover, the level of the satisfaction of the juvenile delinquents is not convincing which are available facilities in the Borstal Jails. Results reveals that a majority of the respondents were not satisfied with the available facilities regarding health, cleanliness, accommodation, food and others in borstal jails.

5.2 Suggestions

The only positive solution to limiting juvenile delinquency will be treated according to JJSO 2000. In all districts of Pakistan there is a need to increase the courts of young prisons and children, and according to the needs of the children, the need for monitoring and improvement of children's conditions is needed. JISO 2000.

- Community based rehabilitation services must be introduced for the better health condition of the juvenile delinquents
- The delinquents Silently experience a variety of mental health issues in prison districts. These difficulties need to be studied seriously and medical facilities should be provided, so that when they get released from the prison they can spend non-violent life. In addition, they should be involved in various recreational and professional activities to reduce the commitment of MMPs.
- Counseling of youth in the Boarstal institution must have education and training facilities for their mental, moral and psychological development.
- Juvenile cannot be tried with adult criminals because youths are inevitable and their decision-making ability cannot be fully developed. Their imprisonment with adults is a big threat to our society. Police and jail staff training are also based on the role of the building. Only high ranking officers fearing God should be posted in juvenile prison.
- Although it is true that every child cannot be restored, but it is also unfair to ignore his education and training so that he can convert to good citizens. Treatment of young delinquent in the way, as soon as you do not eliminate adultery behavior.
- It is reported that majority of respondents ie. 53% were married and major reason of committing crime was financial problems. Poverty reduction programs should be started by the government because maximum criminals do such bad acts because of poverty and financial issues.
- It shows that in jail 53.8% respondents were say that impact of jail on their life is negative. It is an alarming situation that prisoners learn negative and bad attitude during prison. After their release from jail they are not good for society. So it is important that they should be provided counseling regarding moral values and behavioral problems before their release for their better social adjustment.

- One thing important that the respondent's i.e. 54% did not have awareness about their legal rights. They don't have knowledge about their legal position. Steps should be taken for their awareness.
- It is clear from the study that respondents were not satisfied with the conditions of cleanliness, health facilities, accommodation and legal aid, therefore steps should be taken in this dimension.
- It is reported that 92.5% respondents were not addicted of drugs. A small number of respondents use drugs which is not good. Administration should check out that and make restrictions about that.

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