Chapter IX Summary, conclusions and suggestions

Profile of Children

Our data indicates that out of the total sample of 210, 89.5% (188) are male children and only 10.5% (22) are females. The data also indicates that there are no girls in the age group 6 to 10 years where as it could be seen that boys of all age groups are more involved in the activities which are not as per normative pattern of the society.

The second observation is that majority of children residing in Homes belong to the age group of 14-18 years and second large group falls under the age group of 10-14 years.

The data shows that out of 210 respondents, 165(78.6%) children’s educational level is up to Middle Class. The second larger number i.e. 35 (14.8%) is of those children who has never gone to school. Besides, 9(4.3%) children are metric and above and 5(2.4%) school drop outs. There does not seem any co-relation between educational status and type of activities undertaken by children in vulnerable areas.

Juvenile Homes of Delhi are taking care of children from 13 States of the country of which maximum number of children i.e.79 (37.6%) are from the Home State i.e. Delhi which falls at number one. Besides 57(27.1%) and 40(19.0%) children belong to Uttar Pradesh and Bihar respectively.

Further the data shows that more than fifty percent i.e.106 (50.5%) of our respondents presently living in different Homes are city dwellers. Only 66(31.4%) children are from rural background. It’s surprising that children from slum areas are only 38 (18.1%) of the total sample. In other words, it indicates the trend of city dweller children who, in spite all modern facilities are more involved in activities which are non-acceptable by the society.
Data shows that a sweeping majority i177. ((81.4%)) of our respondents belong to Hindu Religion and 35 (16.7%) belong to Islam. Only 2 (1.0%) respondents are Christian. It is surprising that 1.0% respondents are not aware of their religion.

Data also shows that117 (55.7%) of our respondents who are living in observation Homes in Delhi belong to upper caste. The Scheduled Caste children are only77 (33.8%) of the total sample. Similarly Backward Class children are 10(4.8%) and Schedule Tribe (1.9 %.) The above trend perhaps shows the impact of urbanization; break down of family structure and religious sanctions including prospects of adventure and excitement in city life.

**Pre-Institutional Life of Children**

Our data shows that before Institutionalization 90(42.9%) inmates were having the status of a student and 92(43.8%) belonged to the category of child labour. Only 8(3.8%) children were un-employed. (not engaged in any activity)

Home wise analysis shows that majority of Adharshila Observation Home for Boys ie. 21.4% were students and 13.3% children of observation Home for Boys-Pryas were having the status of students. It could be derived that before reaching to the institutions/ Homes, a sweeping majority of our respondents were working as child laborers and equal number were having the status of student. Percentage of unemployed children who were not engaged in any activity could involve in activities leading to anti-social behavior. Further Home wise analysis indicates that 24.8% children of Adharshila Observation Homes for Boys were child laborers and 12.9% children were from Observation Homes for Boys-Pryas. As regards girls, 5.7% girls were having the status of students and 2.9% were working as child laborers.

Further nearly sixty percent i.e125 (. 59.5%) of our respondents belong to joint family systems and are having family members between 4-6 in numbers and45 (21.4%) are from large families having 7-9 members. Children from small families are only 36(17.1%) percent. Only Adharshila Home had 4 children whose family size falls under
extended family having 10 and more members. From the above data it could be derived that children from Joint families and large families are more prone to deviant behavior.

As per our data, a sweeping majority of our respondents i.e. 142 (67.6%) belongs to normal families; only 61 or (29%) respondents are from broken families. The common beliefs that broken families affect the development and behavior of children does not seen hold good here because children from normal families are more involved in non-normative behavior.

Further, it has been found that 132 (62.8%) respondents have stated that atmosphere in their respective families was un-conducive. It strengthens the fact that un-conducive family atmosphere affect the behavior pattern of the young child and it paves a way for the child to involve in activities which are not acceptable to the society.

Still further only 78 (37.2%) respondents have stated that atmosphere in their families was conducive. It is surprising that despite of the conducive atmosphere, these children involved themselves in activities which brought them in conflict with law.

When asked the reasons for un-conducive atmosphere 50 (23.8%) said poverty, 20 (9.5%) stated due to Alcoholic Father, 15 (7.1%) stated due to serious illness in the family and 17 (8.1%) said due to anti-social activities 10 (4.7) said ill treatment by father and 9 (4.3%) said step motherly treatment at home.

Thus it could be seen that poverty, alcoholic father, anti-social activities in the family and serious illness in the family are the main reasons for unconducive family atmosphere

Our data shows that only 9.5% respondents have said that they have been going to hotels as a part of their hobby during leisure time but majority of respondents have not answered the question. It may be seen from the previous data that majority of our respondents are either middle pass or have never gone to school. That could be one of the reasons for not answering most of the questions. Further only 13.3% children between the age group 14-18 years have been watching cinema during leisure time and 18.1 percent children of all age groups have
been watching cinema during their leisure time. Further 29.0% have replied in negative
terms and 52.9% have not responded to the question. Here again the common belief that
children are more attracted towards cinema does not seem hold good here.

When asked about play activities, our data shows that 91.0% of our respondents
participate in play activities and exercise etc. during leisure time. Only 2% have replied
in negative terms and 8.1% have not replied to the question.

From the previous inferences it may be derived that majority of children have not
responded to the question relating to their time pass activities and those who have
responded, have shown their interest towards play activities, exercises and watching
television etc.

According to World Health Organization adolescence is an important phase of life
marked by special attributes i.e. rapid physical growth and development, physical, social
and psychological maturity, on set of sexual activity, experimentation etc. In other words,
this period includes critical issues of personality including habit formation etc. As per
definition, habit is a customary behavior which is not performed out of pleasure. If a
single person does something for a long time, it becomes a practice or a habit i.e. the bad
habit of biting nails. To understand the habit pattern of children, questions focusing
specific habits i.e. nail biting, thumb sucking, bed wetting and morbid fears etc. were
asked. Our data shows that 23.8% of our respondents are in the habit of nail biting,
26.2% replied in negative terms and 50% did not reply. It shows that a little less than one
forth of our respondents is having indications of habit disorders.

Further very negligible percentages i.e. 2.9% of our respondents still are in the
habit of thumb sucking. Rest 44.3% replied in negative terms and 52.9% did not reply the
question. As regards bed wetting our data shows that only 4.3% of our respondents
between the age group 6-10 years are still having the habit of bed wetting, Rest 45.7%
said no and almost 50% did not reply.
Morbid fears is a persistent, irrational, intense fear of a specific object, activity or situation ie the fear of spiders flying, public speaking, or small spaces etc. which may turn into night mares or dying in their sleep which further leads to insomnia having negative effect on the well being. When a phobia becomes a significant source of distress or interferes with social activities ie frustration, obsession, it is considered a mental state of disorder which is further sometimes called a phobic disorder such as morbid fear of darkness, falling while walking, talking and stuttering. Such type of fear is recognized as excessive or unreasonable by the individual himself.

Our data indicates that 32.9% of our respondents suffer from morbid fears while 29.0% do not. It is surprising that 38.1% have not given any response.

Further more than fifty percent of our respondents are suffering from depression. Rest of the 17.06% percents does not have this problem. Besides, 29.5% have not responded.

When asked about anxiety, 46.2% of our respondents stated that they suffer from anxiety of which 22.4% are the children which falls under the age group of 14-18 years and are passing through transitory phase of life. Further 21.0% respondents replied in negative terms and 32.9% did not respond.

Our data further reveals that majority of our respondents 56.1% did not replied the question. Only 29.5% said that they did not experience any suicidal tendencies in their behavior. Only 12.4% of our respondents have responded affirmatively. Besides, 35.2% of our respondents suffer from the problem of headache and vomiting, only 17.1% said that they do not suffer from headache and vomiting but 47.6% did not respond.

To understand the behavior pattern of children some focused question like habit of quarreling, deserting the home, stealing, begging and smoking etc. were asked in response to which more than 50% of our respondents i.e. 55.7% have said that they are in the habit of quarreling with others. Only 16.2% said no and quite a large number of respondents did not reply. Similarly after quarreling, 24.3% respondents left their homes, 26.2% said no and 49.5% did not reply the question. It was interesting to observe that 41.0% of our respondents are in the habit of following the practice of truancy from
school, of which majority belong to the age group 10-14 year. Besides, 18.1% replied in negative terms and 41.0% did not respond. The data also indicate that 41.09% of our respondents are in the habit of stealing. Nearly equal percentage of respondents did not respond but 20.0% replied in negative terms.

When asked about begging, the data has revealed that only 12.9% of our respondents are involved in Begging. Thirty three and three i.e. 33.3% said no and 53.8% did not respond. One of the major behavior problem among our respondents has been noticed that they face the problem of smoking as more than 58% of our children are in the habit of smoking of which the large numbers of children are from the age group of 14-18 years and second large number is of children of 10-14 years. Only 16.7% do not smoke and 25.2% did not respond.

When asked what factors compelled them to discontinue their studies, 72.9% children stated that family circumstances as the main reason for discontinuing their studies, 70.0% said lost of interest, 43.3% said lack of money, and 27.6% said that due to indulgence in bad company they discontinued their studies but it is strange that fairly a large number i.e 27.6% did not reply Thus from the above analysis , it is clear that family circumstances play an important role during the formative years of children. Of course money also is a contributory factor.

Further to understand the type of factors which compelled them to follow the path of deviant behavior, questions like what kind of actions/mistakes/ offences were committed by the respondents were asked. Our data shows that 40.0% children considered running away from home was their first offence, 16.7% mentioned pickpocketing, 9.5% said committing murder, and 3.3% said rape and 10.0% stated burglary and dacoity as their first offence.

In order to understand the co- correlation between age and type of first offence committed by respondents, it has been seen that majority of offences have been committed by children in the age group of 10-14 years and 14-18 years. A small percentage of offences have been committed by children of 6-10 years of age. It shows
that the common belief that as the child grows; his tendency to commit offences of any kind also grows hold good here. Further to analyses the educational level of respondents who committed any kind of deviant behavior/offence, it has been seen that a sweeping majority of our respondents i.e. 78.06% whose educational level is only up to middle class have committed all kinds of offences, of which 8.1% are murder, 2.4% rape and 14.8% stealing including 13.3% pick-pocketing. Only 4.3% matriculates and above have committed offences like murder, rape, pick-pocketing and stealing etc. Besides, 14.8% children who have never gone to school also have committed majority of offences including using of drugs etc. Thus it could be derived that higher the educational level, lower the tendency towards criminal activities.

When asked about the factors which encouraged them to indulge in such habits of offensive act, 53.8% said frustration, more than 50.5% said bad company and 43.8% said poverty i.e. for want of money, for want of food or revenge which could have emerged from non conducive family environment that plays major role in shaping habit formation among children. The second major factor is the bad company of children.

It is surprising that almost fifty percent respondents under each category i.e. 150, 114, 92 did not respond when asked about the factor compelled them to commit the offence. Out of the remaining numbers, under each category of classified factors, 28.6% stated the reason of rivalry, 45.7% said caught unaware and 56.2% stated reasons of intoxication, depression and revenge etc. as major factors which compelled them for committing different kinds of offences.

Thus it could be seen that since educational level of majority of our respondents is of middle pass and those who have never gone to school. on an average fifty percent respondents under each category of classified factors have not replied the question.

**Institutional Life of Children and Standards of Care**

Juvenile in conflict with law means a juvenile who is alleged to have committed an offence and have not completed eighteen years of age. one who has come in contact
with the law either as victim or as a witness or due to any other circumstances. Broadly
following category of children could be placed under the Juvenile Justice {care and
protection Act, 2000 and Amendment Act, 2006 ie.

children of potentially vulnerable families and families at risk, children of
socially excluded groups like migrant families, families living in extreme poverty, lower
caste families, affected by discrimination, minorities, orphans, child drug abusers,
children of substance abusers, child beggars, trafficked or sexually exploited children and
street and working children etc.

To know as to how the children reached to the Institutions/ Homes our
respondents were asked various questions. Our data shows that 69.5% of our respondents
were brought by the Police to different Observation Homes, 17.1% were brought by
Social Workers and 9.6% by Police, Superintendent of the Home as well as Probation
Officers as per orders of the Competent Authority.

As per sub section (I) of section 14 of the Act, an inquiry shall be completed
within a period of four months from the date of commencement of the case unless the
period is extended by the Board having regard to the circumstances of the case and in
special cases after recording the reasons in writing for such extension. Further the Chief
Magistrate or the Metro Politian Magistrate shall review the pendency of cases of the
board at every six months and shall direct the board to increase the frequency of its
situation or way to cause the constitution of additional Boards

But our data shows that 52.9% children have stayed in the Home up to one year,
22.4% up to two years and 24.8% have stayed for more than two years. It shows either
the two Juvenile Justice Boards constituted to handle the pending cases of children are
not meeting frequently or there is a huge stock of piled up cases needed to be cleared up.

As sub section 9 (3) of the Act and the Model Rules of NCT, of Delhi
Government made under this Act, provide for the management of special Homes,
including the maintenance of standards care and various types of services to be
provided which are necessary for re-socialization of a Juvenile.
In view of this children staying in the homes were asked questions pertaining to various facilities i.e. Food, clothing, accommodation and related requirements. The analysis of the responses received states that 90.5% of them are satisfied in the homes. Only 3.8% respondents said that they are not satisfied and 5.7% gave no reply.

As per standards of care for institutions i.e. Observation Home, there has to be separate observation homes for boys and girls, classification and segregation of Juveniles according to their age group preferably 7-1 years, 12-16 years and 16-18 years. Similarly looking into the size of the room a viable No. of Children should be made to stay in one room but our data shows that a sweeping majority of our respondents are staying more than 6 children together in one room. Only 7.6% respondents are staying as two children in one room, which seems possible in special Home or place of safety where either convicted or under trial children are kept. Normally such children are less in number.

As standards of care, there has to be sufficient treated drinking water for which filters should be installed. Our data shows that 95.7% of our respondents are availing this facility in different Homes. Only 3.8% children replied in negative terms and only 0.5% did not reply.

If we look at Home wise data, again the status of Adharshila Observation Home for Boys falls at number one and observation Home for Boys – Pryas at Number II.

**Education/ Vocational Training as a part of their Rehabilitation**

As per the Act as well as the draft model rules of NCT Delhi, every Institution shall provide gainful vocational training to Juvenile or Children.

Our data reveals that only 46.7% of our respondents said yes to the question but 53.3% respondents replied that no education/vocational training is being provided to them.

When asked about the type of trades in which vocational training is being provided to children, 11.9% said that they are getting training in tailoring, 9.0% in
embroidery and 3.8% in candle making which are very traditional trades. Only 4.8% and 3.8% inmates are getting training in screen printing and hair cutting. Besides, 2.8% respondents are getting computer training. Also 3.8% and 3.3% children are involved in music/ sports and soap making training etc.

**Nutrition and Diet Scale**

As per draft Delhi Juvenile Justice (Care and Protection) of children- Rule-2009, Nutrition and Diet Scale to be followed in Children’s Institutions states that (I) children should be provided four meals a day including a breakfast and a menu should be prepared in consultation with Nutrition Expert as well as a Doctor to ensure balance diet and variety in taste. Juvenile or children should be served special meals on holidays and festivals.

The above data reveals that 94.3% of our respondents agree that food served in observation homes is proper and nutritious. Only 4.8% said no and a negligible percentage remained indifferent. When asked whether respondents feel satisfied over the quality and quantity of food served at the Institute, 94.3% said yes and only 4.8% respondents said no. Only 2 respondents did not reply.

Frequency of Doctor’s Visit for medical check Ups and maintenance of medical record

The Juvenile Justice care and protection Act-2000 states that every Institution shall have arrangements for the medical facilities, including availability of Doctor on call available on all working days for regular medical check ups and treatment of Juveniles or children and maintain a medical record of each juvenile or child on the basis of monthly medical check-up and provide necessary medical facilities. Further, all Institutions under the Act shall tie up with local primary health centers, Government hospitals and medical college and other hospitals, clinical psychologists and psychiatrists and mental health
Institutions for regular visit by their Doctors and students for holding periodic Health campus within the Institutions.

In view of the above our data shows that 61.4% of our respondents have said that twice a month doctor has been visiting for medical check ups, 21.4% have said once a month and 9.5% have said that doctor has been visiting occasionally.

When the Juveniles fall sick, 88.6% get treatment at Government Hospital and 4.8% said they get treatment at the Institution. Only 6.7% respondents said that they get treatment from private Doctor. This could be due to the fact that on holiday or during emergency, when governments Doctor are not available, private Doctors are approached.

**Frequency of Consultation and Guidance to Parents**

The Act states that the parents and relatives of the Juveniles or children shall be allowed to visit once in a month or in special cases, more frequently at the directions of the officer-in charge as per the visiting hours laid down by him, except where parents or relatives or guardians have been found to be responsible for subjunctives to the Juvenile or child violence, abused and exploitation. In this regards our data reveals that 79.0% of our respondents are allowed to meet their parents once in a month, 8.6% said twice a month and 7.6% said once in a week only 2.4% respondents have said that their parents never came to see them as they do not know anything about them

**Experience with their Fellow Beings**

When asked about their experience with fellow beings, 82.8% responded in positive and 17.2% stated their experience as negative. Out of 174 respondents who narrated their positive experiences in respect of the Institution, Fellow Inmates and Management/Administration, 52.9% (92) said that facilities ie. room, bed and food, latrine and bathroom etc. Provided at the institution/ home where they were staying were good. 28.7% (50) said that the fellow inmates helped them when they were sad and in trouble and also when they fell sick in the home. Similarly 18.4% (32) said that management remained very helpful and encouraging during their stay in the home.
Bad Incidence with their Fellow Being/Management

The Act says that every Institution shall have systems of ensuring that there is no abuse neglect and mal-treatment and this shall include the staff being aware of what constituted abuse, neglect and mal-treatment as well as early indicators of abuse, neglect and mal-treatment and how to respond to these.

The above data shows that out of the total sample i.e. 210, 137 of our respondents experienced physical exploitation, 27 respondents experienced depression and 8.6% experienced ill treatment by the staff members. If we look home wise status in respect of Physical Exploitation, 26.2% children suffered in observation for Boys-Pryas, 24.8% in Adharshila Observation Homes for Boys, 10.0% in Observation Home for Girls and 2.4% in place of safety. Further, 67.6% our respondents feel insecure and unhappy in Homes where they were staying. Only 30% respondents stated that they were happy and secure.

The Act says that the incidence of abuse and exploitation must be reported immediately to Officer-in-charge and a report shall be placed before the Board, who in turn order for special investigation.

The 142 children, who showed their unhappiness in Institutions, were further probed to know the reasons for their unhappiness. The data shows that 35.2% children wanted to go back to their homes/native place, 24.6% missed their families and 4.9% said they were not served enough food.

Besides equally large number of children i.e. 35.3% have stated that they have been abused by others

When asked about any improvement in their quality of life after staying in the Institution, 93.3% said yes and only 6.7% said that there has not been any quality change in their lives.
Psycho-Social Co-relates and Deviant Behavior

Government’s approach to child protection so far has addressed largely those children who have wrongly missed the protective net and fallen into difficult circumstances unfortunately it falls short of reaching the most vulnerable as it does not cover all the categories of children under difficult circumstances. Hence it becomes important to adopt both a preventive and protective approach to enable to identity children moving towards harmful, danger or at risk situation and bring them under social security and safety net.

Before proceeding to analyze the relationship between behavior pattern of children and psycho-social variables, it was important to understand what personality is and besides biological and hereditary factors, which other factors influence the fundamental characteristics of a personality.

There are number of theories of personality but here for the purpose of the present study, we accepted the behavioral theory which states that personality is a result of interaction between the individual and the environment. Thus educational status, residential background, family status, family atmosphere, religion and caste etc. were analyzed in view of their first offence and type of behavior disorders.

Our data shows that the children who’s educational level was matriculate and above as well as school dropouts, they were more involved in heinous crimes like Murder, Dacoity/Burglary etc. when asked about the kind of their first offence. Here again there does not seem any correlation between education and type of first offence committed by a juvenile.

As regards the residential background of respondents a little more than 106(50.0%) having their residential background as City Dwellers, 38(18.1%) said that their first offence was to run away from home, 20(9.5%) committed stealing of bike/car jacking and pick pocketing and 8.1% committed murder as their first offence.

Similarly out of our 66 rural respondents, 16.2% said that their first offence was to run away from home, 5.7% (12) stole Bike/Car and 4.8% conducted
Decoity/Burglary. On the contrary number of Slum Children ie. 8, who committed serious offences like murder, Rape and Decoity/Burglary are only 3.8 percentage. Thus it shows that children who come from city are more exposed to all kinds of offences rather than slum children. Similar is the case with rural children.

Regarding Religion, our data shows that out of 171 or 81.4% percent of our respondents who belong to Hindu Religion, 31.9% ran away from Home, 11.9% involved in Pick-Pocketing, 7.1% in murder, 9.5% in Decoity/Burglary and 3.3% in rape.

Similarly out of 38 Muslim Juveniles, 7.1% ran away from Home, equal percentage involved themselves in Pick-Pocketing and stealing and only 2.4% committed murder. No Christian Juvenile committed murder and Rape.

As regards caste, our data shows that out of 117 Juveniles belonging to general category of caste, 19.5% ran away from Home, 5.2% were involved in Decoity and Burglary, 12.9% in Pick Pocketing and 10.5% in stealing Bike/Car etc. Besides 4.8% committed murder and 1.4% rape as first offence. Similarly out of 71 (33.8%) schedule caste Juveniles 53 (25.2%) were involved in non-serious offences and 22 (10.5%) in serious crimes like murder, Rape, Decoity, Burglary

From other backward class i.e. schedule tribe, Sikh & Jains etc., only 4.8% juveniles were involved in different offences.

If we look at the kind of offences committed by juveniles of all castes at large scale, then we will see that 40.0% (84) juveniles falls under the category of Ran away from Home, 19.0% stealing Bike/Car, 16.7% Pick Pocketing and 10.0% Decoity and Burglary. Only 9.05% Juveniles were involved in Murder and 3.3% in Rape.

Regarding family size and relationship between different kinds of offences, our data shows that out of 125 juveniles (59.5%) whose family size was 4-6 members, 47 (22.4%) ran away from Home, 21 (10.0%) were involved in stealing, 20 (9.5%) in pick pocketing, 13 (6.2%) in murder 4 (1.9%) in rape etc. Similarly 36. Juveniles (17.1%) from families having 1-3 members too were involved in different kinds of activities such as 21 (10.0%) ran away from home, 10 (4.8%) involved in Pick Pocketing and 3 (1.4%) in rape etc.,
Here again it may be seen that out of the total sample of 210 (40.0%) juveniles ran away from home 19.0% involved themselves in stealing Bike/cars, 16.7% Pick Pocketing and 10.4% in Decoity/Burglary. Only 12.8% (27) respondents committed their first offences as murder and rape. Thus the belief that the family size does affect the behavior of children does not hold good here.

Our date shows that out of 142 respondents who belong to normal family status (not broken families), 27.1% (57) ran away from Home, 12.4% (26) involved in stealing and an equal number i.e. 9.0% (19) involved in pick pocketing and stealing. It is surprising that from broken families there are only 29.0% (61) juveniles who are involved in different kinds of offences of which 11.4% (24) ran away from home, 7.6% (16) in pick pocketing and 5.2% (11) involved in stealing. If we see the overall status of most frequent offences committed by juveniles, we see that out of the total sample of 210 respondents, 40.0% (84) falls under the category of run away from home 19.0% (40) involved in stealing and 16.7% (35) involved in pick pocketing.

Similarly out of 78 juveniles whose family atmosphere was conducive 12.9% (27) ran away from Home, 7.6% (16) committed Decoity and Burglary, 6.7% (14) pick pocketing and 6.2% (13) stealing. As regards the non-conducive family atmosphere, out of 132, 27.1% (57) Juvenile ran away from homes, 12.9% (27) involved in stealing, 10.0% (21) involved in pick pocketing and 7.1% (15) committed murder. Similarly percentage of juveniles who committed rape is also on the higher side under this category. Thus it could be derived that children whose family atmosphere was not conducive were more inclined towards heinous crimes i.e. Murder and Rape etc.

As regards age of the juvenile and habit disorder, questions with respect to nail biting, thumb sucking and bed wetting were asked from the respondents. The above table indicates that Juveniles falling under the age group of 14-18 years are more in percentage number and 15.7% (33) having the habit of nail biting.
The second large group of children 7.1% (15) having the habit of nail biting falls under the age group of 10-14 years. No respondent under this age group is having the habit of thumb sucking and bed wetting.

The data shows that under the age group of 6-10 years only 1.0% (2) respondents are in the habit of nail biting 2.4% (5) Thumb sucking and 4.3% (9) are in the habit of bed wetting.

No juvenile falling under the age group 10-14 years were found in the habit of bed wetting and almost a negligible percentage i.e. 0.5% (1) were found in the habit of thumb sucking. Only 7.1% (15) juveniles under this age group are in the habit of nail biting.

Our data shows that children having the educational level up to middle class are more in the habit of nail biting and bed wetting. i.e. 15.2% (32) and 3.3% (7) respectively. Similarly out of the children who have never gone to school, 6.7% (14) are in the habit of nail biting, 1.0% (2) Thumb sucking and 1.0% (3) are still in the habit of bed wetting. A very marginal number i.e. 1.4% children who are matriculate and above are in the habit of nail biting. From the above correlation between education and habit disorders, it could be derived that higher the education level lower percentage of habit disorders among children.

Correlation between religion and habit disorder shows that 21.0% (44) of our Hindu respondents are in the habit of Nail Biting and 3.3% (7) are in the habit of bed-wetting and 1.9% (4) are in the habit of thumb sucking. Similarly 2.9% (6) Muslim Children are in the habit of nail biting, 1.0% (2) are in the habit of thumb sucking and similar number of respondents i.e. 1.0% (2) are in the habit of bed-wetting. Respondents from other religions have very marginal percentage of habit disorders.

The data pertaining to residential background and habit disorder shows that 11.4% (24) city dwellers, 9.5% (20) Rural Juveniles and 2.9% (6) slum dwellers are in the habit of Nail Biting. Similarly 1.9% (4) city dwellers and same percentage of slum dwellers are following the habit of Bed Wetting. Further 1.4% (3) city dwellers and the same percentage of rural respondents are following the habit of thumb
sucking. No respondent from slum area is following this habit. Thus there does not seem any correlation between living place of juveniles and type of habit disorders.

Further the data shows that out of 117 juveniles who falls under the category of general caste 15.2% (32) are in the habit of nail biting, 1.0% (2) thumb sucking and similar percentage are in the habit of bed wetting. Out of 71 juvenile falling under the category of scheduled caste, 8.1% (17) are in the habit of nail biting. 1.9% (4) in the habit of thumb sucking and 2.9% (6) are in the habit of bed wetting. Its surprising that no Juvenile from schedule Tribe has any of the above said habit, where 0.5% children belonging to other backwards class are having the habit of nail biting and the same percentage are in the habit of bed wetting.

Thus the analysis of the above table shows that children of general caste have more habit disorders rather that children belonging to schedule tribe and other back ward class.

Our data further shows that family size affects the behavior of children. The large percentage of children i.e. 16.2% (34) coming from the families having 4-6 members are having the habit of nail biting, The large percentage of children i.e. 16.2% (34) coming from the families having 4-6 members juvenile are having the habit of nail biting, 1.0%, (2) Thumb Sucking and 1.4%( 3) bed wetting. Though these habits could also be seen in the juveniles coming from small families having 1-3 members but the percentage is less i.e. 4.3% ( 9 ) for nail biting, 1.9% ( 4 ) for thumb sucking and 1.0% (2) for bed wetting.

Though the juveniles from large families having 7-9 members are also having the habit of nail biting and bed wetting but the percentage is 2.9% (6) and 1.9% (4) respectively.

The above analysis shows that almost all categories of children have one common habit of nail biting.
Though the juveniles from large families having 7-9 members are also having the habit of nail biting and bed wetting but the percentage is 2.9% (6) and 1.9% (4) respectively.

The analysis of data pertaining to family status of our respondents and habit disorders shows that out of 142 children who belongs to not broken families or say they belong to normal families i.e. 18.1%, (38) are having the habits of nail biting, 2.4% (5) thumb sucking and 1.9% (4) are having the habit of bed wetting. Out of the total of 61 children who belongs to broken families i.e. 5.7% (12), have the habit of nail biting, 0.5% (!) thumb sucking and 1.9% (4) have the habit of bed wetting. The children from single parent families neither has the habit of nail biting nor thumb sucking. Only 0.5% (1) child is in the habit of bed wetting, which may be due to insecurity or fears in view of single parent family.

Thus the common belief that children from broken families often develop behavioral disorders does not hold good here because majority of our respondents having behavioral disorders are from normal families.

Our data shows that out of 105 Juveniles who responded to our question pertaining to family atmosphere and type of habit disorder, 12.4% (26) children whose family atmosphere was not conducive developed the habit of nail biting, 1.4% (3) developed the habit of thumb sucking and 3.3% (7) developed the habit of bed wetting but equally fair number of children i.e. 11.4% (24), 1.4% (3) and 1.0% (2) from the families where the atmosphere was conducive also developed such habits.

Thus it may be derived that of course the conducive family atmosphere plays significant role towards habit formation of children but other factors like school environment and peer group pressure have contributed towards habit formation of children from normal families.

Rehabilitation and Reintegration
It is an admitted fact that no delinquent has a gene or a set of genetic tendencies to indulge in anti-social behavior. When children come into conflict with law, it’s most often for minor, non-violent offences. Their only ‘crime’ is that they are poor, homeless and disadvantaged. Many survive on begging, stealing and labouringly which bring them regularly to the attention of the police. Some are detained as they are easy prey. Others are arrested under the law. Studies have shown that change in life style, incompetent parenting and a sense of loneliness in slums could encourage children to move towards offences. It has been noted that instances of crime such as decoity, burglary, rape, murder etc. are on the rise in the national capital of Delhi.

Our study shows that after coming into contact with law, such children when are kept in institutions, i.e., Children’s home or Observation Homes, Special Homes and Place of Safety etc. they face lots of problems. They feel emotionally deprived and develop a sense of non-belongings. Being away from their families and blood relations they experience separation anxiety. On the other hand, the elder children of the institutions exploit the younger children in terms of physical and sexual abuse. Also because in most of the homes all the children are kept in one big hall due to lack of space where it become easy for the younger children to get exploited. All these add towards developing negative and low self-esteem feelings about their own self. Thus staying long period in such institutions affects the personality development of children and creates adjustment problems for them in the long term. Here comes an important and significant role of rehabilitation to enable such children to get adjusted in the society.

The primary aim of rehabilitation and social reintegration is to help children in restoring their dignity and self-worth and mainstream them through rehabilitation within the family where possible, or otherwise through alternate care programmes and long term institutional care shall be last resort. Some of the alternate care programmes are:

**Adoption** aims to provide a child who can not be cared for by his biological parents with a permanent substitute family.

**Foster Care** for children who can not be placed in adoption. The foster parents should have stable emotional adjustment within the family, physically, mentally and emotionally
Stable and shall be declared ‘fit person’ by the committee before placing the child as per provisions laid down in the Act.

**Sponsorship** is necessary support service provided to those families and children which have been identified as families at risk. The support is given child’s education, health, nutrition and other developmental needs.

**After Care** Organizations provide services for care of juveniles or children after they leave special homes and children’s homes.

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from mental or physical injury, illness, or disease to as normal a condition as possible. A proper and adequate rehabilitation program can reverse many disabling conditions or can help children to cope with deficits that cannot be reversed by medical care. Rehabilitation addresses to the physical, psychological, and environmental needs of the person. It is achieved by restoring the patient's physical functions and/or modifying the patient's physical and social environment. The main types of rehabilitation are physical, occupational, and speech therapy.

**Each rehabilitation program** is tailored to the individual person's needs and can include one or more types of therapy. The patient's physician usually coordinates the efforts of the rehabilitation team, which can include physical, occupational, speech

**Findings:**

Sample does have girls in the age group 6-10 years boys from all the groups are involved.

Out of 210 children, 165 (78.6%) are matric pass and 31 (14.8%) are those who have never gone to school.

Juvenile Homes of Delhi are taking care of children from 13 States of the country of which maximum number of children ie. 79 (37.6%) are from the Home State. Besides 57 (27.1%) and 40 (19.0%) children belong to Uttar Pradesh and Bihar respectively.

90 (42.9%) children were students and 92 (43.8%) are child labour.
132 (62.8%) said their family atmosphere was un-conducive and reasons given above poverty, alcoholic father, serious illness in the family and involvement in anti-social activities. Thus it strengthens our hypothesis that children who have some inadequate in themselves or in their relation to environment they become frustrated, emotionally disturbed and fall into deviant behaviour as a way out.

142 (67.6%) belong to normal families only 61 (29.0%) are from broken families.

132 (62.8%) their family atmosphere was un-conducive and reasons given were poverty, alcoholic father, serious illness in the family and involvement in anti-social activities. Only 69 (32.9%) of our respondents said they suffer from morbid fears, 61 (29.0%) do not. Again 80 (38.1%) have not given any response.

Before coming to the institution, nearly more than fifty percent i.e. 111 (52.9%) were suffering from depression, 97 (46.2%) were from anxiety and 26 (12.4%) from suicidal tendencies. Thus 74 (35.2%) suffered from headache and vomiting and 117 (55.7%) were in the habit of quarrelling with others. Thus 51 (24.3%) deserted their homes. Which further lead them to begging stealing and smoking.

It has further been noticed that of the 122 (58.1%) children who are in the habit of smoking majority of them belong to the age group 14-18 years and 10-14 years.

When asked as to why they discontinue their studies, 147 (70.0%) said lost of interest, 91 (43.3%) said lack of money and 58 (27.6%) said due to bad company. In the behavioral pattern majority of a respondent did not answered the question relating to nail biting thumb sucking and bed betting.

**Suggestions**

Change in life style, incompetent parenting and a sense of loneliness in slums could encourage children to move towards offences. It has been noted that instances of crime such as decoity, burglary, rape murder etc. are on the rise in the national capital of Delhi.
The primary aim of rehabilitation and social reintegration is to help children in restoring their dignity and self-worth and mainstream them through rehabilitation within the family where possible, or otherwise through alternate care programmes. Long-term institutional care shall be the last resort as it affects the mental as well as physical growth of the child.

Government and NGO partnership are very important for the Best Interest of the Child. The concept of collaborations and Co-Management involves the sharing of functions, when the primary responsibility is of the government, but support can be elicited from and provided by NGOs. For the better implementation of the provisions of JJ Act and rehabilitation of the children, the present study make following suggestions

(i) There should be more Juvenile Justice Boards (JJB’s) in the National Capital of Delhi to provide speedy justice to children

(ii) Frequency of meetings of JJBS should be increased

(iii) Sitting timings of JJBS also needs to be increased.

(iv) To improve the quality of services being provided to children, the whole infrastructure needs to be strengthened. Our data shows that younger children are kept along with the older ones who abuse the younger ones physically as well sexually

(v) To help the children to restore their self-esteem and dignity, the functionaries dealing with children should be more polite with positive attitude towards them

(vi) Required number of bathrooms and toilets need to be made available as per standard norms provided under the provisions of the act. Presently in view of less number of such facilities; children have to wait for long time in a queue which lead to further complications ie beating, quarreling and bullying etc...
(vii) Financial norms to run the home for providing nutritious food safe drinking water, proper cleanliness and hygienic conditions etc need to be revised.

(viii) As provided in the act, individual care plan in respect of each child should strictly be prepared by the authorized official of each home. Our data shows that this practice is not followed regularly.

(ix) To enable the children to earn their livelihood and lead a normal and respectable life emerging need based vocational training courses need to be introduced. Presently most of the courses available with these homes are very traditional having less acceptability in the community/society.

(x) More allocation of funds is utmost necessity for better working of Homes in view of hiking prices and changing life style in the national Capital of Delhi.

(xi) Drug De-addiction Centres need to be opened within the premises of J J homes to rehabilitate the children who have been involved in such activities.

(xii) As provided in the JJ Act, keeping in view the best interest of the child, GO/NGO partnership need to be encouraged.

(xiii) Children who are potentially vulnerable from the families like migrant families, families living in extreme poverty, lower caste families, affected by discrimination, minorities, orphans, child drug abusers, substance abusers, beggars, trafficked or sexually exploited and street and working children etc. should be provided special financial assistance either by the state govt or other funding agencies to prevent the magnitude of the problem.

(xiv) Special counseling session of parents be organized by the organizers of the home when they come to meet their children.
(xv) In each home one counseling unit be made operational where children could seek guidance/ counseling to cope up with the difficult situation ie trauma, mental sickness or the feeling of loneliness being away from family