"A STUDY ON LIVED EXPERIENCE OF HEALTH PROFESSIONALS WORKING IN JUVENILE DELINQUENCY CENTRE IN SELECTED AREA OF ROHTAS."

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ABSTRACT

BACKGROUND

In the last few years, it is also observed that the crimes done by children under the age of 15-16 have increased significantly. The general tendency or the psychology behind the commitment of the crime or the causes of crime are early-life experiences, dominant masculinity, upbringing, economic havocs, lack of education, etc. It is a matter of ignominy that the children under the age of 6-10 are nowadays used as instruments for carrying out unlawful or illegal activities. Since the minds of the kids possess an innocent and manipulative character, they can be lured at a meagre cost.

METHODOLOGY

To conduct research, a written permission will be obtained from Dean-cum-Principal of the college, Narayan Nursing College before starting the study, permission of The Superintendent Observation home of Rohtas, Sasaram will also be obtained, written consent will be obtained from the sample, In this study the researcher has adopted the Qualitative Research Study, In this study, Phenomenological research design is used, Socio- Demographic Variables, Juvenile delinquency centre, Beladhi, Sasaram, Rohtas, Bihar, population is health professionals worker of Juvenile delinquency centre, Beladhi, Sasaram, Rohtas, Bihar, are health professionals working in juvenile delinquency center
in selected area of Rohtas, In this study sample technique is Non-probability purposive sampling, In this study total sample will be 6, Socio-Demographic variables & Structured Questionnaire, The Subjective Questionnaire will be used to assess the Lived experiences. PART 1: Socio- Demographic variables of Health worker in juvenile delinquency by Beladhi Sasaram Rohtas using frequency and percentage distribution. PART 2: Assessing lived experiences about working conditions at juvenile delinquency by Beladhi Sasaram Rohtas using Subjective Questionnaire.

RESULTS
50% of the population were in 37 years and above, 83.33 % of the population in male, 50% of the population in post graduate, 50 % of the population in RS.20, 000-30,000, 100 % of the population in married,83.33 % of the population in rural, 50 % of the population in 2-5 year, 66.66 % of the population in no.

CONCLUSION
The present study was aimed at to assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas. 6 themes were formulated as Theme 1: The Behaviour of workers; Theme 2: Facilities or lack thereof; Theme 3: Stress: The effect of Recreational Activities; Theme 4: Job Satisfaction; Theme 5: Conflict Resolution; Theme 6: Right to Education

Keywords: Lived experiences, Health, Professionals, juvenile delinquency

CHAPTER 1
“Not to teach the whole curriculum is to give up on the whole man”

Paul Goodman

INTRODUCTION

Juvenile delinquency, also known as juvenile offending, is the act of participating in unlawful behaviour as a minor or individual younger than the statutory age of majority.1 In the United States of America, a juvenile delinquent is a person who commits a crime and is under a specific age.2 Most states specify a juvenile delinquent as an individual under 18 years of age while a few states have set the maximum age slightly different. In 2021, Michigan, New York, and Vermont raised the maximum age to under 19, and Vermont law was updated again in 2022 to include individuals under the age of 20.3 only three states, Georgia, Texas, and Wisconsin still appropriate the age of a juvenile delinquent as someone under the age of 17. While the maximum age in some US states has increased, Japan has lowered the juvenile delinquent age from under 20 to under 18. This change occurred on April 1, 2022 when the Japanese Diet activated a law lowering the age of minor status in the country.4,5,6,7 Just as there are differences in the maximum age of a juvenile delinquent, the minimum age for a child to be considered capable of delinquency or the age of criminal responsibility varies considerably between the states. Some states that impose a minimum age have made recent amendments to raise the minimum age, but most states remain ambiguous on the minimum age for a child to be determined a juvenile delinquent. In 2021, North
Carolina changed the minimum age from 6 years old to 10 years old while Connecticut moved from 7 to 10 and New York made an adjustment from 7 to 12. In some states the minimum age depends on the seriousness of the crime committed. Juvenile delinquents or juvenile offenders commit crimes ranging from status offenses such as, truancy, violating a curfew or underage drinking and smoking to more serious offenses categorized as property crimes, violent crimes, sexual offenses, and cybercrimes.

Some scholars have found an increase in arrests for youth and have concluded that this may reflect more aggressive criminal justice and zero-tolerance policies rather than changes in youth behaviour. Youth violence rates in the United States have dropped to approximately 12% of peak rates in 1993 according to official US government statistics, suggesting that most juvenile offending is non-violent. Many delinquent acts can be attributed to the environmental factors such as family behaviour or peer influence. One contributing factor that has gained attention in recent years is the school to prison pipeline. According to Diverse Education, nearly 75% of states have built more jails and prisons than colleges. CNN also provides a diagram that shows that cost per inmate is significantly higher in most states than cost per student. This shows that tax payers' dollars are going toward providing for prisoners rather than providing for the educational system and promoting the advancement of education. For every school that is built, the focus on punitive punishment has been seen to correlate with juvenile delinquency rates, some have suggested shifting from zero tolerance policies to restorative justice approaches.

Juvenile detention centres, Juvenile courts and electronic monitoring are common structures of the juvenile legal system. Juvenile courts are in place to address offenses for minors as civil rather than criminal cases in most instances. The frequency of use and structure of these courts in the United States varies by state. Depending on the type and severity of the offense committed, it is possible for people under 18 to be charged and treated as adults.

1.1. Background of the study
A Latin maxim that suits best for the Juvenile Justice system in India is ‘Nil Novi Spectrum’ which implies that nothing is new on this earth. There has existed a presumption in the whole world since the ancient period that the Juveniles should be dealt leniently because there exists a system of thought that says– Young folks generally have a habit to respond in a serious and prolonged frustration which is accompanied with aggressive approaches.

In the last few years, it is also observed that the crimes done by children under the age of 15-16 have increased significantly. The general tendency or the psychology behind the commitment of the crime or the causes of crime are early-life experiences, dominant masculinity, upbringing, economic havocs, lack of education, etc. It is a matter of ignominy that the children under the age of 6-10 are nowadays used as instruments for carrying out unlawful or illegal activities. Since the minds of the kids possess an innocent and manipulative character, they can be lured at a meagre cost.

To know more about introduction and overview of the Juvenile Justice Care and Protection Act, 2015, please watch the video below:
Prior to the Juvenile Justice Act of 2015, 2000 and 1986, there existed the Children Act of 1960 that aimed to give effects to the international responses towards the issue of Juvenile Justice by which they provided a uniform policy that protected the interests and rights of a Juvenile and that looked at care, treatment, rehabilitation and development of a child per se.

But with the recent developments in the international community and subsequent emergence of the involvement of Juveniles in crime, the Indian lawmakers are compelled to come forward with new, progressive, and stricter laws for the concerned Juvenile system in the country. As a result, the Juvenile Justice act of 1986 then Juvenile Justice Act of 2000 and recently the Juvenile Justice act of 2015 was passed by the Parliament.

Once former Chief Justice of India, Justice V.K. Krishna Iyer stated that we need penal code because the child is the father of a man and if we’re neglecting the underdevelopment in children, then we would be guilty of many faults and errors related to abandoning our children.

In the last few decades, the crime rate by the children under the age of 16 years has increased. The reason of increasing crime rate is may be due to the upbringing environment of the child, economic conditions, lack of education and the parental care. These are the some of the basic reasons. And the most disappointing part is that, children (especially under the age group of 5 to 7 years) now a days are used as tool for committing the crime as at that stage their mind is very innocent and can easily be manipulated.

The frightful incident of “Nirbhaya Delhi Gang Rape Case” on December 16, 2012 shocked the whole nation and many debates were started among legal fraternity and socialists. The main reason and issue of the debate was the involvement of accused, who was just six months short to attain the age of 18 years. The involvement of the accused in such a heinous crime of rape forced the Indian Legislation to introduce a new law and thus, Indian Parliament came up with a new law which is known as “ Juvenile Justice ( Care and Protection), 2015.

The Introduction of the Act has replaced the existing juvenile laws and has introduced some remarkable changes. One of the remarkable changes is juvenile under the age group of 16 to 18 years should be tried as an adult.

Juvenile Justice System in U.K.
For the first time in 1908 Juvenile Courts were established in England under the Children Act, 1908. The primary duty of these courts was to provide proper care and protection to child and young offenders and take all the necessary steps to remove all undesirable surroundings around the offenders and to ensure reformation of the offenders by providing education and training.

1. The Children and Young Offenders Act, 1933 confers the civil powers on the Juvenile Courts in certain important cases to look into matter. The Act also provides that any child and young person who have committed the crime should be tried in Juvenile Courts only. The Act also provides the establishment of Remand Homes.

2. UK Legislation also came with the new Act that also deals with Rights of Juvenile Offenders. The Act came to know as The Criminal Justice Act, 1948, the act provides certain class of security to young offenders by sending them to remand homes.
Juvenile Justice System in U.S.A.

The working of Juvenile Courts in U.S.A. is relatively less complex and easier as compared to the other nations. The courts of U.S.A. follows the informal way in the process of trial of offender. At the first stage, the police officer in the charge of the case has the full discretion power either to keep the juvenile offender in the child custody or to immediately release him or to admonish the offender or to do the both. In the second stage police officer have to contact the Juvenile Courts to make them aware about the case and to take the matters into their hands.

Juvenile Offenders after the trial in court is being sent to Certified Schools or to the Children Homes if the order is passed by the court. According to the Juvenile Justice System in U.S.A. a juvenile is tried as an adult only in those cases where the age of the juvenile is close to adulthood as per the statutory provisions or any juvenile offenders who is found to be involved in repeated offences and is proved danger to the society.

History of Juvenile Justice System in India

In present era, a movement for the special treatment of juvenile offenders has started throughout the world including many developed countries like U.K., U.S.A. This movement has been started around the 18th century. Prior to this, juvenile offenders were treated as same as other criminal offenders. And for the same reason, General Assembly of United Nations has adopted a Convention on the Rights of Child on 20th November 1989. This convention seeks to protect the best interest of juvenile offenders. The Convention states that to protect the social – reintegration of juvenile, there shall be no judicial proceeding and court trials against them. The Convention leads the Indian Legislation to repeal the Juvenile Justice Act, 1986 and to make a new law. Thus, Indian Legislation came up with a new act which was called as “The Juvenile Justice (Care and Protection of Children) Act, 2000.

The Juvenile Justice, 1986 which repealed the earlier Children Act, 1960, aimed at giving effect to the guidelines contained in the Standard Minimum Rules for the Administration of Juvenile Justice adopted by the U.N. countries in November 1985. The above mentioned Act consisted of 63 Sections, 7 Chapters and is extended to whole India except to the State of Jammu and Kashmir. The primary purpose of the Act was to provide care and protection, treatment, development and rehabilitation of the neglected juvenile delinquent. The main objectives of the Act were:

1. The act basically laid down uniform framework for the juvenile justice in country in such a way that it protects the right and interest of juvenile.
2. It talks about the machinery and infra – structure for the care, protection treatment, development and rehabilitation of the juvenile offenders.
3. It set out the basic provisions for the proper and fair administration of criminal justice in case of heinous crime done by juvenile offenders.

Juvenile Justice Act, 2000

The Act was enacted in year 2000 with aim and intent to provide protection for children. The mentioned was amended twice – first in the year of 2006 and later in year of 2011 .The amendment was made to address the gap and loopholes in the implementation.

Further, the increasing number of cases of juvenile crimes in the last recent years and frightful incident of “Delhi Gang Rape Case” has forced the law makers to come up with the law. The major drawback of the Act was that it contains ill equipped legal provisions and malfunctioning juvenile system was also the major reason in preventing the juvenile crimes in India. The act was replaced soon by The Juvenile Justice (Care and Protection) Act, 2015.
Present Juvenile Justice System in India
Like the other countries, India had also made legal provisions that especially and specifically deals with the rights and protection of juvenile offenders which seeks to tackle the problem of juvenile delinquency. The Juvenile Justice System in India is made on the basis of three main assumptions:

1. Young offenders should not be tried in courts, rather they should be corrected in all the best possible ways,
2. They should not be punished by the courts, but they should get a chance to reform
3. Trial for child in conflict with law should be based on non-penal treatment through the communities based upon the social control agencies for e.g. Observation Homes and Special Homes.

Juvenile Justice Act, 2015
The Juvenile Justice act of 2015 replaced the Juvenile Justice act of 2000 because there existed a need for a more robust and effective justice system that focused on deterrent as well as reformative approaches. The approach towards Juveniles should be different from that of adults, there were contentions made in the Parliament that the Juveniles should be given more space for transformation or reformation or improvement and that is only possible when there’s a special justice system. Thus, the new act i.e. the Juvenile Justice (care and protection of children) Act, 2015 focused on a Juvenile friendly approach of adjudication and disposition of matters.

Some of the salient features are as follows:

• Section 2 of the Juvenile Justice (care and protection of children) Act, 2015 gives the definition of the Child, meaning thereby that a child is a person who hasn’t completed the age of 18 i.e. he/she is below 18. The Act has given a classification regarding the term ‘Child’ namely “Child in need of care and protection” and Section 2 of the Juvenile Justice (care and protection of children) Act, 2015 that talks about “Child in conflict with law”.

• There was a clear distinction made regarding the facets of offences, meaning thereby that categories were made terming the offences as heinous, serious and petty. There have been specifications made regarding the Juveniles who are between the age of 16-18, if any kind of crime is committed by them then after due perusal of their mental capacity, they can be tried as an adult.

• Introduction of Juvenile courts, meaning thereby that special courts were to be established that will be trying the Juvenile offences only, like that of the NDPS courts, courts dealing with POCSO, etc.

• With the coming of the 2015 Act, the scope of the definition of ‘Child in need of care & protection’ was enhanced to another level by considering the following points from the many mentioned in Section 2 of the Juvenile Justice (care and protection of children) Act, 2015:

1. Those whose guardians or parents are/ were unfit or uninterested in taking care of the child.
2. Those who are/ were found performing works that are in contravention to the labor laws.
3. Ones who have the imminent threat of marriage before attaining the specified lawful age.
4. The meaning of adoption has also been specified in the Act through which the rights an adopted child stands recognized.

The aims to consolidate the laws relating to children alleged and found to be in conflict with law and children in need of care and protection by catering and considering their basic needs through proper care& protection,
development, treatment, social integration, by adopting a child friendly approach in the adjudication and disposal of matters in the best interest of children. The act also focuses on rehabilitation of juvenile offenders through various child care houses and institutions. The most important subjects of the Act are as follows:

Claim of Juvenility

The very first and most debatable question among the legal fraternity and socialists is the “claim of juvenility”. The claim of Juvenility is to be decided by Juvenile Justice Board. The Board has to decide the claim of juvenility before the court proceedings but the claim of juvenility can be raised before the court at any stage of proceedings and even after the disposal of the matter by the Board. The Board had to consider Rule 12 of the Juvenile Justice Rules, 2007 in order to determine the claim of juvenility. In case of Kulailbrahim v. State of Coimbatore it was observed by the Court that accused has right to raise the question of juvenility at any point of time during trial or even after the disposal of the case under the Section 9 of Juvenile Justice Act, 2015.

In case of Deoki Nandan Dayma v. State of Uttar Pradesh the court held that entry in the register of school mentioning the date of birth of student is admissible evidence in determining the age of juvenile or to show that whether the accused is juvenile or child. In case of Satbir Singh & others v. State of Haryana, Supreme Court again reiterated that for the purpose of determination whether accused is juvenile or not, the date of birth which is recorded in the school records shall be taken into consideration by Juvenile Justice Board.

The Board shall consists of Principal Magistrate and two social workers, among whom one should be a women. The Act provides that under no circumstances the Board can regulate and operate from regular court premises. The decision taken by the Principal Magistrate shall be final.

Special Procedure of Juvenile Justice Board: The Act has provided the procedure against the juvenile offender. Following are the main special procedure –

1. The proceedings cannot be initiated on a complaint registered by the police or citizen.
2. The hearing must be informal and should be strictly confidential.
3. The offenders should be kept under Observation Home after detention.
4. The trial of juvenile in conflict with law shall be conducted by Lady Magistrate.
5. A child in conflict with law may be produced before an individual member of the Board, when Board is not sitting.
Causes of Juvenile Delinquency

Researches and Studies shows that they are various causes of juvenile delinquency in India. Every person has different behaviour patterns so as in case with children also. The behaviour patterns develop in early childhood and at early stage it is very difficult to identify any kind of behaviour. But as soon as, child grows up comes out to real world, behaviour patterns changes from time to time and many circumstances or situation may arose the delinquent behaviour in them. Following are some of the causes of Juvenile Delinquency:

1. Adolescence Instability - The biological, psychological and sociological are one of the important factors in the behaviour pattern of adolescent. At this stage, teenagers become more conscious about their appearances and fashions, enjoyment, food, play and etc. And at this age, they want freedom and they wanted to be independent but sometimes they are given any chances and opportunities by their parents, teachers and elders this leads to development of anti-social behaviour in them. Thus, this anti-social behaviour, biological changes, psychological causes are some of the reasons which are responsible for juvenile delinquency.

2. Disintegration of Family System - Disintegration of family system and laxity in parental control is also the main cause of increasing rates of juvenile delinquency. In normal cases divorce of parents, lack of parental control, lack of love and affections are the major factors of juvenile delinquency.

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4. Economic condition and Poverty - Poverty and poor economic condition is also considered has major contributing factor of increasing juvenile crimes as result of poverty, parents or guardian fails to fulfil the needs of the child and at the same time children wants that their desires should be fulfilled by parents by hook or by cook and when their desires are met they start themselves indulging in stealing money from homes or any other parents. And this develop habitual tendency of stealing which results into theft at large scale. Migration - Migration of deserted and destitute juveniles’ boys to slums areas brings them in contact with some anti-social elements of society that carries some illegal activities like prostitution, smuggling of drugs or narcotics etc. These sorts of activities attract the juvenile a lot and they may involve themselves in such activities.

5. Sex Indulgence - The children those who have experienced sex assault or any other kind of unwanted physical assault in their early childhood may develop any kind of repulsiveness in their behaviour and mind. In this age they may become more vagrants or may want to have sex experience. Too much of sex variance may lead the boys towards the crime of kidnapping and rapes etc.

6. Modern Life Style - The rapidly changing society patterns and modern living style, makes it very difficult for children and adolescents to adjust themselves to the new ways of lifestyle. They are confronted with problems of culture conflicts and are unable to differentiate between right and wrong.

1.2. Need for the study
Juvenile Crimes in India

Several petty and heinous crimes are being committed regularly in India such as theft, burglary, snatching, robbery, dacoity, murder and rape etc. in whole of the country. And the unfortunate thing is that all types of these crimes are also being committed by children below the age of 18 years.

Among juveniles also there is a specific trend that juveniles between the ages of 16 to 18 years are found to be more involved in heinous criminal acts. According to the National Crime Records Bureau, the data of 2013 shows that of the 43,506 crimes registered against minors under the Indian Penal Code (IPC) and the Special Local Law (SLL) by juveniles, 28,830 had been committed by those between the ages of 16 to 18. The statistics also show the number of juveniles found to be in conflict with law under the IPC and the SLL has risen 13.6% and 2.5% respectively in 2013, as compared with 2012

Recently, the inhuman gang rape of a young girl was committed on December 16, 2013. This act was most brutal which shocked the collective conscience of the nation. It was later found out that among five accused, one was minor and he was the most barbaric one.

Again, in another brutal gang rape case which is known as Shakti Mill Rape case, a minor was involved. These and several more recent events have triggered a public debate that the present Juvenile Justice (Care and Protection) Act, 2000 which treats persons below the age of 18 years as minor or juvenile, should be amended. Again, in another brutal gang rape case which is known as Shakti Mill Rape case, a minor was involved. These and several more recent events have triggered a public debate that the present Juvenile Justice (Care and Protection) Act, 2000 which treats persons below the age of 18 years as minor or juvenile, should be amended.

Law relating to juvenile crimes

In India, the first legislation dealing with juvenile crimes was the Apprentices Act, 1850 which provided that children under the age of 15 years found to have committed petty offences will be bounded as apprentices. Thereafter, the Reformatory Schools Act, 1897 came into effect which provided that children up to the age of 15 years sentenced to imprisonment would be sent to reformatory cell.

After the Independence, with an aim to provide care, protection, development and rehabilitation of neglected or delinquent juveniles, our Parliament enacted the Juvenile Justice Act, 1986. It was an Act which brought uniform system throughout the country.

Section 2(a) of the Act defined the term juvenile’ as a "boy who has not attained the age of 16 years and a girl who has not attained the age of 18 years”.

Later on the Parliament enacted the Juvenile Justice (Care and Protection) Act, 2000 which raised the age bar to 18 years for both girl and boy. According to this act a juvenile can be detained only for a maximum period of 3 years irrespective of the gravity of offence committed by him. It provides immunity to the child who is less than 18 Years of age at the time of the commission of the alleged offence from trial through Criminal Court or any punishment under Criminal Law in view of Section 17 of the Act.

The purpose of this new Act was to rehabilitate the child and assimilate him/her in mainstream society. The rationale is that a child still has the possibility of getting reformed due to his/her tender age and lack of maturity and it is the responsibility of the State to protect and reform the child.

- Proposed Amendment in Juvenile Justice Act, 2000:
Recently due to major hue and cry in public against the increasing number of crimes being committed by the juveniles, the Government has decided to present the proposed amendment in law in the current Parliament itself. This amendment would have far reaching effects on our criminal justice system. In brief major changes are as follows:

- The proposed legislation would be replacing the existing Juvenile Justice (Care and Protection) Act 2000.
- It has clearly defined and classified offences as petty, serious and heinous. It has been noticed that the increasing number of serious offences being committed by
- Juveniles in the age group of 16-18 years. Thus, in recognition of the rights of the victims alongside the rights of juveniles, it is proposed that such heinous offences should be dealt with in special manner.
- Therefore, it has been proposed that if a heinous crime is committed by a person in the age group of 16 to 18 years, the Juvenile Justice Board will first assess if the said Crime was committed by that person as a 'child' or as an "adult".
- The Juvenile Justice Board will have psychologists and social experts in it which would make sure that the nights of the juvenile are duly protected if the crime was committed as a child.
- The trial of the case shall proceed on the basis of Board’s assessment report that whether the concerned juvenile has committed the crime as a child or as an adult.

CAUSES OF JUVENILE DELINQUENCY

No one is born as a criminal. Circumstances make him so. Socio-cultural environment, both inside and outside of home, plays significant role in shaping one's life and overall personality According to Healy and Bronner, the causes of juvenile delinquency are:

1. Bad company, (2) adolescent instability and impulses, (3) early sex experience, (4) mental conflicts, (5) extreme social suggestibility, (6) love of adventure, (7) motion picture, (8) school dissatisfaction, (9) poor recreation, (10) street life, (11) vocational dissatisfaction, (12) sudden impulse; and (13) physical conditions of all sorts.

However, as far as India is concerned, it is Poverty and the effect of media, especially the social-media which make juveniles more inclined towards criminal activities. Poverty is one of the biggest causes which force a child to get involved in criminal acts. Also, role played by social media today which is having a more negative than positive imprints on young minds.

The causes of juvenile delinquency may be classified under two major factors: (A) Social Factors, and (B) Personality factors,

A. Social Factors

1. Broken Homes:

   In one of the studies conducted by Uday Shankar in India 13.3% of the 140 delinquents came from broken homes. The home may be broken up by death of one or both of the parents, or by prolonged illness or insanity, desertion or divorce. Interaction in home is a very important means for socialising the child. The mother plays vital role in this regard. If she divorces her husband or deserts him or dies, the growth of the child will be affected. Such a child loses not only mother's love but also parental control and becomes an easy victim to the outside antisocietal influence. It cannot, however, be said that broken home invariably leads to delinquent behaviour on the part of the children.

2. Poverty:
A very large proportion of delinquent children come from poor homes. They commit their offences as members of gangs. Uday Shankar's study has revealed that as many as 83% of the children come from poor families. Poverty compels sometimes both of the parents to be outside the home for a very long period to earn their daily bread. The children will be uncared for. Such children may consciously or unconsciously join hands with gangsters and become delinquents. This mostly happens in slum areas and areas in which mostly working class people live.

3. Companions and Gangs:

As the child grows older he goes into the neighbourhood and becomes a member of the playgroup or peer group. If by chance he joins the group or the gang that fosters delinquent attitudes he is also likely to become a delinquent. Offences are also committed by the adolescents due to bad companionship. Studies have shown that delinquent acts are done in company. In his Illinois Crime Survey of 1928 Shaw analysed 6000 boys were involved in the crime. He found that in 90% of the cases two or more boys were involved in the crime. But in Uday Shankar's study in India only 23% of persons committed delinquent acts due to bad company. It cannot, however, be presumed that mere companionship by itself causes delinquency.

4. Beggary:

Beggary is often the cause of juvenile delinquency. Child beggars mostly come from either very poor families or broken homes. These children are betrayed of the needed love and affection of the parents. They realise that only through deviant practices, they can satisfy their desires and meet their needs. They thus become delinquents.

B. Personal or Individual Factors:

Personal factors such as mental deficiency and emotional disturbances may also contribute to juvenile delinquency.

1. Mental Deficiency in Delinquency:

It has been observed that good number of delinquents is mentally deficient. Studies have revealed that there is larger proportion of mentally defectives in children. It is quite natural to assume that the dull and mentally handicapped or defective adolescents do not have the necessary insight to make distinctions between 'right' and 'deviant' methods and behaviour." Such children are often used by the more intelligent children of the gang or the adults for their criminal purpose.

2. Emotional Problems of the Individual:

Mental troubles and emotional maladjustments are strong factors in delinquency. Emotional problems of inferiority and jealousy are very common among the delinquent children. Thus from the psychological point of view "Delinquency is a rebellion and an expression of aggression which is aimed at destroying, breaking down or changing the environment". This rebellion is mostly against the social conditions which deny the individual his basic rights and the satisfaction of his fundamental needs. Thus, delinquents are not born so, but they become so due to social circumstances and personal deficiencies. They are mostly emotionally maladjusted children who become delinquents to get the attention of their parents or as a protest against their treatment. Thus, it may be said that juvenile delinquency is the result of both social or environmental and personal or individual factors.

3. Juvenile Justice
The Juvenile Justice (Care and Protection) Act, 2000 is enacted as human rights legislation and it is now in force in all State uniformly, repealing the entire Children's Act enacted by states individually. This legislation deals with the two types of juveniles. "Juvenile in conflict with law" as defined under Section 2(1) and child in need of care and protection as defined under Section 2 (d). A juvenile or a child as defined under Section 2 (k) is a person who has not attained the age of 18 years. The penitentiary system shall comprise treatment of prisoners, the essential aim of which shall be their reformation and social rehabilitation Juvenile offenders shall be segregated from adults and be accorded treatment appropriate to their age and legal status.

In Sheela Barse v. Union of India Ms. Sheela Barse, a dedicated social worker took up the case of helpless children below age of 16 illegally detained in jails. She petitioned for the release of such young children from jails, production of information as to the existence of juvenile courts, homes, and schools and for a direction that the District judges should visit jails or sub-jails within their jurisdiction to ensure children are properly looked after when in custody. The Court observed that children in jail are entitled to special treatment. Children are national assets and they should be treated with special care. The Court urged the setting up of remand and juvenile homes for children in jails. In Sheela Barse v Secretary Children Aid Society the Supreme Court came forward to protect the rights of the children in the observation homes.

JUDICIAL TRENDS ON JUVENILE DELINQUENCY

The Supreme Court and various High Courts play a vital role in development of Juvenile Justice System in India. At primary stage, the cases of the juvenile delinquent are dealt with by the lower courts but their judgments being not binding on the other courts are not able to reflect on any policy. So the trends of the judicial approach towards a juvenile in conflict with law, reflected by the judgments of Hon'ble Supreme Court and various high courts are being examined. The courts/juvenile justice board are under statutory and Constitutional duty to deal with the juveniles in conflict with law who are produced or brought before it. The competent authority in deciding the cases has to make due enquiry and give full opportunity to the juveniles to put his case not only at the time of enquiry regarding the commission of offence he/she is charged with but also at the initial stage of the case when the question of determination of his/her age comes up before the court or the Board concerned.

The problem of child delinquency is a major problem faced by developing countries as well as the developed country and it is increasing with a great pace. Even in small urban and rural areas the problem is growing rapidly and this problem if not taken care of by providing preventive and remedial measures would destroy the child' which is future of a Nation. To tackle and deal with the problem the Governments have established many courts and Boards for implementation of various laws enacted by the legislation. The courts have contributed a lot in the fields of juvenile justice by interpreting various legislative enactments enacted for the benefit of juvenile offenders.

Though Children Acts, Juvenile Justice Act, 1986 and Juvenile Justice (Care and Protection of Children), Act, 2000 are mainly concerned with juvenile justice system in India but the judiciary on various occasions has expressed great concern relating to proper implementation of beneficial provisions of law relating to children.

Judicial Trends:

Judicial trends set by various courts relating to child delinquency can be examined under following heads:-

1. Determination of Age of Juvenile
It is primary duty and responsibility of the court that before convicting a person it must determine the age of such person whether he is juvenile or not. The courts have held that very young children should not be sent to prison.

In Smt. Prabhari v. Emperor it was held that as far as possible such young children should be released under the supervision and care of their parents or guardians. The court must have clear evidence of the age of a person before sending him/her to reformatory school. It was clarified that a child could not be sent to a reformatory school unless an order of institutionalization, that is, of imprisonment, was made.

2. Jurisdiction of the Board/Court.

In Raghbir's Case the question for consideration before Supreme Court in the appeal by special leave was whether a person under 16 years of age and accused of offence under section 302 can get benefit of Haryana Children Act. The undisputed facts are that the appellant along with three others was convicted of the offence of murder and sentenced to imprisonment for life by the Sessions Judge. The appeal was dismissed by the High Court. The appellant then filed an application for special leave to appeal under Article 136 of the Constitution. Leave was granted confined to the question of the applicability of the Act to his case. It is also not disputed that the appellant was less than 16 years at the time he first appeared before the trial court. He was thus a 'child' within the meaning of that term under Cl. (d) of Section 2 of the Act.

The Supreme Court noticed its earlier decision in another case and held that the trial of a child under the provisions of the Act was not barred. In that case, however, it appears, S. 27 of the Code was not brought to the notice of the Court. In that view of the matter, the Bench consisting of two members including one of us (Baharul Islam, J.) before whom this appeal came up for hearing referred it to a larger bench, in order to avoid possible conflict of decisions. This is how this appeal came up for hearing before this Bench consisting of three members. After examining provisions of Section 27 Cr.P.C. and provisions of Haryana Children Act, 1974 allowed the appeal setting aside conviction and sentence upon the appellant and quashed the entire trial and directed that Raghbir shall be dealt with in accordance with the provisions of Haryana Children Act, 1974.

3. Apprehension and Production of Juvenile

Juvenile Justice (C&P) Act has defined and imposed special duties on the police keeping in view the sensitivity of the issue of juvenile's apprehension and detention. Broadly the following duties have been imposed on police by the Act.

1. As soon as a "Juvenile in conflict with law" is apprehended by Police he shall be placed under the charge of the Special Juvenile Police Unit or the designated Police Officer, who shall immediately report the matter to a member of the Juvenile Justice Board. Till the time, such Board is constituted in Chandigarh, the juvenile shall be produced before the concerned Court.

2. SHOS will ensure that the designated officers personally attend cases involving child victims,

3. Juvenile, who is arrested and is not released on bail by Officer In charge of Police Station, shall be kept only in observation home until he can be brought before a Board/Court.

4. Officer-In-charge of Police Station as soon as may be after arrest of a Juvenile shall inform parent or guardian of the Juvenile and direct him to be present at the board. Officer-in-charge of Police Stations shall inform Probation Officer of such arrest to enable him to obtain information regarding antecedents and family background of the juvenile.

At present there are large numbers of people in the society who are demanding that juveniles in the age group of 16 to 18 years should be treated as adult as far as their conviction in heinous crimes such as rape, gang rape, murder, dacoity etc.
is concerned. The reason is that in several of the recent incidents as described above, it has been found that the juveniles of 16-18 age group are involved in serious crimes and they are doing such criminal acts with full knowledge and maturity.

The maturity level of children has not remain the same as 10-20 years ago, a child gets mental maturity early in present socio-cultural environment due to the influence of Internet. And Social Media Therefore, to have a deterrent effect it is important that such offenders in the age group of 16 to 18 should be punished as adults so that victims' could also get their justice.

Also, this view says that it is not only the responsibility of the child that he/she has committed such heinous crimes but it is also the responsibility of the society that why society has not been able to provide a proper and healthy childhood to the child and why such types of discriminations and deprivations, both social and economic, were there that the child was forced to commit crimes; also, why the State failed to provide care and protection to its children and let them drift towards criminal activities.

Thus, it can be seen that there are strong views in both far and opposition of the change or amendment in Juvenile Justice Act.

Juvenile Delinquency and the problems related to it have been faced by all societies, all over the world, however, in the developing world the problems are all the more formidable. The process of development has brought in its wake a socio-cultural upheaval affecting the age-old traditional ways of life in the congenial rural milieu. Juveniles are adversely affected by changing conditions. At the same time, the traditional social control system that served as a preventive check against any antisocial activity is gradually giving way. Consequently, the problem of juvenile deviance and antisocial propensities is rearing its ugly head - a situation that needs to be checked.

Separate rules must be made according to a kind of crime. Such as in case of thefts, smuggling or any small level of crime, guilty should be pushed in Rehabilitation Centre for its grooming while serious assaults like brutal rape must be handled differently. An exception could also be made especially for this crime that they'll be punished the same as adults because its height of crime cannot be ignored.

1.3. PROBLEM STATEMENT:-
“A study on lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas”

1.4. OBJECTIVES:
- To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

1.5. OPERATIONAL DEFINATION
Live experience: A depiction of a person's experiences and decisions, as well as the knowledge gained from these experiences and choices.

Health professional: A health professional, healthcare professional, or healthcare worker is provider of health care treatment and advice based on formal training and experience.

Juvenile delinquency center: Juvenile delinquency refers to the antisocial or criminal activity of the child (below 16 years of age for boy & 18 years for girl) which violates the law.

1.7. DELIMITATIONS
- The study is limited to people working in Juvenile delinquency, Beladhi, Sasaram
2. The study is limited to people of age group 24 to 37 years.

Chapter 2
REVIEW OF LITERATURE

The review of literature is an extensive, systematic selection of potential source of previous work, which acquaints the investigators with fact finding work after scrutinization.” The review of literature provides readers with a background for understanding the significance of the study.

Polit and Hunger

William E. Donges (2015) the impact of juvenile delinquency on society is an issue of great concern. The impact of delinquent behaviours goes beyond the victim to include the offender, the offender’s family and society as a whole. A review of the existing literature reveals multiple studies, which examine delinquency from a causal perspective. Despite the efforts of researchers a definitive causal link is not readily determined. Ethical concerns centering around a quantitative study on delinquency precludes the discovery of such a causal link. Utilizing a qualitative study approach we may not be able to identify causal relationships; however, this approach provides clear insight into the lived experiences of the individuals being studied and in turn offers us the possibility of understanding what these experiences were and how they possibly impacted the individual. It is through this understanding of the lived experiences that we gain insight. This insight will, hopefully, facilitate the prediction of and the mediation of anti-social juvenile behaviour.

Singh, R.P. et.al. (2016), in their research study entitled on "A study of Juvenile delinquents: impact of Socio economic factors of family in the state of Uttar Pradesh, India". The main objective of this study was to find out the impact of socioeconomic factors of family behind Juvenile delinquency. The researcher selected 600 Juvenile delinquents and 60 sets of parents from Observation Home in Allahabad district purposely. The researchers found that majority of the families have low education level, illiterate, low income level. Most of the Juveniles did not have any previous criminal record and their families were also not involved in anti-socials activities. Majority of the respondents belonged to Backward Castes, Scheduled Castes, Scheduled Tribes and minorities. Majority of the respondents were from joint family.

Chandolu, S.R. (2015), in his research paper entitled on “Child Rights perspective of juvenile delinquency in India”. The main objective of this study was to study the incidence of juvenile delinquency. The researcher selected total 60 respondents from juvenile home in Visakhapatnam randomly. The researcher found that the juvenile offenders are increasing and poverty is the major reason behind juvenile delinquency. Majority of the respondents told that the juvenile should be treated differently from adults.

Chingtham, T. (2015), in her research study entitled on “Causes of juvenile delinquency in the higher secondary school students”. The main objective of this study was to study the causes of juvenile delinquency. The researcher randomly
selected 120 students from higher secondary school of Imphal. The researcher found that 75.83 percent of the respondents agree that social factors are the main reason behind juvenile delinquency whereas 65.83 percent of the respondents agree that family factors and personal factors are the main casual factors behind juvenile delinquency.

Gupta, A. (2015), in their research study entitled on "Socio demographic characteristics and aggression quotient among children in conflict with law in India: A case control study". The main objective of this study was to assess the socio demographic characteristics and the aggression quotient of children in conflict with the law. Researchers selected 90 respondents from 5 observation homes in Hyderabad, Lucknow and Pune purposively. The researchers found that majority of the respondents were from low socioeconomic status, broken homes and criminal families. Respondents also suffered the problems of physical and sexual abuse. The researcher also found that the respondents were having high levels of aggression.

Murugesan, D. (2014), in his research study entitled on "A study of causal factors leading Juveniles to be in conflict with law in Tamilnadu's sociological perspective." The main objective of the study was to find out the causal factors of delinquency. The study was conducted in Observation Home and special home in Tamil Nadu. The researcher found that the main factors responsible for delinquent behaviour are restrictive family type, poverty, broken homes, Peer influence, uncongenial family environment, unsupervised by their parents, low level of education, drinking habits and Immorality etc.

Dey, M. (2014), in their research paper entitled on “Juvenile Justice in India”. The main objective of this study was to understand the causes of juvenile delinquency. The researcher found that the main reasons of juvenile delinquency are extra pocket money, revenge factor, poor literacy rate, over exposure to media, lack of moral values, cheap literature, love of adventures, mental conflict etc.

Sahmy, K. (2013), in her research study entitled on "A study on factors underline Juvenile delinquency and positive youth development programmes." The main objective of the study was to explore the factors behind Juvenile delinquency. The study was conducted in Observation Home Odisha. The researchers found that negligence, ignorance of the parents, Peer influence, poor socioeconomic status, family pressure, lack of proper socialization are positive major risk factors of the delinquency.

Haveripeth, P.D. (2013), in his research study entitled on “Contributing factors of juvenile delinquency”. The main objective of this study was to discuss the factors behind juvenile delinquency. The researcher found that various factors contribute to the delinquency like broken homes, lack of love, lack of parental care, poverty, TV and media, peer group, urbanization, low socio-economic status, poor academic performance, large family size, drug and alcohol use etc.

Chowdhury, I.A. et.al. (2012), in their research study entitled on "Causes and consequences of juvenile delinquency in Bangladesh: A sociological analysis." The main objective of this study was to find out the causes, consequences and diversity of criminal activities by juvenile delinquents. The researcher selected all the reports from Juvenile Development
Institute, Bangladesh. Purposive sampling method was used for this study. The researchers found that majority of the respondents are illiterate, large family size, low family income. Majority of the respondents were unable to fulfil their basic needs and living in crime prone areas. The researchers also found that the other major reasons behind juvenile crime was harsh control of parents, quarrel between parents and social media, lack of recreational activities.

Sharma, B.S.et.al. (2009), in their research study entitled on” Juvenile delinquency in India A cause for concern”. The main objective of this study was to understand the causes of juvenile delinquency. The study is based on secondary data. The researcher found that the childhood experiences are very important in the development of criminality. The researcher also focused on the sociological theories of juvenile delinquency, these theories give importance to the environment, social structure and learning process in the emergence of juvenile delinquency. After reviewing the related literature, it has been found that majority of the studies were conducted on causes, consequences and incidence of juvenile delinquency. The researchers also found that most of the studies were conducted in Delhi and southern parts of the country, only a very few studies were focused on one or another aspects of juvenile delinquency in Haryana. Keeping in view, the present attempt is an effort to study the incidence of crime committed by the juvenile delinquents, their family background and educational status in different states of India and particular in Haryana in the year of 2014 to 2016.

Becker (1968) had reported that juvenile’s delinquency could be a rational response to the incentives for legal and criminal activities. According to him the estimation shows that the youth will engage in criminal behaviour if the potential gains are large enough and likelihood of substantial punishment is relatively low.

Camenor and Phillips (2002) observed that fathers play a critical role in the rearing of boys at a tender age and having a step-father also increases the delinquency among the children rather than having a step-mother.

Juby and Farrington (2001) claimed through three theories that explain the relationship between the distorted families and delinquency. According to his first theory i.e. trauma theory the loss of parents results in the damaging effect on children because of the attachment they had with their parents. Further according to his second theory i.e. Life course theory points separation as a long drawn out process rather than a discrete event, and on the effects of multiple stressors typically associated with separation, and according to the last theory i.e. selection theory which contended that the distorted families is the prime reason behind delinquency because of the pre-existing difference in the income of the family and the method of child rearing.

According to K.S Narayan (2005) despite the decrease in the incidence of juveniles crimes at both absolute and relative level, but in urban and rural it is reported often that the practices of juvenile servitude, child labor, domestic juvenile servitude and girl juvenile trafficking. Such reports claim the examination of juvenile problems. Levitt and Lochner\(^5\) 2000 had studied the juvenile’s criminal involvement. Biological factors i.e. being male having low intelligence and short time horizon are of the determinants of crime. Family background factors i.e. erratic parental discipline, lack of adequate supervision and maternal rejection are linked with criminal involvement whereas social factors include income inequality and rejection influences the delinquent behaviour among youth.
Moffitts (1993) it marks the difference between on those who committees crime in early age and continue it throughout the life and the offenders who commit offence during their teen age.

In the words of Tomovic VA Juvenile delinquency is the condition arising out of the sociopersonal disorganization in the sequence of experience and influences that shape behaviour problems. Basically it is considered as the product of social process involving numerous variables and the failure of social and personal controls.

Peiser (2001) according to him the parental discipline pattern is a key to examine the contribution of family and personality factor to delinquency, he too claimed that the self-esteem is an important factor in the development of delinquency, in some countries a comparative study was conducted in this view of self-esteem where according to Kaplan (1957, 1977, 1978, and 1980) negative self-esteem is the output of the situations in the adolescent is unable to defend their self-image and situations like school failure, rejection by school, parental rejection and some environmental factors results in the delinquency among juveniles. Output of the situations in the adolescent is unable to defend their self-image and situations like school failure, rejection by school, parental rejection and some environmental factors results in the delinquency among juveniles.

Weatherburn and Lind (1997) they observed the reason for the delinquency in rural and urban areas. According to them socio-economic reasons are the basic cause which leads to the increasing offence in the rate among juveniles.

Wright and Wright (1994) according to him the family is the backbone of the human society, the children who are generally avoided by their parents or they are rejected by them are more prone to delinquency because of the lack of proper supervision. Due to lack of supervision they are generally influenced by the peer group and nearby surroundings. It is said that the single parent families especially where mother is only family are producing more delinquents but Wright and Wright (1994) research have showed that the mostly delinquents belongs to those who are living with both the parents.
CONCEPTUAL FRAMEWORK

CONTEXT

Socio-demographic variables
1. AGE
2. GENDER
3. EDUCATIONAL STATUS
4. MONTHLY INCOME
5. MARITAL STATUS
6. PLACE
7. YEAR OF EMPLOYMENT
8. WORKING SHIFT DUTY

INPUT

Health professionals working.

Lived experience

PROCESS

A study on lived experience of health professional working in juvenile delinquency center in selected area of Rohtas.

Socio demographic variables & subjective questions

PRODUCT

Lived experiences of health care workers posted at juvenile delinquency center and their working conditions, difficulties, short coming, way of coping, and managing the institution.

Fig.1: Conceptual Framework representation
CHAPTER 3
METHODOLOGY

This chapter deals in which the methodology selected for the study in which includes research approach, design, variables, setting, population, target population, sample, sample size, sampling techniques, sampling criteria, selection of development of tool, description of tool, validity and reliability of tool, pilot study, data collection procedure, and plan for data analysis, resulting in finding the conclusion.

Research Approach:

The research approach involves the description of the plan to investigate the phenomenon under the study in a structured or unstructured or a combination of the two methods. The approaches help to decide the presence of absence of variables. The approach of study depends upon several factors, but primarily on the nature of phenomenon under the study.

In this study the researcher has adopted the Qualitative Research Study.

Research Design:

The research design is the overall plan for obtaining answer to the research question. It is indicating how to often data will be collected, what type of comparisons will be made and where the study will take place.

In this study, Phenomenological research design is used.

Variables:

Socio-Demographic Variables

Setting:

The study will be conduct in Juvenile delinquency centre, Beladhi, Sasaram, Rohtas, Bihar

Population:
The target population is health professionals worker of Juvenile delinquency centre, Beladhi, Sasaram, Rohtas, Bihar

Samples:
The students who are health professionals working in juvenile delinquency center in selected area of Rohtas.

Criteria for sample selection:

Inclusion criteria:

• Those who are health professionals working in juvenile delinquency center in selected area of Rohtas.
• Those who are willing to participate in the research study.
Exclusion criteria:  
• Those who are not willing to participate in the research study.

Sampling technique:  
In this study sample technique is Non-probability purposive sampling technique.

Sample size:  
In this study total sample will be 6

Description of the tool:  
Tool: Socio-Demographic variables & Structured Questionnaire.  
1. The tool consists of two parts; one part is based upon demographic variables; second part is of Subjective Questionnaire. Demographic Performa consists of Age of the Health professional worker, Gender of the health professional worker, Educational status of the health professional worker, Monthly income of the health professional worker, marital status of the health professional worker, Places of residence, Year of employment in juvenile center, Are you working in shift duty?  
2. The Subjective Questionnaire will be used to assess the Lived experiences.

Validity of the tool:  
“Validity refers to the degree to which an instrument measures what it is supposed to be measuring.” (Polit and Hungler)  
☐ The tool was submitted to five experts comprising of one is Principal of Sarvodaya Nursing Institute, one is Asst. Professor (Department of COHN, NNC), one is Asst. Professor (Department of MHN, NNC), one is Asst. Professors (Department of CHN, NNC), one is DMHP (Clinical Psychologist of Sadar Hospital Sasaram, Rohtas) Experts gave their suggestions and options about the contents of tools.

Reliability of the tool:  
Reliability is the degree of consistency and accuracy with which an instrument measure the attribute for which it is designed to measures.  
Reliability of the tool was checked by Karl Pearson’s Formulae and the correlational coefficients r=0.75, hence the tool was found to be highly reliable.

Ethical considerations:  
• To conduct research, a written permission will be obtained from Dean-cumPrincipal of the college, Narayan Nursing College before starting the study.  
• Permission of The Superintendent Observation home of Rohtas, Sasaram will also be obtained.
• Written consent will be obtained from the sample.

Anonymity and confidentiality of the information will be maintained.

Pilot study:

The investigators conducted the pilot study from 06/02/23 to 07/02/23, in Juvenile delinquency centre Beladhi, Sasaram, Rohtas. 1 % of the total sample fulfilled the inclusion criteria and were selected using Non probability sampling technique. In phenomenological research design was adopted in this study. After sampling technique, the data was collected.

Data collection:

Prior to data collection a written permission was obtained from the Dean-cum-principal of Narayan Nursing College, Jamuhar, Sasaram and permission of The Superintendent Observation home of Rohtas, Sasaram. For the study Non Probability sampling techniques was used for sample selection. The researcher met with the samples and explained about the purpose of the research and assured confidentiality and anonymity and consent was obtained from the subjects. The researcher adopted Phenomenological study design. The Demographic variables were collected by using multiple choice questionnaire. The Lived Experiences were assessed using Subjective Questionnaire.

Data Analysis:

Data Analysis were planned according to objectives and hypothesis of the study. The obtained was analysed by Descriptive and Inferential statistics.

The plan for data analysis was as follows:

PART 1: Socio-Demographic variables of Health worker in juvenile delinquency by Beladhi Sasaram Rohtas using frequency and percentage distribution.

PART 2: Assessing lived experiences about working conditions at juvenile delinquency by Beladhi Sasaram Rohtas using Subjective Questionnaire.
FIG. 3. Schematic Representation of Research Methodology.

The obtained data were analysed by Descriptive and Inferential statistics.

Lived Experiences
CHAPTER- 04

DATA ANALYSIS AND INTERPRETATION

OBJECTIVES:
• To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

HYPOTHESIS:

The following hypothesis will be tested,
• \( H_1 \): Majority of the sample will have poor lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

Section -1\textsuperscript{st} Socio-demographic variable

Table-01 showing the study participants as per demographic profiles

<table>
<thead>
<tr>
<th>SOCIO DEMOGRAPHIC VARIABLES</th>
<th>FREQUENCY</th>
<th>PERCENTAGE%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) 24-28</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b) 29-32</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c) 33-36</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>d) 37 and above</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>2. GENDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Male</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>b) Female</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>c) Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. EDUCATION STATUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) High School</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b) Higher Secondary</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>c) Graduate</td>
<td>2</td>
<td>32.32</td>
</tr>
<tr>
<td>d) Post Graduate</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>4. MONTHLY INCOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) RS.10,000-20,000</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>b) RS.20,000-30,000</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>c) RS.30,000-40,000</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td></td>
<td>RS.&gt; 40,000</td>
<td>1</td>
</tr>
<tr>
<td>---</td>
<td>-------------</td>
<td>---</td>
</tr>
<tr>
<td>5. MARITAL STATUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Married</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>b) Unmarried</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c) Divorced</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. PLACE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Rural</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>b) Urban</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>c) Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. YEAR OF EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) &lt; 2 YEAR</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>b) 2-5 YEAR</td>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>c) 5-10 YEAR</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>d) &gt;10 YEAR</td>
<td>1</td>
<td>16.66</td>
</tr>
<tr>
<td>8. WORKING SHIFT DUTY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Yes</td>
<td>2</td>
<td>33.33</td>
</tr>
<tr>
<td>b) No</td>
<td>4</td>
<td>66.66</td>
</tr>
</tbody>
</table>

**GRAPHS AND CHARTS**

**FIG.1. Age Distribution**

50% of the population were in 37 years and above, rest 50% were in 33-36 years and 0% of above.
FIG. 2. Gender Distribution

83.33% of the population in male, rest 16.66% were in female and 0% of other.

FIG. 3. Education Distribution.

16.66% of the population in higher secondary, rest 32.32% of the population in graduate, rest 50% of the population in post graduate and 0% of the population of high school.
FIG. 4. Monthly Income

16.66% of the population in RS. 10,000-20,000, rest 50% of the population in RS. 20,000-30,000, rest 16.66% of the population in RS. 30,000-40,000, rest 16.66% of the population of RS. > 40,000.

FIG. 5. Marital status.

100% of the population in married, rest 0% of the population in unmarried and rest 0% of population in divorced.
FIG. 6. Place.

83.33 % of the population in rural, rest 16.66 % of population in urban and rest 0 % population in other.

FIG. 7. Year of Employment

16.66 % of the population in < 2 year, rest 50 % of the population in 2-5 year, rest 16.66 % of the population in 5-10 year and rest 16.66 % of the population in > 10 year.
3.33 % of the population in yes and rest 66.66 % of the population in no.

SUBJECTIVE RESPONSE ANALYSIS

Sample 1
1: The experience with the kids at the Kishor Kendra has been good.
2: The children who are here. Sometimes they quarrel with each other. And after explaining, it is explained.
3: IPR coordination with other profession people living with me is good. And his company is a professional. He wakes the child up in the morning. More brushing and Home to Home placement.
4: yes we are satisfied with our job. Because it is from this job that he takes care of his children and his wife.
5: We have never experienced any tension. Because we take care of the children here like our own children. And we consider all these children as our children.
6: The professional work that I do is stress free work. There is a lot of responsibility in this work. Which I follow.
7: There is electricity and housing for the development of the employees. Food and drink available.
8: Employees are not given any kind of training which we have brought before. Work on the same.
9: I am duty bound under the juvenile act regarding my job, what is the compliance of that.
10: In this canter I deal with the selfless teenagers with practicality and it is my duty to solve their problems and give importance to them.

Sample 2
1: The juveniles who come to our centres come from some kind of crime of their arrival after that whatever process is done in the centres is completed. After that, under the Juvenile Act, after that talk to the teenager that you have failed because of this, he will be told from the domestic environment that you have worked or been trapped by someone. They are not good, but now they are here, after leaving, don't stay with such people so that you will have to face trouble again. Do your studies in a better way. And life is valuable. Follow it.
2:- Adolescents in need at observation Home face a variety of problems. Like tu tu, me - me among ourselves and telling them the daily routine and not following it by them and it becomes our duty to send it to them. And it is said to maintain a mutual relationship with each other.

3:- My duties/posting for observation home has been done on the post of Paramedical. Teens in Home My duty is to take care of any kind of health problems. It is my duty to give first aid. And we have been prescribed health check-up and medicine for the child by the deputation medical officer in the home and it is my duty to maintain the health of all the children. And I keep following it. If any juvenile has been referred by the medical officer to take him there for proper treatment that as per the order of the Superintendent of the Home, I will follow my duty with devotion / specially follow it.

4:- Desires are infinite, we are satisfied with what we have, and our question is to the Bihar Government that they should please write to end the contract system.

5:- Sometimes stress comes due to work, which I try to reduce. Music to be stress free,. walking uses any game but I am stress free. Keep feeling satisfied.

6:- The professional work that I do is stress free work. There is a lot of responsibility in this work. Which I follow.

7:- There is facility of accommodation for the staff.

8:- Employees are not given any kind of training which we have brought before. Work on the same.

9:- I am duty bound under the juvenile act regarding my job, what is the compliance of that.

10:- In this centres I deal with the selfless teenagers with practicality and it is my duty to solve their problems and give importance to them.

Sample 3

1:- Our experience with the children here is very special, most of the children come here due to lack of education some children are normal some are short tempered all have to be treated differently.

2:- I don't have that much trouble because I understand children very well because I live here and have a lot of experience I know what they want and I am providing that adequately.

3. Lower, Police man, Guard, Cook, Councillors, and Teacher.

4. No, because of overload of work, presence of staff is less than required according to juvenile justice rule should be (25:1). There is also problem in mutual understanding & bounding the problem is not everyone's honesty even among themselves, and due to the difference in bonding, not all start-ups are successful in doing the same work, sometimes

5. There is no any coping strategy provided by government I am usually doing ourselves like: Listening music (old & melodious), Morning walk with light exercise, talking with colleagues

6. Very much, there is no fix time of my duty we should be present whenever needed because of these there is absolutely no time for personal life.

7. Nothing special, accommodation with boundaries Salary increment in the gap of 6 month that it.

8. Nothing like this happens here, it should be a must program/training at least once in every three months because these people live in depression.

9. Maximum responsibility, all responsibilities are ours, from waking up till sleeping at night, we have to always take care of these children in juvenile centre.
10. Like a mother deals with her child, we also try to run this organization smoothly. Meeting with parents regarding problems and all.

Sample 4
1. Feels good, good, good kids, here.
2. There is a slight turning point but it is handled. There is not much problem,
3. Are satisfied, and can fully enjoy.
4. Job is good, salary is low but it will change later,
5. Let's go around by bike, on foot.
6. No I am happy.
7. No facilities for us.
8. There is no training of any kind.
10. Job is important.

Sample 5
1. Kishore has been a very good experience, some children are playful and some are worried.
2. Some children do not go to study, do not follow discipline, here comes the problem.
3. Are satisfied, and can fully enjoy.
5. I have a sense of satisfaction and complete satisfaction with my job.
6. I am happy.
7. No type of instrument is available, library is available. No other facilities are available.
8. Doesn't happen at all, happens sometimes - is for disaster management.
9. To raise the mental level of the children and to help in connecting them with the main stream of the society.
10. Our job is very helpful for the monthly development of teenagers, we try to reduce stress and they are happy, explain the importance of discipline. These teenage kids are very happy with us. And they openly share their problems with us.

Sample 6
1. Good experience working with children at Kishor Kendra.
2. Teenagers sometimes can't keep their words properly.
3. Are satisfied, and can fully enjoy.
4. Job is good, salary is low but it will change latter.
5. Meditation and carefully.
6. No effect.
7. No Any problem.
8. To grow physically and mentally.
9. Promotion of children and development of children and the society can be connected to the mainstream.
10. Job is important.

THEME INTERPRETATION
6 themes were formulated as Theme 1: The Behaviour of workers; Theme 2: Facilities or lack thereof; Theme 3: Stress: The effect of Recreational Activities; Theme 4: Job Satisfaction; Theme 5: Conflict Resolution; Theme 6: Right to Education

THEME 1: The Behaviour of workers
According to Sample 2 “The juveniles who come to our centres come from some kind of crime of their arrival after that whatever process is done in the centres is completed. After that, under the Juvenile Act, after that talk to the teenager that you have failed because of this, he will be told from the domestic environment that you have worked or been trapped by someone. They are not good, but now they are here, after leaving, don't stay with such people so that you will have to face trouble again. Do your studies in a better way. And life is valuable. Follow it.”

Theme 2: Facilities or lack thereof
According to sample 5 “No type of instrument is available, library is available. No other facilities are available”

On the other hand, according to Sample 1 “There is electricity and housing for the development of the employees. Food and drink available.”

Theme 3: Stress: The effect of Recreational Activities
According to Sample 3 “There is no any coping strategy provided by government I am usually doing ourselves like Listening music (old & melodious), Morning walk with light exercise, talking with colleagues”

Theme 4: Job Satisfaction
According to Sample 3 “No, because of overload of work, presence of staff is less than required according to juvenile justice rule should be (25:1). There is also problem in mutual understanding & bounding. The problem is not everyone's honesty even among themselves, and due to the difference in bonding, not all start-ups are successful in doing the same work, sometimes”

Theme 5: Conflict Resolution
According to Sample 2 “Adolescents in need at observation Home face a variety of problems. Like- tu tu, me - me among ourselves and telling them the daily routine and not following it by them and it becomes our duty to send it to them. And it is said to maintain a mutual relationship with each other.”

Theme 6: Right to Education
According to Sample 3 “Nothing like this happens here, it should be a must program/training at least once in every three months because these people live in depression.”
CHAPTER 5
DISCUSSION

This chapter deals with the detail discussion of the findings of the study interpreted from statistical analysis. The findings are discussed in relation to the objectives formulated, compared, contrasted with dose of other similar study conducted in different settings.

The present study is an effort to assess lived experience of health professionals working in juvenile delinquency center in order to achieve its objectives. A study on lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas. The data was collected during working hours using 5-point Likert scale of awareness and Face to face Interview.

The finding of the study has be discussed based on the objectives.

OBJECTIVES:

- To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

HYPOTHESIS:

The following hypothesis has be tested,

- H₁: Majority of the sample will have poor lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

MAJOR FINDINGS

Major findings of the socio-demographic data

50% of the population were in 37 years and above, rest 50% were in 33-36 years and 0% of above. 83.33 % of the population in male, rest 16.66 % were in female and 0% of other. 16.66% of the population in higher secondary, rest 32.32 % of the population in graduate, rest 50% of the population in post graduate and 0% of the population of high school. 16.66 % of the population in
RS. 10,000-20,000, rest 50 % of the population in RS.20, 000-30,000, rest 16.66 % of the population in RS.30, 000-40,000, rest 16.66 % of the population of RS.> 40,000. 100 % of the population in married, rest 0% of the population in unmarried and rest 0% of population in divorced. 83.33 % of the population in rural, rest 16.66 % of population in urban and rest 0 % population in other. 16.66 % of the population in < 2 year, rest 50 % of the population in 2-5 year, rest 16.66 % of the population in 5-10 year and rest 16.66% of the population in > 10 year. 33.33 % of the population in yes and rest 66.66 % of the population in no.
Major Findings of Lived experiences

6 themes were formulated as Theme 1: The Behaviour of workers; Theme 2: Facilities or lack thereof; Theme 3: Stress: The effect of Recreational Activities; Theme 4: Job Satisfaction; Theme 5: Conflict Resolution; Theme 6: Right to Education

THEME 1: The Behaviour of workers

According to Sample 2 “The juveniles who come to our centres come from some kind of crime of their arrival after that whatever process is done in the centres is completed. After that, under the Juvenile Act, after that talk to the teenager that you have failed because of this, he will be told from the domestic environment that you have worked or been trapped by someone. They are not good, but now they are here, after leaving, don’t stay with such people so that you will have to face trouble again. Do your studies in a better way. And life is valuable. Follow it.”

Theme 2: Facilities or lack thereof

According to sample 5 “No type of instrument is available, library is available. No other facilities are available”

On the other hand, according to Sample 1 “There is electricity and housing for the development of the employees. Food and drink available.”

Theme 3: Stress: The effect of Recreational Activities

According to Sample 3 “There is no any coping strategy provided by government I am usually doing ourselves like Listening music (old & melodious), Morning walk with light exercise, talking with colleagues”

Theme 4: Job Satisfaction

According to Sample 3 “No, because of overload of work, presence of staff is less than required according to juvenile justice rule should be (25:1). There is also problem in mutual understanding & bounding. The problem is not everyone’s honesty even among themselves, and due to the difference in bonding, not all start-ups are successful in doing the same work, sometimes”

Theme 5: Conflict Resolution

According to Sample 2 “Adolescents in need at observation Home face a variety of problems. Like- tu tu, me - me among ourselves and telling them the daily routine and not following it by them and it becomes our duty to send it to them. And it is said to maintain a mutual relationship with each other.”

Theme 6: Right to Education

According to Sample 3 “Nothing like this happens here, it should be a must Program/training at least once in every three months because these people live in depression.”
CHAPTER 6

SUMMARY

A study on lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas

The study was aimed to accomplish the following objectives:

- To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

Extensive review of literature revealed the studies related to the lived experience of health professionals working in juvenile delinquency. The conceptual framework adopted for this study was based on self-structured questionnaires. It provided a comprehensive systemic ongoing framework for achieving the objectives of the study. A self-structured questionnaire was used to assess the lived experience of health professionals working in juvenile delinquency. To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas. To assess the lived experience of health professionals working in juvenile delinquency center for the result of level of knowledge the subjective questionnaire was validated by experts, and the reliability of tools was tested using split half techniques. The collected data was analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were used for data analysis.

CONCLUSION:

The present study was aimed at To assess the lived experience of health professionals working in juvenile delinquency center in selected area of Rohtas.

6 themes were formulated as Theme 1: The Behaviour of workers; Theme 2: Facilities or lack thereof; Theme 3: Stress: The effect of Recreational Activities; Theme 4: Job Satisfaction; Theme 5: Conflict Resolution; Theme 6: Right to Education

THEME 1: The Behaviour of workers

According to Sample 2 “The juveniles who come to our centres come from some kind of crime of their arrival after that whatever process is done in the centres is completed. After that, under the Juvenile Act, after that talk to the teenager that you have failed because of this, he will be told from the domestic environment that you have worked or been trapped by someone. They are not good, but now they are here, after leaving, don't stay with such people so that you will have to face trouble again. Do your studies in a better way. And life is valuable. Follow it.”
Theme 2: Facilities or lack thereof

According to sample 5 “No type of instrument is available, library is available. No other facilities are available”
On the other hand, according to Sample 1 “There is electricity and housing for the development of the employees. Food and drink available.”

Theme 3: Stress: The effect of recreational activities

According to Sample 3 “There is no any coping strategy provided by government I am usually doing ourselves like Listening music (old & melodious), Morning walk with light exercise, talking with colleagues”

Theme 4: Job satisfaction.

According to Sample 3 “No, because of overload of work, presence of staff is less than required according to juvenile justice rule should be (25:1). There is also problem in mutual understanding & bounding. The problem is not everyone’s honesty even among themselves, and due to the difference in bonding, not all start-ups are successful in doing the same work, sometimes”

Theme 5: Conflict resolution

According to Sample 2 “Adolescents in need at observation Home face a variety of problems. Like- tu tu, me - me among ourselves and telling them the daily routine and not following it by them and it becomes our duty to send it to them. And it is said to maintain a mutual relationship with each other.”

Theme 6: Right to education

According to Sample 3 “Nothing like this happens here, it should be a must program/training at least once in every three months because these people live in depression.”

LIMITATIONS:

The study is limited to,

• Those people are from juvenile delinquency centre in Beladhi, Sasaram.
• The study is limited to age group from 24 to 37 and above

IMPLICATIONS OF NURSING:

The investigators have drawn the following implications from the study which are vital concern to the field of nursing administration, nursing education and nursing research.

NURSING ADMINISTRATION:

Nurse administrator should take interest in motivating the nursing personnel’s to improve or help in improvement as well as understanding the live styles of people working in juvenile delinquency centre by polishing personnel’s skills and encouraging them to cater to every section of the society.
NURSING EDUCATION:

Subjective answers & explore lived experiences can be used by the nursing students and staff in college and clinical areas to impart knowledge and skills to all health professionals as to understand that particular section of the society, their needs basic rights, so that no nooks and cranny of Indian society is untouched.

NURSING RESEARCH:

Nursing research should focus on improving the Shortcomings and strict surveillance of life style and living conditions of the people of juvenile delinquency centre and aim to establish an iron clad health programme to develop the beat of our society.

RECOMMENDATIONS: -

The following studies can be undertaken to strengthen A study on lived experience of health professionals working in juvenile delinquency center in selected area of rohtas.

1. The same study can be repeated in different region of the state or nation to compare the results and lived experience of health professionals working in juvenile delinquency center.

2. The same study can be repeated on a larger population to generalize the results.

REFERENCES

5. Emeka E obioha, mapholona A nthabia. Social background patterns and juvenile delinquency nexus in Lesotho. Taylor & Francis online. 27(3),165-177 2011
7. Margaret Priscilla ntshangase. A study of juvenile delinquency amongst adolescents in secondary schools in Gauteng. uir.unisa.ac.za


13. Thandi makoko. Management and care guidelines for youth with mental health challenges at child and youth care centres, for the multi-disciplinary teams. uir.unisa.ac.za


15. Irene patience mohashoa. Perceptions of substance abuse prevention programmes implemented in the ramothsere moiloa local municipality South Africa. core.ac.uk.


ANNEXURE I
PERMISSION FOR CONDUCTION OF STUDY

PERMISSION LETTER

From,
Research group:24
Saroj kumar (72)
Saloni Kumari (70)
Sanskrit Aastha (71)
Basic B.Sc. (N) 4th year
Batch 2019-20

To,
The Dean-cum-Principal,
Narayan Nursing College,
Gopal Narayan Singh University,
Jamuhar, Sasaram, Rohtas

Sub: Permission for conducting research study

Respected Madam,

With all due respect, we, Mr. Saroj Kumar, Ms. Saloni Kumari and Ms. Sanskrit Aastha, research group 24 of Basic B.Sc. (N) 4th year, batch 2019-20, Narayan Nursing College, Gopal Narayan Singh University is conducting a study on the research topic: "A study on live experience of health professional working in juvenile delinquency centre in selected area of Rohtas" as a partial fulfillment of the curriculum of Basic B.Sc.(N) course, 4th year. This research is being conducted under guidance of Ms. Nandini Bhumi Jay. Associate Professor, Department of MHN.

Kindly permit us to conduct the study at the required setting.
Thanking you in anticipation!
Yours faithfully

Research group: 24

Saroj Kumar
Saloni Kumari
Sanskrit Aastha

Approvals:

[Signatures]


[Signatures]

Dean cum Principal
Principal
Narayan Nursing College
Cum Dean, Faculty of Nursing
Gopal Narayan Singh University
Jamuhar, Sasaram, Rohtas (Bihar)
ANNEXURE II
PERMISSION LETTER FROM SETTING HEAD

NARAYAN NURSING COLLEGE
(Faculty of Nursing)
GOPAL NARAYAN SINGH UNIVERSITY
(Recognized by Indian Nursing Council, New Delhi & Bihar Nurses Registration Council, Patna)

Ref.No. NNC/Dean- PO/23/ 216

From:
Dean cum Principal
Narayan Nursing College
Faculty of Nursing
Gopal Narayan Singh University
Jamuhar, Rohtas Bihar - 821305

To,
The Superintendent
Mr. Sukhanandand Prasad Gupta
Beladhi Near Beda Canal Sasaram, Rohtas Bihar.

Subject: Seeking permission for conducting Pilot & Main study at Beladhi Near Beda Canal Sasaram, Rohtas Bihar.

Respected Sir,

Herewith I humbly request your good self to kindly permit our students of B.Sc. Nursing – Mr. Saroj kumar, Ms. Saloni Kumari, Ms. Sanskrit Aastha of Batch-2019-2020, 4th year, of Narayan Nursing college, Gopal Narayan Singh University, Jamuhar, Sasaram, Rohtas to conduct a Pilot study and Main study at Beladhi near Beda Canal Sasaram, Rohtas Bihar, as a part of partial fulfillment of the curriculum of their course.

The research title selected by the students is “A study on live experience of health professional working in juvenile delinquency center in selected area of Rohtas” as a partial fulfilment of the curriculum of Basic B.Sc.(N) course, 4th year. This research is being conducted under guidance of Ms. Nandini Bhumij, Assistant Professor, Department of MHN.

Kindly consider the request and do the needful. We shall be very thankful for your act of kindness.

Awaiting for your favorable reply
Thanking you in anticipation!

Your Sincerely,

Dean cum Principal
Narayan Nursing College
Faculty of Nursing
Gopal Narayan Singh University
Jamuhar, Rohtas Bihar

Principal
Narayan Nursing College
Cum Dean, Faculty of Nursing
Gopal Narayan Singh University
Jamuhar, Sasaram, Rohtas (Bihar)

At/P.O. - Jamuhar, Sasaram, Dist - Rohtas (Bihar) Pin - 821305
Phone - 8578003043, 8228812471, Tel - 06184-2818899
E-Mail - info@nnn.ac.in | Website - www.nnc.ac.in

Sign. of Guide
ANNEXURES III
CONSENT FORM

Sample No.: ……
Subjects informed consent form for participation in research study

I…………………………………age………years, studying in …………………………………………….hereby state that
I have been explained fully by the investigator in a language known and understood by me about the study entitled “A study to assess the effectiveness of video assisted intervention on good touch and bad touch among school going children in selected school of Sasaram” and have been assured about the confidentiality of information given, I understood that the data of the study can be forwarded without mentioning my name for assessment and processing. I give my consent to be enrolled in the study. It has been explained that I am permitted to withdraw from the study at any point of time and withdrawal or refusal to consent. I am voluntarily giving consent to be a subject in the study.

Place:

Date: signature:
ANNEXURES IV

REQUISITION LETTER FOR CONTENT VALIDITY

From:
Mr. Saroj Kumar, Ms. Saloni Kumari & Ms. Sanskrit Aastha
B.Sc. Nursing 4th Year, Batch- 2019-2020
Narayan Nursing College Jamuhar, Sasaram, Rohtas (Bihar)  To:

……………………………….
……………………………….
Through proper channel
Sub: Seeking permission for content validity of the research tool.
Respected Sir/Madam,
We, students of B.Sc. 3rd Year, batch (2019-2020), Narayan Nursing College, request you to kindly validate our research tool entitled “A study to assess the effectiveness of video assisted intervention on good touch and bad touch among school going children in selected school of Sasaram.” We would be deeply grateful if you kindly do the validation of our tool and give your valuable suggestions. We here are attaching our tool along with necessary documents.

Thanking you
Yours sincerely,
Mr. Saroj Kumar, Ms. Saloni Kumari & Ms. Sanskrit Aastha

Guide:
Ms. Nandini Bhumij
Assistant Professor, Dept. of MHN Nursing, NNC
Enclosures:
1. Statement of the Problem and Objectives
2. Research Methodology
3. Tool includes socio-demographic variables, video assisted interventions on good touch and bad touch
4. Certificate of Validation
ANNEXURES V
TOOL EVALUATION PROFORM

Dear Madam/Sir,

Kindly go through the content and place right mark against statement number in the following columns ranging from relevant to not relevant. If the statement needs to modified, kindly give your valuable opinion in remarks column.

<table>
<thead>
<tr>
<th>Section - A</th>
<th>Sociodemographic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Items</strong></td>
<td><strong>Relevent</strong></td>
</tr>
<tr>
<td>1. Age of the health professionals worker.</td>
<td></td>
</tr>
<tr>
<td>2. Gender of the health professionals worker.</td>
<td></td>
</tr>
<tr>
<td>3. Monthly income of the health professionals worker.</td>
<td></td>
</tr>
<tr>
<td>5. Marital status of the health professionals worker.</td>
<td></td>
</tr>
<tr>
<td>6. Place of residence.</td>
<td></td>
</tr>
<tr>
<td>7. Year of employment in juvenile centre.</td>
<td></td>
</tr>
<tr>
<td>8. Are you working in shift duty</td>
<td></td>
</tr>
</tbody>
</table>
ANNUXURE VI

TOOL

1. Age of the Health professional worker.
   a. 24-28 yrs. [  ]
   b. 29-32 yrs. [  ]
   c. 33-36 yrs. [  ]
   d. 37 and above [  ]

2. Gender of the health professional worker.
   a. Male [  ]
   b. Female [  ]
   c. Others [  ]

3. Educational status of the health professional worker.
   a. High school [  ]
   b. Higher secondary [  ]
   c. Graduate [  ]
   d. Post graduate [  ]

   a. 10,000-20,000 [  ]
   b. 20,001-30,000 [  ]
   c. 30,001-40,000 [  ]
   d. >40,000 [  ]

5. Marital status of the health professional worker.
   a. Married [  ]
   b. Single [  ]
   c. Divorced [  ]

6. Places of residence
   a. Rural [  ]
   b. Urban [  ]
   c. Others [  ]

7. Year of employment in juvenile center.
   a. < 2 year [  ]
   b. 2-5 year [  ]
   c. 5-10 year [  ]
   d. > 10 year [  ]

8. Are you working in shift duty?
   a. Yes [  ]
   b. No [  ]
Structured questionnaire to assess the health professional worker.

Instructions:

- Read/Listen the questions carefully.
- Answer the following questions to the best of your knowledge honestly.
- Your responses will be kept absolutely confidential.

1. What’s your experience with the children in juvenile center?
2. What type of problem you are facing in juvenile center with children.
4. Who are the other profession working with you and what are their roles and responsibilities.
5. Are you satisfied with your job if not what types of practiced should be improve?
6. What types of coping strategies or activities are practiced for reducing stress?
7. How professional life is affecting your personnel life.
9. What are the facilities available for the staff development?
10. What are the type of programs/Training are given to staff for their personnel Development.
11. What responsibilities do you have with your job?
12. How do you plosives your job in them of importance to this juvenile center
ANNEXURE VII
VALIDITY LETTER

CERTIFICATION FOR CONTENT VALIDATION

This is to certify that tool used to collect data on the problem "A study on live experience of health professionals working in juvenile delinquency center in selected area of Rohtas." By Ms. Saloni Kumari, Ms. Sanskriti Aasha, Mr. Saroj Kumar of B. Sc (Nursing) 3rd year of Narayan Nursing college, Jamuhar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address: Prof. Dr. Sapna Singh
Principal
Sarvodaya Nursing Institute
Sector- 8, Faridabad.

Designation: Principal

Date: 08/08/2022

Place: Faridabad.

Signature:
08/08/22

Seal:

Principal
Sarvodaya Nursing Institute
YMCA Road, Sector- 8,
Faridabad- 121006, Haryana.
CERTIFICATION FOR CONTENT VALIDATION

This is to certify that tool used to collect data on the problem “A study on live experience of health professionals working in juvenile delinquency center in selected area of Rohtas,” By Ms. Saloni Kumari, Ms. Sanskrit Aastha, Mr. Saroj Kumar of B. Sc (Nursing) 3rd year of Narayan Nursing college, Jamuahar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address:  
Dr. Viplav Kr. Singh  
DMH, Sadar Hospital Sasaram  
Rohtas

Designation:  
Clinical Psychologist

Date: 23-08-2022

Place: Sasaram
CERTIFICATION FOR CONTENT VALIDATION

This is to certify that the tool used to collect data on the problem "A study on live experience of health professionals working in juvenile delinquency center in selected area of Rohtas," by Ms. Salon Kumari, Ms. Sanskrit Aasha, Mr. Saroj Kumar of B. Sc (Nursing) 3rd year of Narayan Nursing college, Jamuhar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address: MOHAMMED RAEE
NUR. SANYITUR.

Designation: Asst. PROF

Date: 03/11/22

Place: 

Signature:

Seal:
ANNEXURES X

CERTIFICATION FOR CONTENT VALIDATION

This is to certify that tool used to collect data on the problem "A study on live experience of health professionals working in juvenile delinquency center in selected area of Rohras." By Ms. Saloni Kumari, Ms. Sanskrit Aasha, Mr. Saroj Kumar of B. Sc (Nursing) 3rd year of Narayan Nursing college, Jamuhar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address:

Mrs. Piyapriya
Assistant Professor
Mental Health Dept.

Designation:

Date: 19/10/22

Place: Jamuhar

Signature: 

Seal:
CERTIFICATION FOR CONTENT VALIDATION

This is to certify that tool used to collect data on the problem “A study on live experience of health professionals working in juvenile delinquency center in selected area of Rohtas.” By Ms. Saloni Kumari, Ms. Sanskrit Aasha, Mr. Saroj Kumar of B. Sc (Nursing) 3rd year of Narayan Nursing college, Jamuher, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address:
C. SICAMBARAN
Narayan Nursing College

Designation: Asst. Prof

Date: 19/10/2022

Place: Jamuher
ANNEXURES XII
THANKS GIVING LETTER

From,
Ms. Saloni Kumari
Ms. Sanskrit Aastha
Mr. Saroj Kumar Narayan Nursing College
Jamuhar, Sasaram, Rohtas.
To:

SUB: Expressing gratitude for validating my research content

Respected sir / madam

We are thankful to you for spending your valuable time in establishing content and tool validity.
We are thankful to you for going through the content and giving your Valuable suggestions which will enable me to conduct the study successfully.

Once again thank you.

Your Obedient
Ms. Saroj kumar (19 Bsn072)
Ms. Saloni kumari (19Bsn070)
Ms. Sanskrit Aastha (19 Bsn071)
B. SC (Nursing) 3rd year
Narayan Nursing College, Jamuhar, Sasaram, Rohtas.

ANNEXURES XIII
LIST OF EXPERTS

<table>
<thead>
<tr>
<th>S.NO</th>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prof.Dr.Sapna singh</td>
<td>Principal Sarvodya Nursing Institute Sector-08 Faridabad</td>
</tr>
<tr>
<td>2</td>
<td>Dr.Viplaw kr.singh</td>
<td>DMPH Sadar hoapital ,Sasaram, Rohtas</td>
</tr>
<tr>
<td>3</td>
<td>Mohmad Rafi</td>
<td>Assistant professor Dept of Cohn NNC.Jamuhar</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. Divya priya</td>
<td>Assistant Professor Dept of MHN NNC.Jamuhar</td>
</tr>
<tr>
<td>5</td>
<td>C.Silambarasu</td>
<td>Assistant Professor Dept of CHN NNC.Jamuhar</td>
</tr>
</tbody>
</table>
ANNEXURES XIV
CERTIFICATE FOR ENGLISH EDITING

CERTIFICATE FOR ENGLISH EDITING

To whomever it may concern

This is to certify that the research project/dissertation entitled, "A study on lived experience of health professionals working in juvenile delinquency center in selected area of rohtas." done by Saroj Kumar, Saloni Kumari, Sanskriti Aastha, pursuing her B.Sc nursing at Narayan Nursing College, Gopal Narayan Singh University, has been edited by me and the use of English in this research project/dissertation is found appropriate.

Dated: 15/05/2023

Name of the Expert: Neeta Tiwary
Designation: TGT
Institution: Narayan World School, Jampur
Address: Jampur, Gaya
Signature:

[Stamp] Narayan World School, Jampur
# ANNEXURES XV

## SAMPLE RESPONSE

<table>
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<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
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