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Practices and Challenges of Treatment of Juvenile Delinquents in the Correctional Center of Jimma Zone, Oromia State, Ethiopia

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Abstract

This article examines the practices and challenges of treatment of juvenile delinquents in the correctional center of Jimma Zone, Oromia State, Ethiopia. A descriptive cross-sectional study design was used. Primary data was collected from the entire seventy-five (75) juvenile delinquents in custody during the time of data collection, five key informants, and six focus group discussants. And relevant secondary data sources were also utilized. The study applied descriptive statistics and thematic analysis techniques to analyze data. The findings of study identified theft as a top delinquent behavior for which many juvenile participants (aged 14-17) were charged. The findings also show that the correctional center lacks rehabilitation facilities and services like recreational, educational, psychosocial, dormitories, and other rehabilitation programs. The correctional administration has also a shortage of trained personnel, financial and material resources to facilitate the rehabilitation of delinquents. Children's treatment practices are better characterized as punitive and rehabilitative, and abusive than protective. The treatment involves corporal punishment and restriction from getting families and relatives. Poor facilities and excessively inadequate services characterize the treatment center. Reintegration plan and practices are nearly missing. This study suggests that the government and voluntary agencies need to support the development of services and facilities for the treatment of delinquent children. The study also suggests further studies to uncover situations of juveniles in conflict with the law in other correctional and detention facilities in Ethiopia.

Keywords: /Challenges/Correctional Center/Jimma Zone/Juvenile Delinquents/Oromia/Treatment Practices/

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1. Introduction

Juvenile offending and other antisocial behaviors are great concerns of contemporary human society (Heilbrun, Goldstein, & Reddin, 2005). It has existed for hundreds of years in human society (Sanders, 1970, as cited in Shoemaker, 2010; Sisay, 2016). However, juvenile delinquency was first came to public attention in 1889 when Illinois passed a law named 'An Act for the Treatment and Control of Dependent, Neglected and

Delinquent Children' (Whitehead & Lab, 2013; Sisay, 2016; Shoemaker, 2018). Until then, juveniles used to be treated equally with adult criminals because they were seen as small adults (Shoemaker, 2009). Following the enactment, however, societal views were changing as children began to be seen as innocents who are in need of guidance and adult supervision. This led to an establishment of a separate criminal justice system to treat children involved in criminal behaviors in the United States and the world (Shoemaker, 2009).

In Africa, juvenile delinquency was included in the legal system by colonial governments in the 1920s and 1930s (Cole & Chipaca, 2014; Krohn & Lane, 2015). In Ethiopia, similar to other African countries, the problem of juvenile delinquency was first recognized after the Italian occupation along with the emergence of towns and cities (Andargatchew, 2004; Save the Children Sweden, 2008). Hence, the problem was viewed as one that had resulted from war with Italy because many children who lost their parents during the war started to appear on the streets of towns, especially in Addis Ababa.

Though the term juvenile delinquency is recognized by the legal systems of many countries, there are differences between countries on cut-off ages of criminal responsibility. The Criminal Code of Ethiopia (FDRE, 2005) set out nine years as the starting age of juvenile delinquency, and children from 9 to 15 years old are considered juvenile delinquents, while young people in the age group of 16-18 years are treated as criminals. But, in this study, a juvenile delinquent is a person who at the time of the commission of the crime is below age 18, but not less than 9 years to be consistent with most literature and experiences around the world. In Ethiopia, the involvement of children in delinquency has been increasing over years (Andargatchew, 2004; Forum on Sustainable Child Empowerment [FSCE], 2006; Nayak, 2013). A report by Save the Children Sweden-Ethiopia (2008) indicated that the rate of juvenile delinquency is increasing at an average rate of approximately 10-15% each year. Also, Federal Police Commission Criminal Investigation Directorate reports (as cited in Betelehem, 2014) showed that though there are differences between regions, the involvement of children in criminal activities remains high and is steadily increasing. Data of Addis Ababa City Police Commission showed that the number of delinquent children increased from 651 in 2010/2011 to 780 in 2011/12 and 740 in 2012/2013 (Bethlehem, 2014).

Also, a survey conducted in urban centers indicated that the extent of juvenile criminal acts is relatively high in cities such as Addis Ababa, Dire Dawa, Adama, and in other major urban areas of all the regions of Ethiopia (Andargatchew, 2004). Had it not been for many juvenile cases remained unrecorded by police, the number would have been even much greater.

In efforts to respond to juvenile delinquency, the government of Ethiopia has ratified the Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRW), and other relevant international minimum standards for the treatment of juveniles. In addition, the Constitution of Ethiopia has enshrined the fundamental rights of children in general and juvenile delinquents in particular. The Revised Penal Code (2005) and the Criminal Procedure Code of Ethiopia (1961) regulate the juvenile justice administration via separate sections where most of the minimum international standards are expected (FSCE, 2006). However, despite adopting international children's policies in general and juvenile justice in particular, rehabilitation centers are not established and rehabilitation practices of juvenile delinquents in detention centers are almost nonexistent in the country. It seems that the response of the criminal justice system is more of punitive measures rather than rehabilitation (Andargatchew, 2004).

Several factors influence the involvement of juveniles in delinquent acts. Bethlehem (2014) found that failures of parental care and exposure to street life are factors of delinquency for juveniles in the custody of Addis Ababa Remand Home. Similarly, Selamawit (2014) explored the lived experiences of delinquents on the causes, consequences, and coping mechanisms in Addis Ababa and she found that substance abuse, peer pressure, economic problems, and family disintegration are major driving factors for children committing delinquency. Furthermore, Tesfamariam (2017) investigated experiences of female delinquents in the Addis Ababa Remand Home and he found parental break up and economic hardships as leading factors for

delinquency among young girls. In addition, there were studies such as analysis of criminal justice policy with a focus on juvenile offenders (Yodit, 2015), magnitude and impact of juvenile delinquency in Gondar City (Nayak, 2013), causes of juvenile delinquency in Addis Ababa City (Sisay, 2016), treatment of juvenile delinquents in community-based diversion centers of Addis Ababa City (Kumneger, 2015), and causes and prevention of juvenile delinquency in Addis Ababa City (Abebe, 2018). These studies offered insights about youth risk factors for juvenile delinquency. Despite those few studies, the problem of juvenile delinquency in Ethiopia is not widely studied; particularly studies on the condition of children in correctional and detention facilities are scant. The situation of children in the correctional centers is one of the most invisible and under researched areas that needs special attention. Hence, this was an underlying impetus for this study. The objective of this study was to describe practices and challenges of treatment of juvenile delinquents in a correctional facility of Jimma Zone. This article contributes to addressing knowledge gaps in the literature on the treatment practices and challenges of juvenile delinquents in the correctional settings, particularly in the case of Jimma Zone Correctional Administration, Oromia, Ethiopia.

2. Methods

This study was conducted in Jimma city. The City is the administrative seat for Jimma Zone and located at about 352 km from Addis Ababa in the southwest. The city has about a total population of 195,443 of which 97,814 are females and about 16,945 (9,025 females and 7,851 males) are children between 10 - 14 years and about 27, 725 (15,469 females and 12,225 males) consists of a young person between 15 - 19 years (Jimma City Municipality Report, 2017). Jimma is the largest city in the southwest region; it hosts the largest correctional institution, namely, Jimma Zone Correctional Administration, where convicted juveniles are detained. As well, the zonal high court and other criminal justice facilities are located in Jimma City. For this study, Jimma Zone Correctional Administration was chosen as a study site due to its long time experience in serving custodial children and the accessibility of an adequate number of juvenile offenders in the center.

The study employed a mixed approach and descriptive cross-sectional case study design. This study was cross-sectional with regard to the study participants and the time of investigation because the study was designed to involve only one contact with participants of the study at one point in time. Thus, the study was conducted from December 2018-June 2019. Census was used to collect data from the entire seventy-five (75) juvenile delinquents detained in the correctional center during the period of data collection for this study. As inclusion criteria, offenders who were 9 years old but less than 18 years and those who were being adjudicated as delinquents were selected. However, children who were pending court hearings were not included in the study. In addition to survey on juveniles, qualitative methods in which five key informants from correctional administration and six teachers working in the prison were purposively selected for interviews and focus group discussions respectively. The number of key informants was determined based on the principle of data saturation point. One FGD was conducted with the teachers with primary emphasis on the children's access to and participation in education.

This study applied semi-structured face-to-face interview with juveniles, key informant interviews, focus group discussions, field observation, and secondary document reviews as methods of data collection. Instruments such as interview guides, observation and document review checklists, voice recorder, and notebooks were used for data collection. The researchers used Afan Oromo and Amharic languages to collect data from the informants. The interview took 40 minutes on average. Descriptive statistics (frequency and percentage) and thematic analysis procedures were applied. Thematic analysis techniques such as data transcription, coding, sorting and clustering into themes and subthemes, interpretation and report producing were used. The data were manually analyzed using open, axial, and selective coding processes, and themes were developed in line with the major areas of focus in the study, that is, challenges and practices of treatment

of the children. Data presentation and study findings were outlined in line with study objectives and consulted previous literature.

As mechanisms of quality assurance, frequent field observations, triangulation of data sources and methods, and opinions of study participants were used. The participants' reflections were included in the final report of this study. As well, data collection instruments were appraised by two experts in the field, and then revised in line with experts' feedback before it was used for actual data collection. In the course of conducting this study, researchers strictly adhered to all standards of ethical principles to safeguard the rights and welfare of participants through respecting the participants' autonomy, protecting them from harm related to the study, and ensuring their privacy, anonymity, and confidentiality. Prior to conducting the study, researchers achieved university approval from the institutional review board. As well, permission was obtained from authorities in charge to get access to the juvenile participants. Data collection was commenced after official permission and children's oral assent to participate in the study were secured.

3. Results and Discussion

3.1. Profile of the Study Participants

This section presents the socio-demographic characteristics of juvenile delinquents. A total of 75 juvenile offenders were under the custody of the correctional center at the time of data collection and all participated in this study. Table 1 illustrates the socio-demographic characteristics of respondents.

Table 1: Socio-demographic characteristics of respondents

Socio-demographic Variables	Category	Frequency	Percent
Age	14-15	25	33.3
	16-17	50	66.7
	Total	75	100.0
Sex	Male	73	97.3
	Female	2	2.7
	Total	75	100.0
Ethnicity	Oromo	68	90.7
	Amhara	6	8.0
	Wolaita	1	1.3
	Total	75	100.0
Religion	Islam	66	88.0
	Orthodox	9	12.0
	Total	75	100.0
Place of birth	Jimma City	12	16
	Outside Jimma City	63	84
	Total	75	100.0
Level of education at the time of arrest	Never enrolled into school	18	24.0
	Primary education (grades 1-8)	49	65.3
	Secondary education (grades 9-12)	8	12
	Total	75	100.0

Source: Field Survey, 2019

As depicted in Table 1, the majority (66.7%) of juvenile delinquents fall in the age groups of 16-17 years. About 33.3% of them were within 14-15 years of age. The minimum and maximum age limits of study respondents are 14 and 17 years respectively. Results showed high rates of delinquencies among children of 16-17. Key informants stated that the difference is due to the criminal justice system agents in responding to juvenile delinquents based on their age whereby the agents' reaction to the older children would be more certain and serious. However, youngsters are less reported to criminal justice even if they are found violating the law except for serious offenses.

Similarly, few studies showed that delinquency is higher at the latter stage of adolescence. A study conducted in Zambia revealed that there is a concentration of juvenile delinquency in the age groups between 12 - 18 years (UN-ECA, 1989). Another study in Tanzania showed that the most problematic age group ranges between 15 - 16 years, the stage at which youths complete primary education or drop out. Similarly, a study in Ethiopia indicated that the age cohorts of 15-18 years are an overwhelming majority of children in conflict with the law (FSCE, 2006). So, this study's result was congruent with the above-mentioned findings that the delinquency rate is higher among young people between 15-18 years in the study setting.

Concerning the sex of respondents, the majorities (97.2%) of them were males and only 2.7% were females. The differences in the sex composition might be related to the process of socialization in the community that females are taught to be good and submissive than being aggressive. Therefore, they are less likely to involve in crimes unlike males (Nega & Berhanu, 2015). The variation could also have resulted from the differential reaction of the criminal justice system to male and female juvenile delinquents.

With regards to the ethnic and religious background of respondents, 68 and 66 of them belong to the Oromo ethnic group and Muslim families respectively. The rest six respondents belong to Amhara and one was a Wolaita. Nine (9) of the study respondents were believers of an Orthodox religion. The difference in the number of study respondents in terms of ethnic and religious background is a reflection of the population composition in the communities of the zone and does not necessarily show the propensity of the groups to offend. Out of the 75 juvenile offenders in the custody of the correctional center, 12 (16 %) of them were from Jimma City and 63 (84 %) were from other woredas in Jimma Zone.

As Table 1 depicts, 49 (65.3%) of juvenile offenders were attending primary education (grades 1-8), eight (12 %) of them were in secondary schools (grades 9-12), and 18 (24 %) of juveniles were never enrolled into school at the time of detention. This result showed that even though all children who reached school age have the right to education in principle, 18 of the juvenile offenders have not got the opportunity to attend school before being convicted as delinquents. In addition to juvenile respondents, 2 social workers (1 female & 1 male) who were working with juveniles in the correctional center, 1 female police officer, and 2 male management staff of the Jimma Zone Correctional Administration participated in the key informant interviews. One focus group discussion was conducted with 6 teachers who were teaching in a school of the correctional center.

3.2.Types of Offenses Committed by Juvenile Delinquents

Under this theme, the study examined delinquent acts committed by juveniles in the custody of the correctional center. The detailed descriptions of offenses committed by juveniles are presented in Table 2.

Table 2: Types of offenses committed by juvenile respondents

Variables	Response Category	Frequency	Percent	
Types of offenses committed	Valid	Theft	33	44.0
		Rape	7	9.3
		Killing	11	14.7
		Arson/burning	2	2.7
		Bodily injury	19	25.3
		Damage to public property	3	4.0
		Total	75	100.0
Was the juvenile first time offender?		Yes	63	84.0
		No	12	16.0
		Total	75	100.0

Source: Survey, 2019

As presented in Table 2, 38 (50.7%) of juveniles committed property-related offenses out of which 33 (44%) committed thefts. Two (2.7%) and three (4%) committed arson of property and damage to public property respectively. Also, findings from key informant interviews and focus group discussions indicated that many children commit property-related offenses which are considered to be associated with poverty. The remaining 37(49.3%) of juveniles committed violent offenses against a person including rape seven (9.3%), killing 11(14.7%), and bodily injury 19(25.3%). A key informant social worker in Jimma Zone Correctional Administration elaborated the property-related offense as:-

Many juveniles who are sent to our correctional center by court order are because of committing different kinds of thefts. Most of them cite the economic hardships of their parents or even some are orphans who were living in the streets. This pushes many children to involve in property offenses as a way of survival strategy.

Of the 75 juvenile respondents, 61 (81.3 %) of them responded that their families could not be able to fulfill their basic needs. In addition, 24 (32 %) of the respondents were orphans and 14 (18.7 %) were breadwinners in their families. Confirming these results, some previous studies found theft as the most common offense of juvenile delinquents (Andargatchew, 2004; Nayak, 2013; Bethlehem, 2014). Also, United Nations-Economic Commission for Africa/ECA (1989) identified that offense against property is the most frequently committed crime by juveniles in Africa due to poverty. In terms of incidences of offending, the study result showed that 63 of the juveniles were first-time offenders while 12 of them were recidivists re-convicted for the second time.

This study revealed that children who are found delinquents by the court are being sent to the correctional center instead of rehabilitation centers. Seventy-five (75) juvenile offenders were found to be in the custody of the Jimma Zone Correctional Administration at the time of data collection. It has been evident that the detention of juveniles is a common practice in the area due to the lack of specialized juvenile centers and other community-based treatment programs. Similarly, Abdi (2013) and Andargatchew (2004) indicated

that the majority of juveniles including juveniles with minor offenses are sent to detention centers that have different limitations of facilities such as recreational facilities, dormitories, clothes, education, and vocational skills training, and other rehabilitation services. In addition, juveniles with minor offenses are convicted with young offenders who have committed serious offenses, but this situation may create opportunities for juvenile delinquents to learn other criminal activities and techniques (Shimelis, 2012).

However, the contemporary correctional philosophy discourages institutionalized methods for the correction of juvenile delinquents. The institutionalization of juveniles may cause negative effects that include segregation and isolation from society, difficulty in reintegration, and adjusting to society (Dey, 2015). Besides, international child policies (The 1989 Convention on the Rights of the Child, the 1999 African Charter on the Rights and Welfare of the Child), and local laws consider detention of children a last resort, and states if sentencing is the only option, juveniles are supposed to get special treatment and to be isolated from adult criminals. In contrast, this study showed that institutionalization of juvenile delinquents is almost the only approach in use in the study area.

3.3. Practices and Challenges of Treatment of Delinquent Children in the Correctional Center

This section discusses the findings on the practices and challenges of treatment of juvenile delinquents in the correctional setting by focusing on the administration of the correctional center, facilities, and services.

Juvenile correctional administration: Jimma Juvenile Correctional Center is located within the prison setting and administered by Jimma Zone Correctional Administration. The correctional center is a small compartment/a single block separated from adult inmates and it accommodated a total of 75 juvenile offenders at the time of data collection. The key informants of this study stated that the correctional administration in the general and juvenile correctional center, in particular, is understaffed and has limited material resources for the treatment of juvenile offenders. One of the key informants from the correctional administration described the situation as follows:

In principle, we know that detention of juvenile offenders is the last resort and non-institutional options are preferable for the treatment of juvenile delinquents. However, except for the specialized juvenile center in Finfinnee city, juvenile rehabilitation centers are not expanded in the country. For instance, Oromia, the largest regional state in the country, has no single specialized juvenile rehabilitation center to date. In the absence of rehabilitation centers, the fate of delinquent children is only prison where they can at least stay in a separate compartment within the prison setting. So does Jimma Zone Correctional center.

This evidence shows that the absence of a specialized juvenile correctional center is a major reason for the placement of juveniles in the prison setting. This study revealed that except for the isolation of sleeping rooms from adults, there is a close interaction between juvenile offenders and adult inmates in the correctional center. In contrast, the United Nations Convention on the Rights of Children and African Charter on the Rights and Welfare of the Child, which Ethiopia is a signatory, state that detention of children should be considered the last resort. In case detention becomes mandatory, juveniles deserve the right to special treatment and are separated from adults in their place of detentions (UNICEF, 1989; OAU, 1999). Additionally, the UN Rules for the Protection of Children Deprived of Liberty stated that detention centers for children should be staffed with an adequate number of qualified people including psychologists, social workers, psychiatrists, educators, and vocational instructors (UN, 1986, 1990).

The result with key informant interviews showed that once a child is found guilty and sent by order of the court, correctional workers admit him/her into the correctional center. However, the registration of juvenile offenders' profiles is not systematically classified and is also mixed up with those of adult inmates. Also, from

the document review, the researchers noted that the classification and placement of children in line with age, sex, and reasons of detention, duration of detention, and birthplace were not well organized. The researchers have observed that though there is a separation between males and females, there is no separation of dormitories between female young offenders and adult women prisoners. They share the same compound and living rooms. This contravenes with international standards and domestic laws on the classification and placement of convicted children, particularly a requirement that children should be detained separately from adults (Federal Prisons Commission Establishment Proclamation No 365/2003; UNICEF, 1989; OAU, 1999). Further, the UN Standard Minimum Rules for the Administration of Juvenile Justice (1986) states that at the time of admission into the detention center, children should be provided with information about their rights and obligations. Nevertheless, interviews with juveniles indicated that they are not given adequate information about their rights and responsibilities at the time of admission. One of the juveniles mentioned the scenario as *“When I was first admitted to this center, workers registered my name and placed me in one of the dormitories. They have not provided me with the detailed information about my rights and obligations in the correctional center.”* This study showed that the practice of registration, classification, and placement of juveniles are not systematic in the correctional center. Nor they are practiced in line with the minimum standards set out by international and domestic laws of juvenile justice administration.

Concerning juveniles' contact with family, key informants indicated that children can contact and communicate with family members and relatives at the allowed place and time in the correctional center. However, they are not permitted to leave the detention center for visiting their families or attending education. Communication with parents through telephone service is impossible as children are not allowed to access communication technologies in the detention center. Further, the study result indicated that many juveniles have had no contact with their parents, relatives, and friends since the time of their detention. Because some of them are orphans, some other parents live in remote areas from Jimma City, and/or other parents might have no money to cover travel costs for visiting them in the correctional center. Illustrating this, one child said, *“I have been here since my admission as I was sentenced to three years imprisonment. Nobody visited me to date here in the center. My father died. My mother is old and even I don't know whether she is alive or not.”*

This implies that there is a strong sense of detachment of juveniles from their parents, relatives, friends, and communities mainly because of the restrictive administration policy of the correctional center. This finding contradicts with African Charter on the Rights and Welfare of the Child (OAU, 1999) which states that every child who is separated from one or both parents shall have the right to maintain personal relations and direct contact with parents and relatives. The key informants described that the correctional administration has no formal mechanisms of allowing children to visit their families before completing their period of sentences. But parents are allowed to visit their children in the correctional center during the allowed time.

Regarding the protection of juveniles from abuses in the correctional center, key informants stated that the correctional administration is protecting all children under its custody. However, when children fail to comply with the rules and regulations of the center, the disciplinary committee of the center may apply physical punishments that include hitting, kicking, slapping, and heavy labor work. Data extracted from interviews with juveniles also indicated that there are occasional cases in which children experience physical abuse from workers, adult inmates, and/or other juvenile offenders. Illustrating this, one child, who was 16 years old, stated that, *“Though I like the handling of the detention center, I sometimes face slapping and kicking when I refuse to obey the order of the disciplinary committee. I have also seen conflicts between juveniles whereby the physically stronger one beats the weaker.”* This finding implies that the protection of juveniles from abuses in the correctional center appears good except for occasional disciplinary measures that involve physical punishments. The protections of juveniles to some extent comply with the standard minimum rules set out for the protection of juvenile delinquents in the detention centers (UN, 1986, 1990).

Facilities: This theme presents the existing facilities for the treatment of juvenile delinquents in the correctional center of Jimma Zone. These facilities include physical environment and living arrangement, recreational, school, vocational, and healthcare facilities. The physical environment and dormitories of the juvenile detention center is a single block that has three (3) rooms with 4x4 m2 size each separated from adult prisoners. During field observation, we noticed that in each dormitory, 25 juvenile offenders were living and their dormitory was highly overcrowded. Besides, the existing dormitories have no windows that allow adequate light and fresh air circulation. Confirming to our field observation, one of the key informants, female, age 25, of the study described that:-

The overcrowded condition was created due to shortages of rooms as the existing capacities of rooms are not matching with the number of juvenile populations. But now we are constructing additional dormitories with better facilities. In its current situation, it is true that children are living in terrible conditions.

The study identified that there was a shortage of sleeping beds in each room. Some of the juveniles were sharing a single bed for two, and some others were sleeping on the floor. The existing beds were made of wood, very old, and some were broken. Regarding the shortages of beddings, one of the juveniles, male, age 15, shared his story as follows:

When I was first admitted to this detention center, I couldn't be able to get a bed in the dormitory. I was sleeping on the floor for three months. I got to bed after one of my roommates was released. There are also roommates who are sleeping on the floor still now.

The study result also showed that juveniles were not provided with the necessary bedding materials like sheets, towels, mattresses, and blankets. Additionally, they were not provided with daytime clothes by the correctional center. Furthermore, the physical environment including sleeping rooms of the juvenile correctional center was not child friendly and it is not a rehabilitation-based center in its current situation because of limited facilities such as toilet facilities, clean water, laundry, health clinic, and sanitation. The school and vocational workshop centers are also very limited. Evidence from field observation showed that there is a school facility (grades 1-10) in the correctional center. However, it lacks many school facilities. The quotation extracted from the focus group discussions on the school facility in the correctional center is described as follows:

The existing school facility is not attractive for the inmates in general and juvenile delinquents in particular. The juveniles are expected to attend the school with adult prisoners since there is no separate classroom between juvenile offenders and adult prisoners. The school environment is also not conducive to the academic and social learning of the students. It lacks a sports field, laboratory, library, recreational facilities, educational materials, toilet facilities, sufficient blackboards, a clean classroom, sitting chairs, and desks. Thus, we can say that the existing school facility cannot meet the minimum required standard set out by the Ministry of Education. Even it is difficult to name it as a school.

It is evident from this narration that the school facility in particular and the correctional center, in general, has several limitations of facilities that help to provide proper rehabilitation services for juveniles. In general, the physical environment and living rooms are not suitable for the good treatment of juvenile delinquents. This does not meet the minimum standard rules set out for the protection of juveniles in prisons (UN, 1986, 1990).

The juvenile delinquents in the detention center have no indoor or outdoor recreational opportunities. All the 75 juveniles interviewed in this study responded that they have no access to any kind of physical exercise and recreational facilities. Key informants also affirmed that the correctional administration has a shortage of budget to facilitate the physical exercises and recreational opportunities for juvenile delinquents. Further, evidence of field observation showed that the physical setting of the juvenile correctional center has no adequate open spaces that allow children to play with peers, engage in sport, and leisure time activities. Overall, this study revealed that the correctional center lacks the necessary facilities for the treatment of juvenile delinquents.

Services: This section discusses the existing essential services for the treatment of juvenile delinquents in the correctional center. This study identified the following core service areas that are being provided to juvenile delinquents. These services include food, medical, education and training, psychosocial supports, and reintegration into the community. It was found that meals are provided to juveniles three times a day: breakfast, lunch, and dinner. However, children have complaints about the quantity, quality, and variety of the meals. Illustrating this, one of the juveniles, male, age 17, said that, *“We often eat monotonous meals like a cup of tea with a piece of bread for breakfast and enjera (pancake-like local bread made of the mixture of teff and sorghum) and Shirowot (a kind of soup locally made from beans and peas) for lunch and dinner”*.

Key informants of the study also noted that the correctional administration is unable to provide nutritious and sufficient food for juveniles in particular and all prisoners in general that the government allocated 14 Ethiopian Birr (nearly equal to 0.40 USD at the study time) per person per day for meals. The correctional administration further stated that though they have a food menu for prisoners, it is impossible to provide quality meals as per menu standards with the allocated amount of money. Elaborating this, one of the key informants, male, age 55, from Jimma Zone Correctional Administration described the situation as follows:

Although there is a food menu prepared by nutrition experts, we couldn't provide meals as per the menu standard due to budget constraints. Since the government allocated the same amount of budget for all prisoners, we are unable to provide special meals for juvenile delinquents. We used to give vegetables, fruits, and meat twice a month before the current price inflation. But now we can only give them once a month.

The evidence of this study showed that the correctional administration is not feeding the juvenile delinquents with sufficient and good quality meals due to price inflation of food items.

With regards to educational services, the interview results with juveniles revealed that the majority of them were not attending regular school and vocational skills training. Key informants also indicated that many of the juvenile delinquents were not attending school and vocational training. They described lack of finance, human and material resources as major challenges for not providing educational and vocational services to all juvenile offenders. One of the key informants, male, age 42, elaborated that, *“Though it is the mandate of the correctional administration to facilitate educational services for juvenile delinquents, we are not able to do that due to the limitation of budget.”* The study revealed that though juvenile offenders have basic rights to attend academic and vocational training during their stay in the correctional center, 63 out of 75 juveniles who were in custody at the time of this study were not attending school and any vocational skills training.

As far as medical service is concerned, key informants stated that the correctional administration is providing free medical services for all juvenile delinquents. Nevertheless, evidence obtained from interviews with juveniles showed that the medical service provided in the detention center is of poor quality. A small clinic of the correction center gives a kind of emergency and first aid services with limited drugs, health professionals, and medical equipment. Though children are required to undertake medical checkups at the time of admission, correctional workers are not frequently providing medical checkups. As well, when juveniles get

sick and demand advanced medical treatment, the referral procedures to hospitals are not prompt and it takes a long time.

Before a couple of months, I got sick of severe stomachache and visited the existing health clinic in the correctional center. I have not received good medical treatment and care in the clinic. Later on, as my illness gets serious, the medical worker referred me to Jimma University Medical Center. I was taken to the hospital after three days for I did not have money at the time. So, it is less likely to go to the hospital for those who have no money. (Male, age 16, Juvenile in the Jimma Zone Correctional Center)

The study result revealed that though there is a free medical treatment service for juveniles, it is not an adequate and prompt response to children in need of health care.

Concerning the psychosocial services, the study result indicated that juvenile delinquents are not receiving different psychosocial support programs. The professional counseling service is essential for juvenile delinquents during their stay in the correctional centers. However, this study revealed that psychosocial support programs such as group and individual counseling services, cognitive-behavioral interventions, educative and entertaining programs were not provided. Interviews with key informants showed that except for the sporadic visit of the public prosecutors, there is no series of professional counseling services given to juvenile offenders in the correctional center. As one of the juveniles, male, age 15, stated that, *“Except for the rare visits made by volunteers from Jimma University and Jimma City, we have not given any guidance and counseling services on how to manage depression, stress, relationship with people, consequences of breaking the law, and substance abusers.”*

As part of psychosocial support, religious service is being provided for juvenile delinquents in the correctional setting. Interviews with juveniles disclosed that they are allowed to exercise religious practices of their choice and freely take part in religious services. Additionally, the key informants mentioned that all juvenile delinquents have the freedom to exercise their religion in established places of worship.

Though reintegration and reunification services are needed for the smooth transition of juveniles from the correctional settings to the community, findings revealed that the reintegration and post-release support programs for delinquents are not practiced. In addition, this study indicated that correctional workers have a poor record of following up and monitoring juveniles released from prison. A key informant, male, age 42, mentioned that:-

Once juveniles finished their period of sentence, we open the gate of the prison and they are expected to return to their place of origin. However, some children may not return to their families after they are released and often turn to the street. In such instances, it is unfortunate that some children may become recidivists.

Confirming the above key informant's view, a recidivist, male child, age 17, described that:-

It is my second time being admitted to this prison. I have not received reintegration service during my first-time release. They only gave me a release warrant and no one accompanied me to my family. I returned home alone. I have not obtained any kind of post-release assistance. Let alone other things, the correctional administration did not give me a transportation fee.

This implies that the reintegration practice after children are released from prison is totally absent though it is important for the successful re-adjustment of juveniles into the community and reducing recidivism.

Eight core service areas that are considered critical for the treatment and rehabilitation of delinquents were identified in this study. However, big limitations and gaps in each service area are observed in the Jimma Zone Correctional Center. Budget deficiency, weak stakeholders' coordination, less government attention, and low commitment of correctional workers were identified as the major challenges faced by the correctional administration. Furthermore, key informants noted that the correctional administration has a shortage of trained personnel to deal with juveniles, a lack of infrastructure facilities, and material resources. Elaborating on this, a key informant, male, age 55, Jimma Zone Correctional Administration stated that:-

First and foremost, the absence of separate regulations for the treatment of juvenile offenders is one of the major pitfalls of the administration of juvenile justice. Children who are in custody because of infringing the penal law are treated equally with adult inmates. There is no guideline that regulates the treatment and rehabilitation of juveniles uniquely from adult prisoners.

This evidence shows that the correctional administration lacks the service standard guideline for the treatment and rehabilitation of delinquents. There is no specific directive that regulates the treatment of juvenile delinquents in correctional centers.

Broadly speaking, this study showed that the essential services which are needed for the treatment of juveniles are almost lacking in the correctional center. It seems that the purpose of keeping children in the correctional center is undermined. The practice of assisting the smooth transition of juveniles from the prison to the community and post-release support programs is lacking. Evidence of this study revealed that the treatment practice of juvenile delinquents in the correctional setting seems more of punishment and confinement. This finding contradicts the basic principle of the correctional approach whereby the goal of treatment is to prepare the delinquents for readjustment or reintegration into the community, not just for punishment and confinement. The main purpose of placing juveniles in custody is to offer a means by which the delinquents can modify or correct their behaviors and become law-abiding and productive citizens after release (Andargatchew, 2004). On the contrary, the existing treatment practices of juveniles in the prison is not meeting with the minimum standards set out for the treatment of children and it is in conflict with the law in the UNICEF (1989), OAU (1999), and UN Minimum Rules for the Protection of Delinquents in Prisons (1986 & 1990).

4. Conclusion and Recommendations

The juvenile delinquents detained in Jimma Zone Correctional Center involved in different delinquent acts. Among them, theft was a top delinquent behavior that the majority of children under the custody of the Jimma Zone Correctional Center committed. The higher rate of thefts among delinquents is related to the economic situation of their families that many of them were from economically self-insufficient families and/or some of them are orphans. This could imply that improving the condition of impoverished children and their families is an essential strategy to reduce the vulnerability of children to delinquency.

Though there is positive progress in the adoption of international and regional child policies, several gaps were observed in the implementation of juvenile justice administration. It appears that the criminal justice system agents in the area are increasingly relying on custodial measures in dealing with children found guilty of violating the law. In other words, increasing para-judicial measures such as community-based treatment options are less emphasized. The situation of juvenile delinquents in prisons remains dire and sentencing delinquents with adult criminals is a common practice. This may expose children to re-socialize with other adult inmates that they may learn other criminal acts and techniques. As a result, they might become full-fledged criminals in adulthood. This suggests the urgent need for separating juvenile delinquents from adult prisoners in the correctional and detention facilities.

Additionally, punishing and imprisoning children found conflicting with the law cannot be a quick solution to fix the delinquency problem. Rather improving the social circumstances for vulnerable children in the context of home, school, and the community at large is vital. Community-based treatment options as alternatives to correctional centers also need to be utilized widely. However, in instances of detention is inevitable, correctional centers should be equipped with necessary facilities and services for the rehabilitation of delinquents. Upon release from correctional centers, reintegration supports should also be facilitated for children.

Policymakers should consider addressing the legal gaps that focus on Juvenile Justice Administration, particularly, developing standard service guidelines for the treatment of delinquents in the Correctional and Detention Facilities. Further studies are also needed to uncover the overall conditions of children in prison and detention centers across the country.

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