Juvenile Delinquency

Juvenile delinquency means indulgence in an offence by a child in the form of premeditated, purposeful, Unlawful activities done habitually and repeatedly.

The Juvenile delinquent behavior includes lying, theft, burglary, truancy from school, run away from home, Habitual disobedience, fight, Ungovernable behaviour, mixing with antisocial gang, cruelty to animals, destructive attitude, murder, sexual assault etc. In a broad sense, delinquency is not merely juvenile crime, it includes all deviations from normal youthful behavior and antisocial activities.

⇒ Causes Of Juvenile Delinquency

- Rapid Urbanization and industrialization.
- Social Change and Changing lifestyle
- Influence of mass media
- Change in moral standards and Value system
- Lack of educational opportunities and recreational facilities
- Poor economy
- Unsatisfactory conditions at schools and colleges
- Unhealthy student - teacher relationship and
- Lack of discipline.

⇒ Prevention

Prevention of juvenile delinquency is possible by elimination of contributing factors. The problem of delinquent behaviour is now increasing in India and other countries. Preventive measures to be emphasized by healthy family and school environment. Healthy Parent Child relationship, tender loving care in the family, fulfillment of basic needs, educational opportunities, facilities for sports, exercise and recreation, healthy teacher taught relationship, etc, are important aspects of prevention

Delinquent child needs sympathetic attitude with necessary guidance and counselling for modification of behaviour. The child should be referred to child guidance clinic for necessary help. A team approach is necessary in management of this condition including social workers, psychologists, psychiatrists, community health nurse, social teachers, family members and parents. Modification of social environment and rehabilitation of the delinquent child should be promoted

Anorexia Nervosa

Anorexia nervosa is an eating disorder characterized by immoderate food restriction, inappropriate eating habits or rituals, obsession with having a thin figure, & an irrational fear of weight gain as well as distorted body self-perception.

It is more often in females than in males.

Types

Two types

1. Purging anorexia nervosa
   Weight loss achieved by vomiting, laxatives, & diuretics

2. Restricting anorexia nervosa
   Weight loss achieved by restricting calories
   e.g. Following diet, fasting, exercising to excess

Causes

- Low self esteem
- Feelings of inadequacy or failure
- Response to change
- Response to stress (sports or dance)
- Perfectionist
- Need for approval
- Troubled family & personal relationship
- Difficulty expressing emotions & feelings
- History of being teased or ridiculed based on size or weight

- Cultural pressures that glorify thinness
- Cultural norms that value people on the basis of physical appearance & not on inner qualities & strengths

Signs & symptoms

- Amenorrhea
- Infertility
- Fatigue
- Weakness
- Dizziness
- Abdominal pain
- Swelling of the feet
- Irritability is often present as well.
- Constipation
- Xerosis (dry, scaly skin)
- Brittle hair & hair loss

Management

* Nutritional rehabilitation
  - Supervised meals
  - Prescribing binge eating

Expected weight gain :- 0.9 to 1.4 kg/week in inpatients & 0.2 to 0.5 kg/week in outpatient.
Encourage patient to take high calorie diet which provides 1000 to 1600 kcal/day (30 to 40 Kcal/kg).

* Psychotherapy
  - Cognitive behavioral therapy.

- Motivational interviewing
- Family Therapy
- Diet therapy

Antidepressant (Olanzipine, Lorazepam) are prescribed.

- Electrolyte deficiencies that are present in patients with anorexia nervosa should be corrected
- Severely undernourished & cachectic patients require NG feeding or parenteral nutrition.

Obesity

It is derived from the latin word obesus meaning fat. Obesity is a medical condition in which excess body fat accumulates to the extent that it may have a negative effect on health leading to increased health problems.

Causes & Types

↳ Endogenous Obesity
Hypothyroidism, PCOD, growth hormone deficiency, Cushing syndrome, post meningitic obesity, Frochlich syndrome are causes of endogenous obesity.

↳ Exogenous Obesity
- Constitutional, excessive dietary consumption, overeating, fat cell hyperplasia are causes of exogenous obesity.

Clinical Features

- The child is fatty with BMI above 30 kg/m²
- Excessive fat deposition over the neck gives double chin
- Fat deposition found in gluteal region, thighs, abdomen, around breasts.
- External genitalia, hands & feet appear small.
- Knocked knee, slipped femoral epiphysis are present.
- Emotionally disturbed.

Management

- Dietary restriction is important with avoidance of mid-meal snakes, candies, Chocolates, sweets, icecreams etc.
- Increasing physical exercise, sports and encouraging to loss in weight.
- Regular weight recording and follow-up are essential.
- Appetite can be reduced by drugs like amphetamines (Dexedrine, Adderall)
- Psychogenic overeating in children indicates need for counseling.
- Provide psychotherapy.