



# Properties of Juvenile Rehabilitation Centres in Ghana

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## Abstract

Ghana's law prescribes juvenile incarceration centres as the destination for delinquent children not only to serve as punishment, but also to rehabilitate or correct and reintegrate them into society. This study examines the nature and state of rehabilitation centres; the programmes and treatment to which juveniles are subjected. Data from 41 detained juveniles in the Swedru Juvenile Correctional Centre and the Junior Juvenile Correction Centre, Osu, Accra, as well as key informant interview conducted with 5 officers in the two correctional centres, was collected and analyzed through a mixed-method research approach. The findings show there is not enough food for the juveniles, albeit regularly served thrice daily. The children are allowed to cook food to complement the food provided by their centres. There was enough space for the juveniles to operate and sleep contrary to the narrative in adult prison facilities. This coincides with low population of juveniles relative to the capacity of the centres. The training and treatment programmes run in the centres include literacy training, vocational skills training, medical treatment along with counselling and psychological programmes for the wellbeing of the juveniles. The findings show that the juveniles are not learning anything new in the centres.

## Subject Areas

Criminology, Sociology

## Keywords

Detention Camps, International Standard, Child's Right, Juvenile Delinquency

## 1. Introduction

According to [1], some one million children are destitute of their freedom and

this has led to the increasing numbers of people and organizations—both national and especially international—who are demanding an end to the placing of children in detention. The United Nations Convention of Child’s Right Article 37 (b) states that:

“No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time” [2].

While the above articles focus on the welfare of the children who are in conflict with the law, it also positions them as individuals who have rights and as such be given the opportunity to enjoy those rights without anyone infringing on them [3].

All across the world, there are a lot of children who are in conflict with the law in one way or another and the UN Convention makes provisions that shield such children from being mistreated in way or form.

While the UN Convention on Child’s Right remains, the African Charter on the Rights and Welfare of the Child (ACRWC) is a structure for member states of the African Union which stipulates appropriate measures to uphold and protect the rights of the African Child. The above was put in place to fill the void they found within the UN Convention on Child’s Right. Member states of the African Union focused on including within the Charter on the Rights and Welfare of the Child certain significant socio-cultural and economic aspects that are peculiar to the African context in terms of issues regarding the rights of children and especially children who are in conflict with the law [4].

It can be realized from the above conventions that children’s right is of high value to the international community and as such, leaders of various international bodies take great pains to fight for them. Be that as it may, across the globe, children are always in conflict with the law and this has become one of the headaches of many countries of not the topmost problem. In an article published on the webpage of the American Civil Liberties Union (ACLU), nearly 60,000 youths under the age of 18 are incarcerated in juvenile jails and prisons every day. They added that this is a problem because detaining these young ones is detrimental to their entire development as first of all they are denied their liberty to live freely; they are further cut off from families, disrupting their education and exposed to further trauma and violence. Another study conducted by [4] in 2006 confirms the assertion made by ACLU as it showed that every year more than 70% of young people in the United States of America are held in detention centres for nonviolent offences and these facilities are often understaffed and overcrowded. It is therefore not clear if mass detention should be used. The study proved that detention has negative effects on young people as they have to physically and emotionally deal with broken bonds between them [4].

In the Philippines, a study conducted by Save the Children, UK in three different towns found that in 2004, 8527 youths were arrested in these three towns and were placed in the available 1888 detention centres built across the country

[5], while these numbers may be alarming, it is critical to question the state of these detention centres if they are good enough to contain these children, let alone reform them.

The situation is not different in Africa. With many of the countries within sub-Saharan Africa experiencing conflict and violence, the youth are heavily affected with many of them joining violent gangs and engaging in all kinds of crimes. In Angola for instance, a study conducted by [6] studied some 75 children who were in conflict with the law. Some were school dropouts; others had never been to school. It was again interesting to find out from their study that only 14 of these children lived with their biological parents. The rest were either orphans or being fostered by another relative or an entirely different family. This is alarming in the sense that it can be seen as the factors accounting for juvenile delinquency in Africa and the world at large. A Human Rights Watch Report in 1997 found that about 1800 young persons were detained in Kenya for destitution and vagrancy and another 500 for lack of parental control [7].

In Ghana, there is a dearth of research in the field of child's right and children in conflict with the law [3], however, there are laws governing how children or juveniles in conflict with the law are to be tried and treated. Ghana's juvenile justice system is also faced with a number of problems ranging from understaffing, juveniles being placed with adults, lack of access to a lawyer and unconstitutional methods used by the police in handling juveniles [8].

The term juvenile is often replaced with "child" which clearly describes the state or condition of the individual. "Who is a juvenile" is mostly defined by the age limit stated in the constitution of any nation [9] [10]. [10] defines a juvenile as an "individual who is legally able to commit a criminal offence owing to being over the minimum age of criminal responsibility, but who is under the age of criminal majority, when a person is legally considered an adult".

Criminal responsibility concerns itself with an individual's position of being accountable for a crime committed. In other words, the individual is can be held culpable of the crime committed. Criminal majority on the other hand deals with the threshold of an individual being recognized as an adult in society. [8], is of the view that criminal responsibility age is normally between 6 and 18 years while criminal majority is normally 18 years. Their position clearly delineates how a person should be treated if ever they committed a crime. It also reveals an important factor that is considered for defining who is a juvenile—age.

In most parts of the world such as Australia, India, Canada, Croatia and Colombia, minors have been described as individuals who are less than 18 years. International Conventions such as the UN Convention on Child's Right and the African Charter on the Rights and Welfare of the Child (ACRWC) all agree that the age of juveniles is below 18 years [1] [3]. Ghana's Juvenile Justice Act, 2003 Act 653 stipulates that a juvenile is "a person under eighteen years who is in conflict with the law". This poses the question of whether all persons under the age of 18 are culpable of crimes.

## 1.1. Juvenile Delinquency

According to [10], delinquency is from a criminological perspective which is attributed to all offenses committed by persons between the ages of 12 and 20 years. It is also curious to note that the term child delinquent is used by [10], to refer to individuals below the age of 13 and have committed a crime although, in other places, children refer to all persons below 18 years. Delinquency again does not only connote an act that is in conflict with the law but also refers to actions that are contrary to social norms in society [6].

[6]'s definition emphasizes norms broken by juveniles in society. It also means that society frowns on such children who go contrary to social norms. Thus, she [6] gives examples of acts such as "lying, truancy, sexual licentiousness, teenage pregnancy, bad-mouthing others, cheating, lack of respect, involvement in fights, vandalism, substance abuse, arson, rape, bullying, aggression, theft, violence and gangsterism" [6]. Juveniles who offend the law of the state as well as these more social norms are describable as delinquent juveniles.

## 1.2. Juvenile Rehabilitation

Juvenile delinquency is said to have negative effects on the individual, family, and society. According to [11] in 2009, juvenile delinquents alone in Wales and England cost public funds about £4 billion in terms of policing, trials and punishment. In that same period, it was estimated that the U.S government spend over \$5.7 million every year on some 93,000 incarcerated individuals. [12] and [13] concur that the U.S alone holds about a fifth of the world's prisoners who are estimated to be about 2.3 million in number. And this is costing the U.S government a budget of about \$80 million. [14] argued that in South Africa, abortion is on the ascendency which drains the coffers of the government. Monies spent on trials, punishment, replacing vandalized government properties and the rehabilitation of juveniles could have been used to meet other societal needs. [14] concluded that if the government is seen as failing to reduce crime rate also positions them in a bad place where they lose the trust of the public. Once a family member develops a tendency to engage in offending behaviour, the family is adversely affected in various ways. Parents find it difficult to handle the juvenile in question. [15] are of the view that once the family becomes dysfunctional delinquency rises up. Families who suffer from psychological traumas are sometimes forced to relocate to another neighborhood or country because of the anger, shame and guilt (cited in [6]). All these concerns make juvenile rehabilitation imperative.

[16] defined rehabilitation as a "program of treatment that aims to reduce delinquency through addressing its perceived individual causes". Addressing the causal factors of juvenile delinquency is one sure way of understanding why young individuals get into conflict with the law. The World Health Organization (WHO) defined rehabilitation as "a set of interventions needed when a person is experiencing or is likely to experience limitations in everyday functioning due to

ageing or a health condition, including chronic diseases or disorders, injuries or traumas.” For many countries that administer juvenile justice and the conventions that safeguard the rights of juveniles, the sole purpose of treating a juvenile is for rehabilitation [5]. From [9] definition, the end result of rehabilitation is in the juvenile becoming a responsible citizen. Responsible citizens here denote individuals who live by the norms and values of a society and contribute to the growth and development of that society.

### 1.3. Rehabilitation Centres and Treatment Programmes

During the treatment of juveniles, putting them in reformatory institutions is an option according to Ghana’s Juvenile Justice Act 653. Reformatory institutions hold other names such as “remand centres”, borstal homes and the present rehabilitation centres. The sole aim of rehabilitation centres is for objective should be the sole aim of both the juvenile offender and the professionals who treat these juveniles.

[9], defined treatment programmes as “specific theoretically informed methods and concrete strategies used in the correctional centres to change offenders’ behavior.” He also defined “Effective Treatment Programs” as “empirically tested and have been seen to have had positive impact on juvenile offenders’ reformations.” Literature and various conventions indicate that removing inhuman and man-handling of children who get in conflict with the law is the first right step towards reformation and reintegration of juveniles ([2] [3] [5] [17]). [10], revealed in their analysis of Ghana’s Juvenile Justice System that, many of the international rules laid down are not followed adding that the children are not only mistreated during arrest; their parents are also informed later after arrest is made. As behavior change is built on conditioning, it is only right for countries practicing juvenile justice to promote the right practices and follow laid down international rules.

Behavioral theory or psychology holds that all behavior is acquired through conditioning which is also largely dependent on the environment. Rehabilitation centres should not appear punitive or look like adult prison. As [18], puts it, rehabilitation centres with built environment such as clanging metal doors, limited natural light, cramped spaces, concrete slab beds and other forms ill environmental factors only portray feelings of imprisonment and not rehabilitation which in the end makes the juvenile more hardened. It connotes that rehabilitation proper should have facilities that make juveniles want to respond to treatment programmes than resist.

Research has proven that effective interventions administered to juveniles over the last few decades included equipping juveniles with interpersonal skills training, individual counselling and behavioral programmes that lead to reformation [9]. [10] expressed that as part of the aims of Ghana’s JJA Act 653 towards the rehabilitation of the juveniles, special treatment programmes administered include treatment by “counsellors, psychologist and other specialists,

the teaching of vocations or trades such as carpentry, tailoring, etc. as well as formal education”.

The benefits of reformation of juveniles are not targeted only for the juvenile; the total end product of the reformed young offender is reintegration in their homes, communities and nation at large. Thus, reformation, rehabilitation and reintegration become a concerted effort with quotas coming from the juvenile themselves, the correctional centres and the society. That at the end of a rehabilitation process, a young offender with thievery as a behavioral defect will be reformed and would have in addition acquired a set of skills.

## 2. Methodology

The limitedness and disproportionality of facilities dedicated to the correction of delinquent juveniles across Ghana have placed a greater emphasis on the very few juvenile correction centre located in the Greater Accra and Central regions of the country. For the purpose of this study, the fieldwork was conducted at the Junior Juvenile Correctional Centre at Osu, Accra, and the Swedru Juvenile Correctional Centre in the Central Region. Lack of support for juvenile rehabilitation centres in the country has occasioned the collapse of many such centres.

This study adopts a description cross-sectional research design. As intimated by [19], the descriptive design provides the avenue to describe or explain the nature of an event or thing whereas the cross-sectional design is to show how a population differs on certain data parameters. The descriptive cross-sectional design is to pave the way for understanding the issues of juvenile rehabilitation programmes and practices in the paradigms of “what”, “where”, “how”, “who” and “when” [8]. The main issues interrogated in this study regarding the nature of programmes and activities rolled out by the juvenile rehabilitation centres precedent to their reintegration into society, and whether or not those programmes and activities have been profitable for the reformation and integration of juveniles who have been subjected to them. The study employs a mixed-methods approach to data collection and analysis. This method is a rich mix of the positive sides of the quantitative and qualitative methods as they were used collaboratively throughout the study.

The population of the study is made up of all inmates and officers at the Junior Juvenile Correctional Centre at Osu, Accra, and the Swedru Juvenile Correctional Centre in the Central Region. The Juvenile Justice Act, 2003 (Act 653) postulates that children under the age of 18 who delinquently offend the law should be reformed not just by imprisonment, but also rehabilitation in order that they can be well integrated back into society. The guardians, facilitators, trainers, or administrators at the juvenile centres and the children were both targeted in this study to provide data on the programmes and activities for the rehabilitation of juveniles.

Sampling adopted was a multi-stage sampling technique comprising purposive and convenience sampling methods to select the participants of the study.

The purposive sampling technique provided the lead to guardians, facilitators, trainers, or administrators whose statuses can reasonably be adjudged as material to subject of the study. The purposive technique availed important informants for the study and also provided information leading to the relevant group of juveniles who were selected using convenience sampling technique. From this approach a saturation point for key informant/expert interviews and juveniles was achieved wherein an aggregate of 41 juveniles (13 from the Swedru Juvenile Correctional Centre and 28 from the Junior Juvenile Correction Centre in Osu, Accra), and 5 key informants/expects (2 contacted in the Swedru centre and 3 contacted in the Osu centre), formed the sample size. Statistics were presented in tables and charts. The qualitative data were analyzed in a manner as to corroborate the findings from the quantitative study.

### 3. Results

**Table 1** depicts the statistical distribution of the juveniles according to age, religion, education, time spent in juvenile centres, and parenting characteristics in which they fall. All the 41 juveniles in the study are males, not because the Swedru and Osu juvenile centres are unisex, but because at the time of the study, females were in a great minority. Not only that but also, because of the onset of the COVID-19 pandemic in Ghana at the time of the data collection, the centres had been protective of unrestrained contact with the juveniles.

Out of the 41 juveniles studied, the majority (63.4%) embodied those less than 15 years of age. In the Swedru Juvenile Correctional Centre, they represent 69.2 percent while in that of Osu, they made up 60.7 percent. The ages of the rest of the juveniles ranged between 15 and 18 years.

Education appears to be a scarce commodity among the juveniles studied. The highest percentage (43.9%) of the juveniles made up those in Primary School. Immediately after that were juveniles who had never been to school representing nearly one out of every four (24.4%). Climbing up the educational ladder from Junior High to Senior High schools the percentage of juveniles decreased from 24.4 percent to 7.3 percent respectively. Further, it emerged that more than eight out of every ten (84.6%) of the juveniles were not in school before they were brought to the rehabilitation or correction centre.

More than half (51.2%) of the juveniles had lived in the correctional centre for a period ranging from 7 to 11 months. This is followed by those (43.9%) who had lived there from 1 to 6 months. Most of the juveniles had, therefore, lived in the centre for less than a year with only 4.9 percent having spent a period ranging from 1 to 3 years.

The data shows that fathers of the highest percentage (34.1%) of the juveniles were traders in terms of their occupation. Then 31.7 percent of the juveniles' fathers were government workers. Generally, 7.3 percent of the juveniles had fathers who were unemployed and this portends financial challenges for their upkeep whiles they were home. Like the fathers, mothers of the juveniles were

**Table 1.** Background of the juveniles participating in the study.

Variables	Swedru centre	Osu centre	Total	
	Percent	Percent	Frequency	Percent
<b>Total</b>	<b>100</b>	<b>100</b>	<b>41</b>	<b>100</b>
<b><i>Age</i></b>				
Less than 15 years	69.2	60.7	26	63.4
15 - 18 years	30.8	39.3	15	36.6
<b><i>Level of Education attained</i></b>				
None	15.4	28.6	10	24.4
Primary	53.8	39.3	18	43.9
Junior High School	23.1	25.0	10	24.4
Senior High School	7.7	7.1	3	7.3
<b><i>Were you in school before you were brought to this home?</i></b>				
Yes	7.7	17.9	6	14.6
No	84.6	75.0	32	78.0
<b><i>Time lived in rehabilitation centre</i></b>				
1 - 6 months	38.5	46.4	18	43.9
7 - 11 months	53.8	50.0	21	51.2
1 - 3 years	7.7	3.6	2	4.9
<b><i>Father's occupation</i></b>				
Unemployed	7.7	7.1	3	7.3
Trader	30.8	35.7	14	34.1
Artisan	15.4	25.0	9	22.0
Farmer	7.7	3.6	2	4.9
Government worker	38.5	28.6	13	31.7
<b><i>Mother's occupation</i></b>				
Unemployed	30.8	25.0	11	26.8
Trader	38.5	53.6	20	48.8
Artisan	0.0	3.6	1	2.4
Farmer	0.0	0.0	0	0.0
Government worker	30.8	17.9	9	22.0
<b><i>Were you living with parents before admission?</i></b>				
Yes	100.0	89.3	38	92.7
No	0.0	10.7	3	7.3

Source: Field Work, 2020. All values are significant at  $p < 0.05$ .

mainly traders, as evidenced by 48.8 percent of the juveniles. Meanwhile, about a quarter (26.8%) of the juveniles had unemployed mothers.

It emerged that about nine out of every ten (92.7%) of the juveniles lived with their parents before their trouble with the law and subsequent admission to the correctional centre.



The five (5) officials who were engaged in personal interviews comprised prison officers and staff of social welfare who provided assistance for the maintenance and training of the juveniles. For purposes of identification of these officials, pseudonyms have been assigned to them together with their position, gender, and their juvenile correctional centre.

The data shows that the majority (63.4%) of the juveniles studied were undergoing vocational training. This left less than two out of every five (36.6%) of the juveniles undertaking training in Education and Literacy. **Figure 1** brings a graphic view of the results.

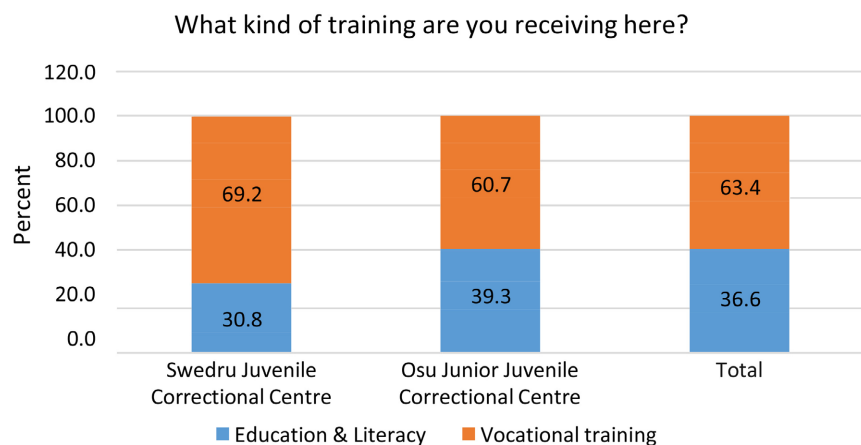
## 4. Discussions

### The Nature and State of the Rehabilitation Centres

This part of the analysis synthesizes the data on nature and state of the Swedru Juvenile Correctional Centre and the Junior Juvenile Correctional Centre, Osu, Accra.

To understand the nature and state of the rehabilitation centres, first, in the eyes of the juveniles, questions about food, space, activities, training, and health in the juvenile centres were posed. In fact, all the juveniles in the study admit that food and water are served to inmates, at least, three times daily. Meanwhile, there is evidence that the juveniles did not enjoy sufficient food with about three-quarters (65.9%) of them indicating they do not get enough food. Probing into this concern, a remark from one of the key informants, a female instructor working in the Osu centre for the last eight years, aged 45, hereafter referred to as Amartey, is insightful. Amartey said:

Our centre provides food for the juveniles three times each day. Definitely, some of our children have a good taste for food which they themselves have prepared, so the centre allows the children to cook their own food. An environment is provided for them to enable them to cook if they so wish. But that has not been a substitute for the food given to them by the centre (Amartey, Osu).



**Figure 1.** Categories of training programmes for the juveniles (Source: Field Work, 2020).

There were responses from other key informants which echoed the fact that the juveniles could have other food fetched by themselves. A female administrator in the Swedru facility aged 51 and having worked in the facility for twelve years, hereafter referred to as Freda, said directly that:

We allow them [the juveniles] to cook on their own besides the food we give them. Our centre does not approve of the children buying food from outside or outsiders handing food items to the children personally. We always advice that if anyone has food items to give, then they can do so by bringing the food item to the administration for the administration to use proper procedures to get the food to the children (Freda, Swedru).

It does not seem that there was a major problem with availability of water as the interviews did not highlight this as such. However, the views just presented betray the idea that the juveniles have had to be cooking to make up for either the insufficiency or low quality of food they receive from the centres. If there were challenges with feeding the juveniles, it certainly cannot be blamed on a large size of juveniles, rather, challenges with funding.

All the juveniles indicated that their sleeping space was just good. This sharply contrasts the nature of prisons in Ghana [20]. This also rejects the idea that these juvenile centres are nothing more than adult prisons where congestion and over-crowding are ever-present. “There is a good amount of space for the juveniles to operate”, remarked a training facilitator, male, aged 49 with 10 years duration of work in the Swedru centre, referred to as John.

The routine for the majority (80.5%) of the juveniles is like this; get out of bed in the early morning, do weeding and/or cleaning, wash down, and go to school or training. One informant, a male teacher in the Osu centre, aged 51 with 15 years of work at the centre, referred to as Ofori, mentioned that:

Teachers, generally, have a friendly relationship with the juveniles. Staff are assigned to monitor and supervise the activities of the juveniles and to keep them in check at all times. As a routine, juveniles are made to observe their morning chores. They clean their environment, do their toilet, and then they have to prepare and attend the education programme provided for them. After that they are dismissed to repose in their homes in the juvenile centre. Depending on the times there are specific and varied activities like weeding and general cleaning to which they may be put to work (Ofori, Osu).

Another key informant, John at the Swedru centre, a male aged 49 years with 10 years working in the centre revealed that:

The juveniles are subjected to intensive training and discipline. They have to be helped to keep time, act toward completing their assignment and obeying instruction. We [facilitators and teachers] have to do all these bearing in mind the rights and welfare of a child enshrined in the Children’s Act (John, Swedru).

The 1992 Constitution of the Republic of Ghana, the Criminal Code and the Children's Act, 1998 (Act 560) govern Ghana's child protective system. Specifically, Article 28(1)(d) states, "children and young persons receive special protection against exposure to physical and moral hazards". Article 28(2) through to (4) reposes in every child the right to be protected from things that threaten his or her health, education and development. No child is to be deprived by another person of medical treatment and social and economic benefit by any means religious. These provisions, read together with Section 2(1) of Act 560, that the best interest of the child shall be paramount in any matter concerning a child, and Section 8(1) and (2), that no person shall deprive a child access to education, immunization, adequate diet, clothing, shelter, medical attention or any other thing required for his development for any reason including religious beliefs or other beliefs, entail the logical conclusion that the caretakers of juveniles in the juvenile rehabilitation centres ought to exercise quality judgement so as to do only the things that help to promote the general wellbeing of the juveniles in their care. From this study, the caretakers appear to be in tune with this understanding and, therefore, have created a health relationship with the juveniles to advance this course.

So, of great importance to the proper development and reintegration of the juveniles into society is the training they receive to equip them to make a living for themselves. Much of this equipping depends on how well the caretakers have been prepared on the matters concerning a juvenile's development.

In asking the key informants whether the caretakers or staff in their centres are trained to handle juvenile issues or not, the understanding from this study is that the caretakers are reasonably trained to handle juvenile issues. The response from Freda on the matter is insightful. She said:

Our facilitators and trainers are people produced by the Social Welfare Department of Ghana under the Ministry of Gender, Children and Social Protection, with requisite qualifications. Many of them are Psychologists, gender experts, and people with medical training. Notably, there are some with technical and vocational experience in our midst to take care of the juveniles (Freda, Swedru).

Another informant, a female teacher in the Osu centre, aged 47 with eight years working experience, hereinafter referred to as Eunice, added that:

Most of the caretakers working here have tertiary educational training. Several years of working in this centre have taught me that a lot of people have gained experience on handling juveniles by working here. Yet, with more staff training and utilization of a more professional, we would be better able to handle juvenile issues than we are currently doing (Eunice, Osu).

There is an impression that apart from qualifications which the staff received per their academic training and experience on the job, there is very little input to training and development coming from the administration of the juvenile cor-

rection centres. This goes to show that “even running refresher courses for staff would have been a novelty in the juvenile centres” as stated by a key informant (John, Swedru).

There is a preponderance of evidence from the key informants that gives the impression that staff training as an administrative function has not been characteristic of both the Swedru Juvenile Correction Centre and the Junior Juvenile Correction Centre in Osu. This finding resonates with the major findings from nearly every research one would, hitherto, come across on rehabilitation centres in Ghana including those for juveniles. [21] argued that training in rehabilitation centres was lacking, in their view, among inmates. It happens that this lack of training in rehabilitation centres has existed in Ghana for a long time well among officers providing reformatory services at correctional centres for inmates [9]. [21] suggests that the care takers in rehabilitation facilities ought to ensure that training of those who are being rehabilitated is results-driven. However, in [9] earlier study of the Swedru Juvenile Correctional Centre, the findings revealed that treatment programmes (moral training, education, literacy, vocational skills training and counselling) were not effective. Although the study did not find any correlation between the level of effectiveness of these programmes and the level of professionalism of officers, the results, definitely, cast some doubts on the justification of the professional orientation of the officers in the juvenile correctional centre. This study echoes this realization and presents a factual basis to affirm the concern about the lack of training of staff of the Swedru Juvenile Correctional Centre. The same fact has emerged from the Junior Juvenile Correctional Centre in Osu, Accra. This reality in the two correctional centres is but a development that many other juvenile correctional centres in Ghana must be dabbling in and waiting to correct.

In finding out how training programmes cascade to the juveniles in Swedru and Osu juvenile correctional centres, the study found that there was a training programme for the juveniles. All the juveniles from both Swedru and Osu juvenile correctional centres in this study claimed that they had one form of training or the other.

Juveniles who participated in vocational training did so in four specific areas, namely, carpentry, plumbing, masonry, and sewing. The main vocational training in which the juveniles participated was masonry (participated by 38.5% of 26 juveniles in vocational training). After this was carpentry with 34.6 percent of juvenile participants. The rest were plumbing with 19.2% of the juveniles participating, and sewing with 7.7% of the juveniles participating respectively. It emerged that in the Swedru centre, 66.7 percent of the juveniles in vocational training were into carpentry. Carpentry, therefore, was the major vocation under which the juveniles received training. Plumbing, with 11.1 percent of the juveniles in vocational training in the Swedru centre constituted the vocation with the least participation. On the other side, the Osu centre recorded the highest participation (47.1%) of the juveniles in vocation training relative to masonry. So, masonry was main vocation learnt by the juveniles in the Osu centre.

Plumbing was next with 23.5% of the juveniles in vocation training participating. In the case of the Osu centre, carpentry absorbed 17.6 percent of the juveniles in vocational training while unlike Swedru which had none, sewing vocation was understudied by 11.8 percent of the juveniles in vocation.

Data from the key informants from both juvenile correctional centres confirmed that literacy and vocational skills training were run for the juveniles. The response from Freda, a female administrator in the Swedru Juvenile Correctional Centre provides an array of the training programmes. She said:

We [Swedru Juvenile Correctional Centre] have training programmes which the children are accepted to come and join if they want. The programmes include tailoring, metal works, carpentry, electrical works, auto mechanics, fabrications, auto electricals, and beads work. Aside from that, juveniles can be co-opted in the education and literary programme to go to school starting from any stage up to final year in Junior High School [JHS 3]. A few of them who are in Senior High School, or who would have gotten admission in a Senior High School are also allowed admission while they are in the institution (Freda, Swedru).

The narrative is the same in the Osu Junior Juvenile Correctional Centre. Here too, juveniles are trained through either vocational or formal education programmes. Eunice a female teacher in Osu said:

Our correctional centre has Senior High School students and those involved in vocational skills training. The National Vocation Training Institute [NVTI] continues to be helpful to many juveniles who are admitted into this centre (Eunice, Osu).

But whose decision was it for the juveniles to participate in one programme or the other? Data showed that the majority of about nine out of ten (92.7%) of the juveniles made a personal decision to participate in their choice of training programme. This meant that the juvenile rehabilitation centres took no leading role in the choice of the training programme attended by the juveniles. The specific law that speaks to children's right to education and well-being states, "No person shall deprive a child access to education, immunization, adequate diet, clothing, shelter, medical attention or any other thing required for his development" (Section 8(1) of Act 560). Evidently, the opportunity for the juveniles to train and educated has been provided by the correctional centres in attempting to act in consonance with the law.

Another part of the law (Section 8(2) of Act 560) states that "No person shall deny a child medical treatment by reason of religious or other beliefs". The important aspect of the law is about the denial of treatment. In this study, all the juveniles said they received medical treatment in their rehabilitation centre. It was difficult for some of the children to identify the specific medical treatment through which they were taken. Some of them, however, remembered a thing or two. One of them, for instance, mentioned that blood test was conducted before

his admission to the Osu Junior Juvenile Correctional Centre. Bone marrow test was also mentioned as one of the tests by another child. A number of the children bore witness that Ear, Nose and Throat (ENT) test was conducted for them.

The information obtained from the key informant also pointed to the fact that treatments are conducted on the inmates as and when necessary. These incorporate anger management, counselling, psychological, and addiction programmes. Freda threw more light on the issue of treatment saying:

Treatment is a key component of our care for juveniles. The treatment programmes we normally conduct are anger management, counselling and psychological programme, addiction programme. We also have religious activities which help the children a lot. The children have access to medical and dental treatment. When they got sick in the course of their stay in the centre, they are always given medical attention by medical doctors (Freda, Swedru).

Another response indicated that “juveniles receive care and protection through medical, physical and religious treatment” (Eunice, Osu).

Although there is a healthcare and treatment regime in the both juvenile correctional centres, there is the argument as to whether or not the healthcare and treatment regime just functions to fulfill a certain formality rather than a measure fully dedicated to the care for the juveniles. This thinking follows from the submission of one of the juveniles in the Osu centre who suggests that they have health problems as a result of “lack of regular exercise, poor lavatory and bath systems in the dormitories, the mindset of some inmates to want to share any and everything with their colleagues, and inadequate nutritious food. This implies that there is a vast room for the healthcare and treatment regime to occupy in the juvenile correctional centres in order to sharpen the focus on health and treatment of the juveniles.

## 5. Conclusions

The Juvenile Justice Act, 2003 (Act 563), and the Children’s Act, 1998 (Act 563), provide the legal framework within which children who offend the law should be handled. These children, aged from 12 to 18 years, as the law prescribes, are detained under a different dispensation from adults who fall foul with the law, to give them the opportunity to relearn good behaviour for their rehabilitation and reintegration into society. This study depicts how children are treated in their detention centres to make way for their rehabilitation. The study, particularly, shows how the Swedru Juvenile Correctional Centre and the Osu Junior Juvenile Correctional Centre provide the atmosphere for the rehabilitation process and the effect of the training and treatment of juveniles in the centres even before their release.

Quite unlike the adult prison facilities, the juvenile correctional centres were not populated to their capacity. The overcrowding that has characterized adult prison facilities in the country remains alien to the juvenile correctional centres. Consequently, their facilities are not overstretched and space is good enough for

sleeping and other activities. Along with routines, the juvenile correctional centres have training and treatment programmes which are meant to develop and equip the juveniles. The programmes are classified as vocation skills training and literacy training. There are also medical treatment, counselling and psychological programmes to address cases of addiction or behavioural anomaly of juveniles and help them through their decision-making. Feeding faces a major problem of insufficiency and nutritional value, albeit provided three times daily to the juveniles. Thus, juveniles are allowed to cook their own food to compliment the food served by the centre.

While the juvenile correctional centres continue to earn repute of being a place to instill discipline and the sense of independence and patience in delinquent juveniles, the training and treatment programmes require being well-structured and implemented to achieve the full benefits from it.

The training and treatment programmes, in their current state of execution, do not produce the expected results, at least in the evaluation of the staff and juveniles.

### **Recommendation**

It is recommended that serious efforts be made to restructure the programmes to make them more robust. Inputs from experts and key stakeholders comprising governmental and non-governmental organizations should be solicited. At least, the Ministry of Gender, Children and Social Protection, Ghana Education Service, the Ghana Prisons Service, as well as child-centered NGOs like World Vision Ghana, UNICEF Ghana, the Ghana NGOs' Coalition on the Rights of the Child, and Child Rights International should be enlisted to provide inputs into the training programming for the delinquent juveniles. This restructuring of the programmes should provide a renewed awareness and focus on the training of juveniles who offend the law. The training programmes need to offer deterrence for delinquent behaviours of juveniles, attitudinal reformation, character building, and a truly educative and skills imparting training for the juveniles.

There is the need to evoke the juveniles' responsiveness to the objectives of the training programmes. This can be done by incentivizing the juveniles so that they can bring out their best potentials and follow good examples. Sponsorship packages from the government and NGOs for juveniles who achieve key objectives of their training would go a long way to rekindle the interest of the juveniles and bend it toward greatness.

### **Authors' Contributions**

MA conceived the idea and wrote the first draft. DAO wrote the final draft. All the authors read and approved the final manuscript.

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## Conflicts of Interest

The authors declare no conflicts of interest.

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