Health Status of Institutionalized Juvenile Delinquents

Thesis

Submitted in Partial Fulfillment of the Master Degree in Nursing Sciences
(Community Health Nursing)

By

Zainab Attia Abdallah
(B.SC. Nursing)
Demonestrator - Faculty of Nursing
Modern University for Technology and Information
(MTI)

Faculty of Nursing
Ain Shams University

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Supervision

Dr. Sabah Abd El Mobdy Radwan
Professor of Community Health Nursing
Faculty of Nursing
Ain Shams University

Dr. Nadia Ibraheem Abd El Aty
Lecturer of Community Health Nursing
Faculty of Nursing
Ain shams University

Dr. Ferial Foad Melikah
Lecturer of Community Health Nursing
Faculty of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University

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List of Abbreviations

Abb.	Meaning
WHO	World Health Organization.
JD	Juvenile Delinquency.
JDs	Juvenile Delinquents.
UN	United Nations.
UNICEF	United Nations Children's Fund.
UNESCO	United Nations for Education, Science, and Culture Organization.
UNCRC	United Nations Convention on the Rights of the Child.
UNESC	United Nations Economic and Social Council resolution.
OJJDP	Office of Juvenile Justice and Delinquency Prevention.
PATHS	Promoting Alternative Thinking Strategies.
OBPP	Olweus Bullying Prevention Program.
BBBS	Big Brothers Big Sisters.
FAST	Families and Schools Together.
NEP	Nurse-Family Partnership.
MTFC	Multidimensional Treatment Foster Care.
LST	Life Skills Training.
MST	Multi Systemic Therapy.
FFT	Functional Family Therapy.
CHN	Community Health Nurse.
AIDS	Acquired Immunodeficiency Disease.
STD	Sexual Transmitted Disease.
HIV	Human Immune Virus.
TB	Tuberculosis.
NGOs	Nonn-Governmental Organizations.

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Abstract

A juvenile delinquent is one who is a minor with major problems and generally, any person between the ages of 7 to 18, who violates the law, is considered as a delinquent. ***Aim:*** the study aims to assess the health status of juvenile delinquents in the social care institutions. ***Design:*** a descriptive analytic study was used. ***Sample:*** a purposive sample of 318 juvenile delinquents (248 males, and 70 females) their ages ranged from 15 to 18 years admitted since not less than 3 months and carrying out legal punishing period. ***Setting:*** five Egyptian social care institutions. ***Tools:*** four tools were used for data collection. ***First tool:*** was record analysis for collecting data related to socio-demographic characteristics, crime committed type and scholastic achievement. ***Second tool:*** was a self-administered questionnaire for assessing past and current health history, health habits and life style. ***Third tool:*** was physical examination of the child from head to toes including weight, height and somatic abuse and self-administered for assessing the child self-esteem and antisocial behaviors. ***Fourth tool:*** Observational checklist for assessing the social care institutions' environment. ***Results:*** results of this study indicated that, the majority of juvenile delinquents were males and left their schools before admission; they suffered many common health problems especially signs of somatic abuse; they had high general antisocial behaviors. ***Conclusion:*** the study concluded that the major factors related to those institutionalized juvenile delinquents were socio-economic factors and they suffered many physical, psychological and social health problems inside unsuitable rehabilitated institutions. ***Recommendations:*** the study recommended that all juvenile delinquents need adequate health care, specialized rehabilitation programs, coping strategies to compensate with stressful life events.

- **Keywords:** Juvenile Delinquent, Social Care Institutions, Health Needs, Health Problems, Self Esteem, Antisocial Behaviors, Rehabilitation Programs.
- Master's Thesis - Faculty of Nursing - Ain Shams University.

INTRODUCTION

Juvenile delinquency is defined as any crime committed by children and adolescents under statutory age. A juvenile delinquent is one who is a minor with major problems. The age limit and also the meaning of delinquency vary in most countries, but it is always below 18 years. Generally, any person between the ages of 7 to 18, who violates the law, is considered as delinquent and persons above this age are considered as criminals ***(Siegel et al, 2011).*** The most greatest risk of falling into juvenile delinquency are rapid population growth, the unavailability of family support services, unemployment, the decline in the authority of local communities, ineffective educational systems and discrimination against minority groups ***(Aaron and Dallaire, 2010)***.

Adolescence is the period of transition from childhood to adulthood. This transition is a time of rapid changes in body, emotions, attitudes, values, intellectual abilities and relationships with the family, and peers. During this period of change, the main goals of an adolescent include learning about a new body with new potentials for feelings and behaviors, making an initial separation from the family to establish an independent identity and defining his or her place in adult society ***(Drench et al, 2012).*** Adolescence period is characterized by numerous changes, not only physical, psychological and emotional ones but also in the context of family relation that affect the rapport of adolescences with their parents, personality changes, peer relation and changes in their reactions and attitudes to different situations ***(Amer, 2007)***.

The number of children in especially difficult circumstances is estimated to have increased from 150 million to more than 200 million between 2000 and 2010 all over the world ***(Harnsberger, 2011)***. In Egypt more than 25,202 juvenile delinquents involved 24,648 males and 554 females in custody,

social care institutions, social offices and observation offices all over the country. There are only 3,570 juvenile delinquents in custodial and social care institutions, 3,105 males and 465 females ***(Egyptian Ministry of Society Solidarity, 2012)***.

According to ***World Health Organization, (2010)***, juvenile delinquents face several problems in their dealings with others inside the custodial and social care institution as physical problems as acute illness, chronic physical conditions and communicable diseases. Psychological and mental problems as stress, transitory life style, poor relationships with others, child abuse, withdrawal and lying escape from the institution. Social problems as illiteracy, violent environment, neglect, smoking, discrimination, lack of accessible resources, physical and sexual assault.

Institutional programs aimed at providing physical, psychological and social support for individuals and groups include camps, group homes, alternative schools and shelters. Provided within this context are educational, behavioral and psychological evaluation of institutional activities. According to experts, crime victims require restitution to restore their dignity and honor, compensation to acknowledge the trauma inflicted and bring a sense of closure, and rehabilitation to enable them to return their homes and communities with a measure of self-worth. A few methods specially scare -oriented approaches or programs that place groups of delinquents together for extended treatment- have actually worsened the behavior of participants ***(UNICEF, 2009)***.

Delinquency prevention is the broad term of all efforts aimed at preventing children from becoming involved in criminal, or other antisocial activities. Preventive services especially the Community Health Nurse role may include activities as substance abuse education, family counseling and youth mentoring. Increasing availability and use of family planning services to reduce unwanted births are also considered

as risk factors for delinquency. The most efficient interventions applied from Community Health Nurse are those that not only separating at-risk teens from anti-social peers, and place them instead with pro-social one, but also simultaneously improving their home environment by training parents with appropriate parenting styles ***(Welsh, 2007).***

The children who sleep in the streets are vulnerable to the climatic fluctuations leading to the common cold, or intense heat, resulting in various diseases including tuberculosis and cancer. Accordingly, the Community Health Nursing should deal with all categories of human beings at all levels in a various settings to treat and prevent the hazards of juvenile delinquents and have a significant role in the observation and assessment of the forensic client and to provide the necessary services for those delinquents and help them in the referral system needed for them where the forensic nursing practice is one of the fastest growing nursing specialties of the 21st century ***(Harget et al, 2008)***.

Significance of the study:

Violence is a pervasive phenomenon in the Egyptian Community and the government has done little to deal with the roots and complications of these problems. Prevailing of physical, psychological and social problems among the juvenile delinquents inside the social institutions for punishment and rehabilitation become more noticed versus the very weak reaction of the government. Additionally, the high rates of juvenile delinquency in Egypt nowadays often receive great attention from human rights and agencies committed with the performance of those activities related to health of their recovery

(Egyptian Ministry of Society Solidarity, 2012). The community health nurse plays a pervasively crucial role in dealing with delinquency as a serious public health problem and a risk group in the community to address the problems of the juvenile delinquents and specifies the required care ***(Pridmore, 2009)***.

Aim of the study:

This study aims to assess the health status of juvenile delinquents in the social care institutions through:

- Assessing the socio-demographic characteristics of juvenile delinquents.
- Assessing the health status of juvenile delinquents (physical, psychological and social).
- Identifying the factors related to juvenile delinquency.
- Assessing the environment of the social care institutions of juvenile delinquency regarding punishment and rehabilitation activities.

Research questions:

1. What is the health status of the juvenile delinquents?
2. What are the factors related to juvenile delinquency?
3. Is the social care institutions' environment appropriate for the juvenile delinquents' rehabilitation?