PHYSICAL AND PSYCHOLOGICAL HEALTH OF JUVENILE DELINQUENTS

Shailja D^{1*}, Gaytri Tiwari²

¹ Research scholar, Department of Human Development and Family Studies, College of Community and Applied Science, Maharana Pratap University of Agriculture and Technology, Udaipur, Rajasthan

email: sk.hdfs.shailja07@gmail.com

²Professor of Department of Human Development and Family Studies, College of Community and Applied Science, Maharana Pratap University of Agriculture and Technology, Udaipur, Rajasthan

Email- tiwarigaytri@gmail.com

Abstract-

Juvenile delinquency is a serious and common problem which warrants a careful understanding of its psychosocial underpinnings. Therefore, the aim of this study was to show the difference between physical health and psychological health of boys and girls in relation to pain & discomfort, energy, sleep, activities, medication, mobility and work capacity, body image and appearance, negative feelings, positive feelings, self-esteem, Spirituality/ religion/ personal beliefs, and thinking/ learning/ memory/concentration. This analytical descriptive study sample consisted 30 individuals (15 boys and 15 girls) who were institutionalized in Udaipur city, Rajasthan. The participant age ranged between 14-18 years (Mean \pm SD=3.4 \pm 0.98 and 3.3 \pm 0.89). Self-developed questionnaires were administered in an interview format for collecting the demographic, physical health and psychological health related information of the participants. No significant differences were found in pain &

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discomfort, energy, mobility, medication, and work capacity in terms of physical health and whereas, body image and appearance, negative feelings and self-esteem had no significant effect of psychological health on juvenile delinquents. However, sleep (t=1.89, p<0.05) and activities (t=1.80, p<0.05) were significant difference in the physical health and there is a significant impact of positive feelings (t=1.86, p<0.05), spirituality/ religion/ personal beliefs (t=1.88, p<0.05) and thinking/ learning/ memory/concentration (t=1.78, p<0.05) in psychological health of juvenile delinquents.

Keywords: juvenile, delinquent, physical health, psychological health, juvenile delinquency

1. INTRODUCTION

Juvenile delinquency is a serious and common problem which warrants a careful understanding of its psychosocial underpinnings [1]. Juvenile delinquency refers to the engagement of children in anti-social activities who are typically under the age of 18 and commit unlawful act that would be deemed a criminal. When a child makes a mistake that is against the law and is not tolerated by society, they are referred to as delinquents. According to the latest National Crime Record Bureau (NCRB) report 2012, crimes involving children have increased from 0.8 % (2001) to 11.8 % (2011). In India, at least one minor was arrested for raping a woman or girl every eight hours in 2019, while more than three on average were held for assaulting a woman daily, the latest data on juveniles in conflict with law shows [2]. The data, released by the National Crime Records Bureau (NCRB), shows that 1141 juveniles were arrested in 2020 on charges of rape, assault on women and attempted rape whereas 85 girls arrested in 2020 between 16-18 years of age on charges of murder, attempt to murder, abetment of suicide, theft, and human trafficking, in India [3]. The level of participation of adolescents in different type of delinquent activities are higher between 15-17 years of age [4].

A child's physical health gets affected by many aspects of daily social life, including involving in anti-social activities [5]. An important factor in the development of good physical health is health behaviors, including eating right, getting enough sleep, and getting regular exercise [6]. Although previous research has examined the association between individual health behaviors and crime, no study has simultaneously assessed important health behaviors as a "lifestyle" index when accounting for disease. Despite the fact that there is a tendency for positive health behaviors to be practiced together as negative health behaviors [7]. Numerous research assessing the association between physical health and crime has focused on the experience of illness as a stressor that leads to crime [8]. However, poor health behaviors may have significant effects on crimes beyond illness related to negative self-attitude [9]. The association between physical health outcomes and criminality has indicates a significant positive relation between illness along with the experience of particular somatic symptoms including frequent headache, colds, aching, general pain, skin problems, dizziness and join aches and delinquency among children [5].

Psychological health is essential for everyone, everywhere which goes beyond simply being free from mental health conditions. It is crucial to wellbeing because it helps individuals to attain their maximum potential, demonstrate resiliency in the face of challenges, be productive in a variety of daily life sittings, establish healthy relationships, and give back to their communities. Psychological health related to juvenile delinquency including six sub-dimensions. Specially, it covers body image and appearance, negative feeling, positive feeling, self-esteem, spirituality/religion/ personal beliefs and thinking/ learning/memory/ concentration.

To date, numerous studies have thrown light on possible psychological risk factors for criminality among children. Gender [10], low intellectual ability [11], race [12], age group [13], immigration and poverty [14], influence of delinquent peers [15], child abuse [16,17],

poor academic achievement of children [18] and inadequate parental support [19] have been manifested as influencing risk factors. The concentration of delinquency within families and the intergenerational transmission of delinquency can be explained by environmental factors, genetic factors, and a combination of these factors. Crime and other antisocial behaviors are explained by genetic factors with ~50% of the variance [20]. The juvenile delinquent group is in the unsettled stage in all aspects, they easily influenced by bad culture, driven by curiosity, propensity and imitation, which increases the chances of involvement of criminal activities [21]. In the context of influence of Internet, the online ethics of adolescents have not been fully paid attention to by the family, society, and schools, resulting in a lack of online ethics. The influence of the Internet subculture has a negatively effect on children. Spurred on by this, children will use illegal and criminal means to achieve what they want [22].

2.METHODS

The study was conducted in Udaipur district of Rajasthan. A total sample size of 30 respondents (15 boys and 15 girls) were selected purposively between the age group of 14 - 18 years for the study. A questionnaire was developed for data collection in two dimensions viz; physical health and psychological health and their demographic variables such as name, age, gender, educational qualification, place of residence, type of house, type of family, size of house, marital status, annual income of family and substance and drugs use.

2.1 Procedure: Two observation home was selected from collecting information regarding juvenile delinquents, one was Baal Sudhar Grah where delinquent boys were residing there and second was Nari Niketan where girls' offenders were present. Permission was taken from the principal magistrate of juvenile justice board, Udaipur, Rajasthan to interact with children in conflict with law. The purpose of study was made clear to them and requested to give permission to conduct the research.

2.2 Instruments: Self-prepared questionnaire was used to measure independent variables for the study such as age, gender, caste, parent's education, employment status of parents, family type, family income and educational status which have directly and indirectly bearing a major research variable if the study. For the collection of data, structured individual interview method was used to collect in-depth information of participants in terms of physical health and psychological health. It consists of 46 statements in physical health and 65 statements in psychological health and the responses are scored as never=1, sometimes=2 and very often=3. It is necessary to build a good rapport with the juvenile delinquents for obtaining information. Therefore, regular visits were made to the observation home to meet the inmates and to become friendly with them.

2.3 Analysis: To ascertain the differences in the physical health and psychological health in terms of boys and girls. t-test was used to measure the different types of response obtained from boys' and girls' recipients. Mean, standard deviation and standard error were calculated in terms of socio-demographic profile of the juvenile delinquents. Data from the participants were coded and entered into Microsoft excel. Each variables entered were evaluated for proper coding and correct data entry.

3. RESULTS AND DISCUSSION

A total 30 children (15 boys and 15 girls) with the mean age of 3.4 ± 0.98 and 3.3 ± 0.89 years (14-18 years) participated in the present study. Descriptive analysis of demography of juvenile delinquents are given in Table 1.

Table 1. Background information of juvenile delinquents

N=30

Variable	Mean ± SD	Std. Er

Age	Boys	3.4 ± 0.98	0.26
	Girls	3.3 ± 0.89	0.23
Caste	Boys	2.2 ± 1.03	0.26
	Girls	2.2 ± 0.86	0.22
Place of residence	Boys	1.3 ± 0.48	0.12
	Girls	1.2 ± 0.45	0.11
Type of house	Boys	1.7 ± 0.45	0.11
	Girls	1.6 ± 0.48	0.12
Type of family	Boys	1.2 ± 0.45	0.11
	Girls	1.3 ± 0.48	0.12
Size of family	Boys	2.1 ± 0.74	0.19
	Girls	2.2 ± 0.77	0.2
Marital status	Boys	1.8 ± 0.35	0.09
	Girls	1.7 ± 0.45	0.11
Annual income	Boys	2.06 ± 1.4	0.34
	Girls	2.1 ± 1.6	0.43
Substance/drugs use	Boys	1.4 ± 0.50	0.13
	Girls	1.8 ± 0.41	0.10

Table 2: Difference in physical health among boys and girls

Physical health	Gender	Mean	S.D.	t-value
		Value		
Pain & discomfort	Boys	29.8	6.73	0.86
	Girls	28.4	8.25	

Energy	Boys	8.93	1.66	0.90
	Girls	8	3.20	
Sleep	Boys	9.4	1.84	1.89*
	Girls	7.66	2.89	
Mobility	Boys	34.4	7.18	0.78
	Girls	32.2	8.2	
Activities	Boys	29.73	5.58	1.80*
	Girls	25.73	7.51	
Medication	Boys	11.66	4.22	0.46
	Girls	11.53	3.29	
Work capacity	Boys	20.06	3.36	1.41
	Girls	18.4	3.79	

**Significant at 0.05% probability level 1.97.

In reference to Table 2, t-test analysis showed that delinquent boys experienced more physical health than delinquent girls. A significant difference was found in sleep (t=1.89, p<0.05) and activities (t=1.80, p<0.05). However, both samples did not show significant difference in pain & discomfort (p=0.31), energy(p=0.18), mobility (p=0.22), medication (p=0.46) and work capacity (p=0.09) in terms of physical health (Table 2).

The result of the analysis showed a pattern of relationships among different variable, in particular, the effect of physical health of juvenile delinquents. Sleep and activities had significant relationship with physical health among delinquent boys and girls. This means that children who sleep the recommended number of hours each night are less likely to engage in delinquency than children who do not sleep enough hours per night. Whereas health is affected by a complex interplay of factors, getting enough sleep is a necessary condition for high quality of physical health. The finding of the study is supported by (Vail-Smith *et. al.*, 2009) does provide evidence that children who do not get enough sleep are more likely to engage in risky behaviour, including delinquency [23]. Sleep behaviours such as sleep timing, quantity, quality, and consistency have immediate consequences in terms of emotion regulation, cognitive functioning, and behaviour, as well as long-term influences on psychological and physical well-being in children and adolescents [24]. It was observed that activity level may be significantly lower among juvenile in conflict with law who were from low socioeconomic background and gender differences have been observed in girls who were more likely to be inactive. In case of pain & discomfort, energy, mobility, medication, and work capacity had no significant effect on juvenile delinquents. There were not significant relationships between pain & discomfort, energy, mobility, medication, and work capacity with physical health among delinquent boys and girls.

Table 3: Difference in psychological health among boys and girls

N=30

Psychological health	Gender	Mean	S.D.	t-value
		Value		
Body image and appearance	Boys	15.4	4.53	0.42
	Girls	15	5.85	_
	Boys	71.53	19.33	0.36
Negative feelings	Girls	69.26	22.17	
Positive feelings	Boys	18.46	5.30	1.86*
	Girls	15.2	4.82	_
Self-esteem	Boys	19.8	5.90	0.40
	Girls	19.06	5.62	

Spirituality/ religion/ personal	Boys	17.73	5.29	1.88*
beliefs	Girls	14.6	4.54	
Thinking/ learning/	Boys	23.26	4.77	1.78*
memory/concentration	Girls	20.13	5.44	

Significant at < 0.05 level

The data in Table 3 show difference in psychological health among boys and girls, it was obvious that there is a significant impact of positive feelings (t=1.86, p<0.05), spirituality/ religion/ personal beliefs (t=1.88, p<0.05) and thinking/ learning/ memory/concentration (t=1.78, p<0.05) in psychological health of juvenile delinquents. Result of t-test analysis on delinquent boys and girls to assess individual effects of body image and appearance, negative feelings, and self-esteem showed that body image and appearance, negative feelings and self-esteem had no significant effect of psychological health on juvenile delinquents (body image and appearance, negative feelings, and appearance, negative feelings, and self-esteem; t=0.20, p>0.05, t=0.30, p>0.05, t=0.40, p>0.05, respectively)

The findings of the present study suggest that positive feelings, spirituality/ religion/ personal beliefs and thinking/ learning/ memory/concentration had significant relationship with psychological health on delinquent boys and girls. This concluded that if delinquent boys and girls showed less amount of positive feeling towards their family/ friends/ society and also themselves. The reasons could be bad relationships with peer, poor parent-child relationships, experienced relationship problems with family, peer, neighbour, and poor academic achievements so on. The findings showed that significant difference was found in spirituality/religion/personal beliefs among delinquent boys and girls. The delinquent boys had less faith in the worship of God whereas girls had more faith in God. Findings of the present study suggest that spiritual beliefs can be the source of their strength and proud of

their ethnic background. Delinquents were enjoying their culture and family traditions and they like to celebrate their traditions with their family and friends. In case of thinking/learning/ memory/ concentration, it was found that there was significant difference between boys and girls. This result may be due to poor concentration power, thinking and memory level. Most of the delinquents believed that they had difficulty in concentrating one task for a long time, their interest and desires get changed quite soon and unable to concentrate when they having any kind of pressure and problems. They believed that they faced difficulty in remembering things and they take time to learn new things. Drug addiction impairs children's cognitive abilities, reduces their thinking capacity, and limits their ability to compromise and engage in rational dialogue [25].

The result of the study indicates that there was no significant difference found between body image and appearance, negative feelings and self-esteem among perpetrator boys and girls. It was determined that there was no significant difference on body image and appearance among juvenile offenders. Both boys and girls were concerned towards their body image such as looks, dressing, skin tone weight, and attractiveness. The ratio of children who were unhappy with their body image and appearance. 16% of children who were unhappy with their body image and appearance. Moreover, the reasons of negative feelings can be stubborn nature, anger, disruptive behavior and depression among juvenile delinquents [26]. Background variables such as family problems, alcohol and drugs addiction of parents, neglected by parents/ family and friends can be responsible for negative feelings among juvenile delinquents [27]. Kaplan observed that low self-esteem results from conditions in which the adolescent fails to defend their self-image, such as school failure, school rejection, and parental rejection. Parents can play a significant role for development of self-esteem among their children. Self-esteem can be formed by family, family functioning, and parent-child relationships [28].

4. CONCLUSION

The study of the difference between physical and psychological health may improve the understanding of the reasons of delinquency. Present study suggests that improvement of physical health and psychological health which can help to reduce certain type of delinquency among children. A crime prevention strategy lighted on physical health practices related to diet, sleep, energy, and physical activity may enhance the physical health of children with added advantage of reducing delinquency. Sleep behaviours such as sleep timing, quantity, quality, and consistency have immediate consequences in terms of emotion regulation, cognitive functioning, and behaviour, as well as long-term influences on psychological and physical well-being in children and adolescents. Effort to advance schoolbased program, healthy eating campaign, early intervention, and substance/ drug prevention program may promote life style of children which can help to reduce delinquency among children. adequate sleep, proper eating habits, regular exercise, good parental supervision and parent-child relationship can encourage properly enforced sleep schedule, enhance school performance, reduce difficulties in concentration and remembering things, high self-esteem, reduce negative feelings and promote positive feelings. Nevertheless, the present study gives some insight into the physical and psychological state of delinquent boys and girls. it is no doubt the present study contributes in the field of knowledge in juvenile delinquency.

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REFERENCES

- Korkmaz MN, Erden G. Risk factors related to child delinquency. Türk Psikoloji Yazilari. 2010;13(25):76–87.
- National Crime Records Bureau (2019). ,https://ncrb.gov.in/sites/default/files/crime_in_india_table_additional_table_chapter_ reports/Table%205A.2 2.pdf
- 3. IPC Crimes Juveniles in Conflict with Law (2020).<u>https://ncrb.gov.in/sites/default/</u> files/crime in india table additional table chapter reports/TABLE%205A.2.pdf
- Elliott DS, Scott M. (2013). Delinquent Friends and Delinquent Behavior: Temporal and Development Patterns. In Delinquency and Crime, Edited by J. David Hawkins, New York: Cambridge University Press.
- Ford, J. A. (2014). Poor health, strain, and substance use. Deviant Behavior, 35, 654-667.
- 6. Cockerham, W. C. (2005). Health lifestyle theory and the convergence of agency and structure. Journal of Health and Social Behavior, 46, 51-67.
- Patterson, R. E., Haines, P. S., & Popkin, B. M. (1994). Health lifestyle patterns of U.S. adults. Preventive Medicine, 23, 453-460.
- Stogner, J., & Gibson, C. L. (2011). The influence of health strain on the initiation and frequency of substance use in a national sample of adolescents. Journal of Drug Issues, 41, 69-93.
- Kaplan, H. B. (1972). Toward a general theory of psychosocial deviance: The case of aggressive behavior. Social Science & Medicine, 6, 593-617.
- 10. Cheung C-K, Ngai N-P, Ngai SS-Y. Family strain and adolescent delinquency in two Chinese cities, Guangzhou and Hong Kong. J Child Fam Stud. 2007;16(5):626–641.
- 11. Koolhof R, Loeber R, Wei EH, Pardini D, D'escury AC. Inhibition deficits of serious delinquent boys of low intelligence. Crim Behav Ment Health. 2007;17(5):274–292.

- Wright BRE, Younts CW. Reconsidering the relationship between race and crime: positive and negative predictors of crime among African American youth. J Res Crime Delinquent 2009.
- Najman JM, Hayatbakhsh MR, McGee TR, Bor W, O'Callaghan MJ, Williams GM. The impact of puberty on aggression/delinquency: adolescence to young adulthood. Aust N Z J Criminol. 2009;42(3):369–386.
- Bal H. Toplumsal Eşitsizlik Temelinde Çocuk Suçluluğu (Isparta-Van Karşılaştırması). Sosyoloji Dergisi. 2007;17:293–311.
- Haynie DL, Osgood DW. Reconsidering peers and delinquency: how do peers matter? Soc Forces. 2005;84(2):1109–1130.
- 16. Mann EA, Reynolds AJ. Early intervention and juvenile delinquency prevention: evidence from the Chicago Longitudinal Study. Soc Work Res. 2006;30(3):153–167.
- Mersky JP, Topitzes J, Reynolds AJ. Unsafe at any age linking childhood and adolescent maltreatment to delinquency and crime. J Res Crime Delinquen. 2012;49(2):295–318.
- Mancini JA, Huebner AJ. Adolescent risk behavior patterns: effects of structured time-use, interpersonal connections, self-system characteristics, and sociodemographic influences. Child Adolesc Soc Work J. 2004;21(6):647–668.
- Deng S, Roosa MW. Family influences on adolescent delinquent behaviors: applying the social development model to a Chinese sample. Am J Community Psychol. 2007;40(3–4):333–344.
- 20. Moffitt TE. The new look of behavioral genetics in developmental psychopathology: gene-environment interplay in antisocial behaviors. Psychol Bull. 2005;131(4):533.

- 21. F. M. Muanda, N. P. Gahungu, F. Wood, and J. T. Bertrand, "Attitudes toward sexual and reproductive health among adolescents and young people in urban and rural DR Congo," Reproductive Health, vol. 15, no. 1, p. 74, 2018.
- 22. J. Del Toro, T. Lloyd, K. S. Buchanan et al., "The criminogenic and psychological effects of police stops on adolescent black and Latino boys," Proceedings of the National Academy of Sciences, vol. 116, no. 17, pp. 8261–8268, 2019.
- Vail-Smith, K., Felts, W. M., & Becker, C. (2009). Relationship between sleep quality and health risk behaviors in undergraduate college students. College Student Journal, 43(3), 924–930.
- 24. Wolfson, A. R., Spaulding, N. L., Dandrow, C., & Baroni, E. M. (2007). Middle school start times: The importance of a good night's sleep for young adolescents. Behavioral Sleep Medicine. Lawrence Erlbaum Associates.
- Mwangangi, R. K. (2019). The role of family dealing with juvenile delinquency. Open Journal of Social Sciences, 7(3), 52—63.
- 26. Virk, A., & Singh, P. (2020). A study on relationship between body-image and selfesteem among medical undergraduate students. International Journal of Community Med Public Health, 7, 636-41.
- 27. Tidefors I. et al (2011). A Swedish sample of 45 adolescent males who have sexually offended: Background, individual characteristics, and offending behavior. Article of Nordic Psychology 2011, 63(4).
- 28. Kaplan, H. B., Martin, S. S., & Johnson, R. J. (1986). Self-rejection and the explanation of deviance: Specification of the structure among latent constructs. American Journal of Sociology, 92, 384-411.