

Research Paper

Prevalence of Bad Habits Among Juvenile Convicts



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Citation Balakireva EA, Kovalenko YV, Begina OG, Tempelin EA, Kryuchkova TA. Prevalence of Bad Habits Among Juvenile Convicts. *Iranian Rehabilitation Journal*. 2023; 21(1):89-96. <http://dx.doi.org/10.32598/irj.21.1.1692.1>

doi <http://dx.doi.org/10.32598/irj.21.1.1692.1>



Article info:

Received: 27 Dec 2021

Accepted: 09 Feb 2023

Available Online: 01 Mar 2023

Keywords:

Teenagers, Juvenile convicts, Bad habits, Penitentiary institutions, Smoking, Addiction

ABSTRACT

Objectives: This study was done to assess the spread of bad habits among juvenile convicts and determine the motives for use and the consequences of addiction.

Methods: This study was descriptive and carried out at the Federal State Healthcare Institution. The study group included 106 adolescents aged 14 to 19 years. Sample selection was based on a multi-stage sampling method. The research tool was a questionnaire and changes were made according to the study population it covered all the important aspects of the concept being measured. To analyze data, SPSS software, versio16 was utilized.

Results: A total of 92 convicts out of 106 had bad habits. Drugs were taken by 30 adolescents, alcohol use was reported by 72 teenagers, and nine teenagers were smokers. Ten adolescents who took surfactants were registered with the narcologist. Twenty convicts were treated by psychiatrists. Most of the convicts using various psychoactive substances experienced serious learning difficulties and 17 teenagers had aggravated heredity in alcoholism and drug addiction.

Discussion: Adolescents admitted to penitentiary institutions are characterized by a significant increase in harmful addictions, which subsequently affect their mental and somatic health and contribute to the formation of an asocial personality.

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Highlights

- Living in a prison can be stressful and dangerous for young people.
- Drug and alcohol addiction and smoking are among the most high-risk behaviors.
- High-risk behaviors endanger people's health.
- We studied bad habits among young criminals and determined the reasons for use and the outcomes of addiction.
- The majority of teenagers convicted of various crimes are addicted to harmful habits.

Plain Language Summary

Living in a prison is stressful and difficult for young people. Some criminals, especially at a young age, suffer from psychological issues. The most common high-risk manners are drug, smoking, and alcohol abuse. High-risk behaviors are potentially harmful behaviors that people engage in consciously or unknowingly and have forced personal and social results. Such behaviors raise the possibility of dangerous and harmful physical, psychological, and social consequences for someone. Numerous developmental aspects donate to the construction of violence, such as experiences of growing children, parental rules, communication with peers, the role considered in society, and financial inadequacy. Parents who abuse their children, or those with a criminal record, are more likely to have children with bold manners. At an early age, unhappiness can happen in adolescents. Depressive conditions in childhood and youth can lead to diseases and interpersonal and psychosocial issues.

1. Introduction

Non-compliance with the rules of a healthy lifestyle, active participation in the use of alcoholic beverages prohibited by the law of psychoactive substances (PAS), and tobacco smoking are of particular concern in society [1, 2].

The health status of juvenile convicts in prison systems worldwide is significantly different from that of the national population. These children, most often weighed down by heredity, are prone to the development of chronic diseases [3]. The vast majority of convicted adolescents are irresponsible for their bodies, which is manifested by a low level of hygiene culture, cravings for alcohol and tobacco use, drug addiction, and a passion for uncontrolled excessive use of psychotropic drugs. Of particular concern is the deterioration in the health indicators of juvenile convicts in combination with low socio-economic status and a high degree of aggressiveness [4].

Aggravated heredity, unfavorable microsocial conditions, in which convicts were brought up, as well as changes in moral and moral values in society lead to asocial behavior of adolescents, indifferent attitude to health, as well as excessive alcohol use and PAS [5]. Ev-

ery year, there are more and more convicts in need of drug addiction and psychiatric help [6, 7].

The commission of crimes by minors under the influence of alcohol or drugs is an important element of the structure of crime [8].

Thus, the reason is burdened heredity, unfavorable micro social conditions, in which convicts were before committing a crime, as well as a change in moral and ethical values in society, leading to antisocial behavior of adolescents, indifference to their health, and excessive use of alcohol and PAS [9, 10]. On the other hand, adolescents who find themselves in prison are even more susceptible to harmful addictions, which in the future have an extremely adverse effect on their mental and somatic health and, in turn, aggravate the formation of an asocial personality [3].

Regarding these circumstances, one of the main tasks of the penitentiary system employees is to develop skills in a healthy lifestyle and correct hygienic behavior among pupils. The organization of educational work in this direction contributes to the strengthening of health in difficult conditions of serving a sentence, the prevention of epidemic diseases, and is also a beneficial factor in the more effective adaptation of convicts to new circumstances for them and subsequent life in freedom [4, 11-13].

The purpose of this work was to study the spread of bad habits among juvenile convicts and determine the motives for use and the consequences of addiction.

2. Materials and Methods

The present research was a descriptive study. In the present study, the statistical population included 106 juveniles serving their sentences. In this study, we tried to identify the bad habits that these people have become addicted to and identify and explain the cause.

The study was carried out at the Federal State Healthcare Institution of Russia.

The research sample was determined to be 106 adolescents based on the sample selection formula [14], at a 95% confidence level and considering $d=0.05$, $Z=1.96$, and $N=145$. At the time of the study, 145 juveniles were serving their sentences at the mentioned center. Therefore, at least 106 juveniles were selected.

The multi-stage sampling method was random, in which the researchers randomly select the samples in each stage. In other words, the target community can be divided into several clusters and then a number as a sample is randomly selected. Several others are randomly examined among these people. Multi-stage sampling can be a complex structure of cluster sampling as it is a class of sampling that involves separating the population into classes (or groups).

The research tool was a questionnaire and changes were made according to the study population it covered all the important aspects of the concept being measured. The questionnaire was completed by adolescents. Its validity was confirmed by some skilled experts in health education, psychology, and sociology.

The reliability of the questionnaire was confirmed with Cronbach's alpha, which is one of the most common tests to assess the reliability and the value was 0.91. Therefore, its validity and reliability can be considered appropriate [15]. The questionnaire consisted of 18 questions that assessed adolescents' high-risk behaviors in different areas. In this research, all the ethical considerations of the Helsinki Declaration [16, 17], including the voluntary participation in the research, the confidentiality of adolescents' information, the observance of the principle of honesty and trustworthiness in the use of available resources, and the publication of the results of the present study, were observed.

In many statistical techniques, the normality of data distribution is a presupposition. When data do not follow a normal distribution, the use of these statistical methods may lead to erroneous conclusions; thus, it is important to test the normality of the data. In this study, the normality of the data was assessed by examining the data histogram and comparing it with the normal distribution curve. Data were entered into SPSS software, version 16 and analyzed using the Chi-square test, t-test, and descriptive statistics, including frequency distribution table and percentage. Graphs were prepared in Excel.

3. Results

The study group consisted of 106 adolescents aged 14 to 19 years. Their average age was 17.5 years. Most adolescents in the group were men (98, 92.5%) and the number of female adolescents was 8(7.5%).

For the first time, 96 people (91.5%) served their sentences in a juvenile correctional facility (young offender institution), and nine teenagers (8.5%) have committed a crime again.

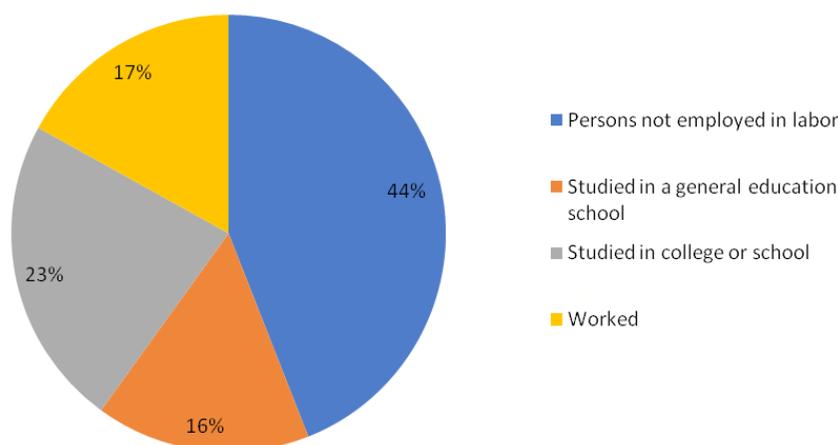


Figure 1. Frequency of occupational status

Table 1. Pattern of total morbidity

Variables	No.
Traumatic brain injury and other injuries	23
Allergies	5
Infectious diseases (chronic bronchitis, chronic pyelonephritis, and cystitis)	5
Congenital defect	5
Hernia	2
Nocturnal enuresis	2
Psoriasis	1
Lichen planus	1
Gastropathology	1
Osteochondrosis	1
HIV	1
Hepatitis C	1
Surgical history	7

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The analysis showed that the largest group of adolescents in terms of size was the group of those not employed in labor (47 convicts, 44.3%), studied in a general education school (17 teenagers, 16%), studied in college or school (24 teenagers, 22.6%), and working (18 teenagers, 16.9%). Thus, one in three teenagers has committed a crime and been convicted by attending an educational institution (public school, school, or even

college), where it seems they should have been properly supervised (Figure 1).

As can be seen from the diagram, theft constituted the largest group of crime in the studied group (39 cases, 36.8%). However, the article for illegal acquisition, storage, transportation, manufacture, and processing of narcotic drugs was encountered quite often (9 cases, (8.5%).

Table 2. Mental abnormalities

Variables	No.
Harmful use of alcohol and psychoactive substances (PASs)	11
Addiction syndrome	10
Adjustment disorder	8
Mental retardation	8
Organic personality disorder	5
Socialized Conduct Disorder	5
Dissocial conduct disorder	4
Social and pedagogical neglect	3
Schizophrenia	1

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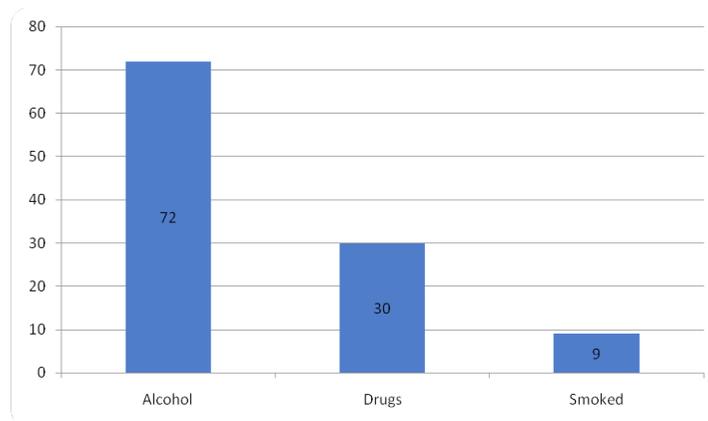


Figure 2. Prevalence of psychoactive substance (PAS) use in the study group

The analysis of bad habits showed that the overwhelming majority of convicts in the study group (92 out of 106, 86.8%) had one or more bad habits (Figure 2).

As can be seen from the diagram, the overwhelming majority of adolescents in the study group confessed to the use and abuse of alcohol. They drank alcohol with friends or at family gatherings. The most common alcoholic beverages were beer, cognac, and alcoholic cocktails. The most widespread drugs were lyrica and spice. One in three teenagers confessed to repeatedly taking these drugs. Ten adolescents (10.9%) who took surfactants were registered with the narcologist and 20 convicts (21.7%) were treated by psychiatrists.

The smallest group of “harmful habits” was tobacco smoking (9 cases, 9.8%).

Analysis of the overall morbidity of those who used PASs showed that during the study period, the leading pathology was traumatic brain injury (TBI) and other injuries (24%), followed by some infectious diseases (5.2%), allergic diseases (5.2%), and congenital pathology (5.2%). The complete structure of the overall morbidity of convicted juveniles who took PASs is shown in Table 1.

Also, 47 out of 96 adolescents had mental abnormalities of various origins (Table 2).

It should be noted that most convicts with bad habits were brought up in single-parent families (45 cases, 48.9%) and were from orphanages (10 cases, 10.9%) (Figure 3). Also, 17 teenagers (18.5%) had aggravated heredity in alcoholism and drug addiction.

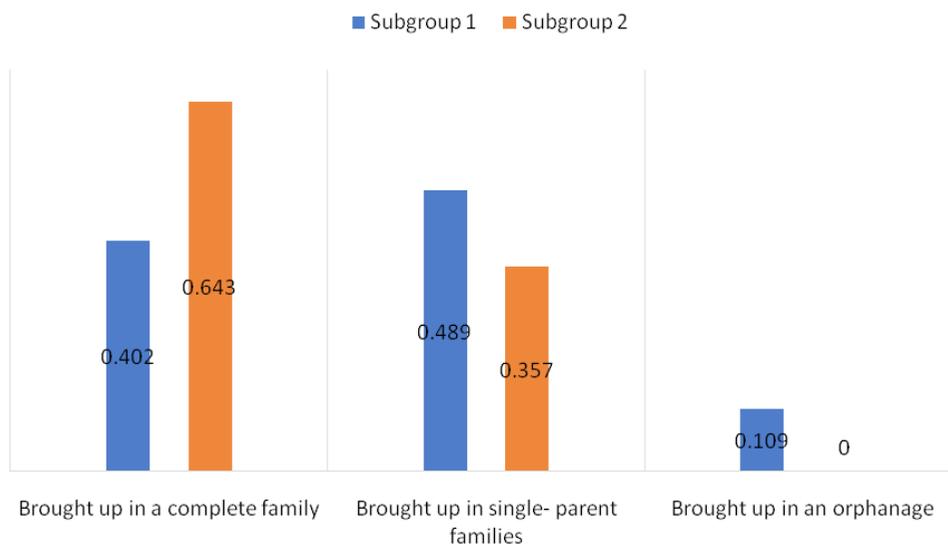


Figure 3. Family history in the study group

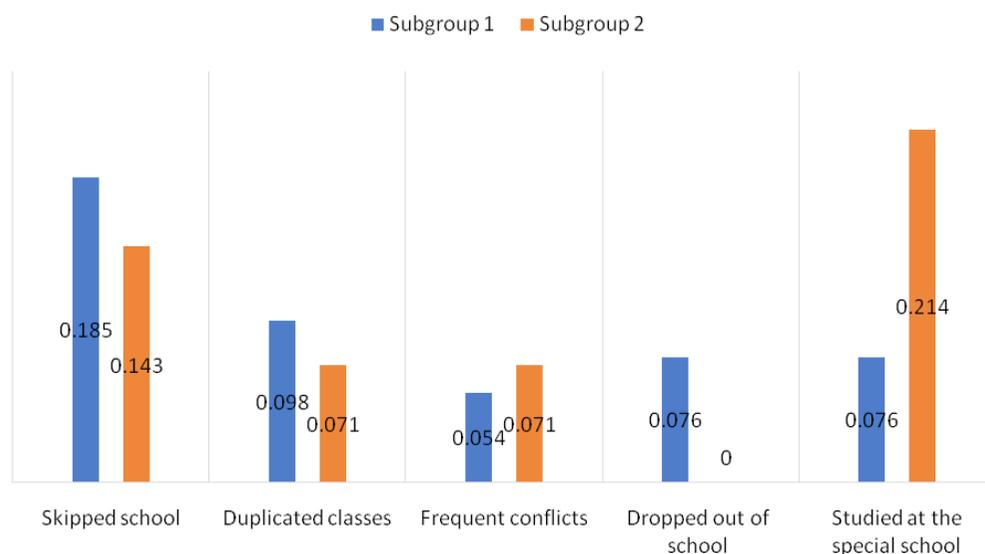


Figure 4. Comparative analysis of learning difficulties

Despite the fact that, in comparison with the subgroup that did not use PASs, the level of reliability according to the student’s test was $p < 0.05$, it seems to us that with a larger sample size, family history will become one of the defining medico-social markers of bad habits in adolescents. Comparative statistical analysis between the subgroups for burdened heredity was not carried out due to the fact that in the subgroup comparison (convicts without bad habits), the burden of alcoholism and drug addiction was equal to zero.

Most of the convicts using various PASs experienced serious learning difficulties. This category of adolescents is characterized by low academic performance, systematic absenteeism, and full or partial refusal to attend educational institutions. Also, 17 teenagers (18.5%) often skipped school, 9 teenagers (9.8%) reported duplicated classes, 5 convicts (5.4%) reported frequent conflicts and fights, and 7 convicts (7.6%) dropped out of school. In addition, 7 teenagers (7.6%) studied at the special school due to inappropriate behavior and poor academic performance and one teenager did not go to school at all (1.1%) (Figure 4).

The absence of a significant difference in the group of convicted adolescents who use and do not use psychoactive substances suggests that bad habits are more likely a consequence, a manifestation of psychological instability, rather than the cause of learning problems in the study group.

4. Discussion

This study looked at 106 juveniles aged 14 to 19 years, most of whom were men serving sentences. The results showed that one in three adolescents who committed a crime had a history of attending school or university. While it seems that these people should have been properly monitored.

Among crime groups in the study, theft was the most common (about 37%). Bad habit investigation demonstrated that most criminals had one or more bad habits. Alcohol was another item that most criminals admitted to using. Lyrica was also consumed by a third of people. Smoking was another bad habit that 10% of people were addicted to. Allergic diseases, some infectious diseases, and traumatic brain injury were side effects experienced by people taking psychedelics. Most of the criminals who had bad habits did not have siblings. Some criminals’ parents (at least one of their parents) were addicted to drugs or alcoholic drinks. Most teenagers convicted of various crimes were addicted to harmful habits.

Transferring a person from normal life to a prison environment can be stressful and dangerous for young people. Some prisoners, especially at a young age, suffer from psychological problems due to incompatibility with prison conditions and, consequently, high-risk behaviors, which also vary according to the type of crime [4, 18].

Some young people are more prone to high-risk behaviors. Among the most common high-risk behaviors are

drug, smoking, and alcohol abuse. Also, high-risk behaviors are one of criminals' most critical cognitive, behavioral, and moral defects [12, 19]. High-risk behaviors are potentially destructive behaviors that people commit intentionally or unknowingly and have unintended individual and social consequences [20, 21]. In other words, high-risk behaviors endanger people's health and well-being. Such behaviors increase the likelihood of harmful and destructive physical, psychological, and social consequences for the individual. Many developmental factors contribute to the formation of violence, including experiences of raising children, parental rules, communication with peers, the role that is considered in society, and economic inadequacy [4]. Parents who abuse their children, or those with a criminal record, are more likely to have children with aggressive behaviors. Violence, especially among young children, will produce more violence [22, 23].

Violence is for those who do not have a suitable economic and social position in society. At an early age, this trend can lead to depression in adolescents. Depressive disorders in childhood and adolescence can lead to illness and interpersonal and psychosocial problems. This disorder in adolescents can also increase the risk of drug use and suicidal behavior [13, 23].

The adolescent education centers and prison officials are advised to prepare programs for proper training in high-risk behaviors to prevent people from doing high-risk behaviors. In this study, only one center was selected for investigation. Therefore the number of participants was limited. It is highly recommended to study in a larger sample size to obtain more accurate results. However, the results obtained in this study can give an excellent view to other researchers interested in research in this field.

5. Conclusion

Adolescents admitted to penitentiary institutions are characterized by a significant increase in harmful addictions, which subsequently affect their mental and somatic health and contribute to the formation of an asocial personality.

The main directions of this work should be:

- Conducting activities to promote a healthy lifestyle;
- Reasonable use of free time and organization of leisure;
- Creation of proper conditions for the detention of convicts;

- Introduction to educational work in this direction of psychologists and medical workers.

The creation of appropriate conditions and the promotion of a healthy lifestyle for juvenile convicts contributes to the development of the individual and the formation of an active position in relation to their own health.

Ethical Considerations

Compliance with ethical guidelines

This research was approved by the Belgorod State National Research University.

Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

The authors would like to extend their thanks to the president of the Belgorod State National Research University and the administration of the college of medicine, for their support.

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