PHYSICAL AND PSYCHOLOGICAL HEALTH STATUS OF YOUNG PEOPLE IN THE BORSTAL TRAINING INSTITUTION, ILORIN, KWARA STATE, NIGERIA

BY

OMOLE OPEYEMI ELIZABETH

B. Sc Public Health (Babcock University)

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DEDICATION

This work is dedicated to God Almighty, the immortal, the invisible and the only wise God. It is also dedicated to my dearest daddy, Late Mr. Ekundayo Emmanuel Omole, you are irreplaceable in my heart.

ABSTRACT

Young people (10-24 years) comprise about a third of Nigeria's population. Some of the young people initiate objectionable deviant behaviours and are subsequently remanded in Borstal Training Institutions (BTI) for rehabilitation after trial and prosecution. However, studies conducted in Nigeria among delinquent young people in BTI have not adequately explored their health status. This research was therefore conducted to determine the physical and psychological health status of delinquent young people being rehabilitated in the BTI, Ilorin.

A cross-sectional survey of the 133 inmates remanded in the BTI was conducted. The institution caters for only male offenders who are sentenced by the court of law for an initial period of three years. A semi-structured questionnaire was utilized to collect information on socio-demographic characteristics and history of common health symptoms experienced three months preceding the study. Psychological health status was determined using the General Health Questionnaire 12 (GHQ12) which assesses psychological health status on a 12-point scale giving minimum and maximum obtainable scores of 0 and 12 respectively. Psychological health status was categorized as well being (<4) and distress (>4). Body Mass Index (BMI) was calculated and categorized as underweight (<18.5 Kg/m^2), normal weight (18.5 - 24.9 Kg/m^2), overweight (25.0 - 29.9 Kg/m^2) and obese (>30 Kg/m^2). Data were analysed using descriptive statistics, Chi-square and Spearman rank correlation at $p = 0.05$

The mean age of inmates was 18.9±2.2 years. Various offences included abuse of psychoactive substances (65.5%), armed robbery (39.8%), "being beyond parental control" (6.0%) and recurrent involvement in street fights (0.8%) led to been remanded. The mean duration of stay in the institution was 1.3±0.8 years. About 57.9% reported that they had at least one symptom such as catarrh (46.8%), fever (42.9%), headache (40.3%), body pain (40.3%), and chest pain (23.4%). Health record in the institution clinic in the 3-month preceding the study showed that fever and headache were the most commonly reported symptoms. Also, 51.9% of those who reported at least a symptom sought health care at the institution clinic. Majority of the respondents (83.4%) had normal BMI, 11.3% were underweight and 4.5% overweight. Overall, 43.6% of respondents were psychologically distressed. Seventy-seven percent were able to concentrate on their day-to-day activities, 72.9% felt they were capable of making decisions about things, 68.5% reportedly ''lost sleep'' as a result of worry, while 36.8% lack self confidence and 36.1% felt unhappy and depressed. There was a negative correlation between

BMI and psychological health status of respondents (r = -0.234, p> 0.05). More of the respondents (50.8%) who abused psychoactive substances were psychologically distressed (43.9%) (p> 0.05). More of the respondents who had spent more than two years in the institution were underweight (15.6%) compared with those who had spent less than two years (9.9%).

Inmates of the Borstal Training Institution experienced poor physical and psychological health. There is need to improve their physical and psychological health status by strengthening counseling activities in the institution.

Keywords: Physical health, Psychological health, Borstal Training Institution

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CERTIFICATION

This is to certify that this proposal titled: **PHYSICAL AND PSYCHOLOGICAL HEALTH STATUS OF YOUNG PEOPLE IN BORSTAL TRAINING INSTITUTION, ILORIN** was written by OMOLE, Opeyemi under my supervision.

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SUPERVISOR

PROF. O.O. OMOTADE

M.B.B.S. (Ib). F.M.C Paed (Nig), M. A Bioethics (CWRU, OHIO), FRCPCH (UK)

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INTRODUCTION

1.1 Background of the study

More than 1.5 billion people of the world's population are between the ages of 10 and 24 years. About 70 percent of the young people live in developing countries where social, economic and health challenges are greater than those of the industrialized country (Falusi, 2010). Young people, internationally defined in the health development circle as between ages 10-24 years, comprises about a third of Nigeria's population. About 2 million adolescents (6% of persons aged 10-18 years) in the United States have a chronic health condition that results in limitation of daily activities or disability (Neinstein, 2001).

Adolescents comprise 20% of the world's population, with more than 85% residing in developing countries. Over the 50-year period between 1970 and 2025, it is estimated that the number of urban youth will increase 600% (Blum, 2004). One in three African adolescents live in Nigeria, the most populous country in Africa (Slap et al, 2003). Young people, internationally defined in the health development circle as 10-24 years, comprises about a third of the Nigerian population, they also represent a vital segment and are influenced by a range of factors, including biological, physiological, and psycho-social factors. These generally made them prone to risky behaviours that may compromise their health and development (FMOH, 2007).

Globally, young people have not had adequate attention paid to their health and development and this is believed to be due to the fact that they are generally less vulnerable to prevalent communicable diseases than children and the elderly. (Odujinrin, 2010). Almost every language in the world now yields a phrase labeling those youngsters of many nations whose behaviour or tastes are different enough to incite suspicion if not alarm. They are the 'teddy boys' in England, the *'nozem' in* the Netherlands, the *'raggare'* in Sweden, the *'blousons noirs'* in France, the *'tsotsis'* in South Africa, the 'bodgies' in Australia, the *'halbstarken'* in Austria and Germany, the *'tai-pau'* in Taiwan, the 'mambo boys' or *'taiyozuku'* in Japan, the *'tapkaroschi' in* Yugoslavia, the *'vitelloni' in* Italy, the 'hooligans' in Poland and the .*'stiliugyi'* in the U.S.S.R (UNESCO, 1999). They are sometimes called '*area boys'* in Nigeria.

Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity (WHO, 1999). Young people account for 15% of the disease and injury burden worldwide, and more than 1 million die each year, mainly from preventable causes (WHO, 1999). Nonetheless, roughly 70% of premature deaths among adults can be linked to behavior that was initiated during adolescence, for example, tobacco use, poor eating habits, and risky sex (WHO, 2001). Studies on mental health in developed and developing countries showed

that between 10% and 25% of children and adolescents suffer from a mental health disorder (WHO, 2001). Jegede & Cederblad's study of children aged 5-16years also showed that about 16% of them had severe behavior disorders (Jegede & Cederblad, 1990). Like other health problems that begin during adolescence, inattention to mental health during the adolescent years can result in life-long disability and consequences that continue far into the adult years.

According to the Oxford Advance Learners Dictionary of Current English, delinquency is defined as "crime, usually not of a serious kind especially as committed by young people". The Chambers dictionary defines the delinquent as "an offender especially a young criminal, a person lacking in moral and social sense without showing impairment of intellect". Delinquency is a general non-conformist behaviour; it is a part of the general terminology which sociologists call deviance, (Williams: 1986). Deviance is a behaviour that is contrary to the acceptable norms of the society. Juvenile delinquency is a legal term for behavior of children and adolescents that in adults would be judged criminal under law. In the 1920s, organized pickpocketing and prostitution by young people emerged as an issue in Nigerian newspapers, it was largely ignored by local administrators until the appointment, in 1941, of the first Social Welfare Officer. This led to the implementation of new administrative and judiciary machinery which combined two processes: it legislated 'juvenile delinquency' into existence as a clearly identifiable social problem; and criminalized a large proportion of urban youth, especially female hawkers (Fourchard, 2005). The law leaves the power to establish a remand home to the jurisdiction of the state governor or local council with prior approval of the state. Borstal homes are under the control of the prison services and admit only juvenile offenders and children beyond parental control. There are three borstal homes in Nigeria presently located in Kaduna, Kwara and Ogun state (CYPL, 1978).

1.2 Statement of problem

Garland, Hough and McCabe (2001) found a prevalence of 70% and 45% for at least one psychiatric disorder among children in a reformatory school and a child welfare center respectively in San Diego, Califonia, USA. Most of the offenders were males. In a study conducted by the Nigerian Institute of Advanced Legal Studies, out of a sample of 351 children aged 8 – 17 years in criminal custody, 84.3% were male. The offences they had been accused of were stealing/burglary (57.3%), assault/fighting (9.7%) wandering/truancy (8%) and murder/manslaughter (4.9%). Other offences included illicit drug use (1.7%), prostitution (0.9%) and rape (0.3%) (Okagbue,1995). Chronic and violent juvenile offending has been associated with adverse health, educational, vocational and interpersonal consequences (Ajiboye et al, 2009).

Research in the area of young persons within the juvenile justice system in Nigeria is sparse. Many of the studies carried out so far have mainly looked at the socio-demographic factors and reasons for contact with the juvenile justice while only a few have examined physical and psychological health status of these young offenders. Although, borstal institutions were established to correct deviant behavior among young offenders, studies have shown that the overall health of inmates is sometimes compromised; they might also contribute to a poor state of health of the inmates. Issa et al in their study of inmates in Nigeria, in 2009 found that almost half (49.1%) of them had psychological well being while the others were distressed.

This study thus aims to determine the physical and psychological health status of young persons in Borstal Training Institution Ilorin.

Study Objectives

1.3 General

To determine the physical and psychological health status of young persons in the Borstal Training Institution Ilorin, Kwara State.

1.4 Specific Objectives

1. To describe the socio-demographic characteristics of young persons in the Borstal Training Institution
2. To describe the reasons why the respondents were reprimanded in the Borstal Training Institution
3. To determine the physical health status of young persons in the Borstal Training Institution
4. To determine the psychological health status of young persons in the Borstal Training Institution

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual clarification of Juvenile Delinquency

Juvenile delinquency refers to antisocial or illegal behavior by children or adolescents. A Juvenile Delinquent is a person who is typically under the age of 18 and commits an act that otherwise would've been charged as a crime if they were an adult. Juvenile delinquents sometimes have associated mental disorders and/or behavioral issues such as post traumatic stress disorder or bipolar disorder, and are sometimes diagnosed with conduct disorder (Barbaree et al 2008) partially as both the cause and resulting effects of their behaviors. Most legal systems prescribe specific procedures for dealing with juveniles, such as juvenile detention centers.

The disturbing realization that world-wide delinquency exists, and shows no signs of tapering off, has touched many thoughtful citizens whether they live in Vienna or Lagos, New York or Calcutta. Almost every language in the world now yields a phrase labeling those youngsters of many nations whose behavior or tastes are different enough to incite suspicion if not alarm. They are refered to as the 'teddy boys' in England, the 'nozem' in the Netherlands, the 'raggare' in Sweden, the 'blousons noirs' in France, the 'tsotsis' in South Africa, the 'bodgies' in Australia, the 'halbstarken' in Austria and Germany, the 'tai-pau' in Taiwan, the 'mambo boys' or 'taiyozuku' in Japan, the 'tapkaroschi' in Yugoslavia, the 'vitelloni' in Italy, the 'hooligans' in Poland and the .'stiliugyi' in the U.S.S.R (UNESCO, 1999). They are sometimes called '*area boys'* in Nigeria.

The second United Nations Congress on the Prevention of Crime and the Treatment of Offenders recommended that:

(a) That the meaning of the term juvenile delinquency should be restricted as far as possible to violations of the criminal law, and that

(b) That even for protection, specific offences which would penalize small irregularities or maladjusted behavior of minors but for which adults would not be prosecuted, should not be created (Barbaree et al 2008). However, not every minor who breaks a rule or who behaves offensively should be considered a delinquent. The behavior of young people rarely consistently conforms to the standards and expectations that adults have for them. The second part of the United Nations recommendation states that in each of our societies, we do not extend the laws, to such a degree that children who have committed minor offences would be punished, although adults would be exempt. A widespread form of delinquency in Cairo is the collection of cigarette butts from the street, an offence which is unknown in other parts of the world. A recent survey in India, conducted in two urban areas, Lucknow and Kampur, indicated that the second most common juvenile offence was vagrancy. In Kenya, stricter enforcement of the vagrancy and pass regulations some years ago increased the number of juveniles appearing before the Nairobi Central Juvenile Court to more than 3,000 in one year. Available information from Lagos, Nigeria, shows that delinquents are primarily offenders against the unwritten laws of the home such as disrespect and disobedience. The numbers of children cited for delinquent acts can thus sometimes be misleading (UNICEF; 1992).

The differences between the boy who collects cigarette butts in a Cairo gutter, the Nigerian who defies his family, the American who uses a switch-blade or the European who commits larceny are staggering, yet all could possibly be defined as delinquents. It can only be said that delinquents throughout the world are involved in such a wide range of behavior, from the most trivial to the most serious, that it is scarcely possible to generalize about all types of offences except to point out that they are usually committed by boys in an age-range from 7 to 18 years, depending on the locale. In most countries, the upper age limit under the law for juvenile offenders varies from 16 to 19years (Mears and Samuel, 2002). In the United States, it differs

very much from State to State. In Wyoming, for example, a boy is legally an adult at 19years while a girl is considered a minor until 21years. In Connecticut, the upper limit is 16years. The minimum age at which a child is held responsible for his acts and brought before any kind of court again fluctuates from country to country. For example, it is fixed at 7 in the United States, at 9 in Israel, 10 in Great Britain, 12 in Greece, 13 in France and Poland, 14 in Austria, Belgium, Czechoslovakia, Germany, Italy, Norway, Switzerland and Yugoslavia (UNESCO, 1999). Also, punishments laid down by the laws and penal methods vary greatly from country to country. Corporal punishment was once legally accepted by a large number of countries: today a judge can still order it in Burma, Ceylon, India (with the exception of the Bombay region), Iran, Iraq, Pakistan and Thailand (Mears and Field, 2002). Yet even when a cautious attitude is taken towards available statistics on delinquency, for its scope and extent cannot be expressed in rows of neat figures. The offences are varied; from stealing, vandalism and property offences, petty extortion and gambling to violent behaviour, rowdiness, truancy, immoral or indecent conduct, drinking and drug addiction (Larson 1996; United Nations 2003).

2.2 Historical background of Juvenile Delinquency

In the early nineteenth century, judges in the United State of America became increasingly reluctant to sentence young offenders to prisons because of fears and concerns of abuse and possible negative influence of young offenders by older prison inmates. Social reformers also became worried about the social implications of the release of the social implications of the release of these children back to the streets having turned down by the judges. These led to series of agitations and advocacies that eventually led to the establishment of the New York Home of Refuge, the first juvenile institution, by the Society for the Prevention of Juvenile Delinquency in 1825. The concerns of the social reformers went beyond creating a separate facility for young offender; they also pushed for a focus on correction rather than punishment as well as a separate

judicial system with a focus on reformation rather than punishment. These, among other things, led to the establishment of an educational facility for juvenile offenders like the Chicago Reform School, the first educational facility for the first juvenile court in Cook Country, Illinois in the United State. These developments also caused a stir among reformist circle in the United Kingdom, and inspired the first British juvenile court, which was established in Birmingham in 1990. Since the establishment of the first juvenile institution in New York, USA in 1857, many such institutions sprung up in other parts of USA, Europe parts of the world. With the changing concept of a "juvenile delinquent", juvenile institutions started to de-emphasize punitive incarceration in favour of the reformation and correction. This was probably the idea behind the establishment of reformatory schools to incorporate vocational training and rehabilitation into the juvenile justice programme. The later establishment of juvenile court and conversion of juvenile offences into the civil, rather than criminal cases paved way for further standardization of juvenile justice administration. For most part of the 19th century, social reformers viewed children who came in contact with the law as beyond being an offender to be punished but as a vulnerable child who needed treatment and reformation to ensure a stable, crime free future. The observation of a preponderance of poor and homeless youth among youth offenders also raised the argument that these children are more in need of care and protection than punitive seclusion as obtained in adult prisons. As the scope of the then juvenile justice system widened, other groups of children were added to the original concept of "delinquent children" to include other group like 'status offenders' and 'corruptible innocents'. A delinquent child is one who had committed serious crime which if committed by an adult, could be prosecuted in court like theft, assault, rape or murder. Status offenders, on the other hand are children who committed offences that were considered crimes only because the perpetrator is a child, like premature smoking or sexual activities, vagrancy, stubbornness, truancy and other forms or insubordination while the

corruptible innocents are children who are made vulnerable by virtue of poor parental guidance, being orphan or living as destitute.

2.3 Global trend in juvenile delinquency

In almost every city in the world where delinquency exists, so does the juvenile gang which looms up as a modern social institution. Despite striking national differences, the teen-age gangs are seemingly aimless groups of restless, unemployed adolescents who most frequently meet on street corners. Delinquency in a world-wide context, does not often involve individual youngsters becoming delinquent, but rather a number of boys participating in joint activities that derive their meaning and pleasure from a set of common sentiments, loyalties and rules (United Nations 2003). Many gangs are tightly organized; some are loosely conceived and drift apart quickly. The majority of these gangs often engage in acts which do not always bring financial gains and to the rest of the world seem almost purposeless in their malice. In Poland, teen-age gangs have damaged railroad trains and molested passengers for no apparent reason. In Saskatchewan, Canada, groups of boys have entered into private homes (when the owners were away) and mutilated expensive furnishings without attempting to steal a single object. In Chiengmai, Thailand, a band of male minors, with a symbol of a white eagle tattooed on their arms, found their greatest diversion in terrorizing or injuring outsiders at such times as they were not engaged in challenging a rival gang to a war (Mears and Field, 2002).

Some juvenile delinquents, however, have clearer goals in mind. Their satisfactions come from more profitable acts such as racketeering or petty extortion. A report from India indicates that gangs of young boys and girls have learned to be highly successful smugglers of illicit liquor and drugs. In Israel, a juvenile court judge finds that groups of young people engaged in stealing cars is a ‘striking new feature’ because gang behavior has been rare. It should not be assumed, however, that these gangs are always in constant motion and that their numbers, year in and year

out, are fixed. (United Nations, 2003; Wasserman and Seracini 2001). A United Nations report prepared by the secretariat states: It would seem that in a general way violence is becoming more and more a feature of juvenile delinquency (United Nations2003). In the past, tabulations on the backgrounds of a cross-section of juvenile delinquents always seemed to indicate that these children were raised in poor living conditions. But, United Nations report, points out a strong change in this tendency. At present it can no longer be said that juvenile delinquency is confined to a particular socio-economic group. The thieves come from all classes and nearly always steal objects of little value. And this accentuates another aspect of the problem that confronts us as concern must not be only with those children who are labeled as delinquents because they were brought to the attention of law-enforcement agencies but also groups such as the young shop-lifters in Belgium who, for a number of reasons, are not referred to the police or the authorities (Wasserman et al 2003). In some cases their families protect them, or the school, or the complainant is reluctant to press charges. However, the numbers of known delinquents is somewhat similar to that part of a huge iceberg that juts above the water. But the second group of unrecorded, or uncounted, delinquents is much like the submerged part of the iceberg, hidden beneath the water. In the United States, a recent survey revealed that a relatively large number of teen-age boys admitted that they had committed serious acts of delinquency which had never become a matter of court record. These were the sons of middle- and upper-income families. An increasing number of studies in many parts of the world have pointed out that the number of 'hidden' delinquents is more substantial than previously estimated and these include a growing percentage of children from financially stable homes (Wasserman et al 2003).

Juvenile delinquency presents its own particular characteristics in each region and certainly in each country. In the midst of often conflicting reports and interpretations of juvenile delinquency, one thing is clear, each delinquent is unique. For instance, films which seem to

'glamorize' criminal or delinquent behavior; It is assumed that youngsters who watch such films are virtually infected and that any abnormal behavior on their part can be blamed on what they possibly admired in a cinema. Another myth sustained by numbers of people is that working mothers are responsible for delinquent children (wasserman, 2003). It is also widely believed that 'broken' homes have caused or increased a good percentage of all juvenile delinquency (Sanni et al., 2010). A child is not apt to benefit when his parents separate for, after his infancy, he needs a father as much as a mother (United nations 2003).

Furthermore, there is also the myth that delinquents 'inherit' certain tendencies that make anti-social behavior inevitable. Scientists have refuted the 'bad seed' theory, for children cannot inherit a 'wicked' nature (Snyder, 2008).

2.4 Juvenile Justice System

The detention of children is often severely distressing for them and disruptive for their families. Recent estimates indicate that more than one million children worldwide are deprived of their liberty by law enforcement officials; and most of the children in detention are non serious offenders (UNICEF, 2011). A large number of children who are detained have not even committed a criminal offence. They are deprived of their liberty for what are called 'status offences' such as vagrancy, begging, smoking, dropping out of school, or alcohol/drug use. Although girls generally make up less than 10 per cent of juvenile offenders, they can come into conflict with the law as a consequence of criminal acts against them such as rape and sexual exploitation. A UNICEF report stated that "The child by reason of his physical and mental immaturity needs special safeguards and care, including appropriate legal protection against all forms of discrimination, exploitation, abuse or neglect, before as well as after birth (UNICEF, 2011). The need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child made as far back as 1924, and in the Declaration of the Rights of the

Child adopted by the U.N. General Assembly in 1959. This was recognized in the Universal Declarations of Human Rights, the International Covenant on Economic, Social, and Cultural Rights (Tabiu, 1998) and most importantly in the United Nations Convention on the Rights of the Child, 1990; and the African Charter on the Rights and Welfare of the Child. Subsequent upon its adoption, the 1959 Declaration has served as a platform for public and private initiatives employed in the interests of children all over the world. These initiatives affirm a strong desire to bring an end to the sufferings of children. However, a Declaration is only a statement of principles and not a legally binding document. It only becomes binding after the member states take positive steps to ratify and domesticate it within their countries (UNICEF, 2006).

In 1985, the General Assembly also passed the United Nations Standard Minimum Rules for the Administration of Juvenile Justice otherwise called the Beijing Rules. Part of its provisions, stipulates that the aim of juvenile justice should be an emphasis on the well being of the juvenile and to ensure that any reaction to juvenile offenders shall always be in the proportion to the circumstances of both the offender and the offence. Furthermore, Rule 7 stipulates juvenile cases be guided by basic procedural rights, such as presumption of innocence, the right to be notified of the charges, the right to remain silent, the right to counsel, the right to presence of parents or guardian, the right to confront and cross examine witnesses and the right to appeal to a higher authority. The era of declarations on children's issues changed in 1989 with the drafting of the UN Convention on the Rights of the Child (CRC). It was adopted by the Heads of Government at the UN World Summit for Children in 1990.The Convention ratified by 191 countries out of 193 countries in the world became one of the foremost legal instruments to guide treatment of children globally. Articles 37 and 40 of the CRC articulated how governments, state parties and juvenile justice agencies should treat juvenile offenders. These provisions serve as the benchmark for the handling of juvenile offenders by member nations. The CRC specifically

stipulates that alternative sentences or diversion options should be employed in the formal processing of child offenders through the criminal justice system, and consideration should be given to dealing with juvenile offenders without resorting to formal trial (UNICEF, 2006).

Another instructive international standard on juvenile justice is the Riyadh Guidelines which represent a comprehensive review by the international community of the problems of children in conflict with the law from a human rights perspective. It states in section 52 that "Governments should enact and enforce specific laws and procedures to promote and protect the rights and well-being of all young persons." By these international standards, children in conflict with the law are entitled to fair and humane treatment, the right to visits, privacy, communication with the outside world, daily exercise; education (provided outside the detention facility by qualified teachers) suited to the child's needs and designed to prepare them for return to society; and generally ensures that children are detained separately from adults. It also state that a child in conflict with the law has the right to treatment that promotes the child's sense of dignity and worth that takes the child's age into account, and aims at his or her reintegration into, and assuming a constructive role in society. The placement of a juvenile in a closed facility (prison, detention centre, detention cell, rehabilitation centre for children or any other closed institution) should be avoided whenever possible, and deprivation of liberty should be a measure of last resort, limited to exceptional cases and for the shortest time possible (UNICEF, 2006).

Globally, there are a number of fundamental principles underlying any approach to issues of juvenile justice many of which are common to basic human rights standards for all people coming into conflict with the law. For children deprived of their liberty, these include; legal protection and due process guarantees, immediate notification of parents or guardians upon the apprehension of a juvenile, and the right of the child to be in contact with his or her family. Deprivation of liberty should always be a measure of last resort and for the shortest time

possible; right to facilities and services that meet all the requirement of health and human dignity and to provision of adequate medical care, both preventive and remedial. All disciplinary measures constituting cruel, inhumane or degrading treatment, including corporal punishment that may compromise the physical or mental health of the juvenile concerned should be prohibited (United Nations, 2011).

In the year 2000, African States adopted the Organization of African Unity Charter (AU Charter) on the Rights and Welfare of the Child as a follow up to the Declaration on the Rights and Welfare of the Child adopted in Liberia between the 17th and the 20th of July 1979. This Regional Convention in the same vein with other International Conventions also contains provisions on the administration of juvenile justice and uniform international standards for children's rights. State Parties were obliged in Article 4 of the CRC to "undertake all appropriate legislative, administrative and other measures in the implementation of the rights recognized in the present Convention". Article 1(1) of the AU Charter stipulates member States of the OAU (AU), parties to the present Charter, to recognize the rights, freedoms, and duties enshrined in the Charter and undertake necessary steps, in accordance with their Constitutional processes and with the provisions of the present Charter, to adopt such legislative or other measures as may be necessary to give effect to the provisions of the charter. The Charter in Article XVII (1) provides that "every child accused or found guilty of having infringed penal law shall have the right to special treatment in a manner consistent with the child's sense of dignity and worth and which reinforces the child's respect for human rights and fundamental reforms" and Article 3 states that "the essential aim of treatment of every child during the trial and also if found guilty of infringing the penal law shall be his or her reformation, reintegration into his family and social rehabilitation" (UNICEF 2006).

2.4.1 Structure of the Juvenile Justice System

The juvenile system of today evolved mostly from adaptations and modifications of the old system. Many countries of the world today now have a juvenile justice system in place, though at different levels of sophistication. Some of the old terminologies have also been replaced by new ones probably to reflect current conceptual meaning. Constituting the juvenile system are the children coming into contact with the system, the law enforcement agents, juvenile law practitioners, judges, social welfare officers and officers of juvenile institutions. The ideal juvenile justice system should ordinarily have public safety as well as treatment and rehabilitation of juvenile offenders as its main goal. There should be a broad array of methods and programs for the dispensing juvenile justice, taking into account the severity of the issue at hand and the background of the child, these should ideally include treatment programmes, detention and community supervision. However, the actual structure of the juvenile justice differs slightly from one jurisdiction to the other but basic principle is such that when a child comes in contact with the law enforcement agents, the agent will exercise the discretion of booking the child into the juvenile system or releasing such children to their parents or guardian. This discretion is based on circumstances like the nature of the suspected offence, the social and legal background of child and the availability of resources within the juvenile justice system. The release of such children to their parents or guardians are done under specified conditions including obeying the curfew periods, attending school, performing community service, and participating in social services. This process is referred to as station adjustment in some parts of North America.

In cases where the law enforcement agent decides to book the child, such children are taken to the state's institution for social workers, probation officers and juvenile lawyers. The social welfare institution, through the help of their legal unit then determines if there were enough ground to hold the child, if not the child will be released but will still be under the supervision of

the social welfare institution for a specified period to ensure compliance with possible terms of release. In the event that there are enough grounds for presuming that a child should be retained and presented to the juvenile courts, the social welfare institution will raise a petition against the child (as a charge in adult courts) in a juvenile court. Exceptions to this include serious crime like rape, murder, and armed robbery with firearms or manslaughter in which case the child is tried in a regular court.

The juvenile court is usually constituted by magistrates and lay-person. Normally, there will be both defense and prosecution lawyers while the petition is being heard.

The state is the prosecution while the child is the defense. The proceedings of the juvenile court are not open the public like in adult courts. This is usually to protect the child from future discrimination. The social institution advices the juvenile courts on the placement of the child while the case is on-going and options could include the child's home, foster homes, youth camps and juvenile detentions among others. They also play a supervisory role for these children while they are in these placement options. Probation officers working for the social welfare services also youth who are adjudged delinquent and sentenced to a term of probation. Probation refers to releasing the child on some conditions which the child must meet for a specified period which is usually for a maximum of five years or until the age of 21, whichever comes first. While on probation, the social welfare institution appoints a probation officer who is expected to ensure that the youth meets the probation condition which may include attending counseling sessions, restriction of movement, attending a rehabilitation program and completing community service work. If the child successfully completes the provision of his or her supervision, the case is often dismissed. However, in the case of children who are adjudged delinquent by the juvenile courts but are not fit for probation by reason of the nature of their offence, their social

circumstances, their previous juvenile justice records or failure to comply with conditions, such could be sentenced to a term in custodian care as deemed fit.

2.4.2 Children within the Juvenile Justice System

There are three categories of children that come into contact with the Juvenile Justice System. They include juvenile offenders, children in need of care and protection and children described as being beyond parental control.

The Juvenile Offender

A juvenile offender is a person who commits an offence, but cannot be brought before the regular court because he or she has not attained adult age as defined by the law. The juvenile offender may have committed a status offence, a minor offence or a major offence. A status offence is an offence that was considered a crime only because the perpetrator is a child as stated earlier in this section. Minor offences may be viewed as offences that were crimes but which did not involve serious threat to the safety of life, property or social order. This includes theft, shoplifting, minor assault and driving without a license. Major offences, on the other hand, may be viewed as crimes involving major threat to safety of life, property or social order. Examples include murder or manslaughter, rape, drug trafficking, robbery with firearms and assault resulting in major bodily harm. Only status offenders and minor offenders are handled within the juvenile justice system. Major offenders are usually handled in regular adult courts.

Children in need of care and protection

A child or young person may be said to be in care or protection if found to be in a circumstance that exposes him or her to physical, psychological or moral danger. Such circumstances may include established cases of child abuse and neglect or other forms of deficient parental care which could result in the child being found wandering, begging for alms, or in the company of known criminals or sex workers. Other circumstances which may serve as a basis for declaring a child as being in need of care and protection may include being an orphan, being exposed to the danger of slavery, destitution or prostitution. Such children may be placed in foster homes or any other setting where the child could receive adequate guardianship within the community.

Children and Adolescents beyond parental control

A child may be deemed to be beyond parental control if the parent or guardian can prove beyond reasonable doubt to a juvenile court that they are unable to control the child. This may be as a result of recurrent violation of major rules, or defiant and disorderly behavior which parents or guardians are not able to correct by the traditional corrective measures within the home or school setting. Most children in this category may also come into contact with the juvenile justice as status offenders. The juvenile court may order their placement in a correctional facility.

2.5 The Nigerian Juvenile Justice System

The burden of 'juvenile delinquency' in Nigeria had been recognized as far back as the early part of the twentieth century. In a paper by Laurent Fourchard which tried to trace the origin of juvenile delinquency as a distinct social concern in Lagos. Nigeria, noted that organized pick pocketing and prostitution by young people was first documented as an issue of social concern in Nigerian newspapers in the 1920's. He pointed out that this was largely ignored by local administrations until the appointment of the first social welfare officer in 1941. This subsequently led to the implementation of administrative and judicial processes which can be

regarded as the birth of the juvenile justice system in Nigeria. The most significant of these judicial processes is the enactment of the Children and Young Persons Act (CYPA) in 1947 which was later incorporated into the Nigeria Federal Laws in 1948. This law aimed "to make provision for the welfare of the young, the treatment of young offenders and for the establishment of juvenile courts". The Federal Laws were later used as a template to formulate the laws of different states of the Federation. One of such laws is the Children and Young Person Law (CYPL) of Lagos state, Nigeria which was later adopted by other states of the federation. The CPYL makes provision for the welfare and treatment of young offenders and for the establishment of juvenile courts within the jurisdictions of the state proceedings in a juvenile court take place in two courts, a higher court consisting of the judge and a Magistrate court composed of a Magistrate and two laypersons, one of which must be a woman. According to the provisions of the CYPL of Oyo State, a child is a person under the age of 14 years while a young person is a person who is 14 years and above, but below the age of 17 years. A juvenile on the other hand is any person below the age 17 years who comes in contact with the juvenile justice system either as a juvenile offender, being in need of care or protection or being beyond parental control.

2.6 Overview of juvenile justice system in Nigeria

Despite a recent improvement in some economic indicators, such as a GDP growth of 5.4% per annum, Nigeria is still one of the poorest countries in the world, with a GNP per capita of $280 in 1994. United Nation Development Programme reported in 1996 that Nigeria ranked 137 out of a total of 172 countries on the Human Development Index. Seventy percent of Nigerian households are poor, while 40% are "core poor". The effect of this poverty is most apparent in children. The infant mortality rate is 91 per 1,000 live births, while the under-5 mortality rate is 147 per 1,000, one of the highest in the world. Many children are underweight, stunted or

wasted, and many homes do not have electricity, running water or access to health services. Only 65% of primary school age children were enrolled in school in 1995, and barely half of those enrolled go on to secondary school. Poverty is responsible for a large number of dropouts as well as of the perceived irrelevance of formal education to immediate and long-term needs. Unemployment figures are somewhat unreliable, but the available data indicate an unemployment rate of 16% among urban based youths between 15-24 years old and a national average rate of 6.7% among this group in 1995. (Okagbue, 1996)

The Children and Young Persons Act II was the legislation dealing with matters affecting children and young persons in Nigeria. Its stated purpose is "to make provision for the welfare of the young and the treatment of young offenders and for the establishment of juvenile courts." This Act was first enacted in 1943 by the British Colonial Government for application in any part of the Protectorate of Nigeria on the order of the Governor-in-Council. It was specifically enacted for Lagos in 1946 and was extended to the Eastern and Western Regions of Nigeria in that year (Oduwole, 2010). A similar law was enacted for the Northern Region of the country in 1958. On the introduction of a state structure in the country, Lagos State (in common with many others) enacted its own Children and Young Persons Law (CPYL) which is almost identical to the 1943 legislation (UNICEF, 2006; Ijaiya, 2009). Since then Nigeria has become a signatory to the Convention on the Rights of the Child, in order to comply with the obligations assumed there under the Decree which is much more comprehensive in its terms has been drafted to incorporate international standards on the rights of the child and juvenile justice. The CYPL defines a "child" to mean a person under the age of 14, while a "young person" is defined as a person who has attained the age of 14 and is under the age of 18 (Alemika et al, 2005). Under the CYPL children who have committed offences under laws which are also applicable to adults, children who play truant, any child of primary or secondary school age who habitually fails to attend class or is

found loitering on the streets or in any eating or drinking place, shop or public place of entertainment during school hours may be apprehended by the police or any other authorized person, arraigned before a juvenile court and "if found guilty" be sent to a remand home for a period of not more than three months. Also a different age demarcation of criminal responsibility was adopted, under which responsibility may or may not be assigned depending on the circumstances or the offence. Thus, a child below the age of 7 is not criminally responsible for any act or omission. A child between the ages of 7-12 will not normally be held responsible for his actions unless it can be proved that at the time of committing the offence he had the capacity to know that he ought not to do it. A male child under the age of 12 is always assumed to be incapable of having carnal knowledge and therefore cannot be held responsible for offences requiring that element. A child above 12 is fully responsible for his actions; however such a child remains subject to criminal proceedings in a juvenile court until the age of 18 (Oduwole, 2010). Under the Islamic or Shari'ah Law, the age of criminal responsibility is taken to be either 18 years or puberty. The age of criminal responsibility under the Shari'ah law allows for discrimination against girls because they often achieve puberty earlier than boys, as well as among Muslim and non-Muslim children. Also, it creates discriminatory treatment among girls, as the menstruation is often considered as the achievement of "maturity" or "puberty", even though the onset of menstruation is not the same for all (Ijaiya, 2009).

Prior to the passage of the Child's Rights Act (CRA) in 2003, Nigerian children in conflict with the law were often tried like adults, especially for crimes like murder, robbery with aggravating circumstances, rape or similar serious offences. Some children were sentenced to jail and incarcerated with adults instead of going to juvenile institutions or being given more reform-oriented, non custodial dispositions. Juvenile cases were heard in regular court buildings due to lack of juvenile courts (UNICEF, 2006). The 1999 constitution of the Federal Republic of

Nigeria does not explicitly specify any Child rights under chapters II (Fundamental Objectives and directive Principles of State Policy) and IV (Fundamental Rights) of the Nigerian constitution. Furthermore, the constitutional provision which relates to the young tends more towards Juvenile Justice. Thus there existed a real "vacuum" as regards Child rights and responsibilities that needed amends. Against this backdrop, the CRA was passed into law in 2003 after heated debates by the National Assembly (Nigeria's constitution, 1999). Currently the CRA 2003 has been promulgated into law in only 24 States out of a total of 36 States of the federation. States that have adopted the CRA 2010 include Abia, Anambra, Akwa Ibom, Benue, Bayelsa, Cross river, Delta, Edo, Eboniyi, Ekiti, Imo, Jigawa, Kwara, Lagos, Nassarawa, Niger, Ogun, Ondo, Osun, Plateau, Rivers and Taraba. A number of these states that have adopted and signed into law the CRA 2003 still battle with the enforcement of the provisions of the CRA 2003. Article 4 of the CRC specifically imposes the obligation that "State parties shall undertake all appropriate legislative, administrative and other measures in the implementation of the rights recognized in the present Convention".

A child justice system or administration is based on the premise that the mental and intellectual, emotional physical and psychological capacity of children should not be equated with that of an adult. By this the state should not expose children to the formal criminal process like adults. However, in Nigeria, some states lack specific buildings designated as juvenile courts, and as such, child offenders are sometimes tried in regular court buildings. The magistrates play a dual role of being a judge for the adult offender and at the same time a judge for child offenders. Other role players, such as, the police, probation officers, legal counsel and other assessors are often not trained in the particular differences of a child/juvenile justice administration or in dealing with children. Also the players in the juvenile justice administration do not have sufficient training in human rights based approach to handling juvenile cases (UNICEF, 2006).

The problem is further compounded by inadequate number of social welfare officers and /or probation officers.

2.6.1 The Juvenile Offender in the Nigerian Children and Young Person Law (CYPL)

A juvenile offender in the Nigerian CYPL has been previously defined. After arrest, a juvenile offender is normally released on bail provided the offence is not a serious one like murder and the safety of the child as well as his or her availability for trial can be guaranteed. In the event that a juvenile offender is apprehended and cannot be released because any of the condition above could not be met, the Law requires that the child should be detained in an approved institution sanctioned by law for such a purpose. A child with a serious behavioral disturbance or a serious physical health problem however will not be detained. Several behavior disturbances like persistent violent, suicidal or disruptive behaviors could be a reason for a child to be placed in a more secure facility like a prison while a seriously ill child may be kept in a health facility. Irrespective of whether a juvenile is released on bail or committed to an approved institution, the Children and Young Person Law (CYPL) requires that the child be brought before a juvenile court. This is a court constituted for the purpose of the hearing and determination of cases relating to children and young persons. Such courts are at liberty under the law, to decide, while the case is on-going, if the juvenile offender can be released on bail or committed to an approved institution. Where a juvenile is tried by a juvenile court and the court is satisfied that the child is culpable, depending on the nature of offence, the offender can be released and placed under the supervision of a probation officer or discharged on the child or to pay fines, costs or damages. Other forms of corrective measures, according to the Nigerian Laws, are corporal punishments and remanding in an approved institution or prisons. Children below the age of 14 years however are not to be imprisoned irrespective of the offence or circumstance. They are rather remanded in borstal homes or remand home.

2.6.2 Children in need of care and protection in the Nigerian CYPL

The concept of being in need of care and protection in the Nigerian context is not different from as earlier defined. In the Nigerian CYPL; such a child is brought before a juvenile court whose duty is to determine the veracity of the suspicion. If the court is satisfied that the child is truly in need of care or protection, the parents or guardian of the child may be ordered to enter an agreement to exercise proper care of the child or the child may be placed under the supervision of a probation officer for a specified period. In other circumstances the child may be sent to an approved institution or placed in the care of any suitable and willing person.

2.6.3 Children beyond parental control in the Nigerian CYPL

The failure of all conventional and sincere methods of putting a child under domestic control is also the grounds for declaring a child as being out of control in the Nigerian CYPL. In such circumstances the difficulty before the courts includes to determine if the behaviour of the child is one that would overwhelm the average parent, and that the parents have demonstrated a reasonable level of willingness to cater for the child except for the intractable disruptive behaviour. The juvenile court may then issue an order placing the child under the supervision of a probation officer or commit the child to an approved institution. This is provided the court is satisfied that it is expedient to do so and that the parents or guardians understand the full implication of such a decision and consent from the parents, having explained that the child may have to undergo some reformatory programmes and that any legal means of control, including corporal punishments, may be employed to keep the child within the rules to the institution.

2.7 Custody of Children within the Juvenile Justice System

Facilities for the care of children and adolescents within the juvenile justice system have been established in many parts of the world to provide statutory guardianship for children in need of

care, protection, supervision or reformation which cannot be provided by an appropriate family unit. This might be as a result of the breakdown, inefficiency, dysfunction or absence of a proper family structure. These services can be provided using both incarcerating and non-incarcerating methods.

2.7.1 Non-Incarcerating Method of Custodian Care

The non-incarcerating methods of custodial care consist mainly of community services which use the social work approach to correction, the principle of which is to provide safe, stable, fair and temporary custodial care within the community for young offenders in accordance with the directives of the courts. The community adopts a system whereby children in need of care and protection are fostered by competent foster families under the supervision of social workers, while young offenders are placed under probation within the community under the supervision of a probation officer. Non-incarcerating methods of custodian care are the ideal for status offenders as well as children in need of care and protection. Modern non-incarcerating facilities in the community which cater for children within the juvenile system include correctional residential homes, house arrest, boot camps, day treatment centers and reformatory day schools. A possible advantage of the non-incarcerating method is that children within this system are able to maintain contact with the community while in custodial care which is likely to facilitate easy re-integration back into the society after discharge.

2.7.2 Incarcerating Methods of Custodial Care

Incarcerating methods of custodial care include facilities and secured institutions where children within the juvenile justice system are held in custody. This method is mostly applied to juvenile offenders who committed major offences like rape, murder, or arson as well as children beyond parental control. Children in need of care and protection and minor offenders may also be

incarcerated if non-incarcerating methods are readily available or feasible. Institutional care for young offenders, in most parts of the world, is provided in correctional facilities in juvenile remand homes, borstal institutions and reformatory boarding schools. The aim in most correctional facilities into provide, in a secure environment, correction for deviant behaviors, academic and vocational training and provision of social work programs geared at equipping the young offender with the necessary abilities, motivation and maturity to integrate back into the society and lead a law abiding life after discharge.

The divisions of custodial care into incarcerating and non-incarcerating methods are most likely a reflection of the level of advancement of the juvenile justice system of a country. This is not surprising in view of the fact that incarcerating methods predate non-incarcerating methods in history. The availability of an organized non-incarcerating method is probably the most striking index of sophistication in juvenile justice system. As may be expected, custodial care in most developing countries, including Nigeria utilizes mostly incarcerating methods. There are also reports from such countries that juvenile offenders and vulnerable children in need of care and protection are kept together in the same incarcerating facility.

2.8 Approved institutions in the CYPL

An approved institution as variously mentioned in the provisions of the CYPL refers to a juvenile remand home, borstal home or a reformatory school. Remand homes in Nigerian are under the control of the Social and Welfare Department and admit all three categories of children within the juvenile justice system. Many states have at least one remand home established by the state governments. The law leaves the powers to establish a remand home to the jurisdiction of the state governor or local council with prior approval of the state. Borstal homes are under the control of the prison services and admit only juvenile offenders and children beyond parental control. There are only three in Nigeria presently located in North-Central, South-western and

South-southern parts of the country. Reformatory schools were also established in Nigeria under the Social and Welfare Departments and they admit mostly children declared as beyond parental control and some juvenile offenders. Children in reformatory schools receive vocational training and other forms of education while in custody. The CYPL also permits a child or young person to be detained in any other institution that may be approved, in the event that any of these institutions are not conveniently situated.

2.9 Problems within the Nigerian Juvenile System

The Nigerian juvenile system evolved during the British colonial era and is modeled after the British system. The minor differences between the British and the Nigerian system of juvenile justice administration were put in place mainly to accommodate local customs. The juvenile justice system in Nigeria today has some shortcomings that may reflect that it may no longer be able to serve its intended purpose as may have been envisioned at inception in early 20th century. For instance a large proportion of Nigeria's young persons have had contact with the juvenile justice system, but the enormity of this problem may not be apparent because of poor information and data management in Nigeria. Official data on the Nigerian criminal justice system is either deficient or obsolete. For example, the latest criminal justice figure obtainable from the Federal Office of statistics is for 1993 and it covers data from only two-thirds of the country. Despite the short-comings of the official figures, it reveals that a high percentage of children are kept within the criminal justice system. In 1993, out of a prison population of 40,007 in Nigeria, 7,205 (18%) were 18 years or less. As staggering as these figures might appear, they may not be a true reflection of the situation. A survey on the juvenile administration conducted by the constitutional Rights Projects (CRP) in Nigeria indicated that police officers often falsify the ages of juveniles to pass them off in counts as adults in order to avoid adhering to the legal requirements for their treatment. Furthermore, the Nigerian juvenile justice system tilts more

towards punitive incarceration than corrective rehabilitation. This may be a reflection of economic realities and poor organization of the social service system. Incarcerating forms of custodian care is the norm in Nigeria as non-incarcerating methods are not developed. In addition, all the three borstal homes in Nigeria currently admit only male inmates. Moreover, other shortcoming of the Nigerian juvenile system rests in the provisions of the CYPL itself. The upper limit of age of entry into the juvenile justice system was put at 17years in contrast to 18years in similar legislations in other parts of the world.

2.10 Risk Factors to Juvenile Delinquency

A risk factor is defined as a characteristic, variable, or hazard that, if present for a given individual, makes it more likely that this individual, rather than someone selected from the general population, will develop a disorder (Mrazek and Haggerty, 1994). Different theoretical models describe the relationship between variables and outcomes. Researchers have concluded that there is no single path to delinquency and note that the presence of several risk factors often increases a youth's chance of offending (Shader 2003; Wasserman 2003; Sanni et al., 2010). Studies also point to the interaction of risk factors, the multiplicative effect when several risk factors are present, and how certain protective factors may work to offset risk factors (Shader 2003). In recent years, the juvenile justice field in the United States adopted an approach from the public health in an attempt to understand the causes of delinquency and work toward its prevention (Moore, 1995; Farrington, 2000). Although much of the research on risk factors that youth face has focused on predicting serious and violent offenses, risk factors are relevant to all levels of delinquency. These studies prompted discussion and investigation into influences that may provide a buffer between the presence of risk factors and the onset of delinquency. These buffers are known as protective factors. Pollard, et al., (1999) reported protective factors as those

factors that mediate or moderate the effect of exposure to risk factors, resulting in reduced incidence of problem behavior.

2.10.1 Individual Psychological or Behavioural Risk Factors for Juvenile Delinquency

Individual psychological or behavioral risk factors that may make offending more likely include intelligence, impulsiveness or the inability to delay gratification, aggression, empathy, and restlessness (Farrington, 2002). Children with low intelligence are likely to do worse in school. This may increase the chances of offending because educational attainment, attachment to school, and minimal educational aspirations present the likelihood for offending themselves. (Walklate, 2003). Children who perform poorly at school are also more likely to be truants, which is also linked to offending (Farrington, 2002). Poor educational attainment could lead to crime as children were unable to attain wealth and status legally. However it must be born in mind that defining and measuring intelligence is difficult. Young males are especially likely to be impulsive which could mean they disregard the long-term consequences of their actions, lack self-control, and are unable to postpone immediate gratification. This may explain why they disproportionately offend. (Farrington, 2002 & Walklate, 2003) Impulsiveness is seen by some as the key aspect of a child's personality that predicts offending (Farrington, 2002).

Table 2.1: Risk and Protective Factors, by Domain

	Risk Factor		
Domain	Early Onset (ages 6–11)	Late Onset (ages 12–14)	Protective Factor*
Individual	General offenses Substance use Being male Aggression** Hyperactivity	General offenses Restlessness Difficulty concentrating** Risk taking Aggression**	Intolerant attitude toward deviance High IQ Being female

	Problem (antisocial) behavior Exposure to television violence Medical, physical problems Low IQ Antisocial attitudes, beliefs Dishonesty**	Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Problem (antisocial) behavior Low IQ Substance use	Positive social orientation Perceived sanctions for Transgressions
˚ Family	Low socioeconomic status/poverty Antisocial parents Poor parent-child relationship Harsh, lax, or inconsistent discipline Broken home Separation from parents Other conditions Abusive parents Neglect	Poor parent-child relationship Harsh or lax discipline Poor monitoring and supervision Low parental involvement Antisocial parents Broken home Low socioeconomic status/poverty Abusive parents Family conflict**	Warm, supportive relationships with parents or other adults Parents' positive evaluation of peers Parental monitoring
˚School	Poor attitude, performance	Poor attitude, performance Academic failure	Commitment to school Recognition for involvement in conventional activities
˚Peer group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior
˚Community		Neighborhood crime,	

		drugs Neighborhood disorganization	

* Age of onset not known. ** Males only. ˚ Social factors.
Source: The office of the Surgeon General (2001) Washington

Holmes et al., (2001) reported that conduct disorder usually develops during childhood and manifests during adolescence. In some instances, juvenile behavior is attributed to the diagnosable disorder known as conduct disorder. Juvenile delinquents who have recurring encounters with the criminal justice system are sometimes diagnosed with conduct disorders because they show a continuous disregard for their own and others safety and property. Once the juvenile continues to exhibit the same behavioral patterns and turns eighteen he is then at risk of being diagnosed with antisocial personality disorder and much more prone to become a serious criminal offender. (DeLisi and Piquero 2011)

2.10.2 Family Factor and Juvenile Delinquency

According to Wright and Wright (1995), the family is the foundation of human society. Children who are rejected by their parents, who grow up in homes with considerable conflict, or who are inadequately supervised are at the greatest risk of becoming delinquent. Adolescence is a time of expanding vulnerabilities and opportunities that accompany the widening social and geographic exposure to life beyond school or family. Understanding the nature of relationships within the family, i.e. family adaptability, cohesion, and satisfaction, provides more information for understanding youth behavior (Cashwell and Vacc, 1996).

Cohesiveness of the family successfully predicts the frequency of delinquent acts for non-traditional families (Matherne and Thomas 2001). Family behaviors, particularly parental monitoring and disciplining, seem to influence association with deviant peers throughout the

adolescent period (Cashwell and Vacc 1996). Juby and Farrington (2001) reported that there are three major theories that explain the relationship between disrupted families and delinquency; these are trauma theories, life course theories, and selection theories. Trauma theories suggest that the loss of a parent has a damaging effect on children, most commonly because of the effect on attachment to the parent. Life course theories focus on separation as a long drawn out process rather than a discrete event, and on the effects of multiple stressors typically associated with separation. Selection theories argue that disrupted families are associated with delinquency because of pre-existing differences in family income or child rearing methods. The family is thus the most natural environment for human development but it is however important not to over-idealize the former, at least in its assumed traditional stable form, since it now seems to be in crisis, as can be seen from statistics worldwide. For instance, a UNICEF report stated that, "In the family system of every human society, incomplete families emerge due to various reasons – demographic, economic or social: such as the death or divorce of a spouse, partition of the family, or migration" (UNESCO, 1991).

Family factors which may have an influence on juvenile delinquency include; the level of parental supervision, the way parents discipline a child, parental conflict or separation, criminal parents or siblings, parental abuse or neglect, and the quality of the parent-child relationship (Graham and Bowling: 1995). Research reports that children brought up by lone parents are more likely to start offending than those who live with two natural parents, however once the attachment a child feels towards his/her parent(s) and the level of parental supervision are taken into account, children in single parent families are no more likely to offend than others. (Graham and Bowling, 1995). Conflict between a child's parents is also much more closely linked to offending than being raised by a lone parent, (Walklate, 2003) If a child has low parental supervision he/she is more likely to offend. Many studies have found a strong correlation

between a lack of supervision and offending, and it appears to be the most important family influence on offending (Graham and Bowling, 1995 & WHO 2002). When parents do not know where their children are, what their activities are, or who their friends are, children are more likely to truant from school and have delinquent friends, each of which are linked to offending (Graham and Bowling, 1995). A lack of supervision is connected to poor relationships between children and parents, as children who are often in conflict with their parents may be less willing to discuss their activities with them. Children with a weak attachment to their parents are more likely to offend. Children resulting from unintended pregnancies are more likely to exhibit delinquent behavior. They also have lower mother-child relationship quality.

2.10.3 Peer Influence and Delinquency

Peer influences on child delinquency usually appear developmentally later than do individual and family influences. Many children entering school, for example, already show aggressive and disruptive behaviors. Wasserman et al (2003) reported that two major mechanisms associated with peer factors or influences are association with deviant peers and peer rejection. Lipsey and Derzon (1998) noted that for youth ages 12–14, a key predictor for delinquency is the presence of antisocial peers. According to McCord et al., (2001), "Factors such as peer delinquent behavior, peer approval of delinquent behavior, attachment or allegiance to peers, time spent with peers, and peer pressure for deviance have all been associated with adolescent antisocial behavior."

2.10.4 Community Factors and Delinquency

Few studies have addressed risk factors that emerge from young children's socialization in schools and communities. A specific school risk factor for delinquency is poor academic

performance. A meta-analysis of more than 100 studies examined the relationship between poor academic performance and delinquency and found that poor academic performance is related to the prevalence, onset, frequency, and seriousness of delinquency (Maguin and Loeber, 1996; Loeber et al., 1998). The National Research Council and the Institute of Medicine reviewed the impact of school policies concerning grade retention, suspension and expulsion, and school tracking of juvenile delinquency. These organizations reported that such policies, which disproportionately affect minorities, have negative consequences on children (McCord, et al., 2001). For example, suspension and expulsion do not appear to reduce undesirable behavior, and both are linked to increased delinquent behavior (Shader 2003). Existing research points to a powerful connection between residing in an adverse environment and participating in criminal acts (McCord, et al., 2001; Wassermann et al 2003). Findings from studies of childhood exposure to family poverty have been very consistent. Children raised in poor, disadvantaged families are at greater risk for offending than children raised in relatively affluent families (Farrington, 1998). Existing research points to a powerful connection between residing in an adverse environment and participating in criminal acts (McCord, et al., 2001). Sociological theories of deviance hypothesize that "disorganized neighborhoods have weak social control networks; that weak social control, resulting from isolation among residents and high residential turnover, allows criminal activity to go unmonitored" (Herrenkohl et al., 2001). Although researchers debate the interaction between environmental and personal factors, most agree that living in a neighborhood where there are high levels of poverty and crime increases the risk of involvement in serious crime for all children growing up there (McCord, et al., 2001). Gaps exist in the interrelationships between risk factors and delinquency and how risk factors interact to create a cumulative effect. Also some theories about the role of biological factors (Wassermann et al 2003) such as genes, hormones and body physiology, have been stated as possible risk, although adequate research in this area is lacking.

2.11 Physical and Mental Health of the Juvenilely Delinquent

Young offenders may have poor level of physical health because of issues such as frequent substance abuse, exposure to violence, hepatitis C infection and liver disease, and exposure to sexually transmissible diseases (McCord, et al., 2001). According to a study in Australia, young offenders have a higher death rate than similar aged non-offenders, with as many as 70 percent of deaths attributable to drugs and suicide (Herrenkohl et al., 2001). With regards to Finland, a study on mortality of young offenders sentenced to prison and its association with psychiatric disorders by Sailas et al, 2005 revealed a high mortality rate among young offenders sentenced to prison (Prison Reform Trust, 2007). The high mortality in this group was associated with substance abuse and psychiatric disorders, but not with emotional disorders with an onset specific to childhood and adolescence (Prison Reform Trust, 2007).

Information from different sources indicates that there is a high prevalence of mental illness among incarcerated individuals than among the general population. Young people in prison have a greater prevalence of poor mental health than adults, with 95% having at least one mental health problem and 80% having more than one mental health problem. Studies in Europe revealed that (69-100%) a high proportion of youth delinquents in custody had a mental health disorder (UNESCO, 2009). Moreover, there is a high prevalence of co-morbidity (two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis) in young offenders, and also a relation between serious behavior disorders and substance misuse. Studies conducted in Europe reflect the high importance of providing mental health services to juveniles with mental disorders. For instance in Finland a study on mental disorders in a prison population done by Sailas et al (2005) et al., reported that there was a failure of healthcare systems and emphasized the necessity for early screening of mental disorders in delinquents.

That more mentally ill young people ended up in prison as the prison population diminishes (Sailas et al 2005).

In Denmark, a research about the prevalence of mental disorder showed that the prevalence of mental disorders was found substantially higher with an association between mental disorders and violence. It is very important to highlight early detection when they get in contact with the Juvenile Justice System and treatment of mental disorders in delinquent adolescents for the prevention of violence.

Ajiboye et al., (2009) reported 67.8% as prevalence of psychiatric disorder among Borstal inmates and the prevalence of mental disorder vary considerably depending on the type of sample, the measure used and the time frame. Studies among young offenders in Nigeria are spares and many aspects of this study needs to be researched. The need to screen and treat juvenile offenders in borstal institutions has been stressed (Ajiboye et al., 2009). Substance use disorders have been reported as common among juvenile offenders (McClelland et al., 2004 Ajiboye et al., 2009). Ajiboye et al., (2009) reported Cannabis abuse accounted for 39.6% followed by alcohol abuse (26.4%) and cocaine (9.4%). Studies have reported that juveniles that have tried cocaine would have first used alcohol, tobacco and cannabis. Cannabis is a gate way drug and users are more likely to use other illicit drugs (McClelland et al., 2004). This has necessitated the provision of substance abuse treatment program in institutions where juvenile offenders are detained (Ajiboye et al., 2009).

2.12 Total institution

Erving Goffman defined a total institution as one in which there is a "barrier to social intercourse with the outside," which often takes a physical form. In addition, in the total institution every part of life is conducted with a group of others in the same place and under the same authority,

all directed by a very specific schedule. These activities are all designed to attain the goals of the institution in which they take place. Goffman says that the main principle of total institutions is the "handling of human needs by the bureaucratic organization of whole blocks of people". In other words, the total institution is characterized by the fact that those who are subservient to it must follow the rules laid out by those in power – rules which may be beneficial or detrimental, but are in any case justified in the name of bureaucracy.

Goffman goes on to elaborate on certain total institutions like prison and the military, coming to the conclusion that no matter the type of institution, the person under it experiences a complete demoralization. The person enters the institution with an identity that has been created over time by their life circumstances and experiences, but are stripped of that identity and forced to take up another one in the institution. They may be compelled or coerced into doing things that are completely against their personal beliefs or character, thus losing their sense of autonomy and individual agency in the process. Naturally, a forced self-rejection of one's identity is incredibly demoralizing.

One of the most obvious reasons concern with juvenile delinquency is the fear of continued adult crime. It has been pointed out in one country that a very large number of men in prison began their criminal careers before they were 13 years of age. Delinquency may be a prelude to a life of crime (UNESCO, 1999).

CHAPTER THREE

METHODOLOGY

3.1 Study Area

The study was conducted in Ilorin South Local Government Area, Kwara State, Nigeria.

3.2 Study Site

Borstal training institution, Ilorin, is one of the three (3) Borstal Training Institutions in Nigeria. It was established in 1999 under the Nigerian Prison Services. Borstal Training Institution, Ilorin admits young male persons between the age group of 13 – 17years when they are sentenced by the court of law after they are found guilty of offences such as stealing/burglary, assault/fighting, wandering/truancy, rape, illicit substance use and trafficking and other criminal acts that are peculiar to young persons. It has a population for about 140 male students (no female students). Borstal training school takes responsibilities of inmate training, welfare, feeding and medicare with the primary aim of reforming and rehabilitating them.

3.3 Study Population

The study population is all young persons in the Borstal Training Institution, Ilorin, Kwara State.

3.4 Study Design

The study was a cross-sectional design that utilized quantitative method of data collection.

3.5 Sampling Technique

The total number of students in the Borstal Training Institution during the period of study was 133, hence, all consenting young persons in the Borstal Training Institution were recruited for the study.

3.6 Data Collection Instrument

A semi-structured questionnaire which was divided into sections was utilized.

Section A:

Socio-demographic characteristics and family characteristics of the respondents

Section B:

Physical health problems experienced in the 3 months prior to the study. These physical health problems include illnesses/ailments for which treatment was sought. Nutritional Status assessed by obtaining and recording weight and height measurements of each respondent.

Section C:

Psychological health using the General Health GHQ -12 will be incorporated and used to assess the mental health of the students. The General Health Questionnaire (GHQ) is a measure of

current health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures.

3.7 VALIDATION OF THE STUDY INSTRUMENT

The study instrument was pre-tested in Juvenile Remand Welfare Home, Ijokodo, Ibadan to ensure appropriateness and clarity of questions.

Weight measurements were taken with the use of electronic weighing scale. Weight was measured to the nearest 0.1 kg while participants were shoeless and wearing light clothing. Height was measured to the nearest 0.1 cm with mobile portable stadiometer. The scale and stadiometer were checked daily to ensure they were in good working condition.

3.8 Data Collection

The purpose of the study was explained to each participant following which informed consent was obtained from those that were above 18 years while the minors were given assent form to fill, and then the questionnaire were administered to them in the office of the Guidance Counselor and in an empty classroom to ensure that each participant had adequate privacy.

Weight measurements were taken with the use of electronic weighing scale which was standardized daily to ensure reliability. Weight was measured to the nearest 0.1kg while participants were shoeless and wearing light clothing. Height was measured to the nearest 0.1cm with mobile portable stadiometer. The scale and stadiometer were checked daily to ensure they were in good working condition.

Data was collected over a period of four weeks by the researcher and two trained research assistants (2 National Youth Service Corp members serving in the institution).

3.9 Data Analysis and Presentation

After the data was collected, it was analyzed using the Statistical Package for Social Sciences version (SPSS) 15.0. Frequencies were generated and chi square tests of association were carried out between selected socio demographic characteristics and the outcome variables (history of health problems in the last three months and the mental health status of the respondents). Descriptive statistics- mean, median and range were computed for quantitative variables like age, duration of stay in the institution.

General health questionnaire was analyzed using the GHQ scoring (0-0-1-1) method, where 0 is given for the lesser two symptom severity options (Not at all and No more than usual) and 1 for the greater two symptom severity options (Rather more than usual and Much more than usual), thereby giving a range of scores from 0 to 12 for the GHQ-12. The GHQ-12 yields a total score. Scores are calculated by summing up the item responses. Total scores that exceed 4 out of 12 suggest probable distress.

Body Mass Index was also calculated using the weight and height data that was collected.

3.10 ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Joint UI/UCH Institutional Review Committee (IRC). The respondents' consent was obtained from those that were above 18 years while the minors were given assent form to fill, after provision of adequate, clear and complete information about what the study entails. The researcher ensured that confidentiality of information disclosed by respondents was strictly maintained as names were not written on questionnaires. Students who were noticed to be seriously ill were referred to the Institution Nurse. In the case of an adolescent

who was not emotionally stable, the researcher referred to the Institution Guidance and Counseling Officer for follow up.

Beneficence

This study did not benefit them directly. It is the hope of the researcher that the government and other concerned bodies will make use of the information that will be obtained from the research to plan programmes that will benefit young persons in borstal institutions.

Non-maleficence

Participating in this study did not harm the participants in any way. It did not in any way affect their grades. They were not disciplined by their teachers for information which could be potentially incriminating as their teachers did not have access to the information.

Voluntariness

Participation in the study was made voluntary; none of the participants were coerced.

CHAPTER FOUR

RESULT

The results will be presented in the following sections:

Section A: Socio-demographic characteristics of respondents

Section B: History of delinquent act

Section C: Physical health status of respondents

Section D: Psychological health status of respondents

Section E: Factors associated with psychological distress among respondents

A total of 133 inmates were interviewed.

4.1 Section A: Socio-Demographic characteristic of the respondents

4.1.1 Respondents' socio-demographic characteristics

Table 4.1 shows respondent's socio-demographic characteristic. A total number of 133 respondents were interviewed. The ages of the respondents ranged from 11-25 years with a mean

age of 18.9±2.2 years. About half (52%) of the respondents were muslims. Almost half (49.6%) of the respondents were from the Yoruba ethnic group.

Table4.1: Socio-demographic characteristics of respondents

Characteristics	Number	%
Age(years)		
11-13	1	0.8
14-16	22	17.3
17-19	58	43.6
20-22	33	32.3

23-25	9	6.8
Religion		
Christianity	62	46.6
Islam	69	51.9
Others	2	1.5
Ethnicity		
Yoruba	66	49.6
Hausa	42	31.6
Igbo	18	13.5
Other	7	5.3

***Mean age of respondents=** 18.9±2.2 years

4.2: Respondent's educational background prior to being enrolled in the borstal institution

Information on respondent's education is presented in table 4.2. Most (83.5%) respondents were attending regular school before being brought to the borstal institution. About (79.1%) of them were in senior secondary school and 32.3% attended school regularly.

Table 4.2: Respondent's educational background prior to being enrolled in the borstal institution

	Number	%
Schooling before being enrolled in the borstal institution		
Yes	111	83.5
No	22	16.5
Level of educational attainment		
Primary	5	3.8
Junior Secondary	29	21.9
Senior Secondary	76	57.1
Tertiary	1	0.8
Not applicable		

	22	16.5
Frequency of attendance		
Everyday	43	32.3
Once or twice a week	41	30.8
Thrice a week	27	20.3
Not applicable	22	16.5

4.3: Respondents' parents

Information on respondents' parents is shown in table 4.3. Many (77.9%) respondents had both parents (father and mother) alive. Half (50.4%) of the respondents lived together with both parents prior to the time they were remanded. More than half (60.9%) respondents' father had only one wife. About (56.4%) respondents' fathers had tertiary education. Only 9.0% of the respondents had fathers who had no formal education. About a third (33.8%) of respondents had fathers who were civil servants, 27.1% had fathers who were business men. 43.6% respondents'

mothers had tertiary education. Only in 18.8% of the respondents reported that their mothers had no formal education.

Table 4.3: Family characteristics

	Number	%
If both parents are alive		
Yes	106	77.9
No	27	20.3
Accommodation before being remanded		
Father alone		
Mother alone	10	7.5
Both parents	23	17.3
Family relatives	67	50.4
Friends	31	23.3

	2	1.5
Number of wives of repondents' father		
More than one	52	39.1
One	81	60.9
Father's level of education		
No formal education	12	9.0
Not completed Primary education	1	0.8
Completed primary education	1	0.8
Not completed secondary education	4	3.0
Completed secondary education	40	30.1
Tertiary education	75	56.4
Mother's level of education		
Tertiary education	58	43.6
Completed secondary education	44	33.1
No formal education	25	18.8
Not completed secondary education	3	2.3
Completed primary education	2	1.5
Not completed primary education	1	0.8
Father's occupation		
civil servant	45	33.8
business	36	27.1
skilled labour	20	15.0
professional	17	12.8
unskilled labour	14	10.5
unemployed	1	0.8

Mother's occupation		
business	70	52.6
professional	21	15.8
civil servant	13	9.8
unemployed	12	9.0
unskilled labour	11	8.3
skilled labour	6	4.5

Figure 4.1 presents information on the person that brought respondents to borstal institution. Many (45.1%) respondents were brought in by their fathers while 27.1% were brought in to the institution by their mothers. The police and uncle each accounted for 6.80% of respondents in the institution.

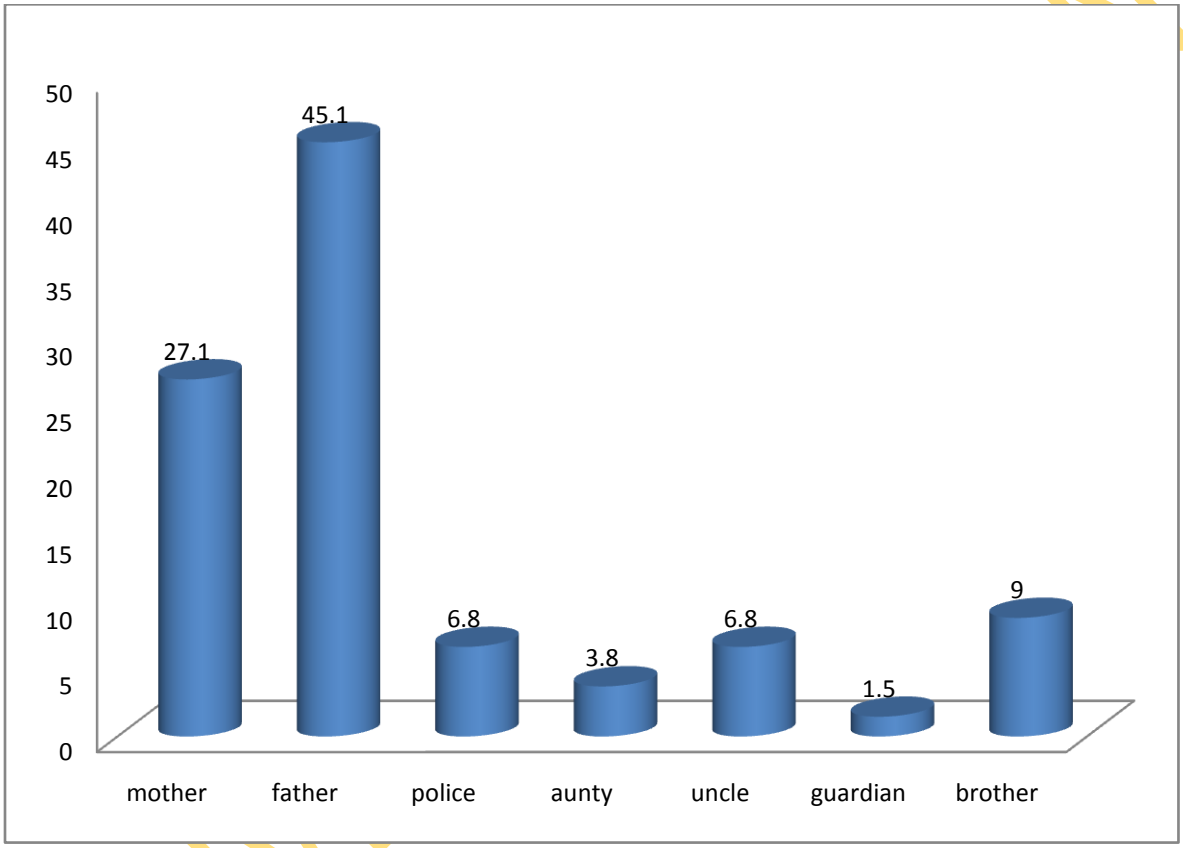

Figure 4.1: People who brought the respondents to Borstal Institution, Ilorin

4.1.2 Respondent's religious conviction

Many (64.7%) respondents asserted that their religion was not important to them and 22.6% of all the inmates reported that they used to attend religious services once a week before they were remanded (Table 4.4)

Table 4.4: Respondent's religious conviction

Variables	Numbers	%
Importance of religion to respondents		
very important	30	22.6
important	17	12.8
not important	86	64.7
Attendance at religious services prior to conviction		
once a week		
thrice a week	30	22.6
everyday	2	1.5
occasionally	1	0.8
not at all	58	43.6
	42	31.6

4.2 Section B: History of delinquency act

4.2.1 Crime committed by respondents

Crimes committed by respondents which resulted in their being sentenced to the borstal institution are presented in figure4.2. Cigarette smoking (65.4%) topped the list of the crimes committed by the respondents, followed by drinking of alcohol; disorderly behaviour when drunk (50.4%). Gambling (5.3%) was the least common crime committed by respondents. Just short of three-quarters of the inmates (75.2%) committed the crime with friends, while for (8.3%) of them, their siblings involved in the same crime with them. About ten percents of respondents disclosed that their siblings had ever been arrested for committing a crime.

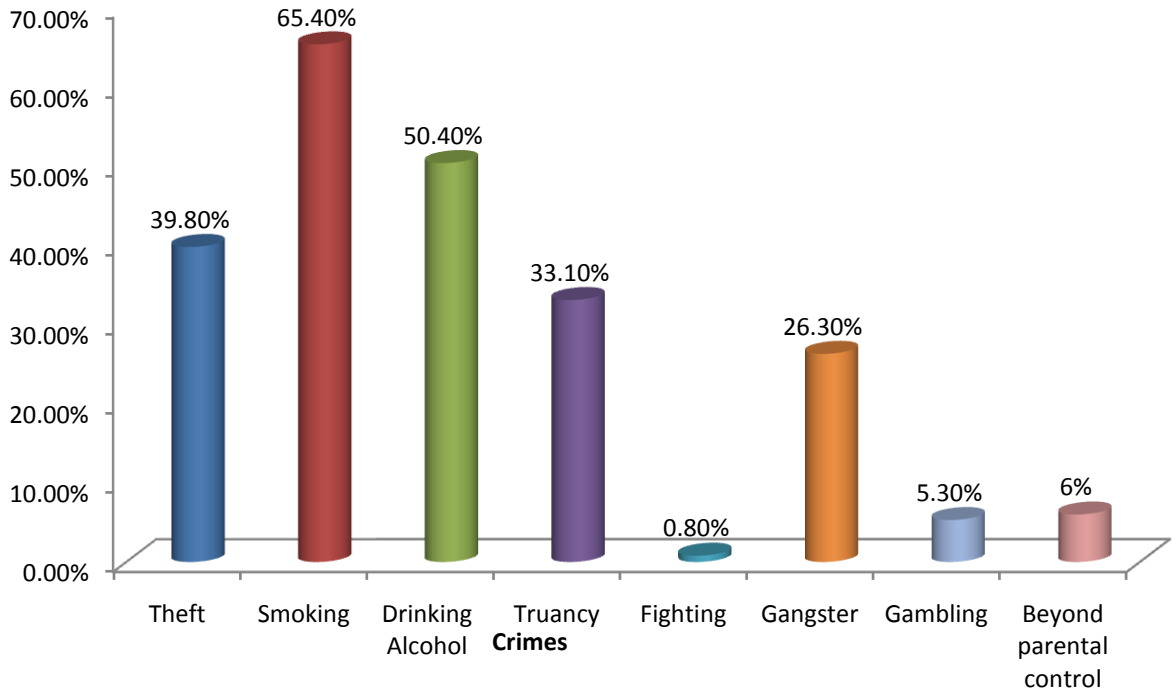

Figure 4.2: Crime committed by respondents

4.2.2 Respondents' history in the borstal institution

The history of respondents in borstal institution is shown in Table 4.5. A third (34.6%) of the respondents had been in the borstal institution for less than one year and 58 (43.6%) had been in the institution for less than two years at the time of the study. More than half (54.1%) of the respondents reported that they had been remanded in a corrective institution before. Of these, 54(40.6%) reported that they had been remanded more than once. Three-quarters (72.2%) of the respondents had more than a year of their sentence to spend at the Borstal Institution at the time of the study.

Table 4.5: Respondents' history in borstal institution

Variables	Number	%
Duration of stay in the institution		
less than one year	46	34.6
less than two years	58	43.6
less than three years	29	21.8
Remaining period of stay in the institution		
less than one year	37	27.8
less than two years	55	41.4
less than three years	41	30.8
History of previous arrest and detention in the institution		
yes	72	54.1
no	61	45.9
		n=72
Number of previous arrest		
once	18	13.5
twice	19	14.3
thrice	17	12.8

four times	12	9.0
five times	6	4.5
Offence for which respondent was remanded		
smoking and drinking	38	28.6
street fight	15	11.3
gambling	2	1.5
theft	16	12.0
gangster	2	1.5
Accomplice in crime		
Alone	33	24.8
With friends	100	75.2
Siblings involvement with crime		
yes	11	8.3
no	122	91.7
Siblings previous arrests		
yes	14	10.5
no	119	89.5

4.3 Section C: Physical health

4.3.1 Health symptoms experienced by respondents

Symptoms experienced by respondents are represented by figure 4.3. Headache (24.4%), cough (18.4%), catarrh (15.5%) were common symptoms reported. 80 (60.15%) of the respondents had experienced at least one symptom of ill health in the 30-days prior to the study.

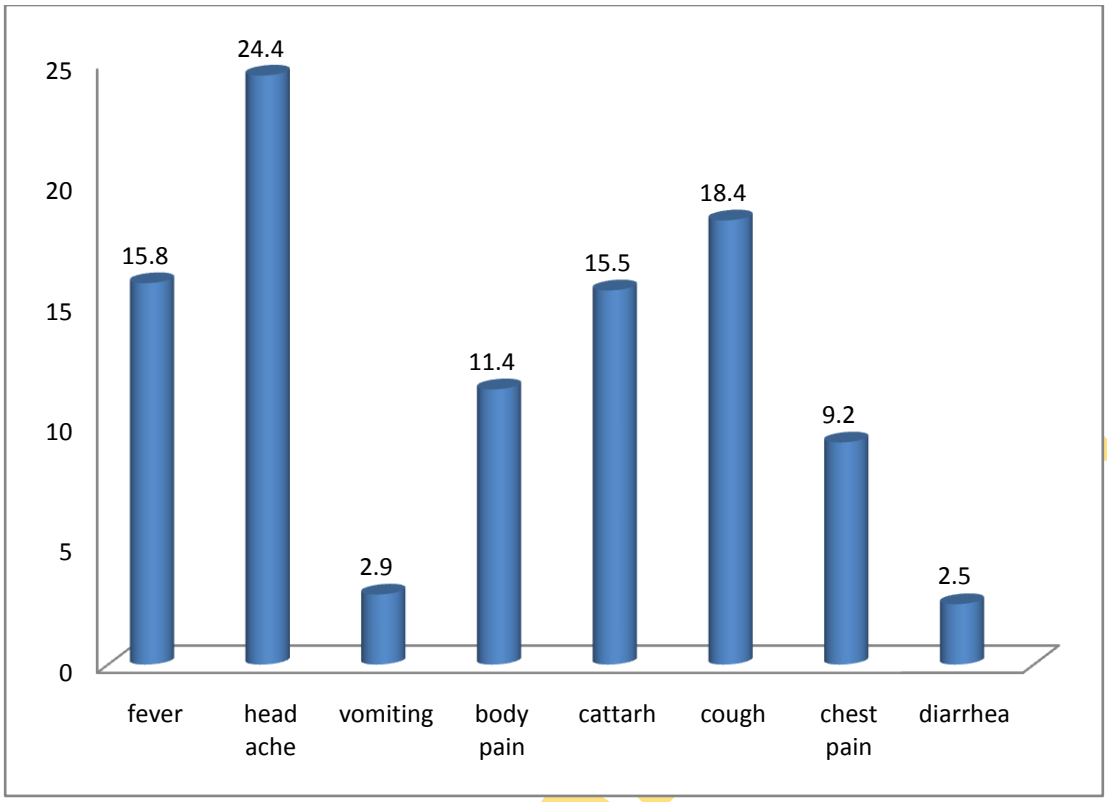

Figure 4.3: Health symptoms experienced by respondents in the 30-days prior the study

4.3.2 Dietary pattern of respondents

In the last 30 days more than half of the respondents reported never going hungry because of not having enough to eat while 24.1% and 12.8% reported having to go hungry sometimes and most of the time respectively. All (100%) respondents reported always having breakfast, lunch and dinner to eat in the last 30 days (Table 4.6)

Table 4.6: Dietary pattern of respondents

Dietary pattern	Number	%

Hunger in the last 30 days		
never		
rarely	73	54.9
sometimes	9	6.8
most of the time	32	24.1
always	17	12.8
	2	1.5
Breakfast in the last 30 days		
never	0	0
rarely	0	0
sometimes	0	0
most of the time	0	0
always	133	0
Lunch in the last 30 days		
never	0	0
rarely	0	0
sometimes	0	0
most of the time	0	0
always	133	0
Dinner in the past 30 days		
never	0	0
rarely	0	0
sometimes	0	0
most of the time	0	0
always	133	0

4.3.3 Body Mass Index (BMI) of the respondents

The BMI of respondents was calculated and is shown in Table 4.7. Majority (92.1%) of the respondents were in the normal range of BMI while a few (4.8% and 2.4%) were over-weight and under-weight respectively.

Table4.7: BMI of respondents

	Number	%

<18 underweight	3	2.4
18-24.9 normal	116	92.1
25-29.9 overweight	6	4.8
≥ 30 obese	1	0.8

4.4 Section D: Psychological health status of the respondents

The psychological health of respondents elicited with the GHQ showed that majority (7.5%) of respondents had been able to concentrate on whatever they were doing while 31.6% had lost sleep over worry. Respondents who felt that they were playing a useful part of things were about

(37.6%) and few (39.1%) of respondents felt capable of making decisions about things. The proportion of respondents that felt under strain was 31.6% while (30.9%) felt they could not overcome difficulties. Thirty-eight (twenty-nine percent) reported that they had been much less strain or stress in recent time. Majority (79%) had been able to face up to their problems. Respondents who felt unhappy and depressed were 36.1% while some (36.8%) reported losing self confidence. Respondents who felt worthless and reasonably happy were 21.8% and 68.5% respectively (table 4.8).

Table 4.8: Psychological health status of respondents

Psychological health of respondents	Number	%
Ability to concentrate on task on hand		
much less than usual	10	7.5
same as usual	20	15.1
more than usual	45	33.8
much more than usual	58	43.6

Lost of sleep		
much less than usual	57	42.9
same as usual	34	25.6
more than usual	34	25.6
much more than usual	8	6.0
Self assessment of playing a useful part in things		
much less than usual	21	15.8
same as usual	25	18.8
more than usual	50	37.6
much more than usual	37	27.8
Feeling able to make decisions		
much less than usual	10	7.5
same as usual	26	19.5
more than usual	52	39.1
much more than usual	45	33.8
Feeling constantly under strain		
much less than usual	53	39.8
same as usual	38	28.6
more than usual	34	25.6
much more than usual	8	6.0

Table 4.8: Psychological health of respondents

Feeling unable to overcome your difficulties		
much less than usual	65	48.9
same as usual	27	20.3
more than usual	32	24.1
much more than usual	9	6.8
Able to enjoy day to day activities		
much less than usual	38	28.8
same as usual	21	15.9

more than usual	45	34.1
much more than usual	28	21.2
Feeling able to face problems		
much less than usual	10	7.5
same as usual	18	13.5
more than usual	59	44.4
much more than usual	46	34.6
Feeling unhappy and depressed		
much less than usual	60	45.1
same as usual	25	18.8
more than usual	27	20.3
much more than usual	21	15.8
Lost self confidence		
much less than usual	65	48.9
same as usual	19	14.3
more than usual	31	23.3
much more than usual	18	13.5

Table 4.8: Psychological health of respondents

Feeling as a worthless person		
much less than usual	90	67.7
same as usual	14	10.5
more than usual	18	13.5
much more than usual	11	8.3
Feeling reasonably happy, all things considered		
much less than usual	28	21.1
same as usual	14	10.5
more than usual	36	27.1

much more than usual	55	41.4

4.4.1 Psychological health status of respondents

The psychological health status of respondents was assessed using the General Health Questionnaire. Scores ≤ 4 were categorized as psychological well being and > 4 were categorized as psychological distress. Eighty-nine (33.6%) of the respondents were psychologically distress.

Table 4.9: General Health Questionnaire outcome of respondents

Variable	Number	%
Well being (≤)	176	66.4
Distress (>)	89	33.6

4.5 Section E: Factors associated with psychological distress among respondents

There was no significant relationship between respondent's age and their psychological well being ($p>0.05$).

Table 4.10: Relationship between age of respondents and psychological distress

Age (years)	GHQ Psychological health status		Total	p-value
	Well-being	Distress		
11-13	0 (.0%)	1(100.0%)	1(100.0%)	X^2= 0.537
14-16	5(22.7%)	17(77.3%)	22(100.0%)	p>0.05
17-19	11(19.3%)	46(80.7%)	57(100.0%)	
20-22	10(23.3%)	33(76.7%)	43(100.0%)	
23-25	2(22.2%)	7(77.8%)	9(100.0%)	

4.5.1 Association between offences which led to the respondents being remanded and psychological distress

There is an association between the psychological health status of respondents and theft ($p<0.05$). Other offences that respondents committed before they were brought to the institution was had no significant relationship with their psychological health status.

Table 4.11: Association between offences which led to the respondents being remanded and psychological distress

Offences	Psychological distress		Total	P-value
Theft	Well-being	Distress		
Yes	24 (45.3%)*	29 (54.7) *	53 (100%)*	X^2 =0.041
No	50 (63.3%)*	29 (36.7) *	79 (100%)*	P<0.05

*Statistically significant

4.5.2 Relationship between duration of time spent in institution and psychological distress

The duration of time spent in the institution had no significant relationship with psychological health status of respondents ($p>0.05$)

Table4.12: Relationship between duration of time spent in institution and psychological distress

Duration (years)	GHQ		Total	P-value
	Well-being	Distress		
< 1 year	56(56.0%)	44(44.0%)	100(100.0%)	X^2 =0.980
>1 year	120(72.7%)	45(27.3%)	165(100.0%)	P>0.05

4.5.3 Relationship between times spent in institution and BMI

There was a weak negative correlation between psychological health status of respondents and BMI (Table 4.13)

Table 4.13: Relationship between times spent in institution and BMI

Duration (years)	BMI				
	<18	18-24.9	25-≥30	Total	p-value
< 1 year	2(2.1%)	88(91.7%)	6(6.2%)	96(100.0%)	X^2=0.638
>1 year	1(3.3%)	28(22.2%)	1(3.3%)	30(100.0%)	p>0.05

4.5.4 Relationship between BMI and GHQ

There was a negative correlation between psychological health status of respondents and BMI (Table 4.14)

Table 4.14: Relationship between BMI and GHQ

BMI	GHQ		Total	p-value	Correlation
	Well being	Distress			
<18	1 (33.3%)	2(66.7%)	3(100.0%)	X^2=0.359	r=-0.159

18-24.9	64(55.7%)	51(44.3%)	115(100.0%)	p>0.05	p>0.05
25-29.9	5(83.3%)	1(16.7%)	6(100.0%)		

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This study titled Physical and Psychological Health Status of Young Persons in the Borstal Training Institution, Ilorin was conducted to determine their socio-demographic characteristics, as well as their physical and psychological health status.

Regarding the sociodemographic characteristics of respondents, the ages of the respondents ranged from 11-25 years with a mean age of 18.9±2.2 years. In most countries, the upper age limit under the law for juvenile offenders varies from 16 to 19years (Mears and Samuel, 2002). In the United States, age differs very much from State to State. In Wyoming, for example, a boy is legally an adult at 19 years while a girl is considered a minor until 21years. In Connecticut, the upper limit is 16 years. The minimum age at which a child is held responsible for his acts and brought before any kind of court again fluctuates from country to country. For example, it is fixed at 7 years in the United States, at 9 years in Israel, 10 years in Great Britain, 12 years in Greece, 13 years in France and Poland, 14 years in Austria, Belgium, Czechoslovakia, Germany, Italy, Norway, Switzerland and Yugoslavia (UNESCO,2005). Jegede & Cederblad's study of children aged 5-16 years also showed that about 16% of them had severe behavior disorders (Jegede & Cederblad, 1990).

Most (83.5%) respondents were attending regular schools before being brought to the Borstal institution. Many (68.4%) of them were in senior secondary school and 32.3% attended school regularly. These findings are corroborated by other studies conducted in other countries, revealing that not many children enrolled in school had consistent school attendance (Mathur, 2009).

Half (50.4%) of the respondents lived with both parents prior to the time they were remanded. More than half (60.1%) respondents' father had only one wife. In Sudan, the incidence of polygamy was higher among families of delinquent children than was the statistical societal

norm (Veale, 1996). It is also widely believed that 'broken' homes have caused or increased a good percentage of all juvenile delinquency.

Many (56.4%) respondents' fathers had tertiary education. Only 9.0% of the respondents had fathers who had no formal education. About a third (33.8%) of respondents had fathers who were civil servants, 27.1% had fathers who were businessmen. Many (43.6%) respondents' mothers had tertiary education. Only 18.8% of the respondents had mothers who had no formal education. More than half (52.6%) of the respondents' mothers were businesswomen. In the past, tabulations on the backgrounds of a cross-section of juvenile delinquents always seemed to indicate that these children were raised in poor living conditions. But, a United Nations report, points out a strong change in this tendency. At present it can no longer be said that juvenile delinquency is confined to a particular socio-economic group. Thieves come from all classes and nearly always steal objects of little value (Wasserman et al 2003). And this accentuates another aspect of the problem that confronts us as concern must not be only with those children who are labeled as delinquents because they were brought to the attention of law-enforcement agencies but also groups similar to such the young shop-lifters in Belgium who, for a number of reasons, are not referred to the police or the authorities (Wasserman et al 2003). An increasing number of sources in many parts of the world have pointed out that the number of 'hidden' delinquents is more substantial than previously estimated and these include a growing percentage of children from financially stable homes (Wasserman et al 2003).

This study showed that cigarette smoking (65.4%) topped the list of the crimes committed by the respondents, followed by drinking of alcohol (50.4%). The offences are varied; from stealing, vandalism and property offences, petty extortion and gambling to violent behaviour, rowdiness, truancy, immoral or indecent conduct, drinking and drug addiction (Larson 1996; United Nations

2003). The differences between the boy who collects cigarette butts in a Cairo gutter, the Nigerian who defies his family, the American who uses a switch-blade or the European who commits larceny are staggering, yet all could possibly be defined as delinquents (UNESCO, 1999). It can only be said that delinquents throughout the world are involved in such a wide range of behavior, from the most trivial to the most serious, that it is scarcely possible to generalize about all types of offences except to point out that they are usually committed by boys in an age-range from 7 to 18 years, depending on the locale. A recent survey in India, conducted in two urban areas, Lucknow and Kampur, indicated that the second most common juvenile offence was vagrancy. In Kenya, stricter enforcement of the vagrancy and pass regulations some years ago increased the number of juveniles appearing before the Nairobi Central Juvenile Court to more than 3,000 in one year. The offences they had been accused of were stealing/burglary (57.3%), assault/fighting (9.7%) wandering/truancy (8%) and murder/manslaughter (4.9%). Other offences included illicit drug use (1.7%), prostitution (0.9%) and rape (0.3%) (Okagbue,1995). Children with low intelligence are likely to do worse in school. This may increase the chances of offending because educational attainment, attachment to school, and minimal educational aspirations present the likelihood for offending themselves. (Walklate, 2003). Children who perform poorly at school are also more likely to be truants, which is also linked to offending (Farrington, 2002). Poor educational attainment could lead to crime as children were unable to attain wealth and status legally. However it must be born in mind that defining and measuring intelligence is difficult. Young males are especially likely to be impulsive which could mean they disregard the long-term consequences of their actions, have a lack of self-control, and are unable to postpone immediate gratification.

This study also showed that majority of the inmates (75.2%) committed the crime with friends, while for (8.3%) of them, their siblings were had their siblings involved in the same crime with

them. A report from India indicates that gangs of young boys and girls have learned to be highly successful smugglers of illicit liquor and drugs. In Israel, a juvenile court judge finds that groups of young people engaged in stealing cars is a 'striking new feature' because gang behavior has been rare. It should not be assumed, however, that these gangs are always in constant motion and that their numbers, year in and year out, are fixed. (United Nations2003 & Wasserman et al 2003). In almost every city in the world where delinquency exists, so does the juvenile gang which looms up as a modern social institution. Despite striking national differences, the teen-age gangs are seemingly aimless groups of rootless, restless, unemployed adolescents who most frequently meet *on* street corners.

Headache (24.4%), cough (18.4%), catarrh (15.5%) were common symptoms reported. 80 (60.15%) of the respondents had experienced at least one symptom of ill health in the 30-days prior the study. 70% of premature deaths among adults can be linked to behavior that was initiated during adolescence, for example, tobacco use, poor eating habits, and risky sex (WHO, 2001). Young offenders have poor level of physical health because of issues such as frequent substance abuse, exposure to violence, hepatitis C infection and liver disease, and exposure to sexually transmissible diseases (McCord, et al., 2001). According to a study in Australia, young offenders have a higher death rate than similar aged non-offenders, with as many as 70 percent of deaths attributable to drugs and suicide (Herrenkohl et al., 2001). With regards to Finland, a study on mortality of young offenders sentenced to prison and its association with psychiatric disorders by Sailas and collaborators revealed a high mortality rate among young offenders sentenced to prison (Prison Reform Trust, 2007). The high mortality in this group was associated with substance abuse and psychiatric disorders, but not with emotional disorders with an onset specific to childhood and adolescence (Prison Reform Trust, 2007).

Overall, 43.6% of respondents were psychologically distressed. Issa et al in their study of inmates in Nigeria, in 2009 found that almost half (49.1%) of them had psychological well being while the others were distressed. Garland et al (2001) found a prevalence of 70% and 45% for at least one psychiatric disorder among children in a reformatory school and a child welfare center respectively in San Diego, Califonia, USA. Information from different sources indicates that there is a high prevalence of mental illness among incarcerated individuals than among general population. Young people in prison have a greater prevalence of poor mental health than adults, with 95% having at least one mental health problem and 80% having more than one mental health problem. Studies in Europe revealed that (69-100%) a high proportion of youth delinquents in custody had a mental health disorder (UNESCO, 2009). Moreover, there is a high prevalence of co-morbidity (two or more coexisting medical conditions or disease processes that are additional to an initial diagnosis) in young offenders, and also a relation between serious behavior disorders and substance misuse. Studies conducted in Europe reflect the high importance of providing mental health services to juveniles with mental disorders. For instance in Finland a study on mental disorders in a prison population done by Sailas et al (2005) et al., reported that there was a failure of healthcare systems and emphasized the necessity for early screening of mental disorders in delinquents. That more mentally ill young people ended up in prison as the prison population diminishes (Sailas et al 2005). Ajiboye et al., (2009) reported 67.8% as prevalence of psychiatric disorder among borstal inmates and the prevalence of mental disorder vary considerably depending on the type of sample, the measure used and the time frame. Studies among young offenders in Nigeria are sparse and many aspects of this study needs to be researched. There is need to screen and treat juvenile offenders in Borstal Institutions has been stressed (Ajiboye et al., 2009). Substance use disorders have been reported as common among juvenile offenders (McClelland et al., 2004 Ajiboye et al., 2009). Ajiboye et al., (2009) reported that Cannabis abuse accounted for 39.6% followed by alcohol abuse (26.4%) and

cocaine (9.4%). Studies have reported that juveniles who have tried cocaine would have first used alcohol, tobacco and cannabis. Cannabis is a gate way drug and users are more likely to use other illicit drugs (McClelland et al., 2004). This has necessitated the provision of substance abuse treatment program in institutions where juvenile offenders are detained (Ajiboye et al., 2009).

In the last 30 days more than half of the respondents reported never going hungry because of not having enough to eat while 24.1% and 12.8% reported having to go hungry sometimes and most of the time respectively.

Majority (92.1%) of the respondents were in the normal range of BMI while a few (4.8% and 2.4%) were over-weight and under-weight respectively.

5.2 CONCLUSION

The cross-sectional study carried out to determine the socio-demographic characteristics, physical and psychological health status of young persons in the Borstal training institution, Ilorin revealed that majority of them were enrolled in regular schools before being brought to the borstal training institution, out of which some of them were not regular in school; this reveals that not many children enrolled in school had consistent school attendance. Hence, truancy is a predisposing factor to being delinquent. A large percentage of them were from polygamous household and were living with single parents, relatives and friends before being brought to the institution. This shows that the incidence of polygamy was higher among families of delinquent children, it is therefore a risk factor. Some experienced at least a symptom of health including headache, fever, cough, cattarch, cold, body pain, vomiting and chest pain in the 30-days prior the study. Abuse of psychoactive substance use topped the list of offences that led to their being remanded. This should necessitate the provision of substance abuse treatment program in institutions where juvenile offenders are detained. Most of them reported that offences were not committed alone, but with gang members which indicate that peer pressure is also a predisposing factor to being delinquent. Psychological distress was discovered among the inmates, this reflects the high importance of providing mental health services to juveniles who are psychologically distressed.

5.3 RECOMMENDATION

Borstal training institution takes responsibilities of inmate training, welfare, feeding and medical care with the primary aim of reforming and rehabilitating them.

1. There is need to improve their psychological health status by strengthening counseling activities in the institution and the provision of substance abuse treatment program in institution.

2. Formal education and skill acquisition in the institution should be strengthened by the Federal government so that their delinquent behaviours can be substituted for beneficial activities which will be means for livelihood after they are release from the institution.

3. Government should increase the number of borstal training institutions in the country.

4. Provision of more professionals in the institution to help groom delinquent adolescents.

5. Increase protective factors and reduce risk factors at home, in school and community at large that make young people become delinquent.

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PHYSICAL AND PSYCHOLOGICAL HEALTH STATUS OF YOUNG PEOPLE IN THE BORSTAL TRAINING INSTITUTION, ILORIN

Dear Student,

The researcher is a student of the Institute of Child Health, Faculty of Public Health, University of Ibadan. This questionnaire is designed to find out the ***Physical and psychological health status of young persons in the borstal training institution, Ilorin.***

The information needed here is purely for academic purpose. **DO NOT** write your name on this survey. The answers you give will be kept private. Answer the questions based on what you really know and do. Completing the questionnaire is voluntary. Whether or not you answer the questions will not affect your grade in this class. The information will not be used to find out your name. You are thereby invited to participate in the study and encouraged to give HONEST and ACCURATE information. Thank you.

I agree to be part of this study (tick) [ ]

SOCIODEMOGRAPHIC CHARACTERISTICS

1. Age at last birthday:_____
2. Nationality_____
3. Religion

   Christianity ☐ Islam ☐ Other, Please specify ☐_____
4. Ethnicity: Yoruba___ Hausa____ Igbo___ Other (please specify)_____
5. Were you enrolled in a school before you were brought to this place? Yes_____ No____
6. If yes, what class were you in?

   Primary4___ JSS1____ SS1____

   Primary5___ JSS2____ SS2____

   Primary6___ JSS3____ SS3____
7. How often did you go to school?

   Everyday___ Once or twice__ Thrice a week___

8. If you are not in school, what class were you when you stopped school?

Primary4___ JSS1____ SS1____

Primary5___ JSS2____ SS2____

Primary6___ JSS3____ SS3____

Family Characteristics

9. With whom did you live before you came to this institution?

   Father Alone_____ Employer____ Friends_____

   Mother Alone____ Guardian____ (please specify)

   Both Parents_____ Other (specify)_____

10. Are both your parents alive? Yes____ No____
11. If no, which is late? Mother___ Father____ Both____
12. Does your father have more than one wife?

    Yes ____ No____
13. If yes, how many? ____
14. Does your own mother stay with your father?

    Yes___ No____
15. What is your father's level of education?

    a. No education b. Primary education completed c. primary education not completed d. secondary education completed e. secondary education not completed f. Tertiary education
16. What is your mother's level of education?

    a. No education b. Primary education completed c. primary education not completed d. secondary education completed e. secondary education not completed f. Tertiary education
17. Father's Occupation _____
18. Mother's Occupation _____

HISTORY OF DELINQUENT ACTS

19. Who brought you to this institution? _____
20. What offence brought you to this institution? _____ Please specify
21. How long have you been involved in the offence that brought you to this institution? _____
22. Did you commit the offence alone or with other? _____

23. How long have you been committing this offence before you were caught? _____
24. How long have you been in this institution? _____
25. How much longer will you be in this institution? _____
26. Are your siblings also involved in this offence? _____
27. Has any of your siblings been arrested for committing any offence? Yes _____ No _____
28. If yes, please explain_____
29. Have you ever been arrested / remanded in any institution? Yes _____ No _____
30. How many times? _____
31. What offence did they commit? _____
32. How important is your religion to you? A. Very important b. important c. Not important
33. Before your conviction, how many days a week were you attending a religious service?
    a. Very important b. important c. not important

PHYSICAL HEALTH

Nutritional Status:

Weight: ____Height: _____Date of Birth: ____

1. During the past 30 days how many times did you go hungry because you didn't have enough to eat?

   Never____ Rarely_____ Sometimes____ Most of the time_____ Always ____

2. During the past 30 days how often did you eat breakfast?

Never____ Rarely_____ Sometimes____ Most of the time_____ Always ___

3. During the past 30 days how often did you eat lunch?

   Never____ Rarely_____ Sometimes____ Most of the time_____ Always ___

4. During the past 30 days how often did you eat dinner?

   Never____ Rarely_____ Sometimes____ Most of the time_____ Always ___

Common diseases

5. How many of the following have you experienced in the past 30days?

Fever ___ Headaches____ Vomiting___ Body Pains___ Cattarch ____ Cough____ Chest pain___ Diarrhea___ teeth___ eyes___ nose___ ear___ Others, specify____

6. Did you seek treatment for any of these? Yes__ No___
7. If yes, where? specify___

GENERAL HEALTH STATUS

Instructions: Please tick just one that appropriately describes how you feel.

Have you recently,

	much less than usual	Same as usual	more than usual	Much more than usual
42. Been able to concentrate on whatever you are doing?				

43. Lost much sleep over worry?				
44. Felt that you were playing a useful part in things?				
45. Felt capable of making decisions about things?				
46. Felt constantly under strain?				
47. Felt that you couldn't overcome your difficulties?				
48. Been able to enjoy your day to day activities?				
49. Been able to face up to your problems?				
50. Been feeling unhappy and depressed?				
51. Been losing self-confidence in yourself?				
52. Been thinking of yourself as a worthless person?				
53. Been feeling reasonably happy, all things considered?				

INFORMED CONSENT FORM

IRB Research approval number:

This approval will elapse on:

PHYSICAL AND PSYCHOLOGICAL HEALTH STATUS OF YOUNG PERSONS IN

BORSTAL INSTITUTION, ILORIN

This study is being conducted by Omole Opeyemi of the University of Ibadan.

The purpose of this study is to determine the physical and mental health status of young persons in borstal institution and regular secondary school in Ilorin.

Your child/ward will be interviewed by the researcher using a semi-structured questionnaire. The interview is likely to take about half an hour. This study will not cost you or your child/ward anything. There is no direct benefit in participating in this study. Your confidentiality will be ensured. Your **child/ward's name is not needed** on the questionnaire and as such ***the information collected cannot be linked/traced to your family in any way***. Participation in this study is entirely voluntary. If you choose not to allow your child/ward participate, their grades will not be affected in anyway.

Statement of Researcher

I have fully explained this research to _____ and have given sufficient information, including about risks and benefits, to make an informed decision.

Date_____ Signature_____

Name_____

Statement of person giving consent:

I have read the description of the research and I know enough about the purpose, risks and benefits of this study to allow my child/ward participate in it.

Date_____ Signature_____

Name_____

INSTITUTE FOR ADVANCED MEDICAL RESEARCH AND TRAINING (IMRAT)
COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN, IBADAN, NIGERIA.
E-Mail - imratcomui@yahoo.com

UI/UCH EC Registration Number: **NHREC/05/01/2008a**

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

Re: Physical and Mental Health Status of Young Persons in Borstal Institution and Regular Secondary School in Ilorin

UI/UCH Ethics Committee assigned number: UI/EC/10/0149

Name of Principal Investigator: Opeyemi E. Omole

Address of Principal Investigator: Institute of Child Health,
College of Medicine,
University of Ibadan, Ibadan

Date of receipt of valid application: 13/09/2010

Date of meeting when final determination on ethical approval was made: 16/12/2010

This is to inform you that the research described in the submitted protocol, the consent forms, and other participant information materials have been reviewed and *given full approval by the UI/UCH Ethics Committee.*

This approval dates from 16/12/2010 to 15/12/2011. If there is delay in starting the research, please inform the UI/UCH Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. *All informed consent forms used in this study must carry the* UI/UCH EC *assigned number and duration of* UI/UCH EC *approval of the study.* It is expected that you submit your annual report as well as an annual request for the project renewal to the UI/UCH EC early in order to obtain renewal of your approval to avoid disruption of your research.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the Code including ensuring that all adverse events are reported promptly to the UI/UCH EC. *No changes are permitted in the research without prior approval by the* UI/UCH EC *except in circumstances outlined in the Code. The* UI/UCH EC *reserves the right to conduct compliance visit to your research site without previous notification.*

UI/UCH EC
16 DEC 2010
APPROVED
COLLEGE OF MEDICINE

Dr. J. A. Otegbayo
Chairman, Medical Advisory Committee,
University College Hospital, Ibadan, Nigeria
Vice- Chairman, UI/UCH Ethics Committee
E-mail: uiuchirc@yahoo.com

INSTITUTE OF CHILD HEALTH
COLLEGE OF MEDICINE

UNIVERSITY OF IBADAN, IBADAN, NIGERIA
Cables & Telegrams: University of Ibadan
Telephone: 810[00-8101119 (20 Lines)
Telex: Campus 31128

MAILING ADDRESS:
UNIVERSITY COLLEGE HOSPITAL
IBADAN, NIGERIA
Cables & Telegrams: Teaches Ibadan
Telephone: 241 - 0088/01040207
Fax: (234)-2-2417545
E-mail: ich@comui.edu.ng

Director: Professor O.O. OMOTADE, M.B., B.S. (Ib), F.M.C.Paed (Nig), M.A. Bioethics (CWRU, Ohio), FRCPCH (UK)

O.O. OMOTADE
M.B., B.S. (Ib), F.M.C.Paed (Ng), M.A. Bioethics (CWRU, Ohio), FRCPCH (UK)

OLUWAKEMI K. AMODU
B.Sc., MSc., PhD (Ib)

KOFOWOROLA I. ADEDIRAN
MB, BS (Ib), M.Sc (Ib) FWACP

A. A. ADEYEMO
MB BS, FWACS

A. E. ORIMADEGUN
MB, BS (Ib) M.Sc, (Edin) FWACP

ADESOLA, O. SANGOWAWA
MB, BS, (Ib), MPH (Comm. Health) FWACP

Adjunct Staff

BAMIDELE O. TAYO
B.Sc., MSc (Penn), Ph.D (Buffalo)

AMY HILLS LUKE
B.Sc., Ph.D (Chicago)

RICHARD S. COOPER
B.Sc., MD Arkansas

Departmental Secretary

COMFORT O. AJAYI
NAPSON

December 21, 2010.

TO WHOM IT MAY CONCERN

Dear Sir,

Re: Letter of Introduction of OMOLE Opeyemi Elizabeth (Miss.) as a Student of this Establishment and Permission to Interact with Students in order to undertake a Study.

This is to affirm and introduce OMOLE Opeyemi Elizabeth (Miss.) as an MPH (Child and Adolescent Health) Student of this Institute of Child Health, College of Medicine, University of Ibadan. As part fulfillment of her MPH degree, she would be undertaking a study titled 'Physical and Mental Health status of young persons in Borstal Institutions and regular Secondary Schools in Ilorin, Kwara state, Nigeria'.

We shall be very grateful for any and all assistance that can be rendered on her behalf to enable her complete this project. All ethical standards would be maintained and assurance is given that every response would be confidentially handled. The subjects/respondents confidentiality would be maintained. Access to the responses would only be to the researchers and authorized persons and personal identifiers would be stripped from the responses. The study does not involve any risks to the participants.

Thank you very much for helping.

Best regards

Omotade OO, MD, MA (Bioethics) FRCPCH (UK)
Professor and Director

DIRECTOR
INSTITUTE OF CHILD HEALTH
UNIVERSITY OF IBADAN, IBADAN