



The quality of life among Iraqi juvenile delinquents

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ABSTRACT— The phenomena of delinquency among youth are increased and had impacts of their families and their communities, as well as the quality of life of them, is had a vital role as a cause for delinquency. The study aimed to study the quality of life of juvenile delinquents and find out the relationship between their characteristics and their quality of life. A descriptive-analytic study design is conducted on the juveniles delinquency in Al-Najaf juvenile court and a purposive sample involvement about 54 juveniles who attained to Al-Najaf juvenile court and agreed to participate in the study by interview during the probation officer session. The study tool is used the WHO-QoL brief scale Arabic version. The study finds there is insignificance between overall QoL-Brief and some-personal characteristics like their age, if they had health problems diagnosed, the follow up with social worker, level education, residence, gender, marital status and monthly income; while there is significance with smoking habits and job and order of juveniles among siblings. The study concluded that according to their rated the physical, psychological and environmental domains are fairly and the social relationships domain is rated as a good, this give us a good indicator and maybe increase the chance of rehabilitating and integrating the juveniles after ending the duration of follow-up with a social worker and correction behaviors because there is a positive relationship between the delinquency behavior and QoL.

KEYWORDS: Quality of life, juvenile, delinquency, juvenile delinquents, juvenile court

1. INTRODUCTION

The term "juvenile" is a person who has not attained his eighteenth birthday, and "juvenile delinquency" is the violation of a law of the United States if he is committed the violation before to reach his age to the eighteenth birthday, but he is not called by this term when he had been the crime an adult. A person over eighteen and under twenty-one years of age is considered as juvenile if his act of delinquency occurred before his reached eighteenth birthday in some states of the United States [1] and Iraq has applied it [2].

There is an elevated number of Juvenile Delinquents in the world in the last few decades, the number of juvenile delinquents is more than previous, especially with the era of terrorism and involvement of the youth as terrorist operations [3].

The number of Juvenile arrests is reached (2553 per 100000 youth (10-17 years old) in 2016, but in 1996 is the highest rate for Juvenile arrests recorded by (8,476) arrests per 100,000 youths [4]. So, there is a need for new policies and systems to prevent this phenomenon and reduced it. In Iraq, there are no official statistics about several Juvenile Delinquents. This study considers the first study in Al-Najaf City [5].

Few studies researched the general mental health and Quality of life for offenders [6], [7] and less were performed and focused on juveniles in residential care or QoL for youth in confinement or studied the association between health of them and QoL [8], [9].

The QoL has a positive effect on offenders when it is high [6] and it can be reduced the hazard [10], but in contrast, if QoL is low the delinquent hazard is increased [11], [12]. Although the few studies in this matter, most of them studied girls' detention was more than male detention [13]. The studies revealed girls are more at risk for mental disorders after release from detention if the QoL of these girls before detention is low [14]. Also, some studies are noticed the negative effect on the satisfaction of released individuals and their families in relationships and social participation and funds than those still confined. So, the release from confinement or juvenile institutions is concerned as a life event that may be affected on their QoL [15]. So, The QoL is a very important factor that affects juvenile delinquency [16] when we're committed, delinquent. So, Quality of life (QoL) is defined by the general well-being of individuals and societies, outlining negative and positive features of life [17].

The study aimed to assess the quality of life of juvenile delinquents and find out the relationship between the demographic characteristics of juvenile delinquents and their quality of life.

2. Methods

2.1 Study design

A descriptive-analytic study.

2.2 Setting

The conducted on the juveniles delinquency in Al-Najaf juvenile court. The one of Middle Iraqi provinces is Al-Najaf governorate and Al-Najaf had one court related to juveniles issues and crimes, so Al-Najaf juveniles court is covered approximately one ad quarter million population who lived in it. This court was received many delinquent cases in each year in several judgments, but few cases were judged of observing behaviors by social worker follow up. The duration of study conducted from 1st march to end August 2021. The researchers were during the interview explain for all participants the goals of study and why they should be participation in it. The data collected by adopted QoL- WHO breif questionnaire Arabic version.

2.3 Participants

Sample of study was a purposive sample involvement about 54 juveniles who attained to Al-Najaf juvenile court and agreed to participate in the study by interview during the probation officer session and judged by observing behaviors with social worker follow up for from 6 months to 2 years in maximum according to appointment of observing behaviors and other cases were excluded because Iraqi law is very sensitive toward this category and try to prevent the effect of stigma on them.

2.4 Variables

The variables of study included QoL brief 4 domains physical, psychological, social, environment, and personal data of juveniles like age, gender, education,...etc.

2.5 Data source/measurement

The researchers were used the WHO-QoL brief scale Arabic version as a tool for study; This tool consists of two parts, the first is related to the socio-demographic questions like age, gender, level of education, job, marital status, types of delinquents, income,...etc.; and the second part is related to the scale of the WHO-QoL brief (26-items) included 4 domains (Physical, psychological, social, environment, as well as two questions related to general health and their feeing perceived) each one has many items related to them and this scale had high validity to measure what it is designated for it. The researchers were getting the validity of study tools by 10th experts had at least 10th years in this field, and the reliability by the acceptance value



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of Cronbach's was equal to 0.72. Also, this scale had an equal value in the study of [18]. The researchers were explain the aimed of study and why they need them to participate in it during the interview for all participants and what the benefits can be get. Data collected by adopted the Arabic version tool by interview during the probation officer session.

2.6 Bias

To reduce the bias is depended on the criteria of sample and give all participants who agreed with these criteria is an equal chance to participate in the study.

2.7 Study size

The sample size of study was calculated by the table of Krejcir & Morgan (1972) according the size of all juveniles delinquent were agreed with a criteria of sample and the number of juveniles during the duration of study conducted are 64 plaintiffs introduced the petition against them to the court and judgments by observing behaviors.

2.8 Quantitative variables

WHO-QoL brief (26-items) are had fourth domains and two questions related to general health and their feeing perceived, so each one has many items related to them and designated for measured it had 4 rated extended from strongly disagree to strongly agree (1-5). As well, the overall for this scale had 3 cutoff points (poor, fairly, good). So, it is a very important to explanation and found out the relationships between them.

2.9 Statistical methods

Statistical Analysis by using a computer software program like Microsoft Office Excel (2010) & SPSS v.20 to analyze data and detect if the study was achieved its goals or not. The researcher used Microsoft excel (2013) to arranged the data and SPSS package v.23 to analysis data, but the statistical tools that used to achieved it were include frequency, percentage, mean, SD, Cronbach's-Alpha-coefficient test, chi-square, correlation, standard deviation and the score of QoL-26 items score calculated by (score for 24-items*4)(100/16) and the questions (3, 4, 26) had a negative responses and their rated are reversed when need to calculate as (6 – the value of negative question). After that, each item in all domain is calculated with other and multiply by 4 to the summation. The mean of score is used to calculate for overall of scale and for each domains to detect it.

2.9.1 Ethical Consideration

All people had the rights and deserve respect according to the humanity and laws in all countries guaranties them, so these considerations achieved by the getting the official permission to conduct this study from ethical committee in College of Babylon and the consent of Al-Najaf juvenile court. After that, the researchers were get the verbal agreed from participants to invite voluntarily in the study.

3. Results

3.1 Participants

The study includes 54 juveniles delinquents who lived in AL-Najaf Governorate and they were judgments by follow-up with social worker, but they were other judgments are excluded according to the criteria of study; also, the sample includes 50 male and 4 females who had delinquency and accepted to participated in study. There is no missing data because the researchers filled the form of questionnaire during the interview.

3.2 Descriptive data

This study used the best and more valid scale to achieve this task is WHO-QOL-Brief 26 items Arabic version [19]. This scale had fourth domains and two general items or questions related to the health perceived well as the satisfaction about the general QoL. According to the rated on the WHO-QOL-Brief scale outcomes extended from poor to good. The more than half of participants were aged equal & more than 18 years old (51.9%; 17.1 ± 1.94) with had intermediate school graduated as a level education (29.6%) and only (18.5%) were married and (88%) were not had a child and most of them are residence in urban area about (70%). Table 1

3.3 Outcome data

The juveniles were distributed according to their respondents on domains of QoL-Brief and general indices scores; the social relationships domain had the highest rated as a good by reported them (88.9%) while environment reported as poor by (37%). General scores of scale includes three indices, first index general health rated as good (40.7%) also, perceived QoL rated as a good (66.7%) and finally the over all of QoL rated as fairy by (63%) of them. Table 2

3.4 Main results

The general assessment of QoL for juveniles delinquant scored as a good rated according their mean score (2.34 and more than it) after that the moderately score of QoL rated according to their respondents in three domains only general health item, psychological and environmental domains. The poor assessment of QoL is not reported by juveniles rated and according to their mean of score for QoL. Table 3

Also, there is insignificance relationship between overall QoL-Brief and some characteristics of juveniles delinquent such as their age, the follow up with social worker, level education, residence, gender, marital status; while there are significance relationship at P.value (0.05) with if they had health problems diagnosed. Table 4

4. Discussion

4.1 Key result

This matter is a first study related to QoL among juveniles delinquents in Al-Najaf especially and Iraq generally. The study aimed to assess the quality of life of juvenile delinquents and find out the relationship between the demographic characteristics of juvenile delinquents and their quality of life. So, the demographic characteristics of participants respondents were similar with other studies those studied the same matter with little differences may be return to the time, place and nature of Iraqi youth.

4.2 Interpretation

Results revealed the physical, psychological and environmental domains are fairly and the social relationships domain is rated as a good, also the perceived QoL and general health item rated as a good, so the outcomes for all domains and items according to the juveniles delinquent respondents are fair. This is a good indicator and may be increase the chance of rehabilitating and integrating them after ending the duration of follow-up with a social worker and correction behaviors because there is a positive relationship between the delinquency behavior and QoL [6]. Also, see the high strong relationship between the psychological domain and they're perceived of QoL or feeling them with general health questions that confirmed the studies who studied the relationship between the psychological problems and QoL [19] when the QoL is a high the prevalence of health problems symptoms may be decreased maybe return to the shyness from arresting them and stigma [20].



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Also, there is insignificance relationship between overall QoL-Brief and almost juveniles characteristics such as their age, the follow up with social worker, level education, residence, gender, marital status; while there is significance relationship at P-value (0.05) with if they had health problems diagnosed. Also, there is no significant relationship between demographic characteristics of juvenile delinquents and symptoms of psychological problems who had this result contrasted with the study of Maniadaki when studied the juveniles and their mental health [21].

4.3 Limitations

This study was a descriptive analytic study and first study conducted on the juveniles delinquents in Al-Najaf province tried to highlights on them. Also, the type of sample used is non-probability sample and restricted by certain criteria only.

4.4 Generalization

These findings are lost the generalization on other juveniles delinquent who are not had this criteria, but may give basic picture about the quality of life for them.

5. Conclusion

The researcher concluded the majority of juveniles delinquent characteristics were male and had a primary school or under it their levels of education and were not had a job; so, most of them had a leisure time to commit the delinquent and deviant from community norms. Also, most of them lived in urban areas. The majority of them were healthy and they were restricted by appointment of meeting with a social worker. Also, the study concluded most of them their quality of life was a good rated. There is no significant relationship between most their demographic characteristics like age, gender, job, education, marital status and follow-up with a probation officer with quality of life.

Recommendations: The study recommended supporting the juveniles and their families and introduced medical care and good education to learn how to adapt to their life challenges as well as how to prevent delinquents among them.

What is known about this topic

- This topic is a new in Al-Najaf juveniles delinquent court,
- There is a high strong correlation between the feeling satisfying them with their general health.
- When the QoL is a high the prevalence of health problems symptoms may be decreased but see the weakened correlation is between their perceived of QoL with their general health and social relationship.
- The Iraqi laws is very restricted in issues of juveniles delinquent and supported them.
- Most of father of juveniles are had fairly income and had a low education.

What this study adds

- The quality of life among the juveniles delinquent are moderate to good,
- Quality of life (QoL) is important concept includes many dimensions related to individuals wellbeing and their satisfying toward their health, care and services introduced.
- QoL had a positive effect on individuals as generally and on juveniles especially when it is be good or high,

Competing interests

The authors declare no competing interest.

Authors' contributions

AANA, AAH conceptualized, designed and interpreted the data of the study. AAH provided guidance on

literature search and data collection. AANA drafted the primary copy of the manuscript. Both authors read and approved the final version of the manuscript.

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Tables and figures

List all tables and figures (if any) included in the manuscript, with their detailed legend: Example. Note that Tables should be included at the end of the manuscript, after the reference section.

Table (1): Demographic characteristics of a juvenile delinquents

Table (2): Distribution of juveniles delinquents according to domains of QOL-Brief and general scores of the scale

Table (3): Assessment of the QOL indices to their juveniles respondents

Table (4): Relationship among overall QoL-Brief and demographic characteristics of juvenile delinquents

6. REFERENCES

- [1] Justice government. Criminal-resource-manual-38-juvenile-defined. access on 22 November 2020; Website
- [2] Kareem OL. Litigation guarantees under the Juvenile Welfare Act No. 86 of 1983 and the Convention on Human Rights. Tikrit University Journal for Rights. 2020; 174-195.
- [3] UNICRI. Promoting Juvenile Justice Standards to prevent the recruitment by violent extremist organization. November 2020; access on Website
- [4] MST services. MST partners with provider organizations and service systems to treat at-risk youth. November 2018; Website
- [5] Iraqi digital repository for Theses and Dissertations. Juveniles Theses and Dissertations. October 2020; Website
- [6] Bouman YH, Schene AH, de Ruite C. Subjective well-being and recidivism in forensic psychiatric outpatients. International Journal of Forensic Mental Health. 2009; 8(4): 225–234.
- [7] Van Nieuwenhuizen C, Schene A, Koeter M. Quality of life in forensic psychiatry: An unreclaimed territory? International Review of Psychiatry. 2002; 14(3): 198–202.
- [8] Forrest CB, et al. The health profile of incarcerated male youths. Pediatrics journal. 2000; 105: 286–291.
- [9] Van Damme, L, et al. Girls' quality of life prior to detention in relation to psychiatric disorders, trauma exposure and socioeconomic status. Quality of Life Research. 2015; 24(6): 1419–1429.
- [10] Fisher D, Morgan J, Leeson S. Working with juveniles with sexually abusive behaviour in the UK: The G-map approach. In Current perspectives and applications in neurobiology: Working with young persons who are victims and perpetrators of sexual abuse. 2010; 185–198.



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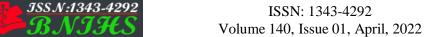
- [11] Willis G M, Grace R C. The quality of community reintegration planning for child molesters: Effects on sexual recidivism. Sexual Abuse. 2008; 20(2): 218–240.
- [12] Willis G M, Ward T. Striving for a good life: The good lives model applied to released child molesters. Journal of Sexual Aggression. 2011; 17(3): 290–303.
- [13] De Ruigh E L, Popma A, Twisk J W R, Wiers R W, Van der Baan H S, Vermeiren R R J M, Jansen M C. Predicting quality of life during and post detention in incarcerated juveniles. Qual Life Res. 2019; 28: 1813–1823.
- [14] Van Damme L, et al. Quality of life in relation to future mental health problems and offending: Testing the good lives model among detained girls. Law and Human Behavior. 2016; 40(3): 285–294.
- [15] Barendregt C, et al. Stability and change in subjective quality of life of adolescents in secure residential care. The Journal of Forensic Psychiatry & Psychology. 2015; 26(4): 493–509.
- [16] Underwood LA, Washington A. Mental Illness and Juvenile Offenders. IJE Res & Pub Health. 2016 Feb; 13(2): 228.
- [17] Barcaccia, Barbara. Quality of life: Everyone wants it, but what is it?. Forbes/Education. 2013; 4. Website
- [18] Ohaeri JU, Awadalla AW, Ghoulum A, El-Abassi AM, Jacob A. Confirmatory factor analytical study of the WHOQOL-BREF: experience with Sudanese general population and psychiatric samples. BMC Med Res Methodol, 2007; 7:37.
- [19] Barakat M M, Zaki HN. Relationship between Psychological Problems and Quality of Life among Leprosy Patients. Evidence-Based Nursing Research. 2019; (1)2: 15.
- [20] Zinchenko AA, Al-Amin M, Molchanova E. Cognitive features of self-stigmatization among juvenile delinquents. Journal of Health Disparities Research and Practice. 2014; 8(2): 4.
- [21] Maniadaki K, Efthymios K, Rania K. Juvenile delinquency and mental health. Handbook of social justice. 2009; 1-44.

Table 1: Demographic cha	racteristics of a juven	ile delinquents (N= 54)
•	F	%
Age	·	·
Less than 13 yrs	6	11.1
13-17 yrs	20	37
Equal & more than 18 yrs	28	51.9
Gender		
Male	50	92.6
Female	4	7.4
Level of education		
Illiterate	11	20.4
Able to read only	8	14.8
Able to read and write	9	16.7
Primary school graduate	6	11.1
intermediate school graduate	16	29.6

Preparatory school graduate	4	7.4
Marital status		
Single	44	81.5
Married	10	18.5
Number of children		
Not has children	48	88.9
Has equal or less than 2 child	4	7.4
3-5 child	2	3.7
Job		
Has a job	24	44.4
Jobless	30	55.6
Residence		
Urban	38	70.4
Rural	16	29.6
Health problems diagnosed		
Nor has any health problems diagnosed	52	96.3
Has psychiatric health problems	2	3.7
Has physical health problems	0	0
Has psychiatric and physical health problems	0	0
Period of follow up with probation officer	•	
Six months	32	59.3
Six months to 1 year	14	25.9
1-1.5 year	6	11.1
1.5-2 yrs	2	3.7

Table 2: Distribution of juveniles delinquents according to domains of QOL-Brief and						
general scores of the scale (N= 54)						
QOL-Brief Domains	Poor		Fairly		Good	
	F	%	F	%	F	%
Physical domain	0	0	28	51.9	26	48.1
Psychological domain	0	0	36	66.7	18	33.3
Social relationships domain	0	0	6	11.1	48	88.9
Environmental domain	20	37	24	44.4	10	18.5
General QoL	0	0	34	63	20	37
Perceived QoL	0	0	18	33.3	36	66.7
General health question	14	25.9	18	33.3	22	40.7

Table 3: Assessme	ent of the QOL indices	s to their juv	eniles resp	ondents	
	F	%	M.S	Assessment	
General QoL (overall)					
Poor	0	0		Good	
Fairly	34	63	2.37		
Good	20	37			
Perceived QoL					
Poor	0	0		Good	
Fairly	18	33.3	2.67		
Good	36	66.7			
General health				·	
Poor	14	25.9		Moderate	
Fairly	18	33.3	2.15		
Good	22	40.7			
		•	•		





	juvenile delinquents Overall QoL-Brief					p-	
	Poor	Fairly		X ²	df	value	Sign.
Age					1		ı
Less than 13 yrs	0	4	2			0.9	
13-17 yrs	0	12	8	0.13	2		NS
Equal & more than 18 yrs	0	18	10				
Gender			•	•	•		•
Male	0	30	20	2.5	1	0.11	NS
Female	0	4	0	2.5		0.11	
Level of education	•	•			•	•	•
Illiterate	0	9	2		5	0.56	NS
Able to read only	0	6	2				
Able to read and write	0	5	4	7,0			
Primary school graduate	0	4	2	3.9			
intermediate school graduate	0	8	8				
Preparatory school graduate	0	2	2				
Marital status							
Single	0	26	18	1.5	1	0.22	NS
Married	0	8	2	7 1.5	1	0.22	INS
Residence							
Urban	0	22	16	1.4	1	0.23	NS
Rural	0	12	4	1.4			
Health problems diagnosed							
Nor has any health problems diagnosed	0	34	18	3.5	1	0.05	S
Has psychiatric health problems	0	0	2				
Has physical health problems	0	0	0				
Has psychiatric and physical health problems	0	0	0				
Period of follow up with probatio	n office	r			•	•	•
6 months	0	22	10	4.1	3	0.25	NS
6 months- 1 year	0	6	8				
One -1.5 year	0	4	2				
1.5-2 yrs	0	2	0				



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