

## Original Research Article

### **Sustainability of qualitative life in juvenile delinquents: A Hercules Task**

#### **ABSTRACT**

Juvenile delinquency is a complex social problem that affects the individual in all strata of society. It implies the involvement of juveniles in activities which is illegal by the law. These antisocial acts of juveniles can be due to an inappropriate upbringing, lack of emotional support and material deprivation of family. Therefore, this study aimed to look at quality of life and psychological health among juvenile delinquents in Udaipur. Subjects for this study were 30 juvenile delinquents using a purposive sampling technique, 15 boys and 15 girls between 14-18 years of age who were undergoing institutionalized in two rehabilitation centers. Quality of life scale was used to measure quality of life and self-structured questionnaire was used to assess psychological health. The Pearson correlation showed that there was positive correlation between psychological health and all the six dimensions of psychological health: spirituality/religion/personal beliefs and thinking/learning/memory and concentration.

**Keywords:**Sustainability, Qualitative life, Psychological health, Juvenile delinquents.

#### **INTRODUCTION**

Juvenile delinquent is “a child who breaks the law or involves in antisocial behavior that is considered illegal” (John W. Santrock, 2011). Clinically, it is defined as persistent manners of unlawful behavior or conduct by a child or teenager persistently disobeys social norms, engages in violent aggressive acts that is illegal, and engages in other behaviors that are socially unacceptable.

Child who is not completed their age of maturity are considered to be juvenile and delinquent are the one who exhibit anti-social behavior which is illegal for adults. When a child commits the same type of illegal act before the age of seven, the term "delinquent" will not be used; instead, this child will be referred to as a "problem child" because at this young age, children lack the maturity to discern between right and wrong or legal and illegal behavior(Vijayanath *et al.*, 2010).

Juvenile delinquency is caused by variety of factors, such as family dysfunction, poor family control, residential environmental effects and movie/social media influence, along with several other reasons are responsible for criminal behavior (Haveripet P, 2013). Family and environmental factors may turn the individual personality into delinquents including restrictive behaviors, inadequate supervision, negligence, criminal behavior of parents, peer influence, fear of peer rejection, low economic status, poor school performance and lack of moral education. Furthermore, environment play a significant role in development of unlawful behavior namely deteriorated neighborhood, direct exposure of violence/ fighting or exposure to violence through various social media platforms, watching violence-based content are considered major risk factors of juvenile delinquency (Ahmed U and Murtaza, 2016). In India, there was a higher proportion of permissive parenting in low-income families because there were so many family members and because children had pressure to find different sources of revenue to survival of the family. This had an impact on how parents behaved with their adolescents (Moitra T *et al.*,2018). Children who are socially outcasts from the lower middle socioeconomic level exhibited greater aggressive behaviour (Bhatia, 2013). Environmental factor has a play significant role in development of antisocial behavior but there is a role of personal factors like education level and experiencing a trauma in past also play a part. Failure in school is associated to development of criminal behavior in children but this happens more with girls than boys (Chesney-Lind & Shelden, 2014). A child who is less educated has more chances to get indulged in unlawful acts in adulthood (Meghiret *al.*, 2012).

Quality of life (QoL) is an important aspect that influence people's behaviors and the effects of this factor are closely related to the important concept of health care. The term "quality of life" (QoL) refers to a range of psychosocial variables and physical functioning (Smith *et al.*, 1998) emphasizing happiness and life satisfaction as the important components (Fayers and Machin, 2000). Meanwhile, it is assumed that the most natural component of subjective quality of life is well-being. According to Cella and Tulsky (1993), the evaluation of a person's life satisfaction, the meaning of life and the degree of happiness in which the true state of well-being is shown through one's attitudes and actions—lays the foundation for quality of life. According to Ventegodt *et al.* (2003), contentment is a mental state where needs, desires, and life expectancies are met and life becomes meaningful, thus accomplishing the duties of life with its positive outcomes. An improvement of quality of life among children was comprehended due to social support by preserving good relationships with their parents,

siblings, and other important family members, which contributed to a happier life of individual (Jessor, 1992; Cobb, 1976; Pitman and Scharfe, 2010).

Adolescent psychological well-being has been prominent and holistic, focusing on more on social, emotional and spiritual well-being including psychological health, which becomes detrimental when these aspects of well-being are imbalance (Yahaya *et al.*, 2012). Conflicts in family, poor family relationship and family cohesion affects well-being and decreased the quality of life among adolescents (Barber, 1996), which could be led to the occurrence of criminal behaviour (Hadi, 1990). Delinquency have been associated with low socioeconomic status of families, economic instability, low parental control and with less discipline children at home (Sampson and Laub, 1993; Kumpfer, 1999). Gender is often considered and put forward as one of the strongest predictors for engagement in criminal activities (Messerschmidt, 1993), with gender differences being quite significant when it comes to the development and involvement of criminal behaviour.

The prevalence of psychological health conditions such conduct disorders, attention deficit hyperactivity disorders, antisocial personality disorder, posttraumatic stress disorders, and anxiety disorders is much greater among juvenile gang members (Madden, 2020). Juvenile offenders also have significant different in intellectual levels than nonoffenders. Adolescents' emotional issues are linked to antisocial behaviour and impulsivity is directly associated with delinquent behaviour among adolescents (Overbeek *et. al.*, 2005). Low self-control engaged them in substance use, affected harmfully and enhance chances of involvements in criminal activities (Holt TJ *et. al.*,2012). In contrast to the group of violent criminals, nonviolent individuals who are not members of any gang are less likely to use mental health services and have lower levels of psychiatric morbidity, such as psychosis, anxiety disorders, and antisocial personality disorders (Coid *et. al.*,2013).

## **MATERIAL AND METHOD**

**Subjects:** The subjects for this study consisted of 30 juvenile delinquents (boys and girls) from two observation homes located within municipal limit in Udaipur, Rajasthan whose age ranged from 14-18 years old. Subjects were selected by purposive sampling and based on their willingness to participate in the present study.

**Assessment measures:** Three instruments were used in this study namely, a set of questionnaire for the demographic profile, quality of life scale for quality of life and self-structured questionnaire for the measurement of psychological health. The psychological

health questionnaire and quality of life scale contains 80 and 290 items were developed by researcher. The instruments covered six dimensions of psychological health: body image and appearance, negative feelings, positive feelings, self-esteem, spirituality/religion/personal beliefs and thinking/learning/memory and concentration. Each item was rated on a three-point Likert scale with higher scores indicating poor psychological health. The total scores of the psychological health are between 80 and 240. Quality of life scale was developed by researcher contains 290 items. Each item was rated on a three-point Likert scale with higher scores indicating poor quality of life. The total scores of quality of life scale is between 290 and 870.

**Procedure:** Data collection began after taking the necessary official permits from Principal Magistrate of juvenile justice board. The data was collect using a questionnaire and scale tested for validity and reliability. For obtaining the information from the subjects, interview method was use to assess quality of life and to avoid the unnecessary problems the demographic profile and psychological questionnaire were distributed to the subjects who lived in observation homes. The participants who were illiterate or no reading abilities were assisted by the researcher to help, they can give suitable answer.

**Data analysis:** Descriptive statistics was used for the demographic profile of the subjects. To determine the relationship between the two variables, psychological health and quality of life and the relationship among the six dimensions of psychological health, Pearson correlation was used. All of the data was analyzed using the Microsoft excel 2019.

## RESULTS AND DISCUSSION

The respondents of this study were aged between 14-18 years old (both boys and girls). Details of the demographic information of participants are given in Table 1.

**Table 1. Demographic profile and nature of offences**

Variables	Categories	Frequency (%)
Gender	Boys	15(50)
	Girls	15 (50)
Age	14 years	1 (3.33)
	15 years	5 (16.66)
	16 years	12(40)

	17 years	7(23.33)
	Below 18 years	5 (16.66)
<b>Educational profile</b>	Illiterate	6 (20)
	Primary education	8(26.66)
	Secondary education	11(36.66)
	Higher secondary	5 (16.66)
	Graduate	-
<b>Annual income</b>	Upto Rs. 25,000/	17(56.66)
	25,000- 50,000/	5(16.66)
	50,000-1,00,000/	4(13.33)
	1, 00,000-2, 00,000/	1(3.33)
	2, 00,000/-3, 00,000/	1(3.33)
	< 3, 00,000/	2(6.66)
<b>Nature of offences</b>	Murder	5 (16.66)
	Rape	6(20)
	Theft	5(16.66)
	Dacoity	1(3.33)
	Assault	5 (16.66)
	Abetment of suicide	2(6.66)
	Kidnapping and abduction	3(10)
	Attempt to murder	3(10)

The greater percentage of juvenile delinquents was 16,17 and 18 years of age i.e., 40%, 23.33 % and 16.66 %. The largest proportion of the respondents (56.66 %) were belonging to low socioeconomic group. Respondents were having up to Rs. 25,000 annual incomes of their parents. The study revealed that rape, murder, theft and assault crimes are the mostly committed by the respondents than other crimes. Rape was the leading crime with 20% of all the crimes committed by juveniles, murder, theft and assault was 16.66 %. The fact that most of the girl delinquents were institutionalized for theft cases and most of the boys for rape and murder cases.

**Table 2. Relationship between psychological health and quality of life**

Groups	<i>r</i>
Psychological health	.759**
Quality of life	

\*\*p<0.001

Table 2 present that correlation between quality of life and psychological health. A positive correlation was found between quality of life, measured by quality of life scale and psychological health by questionnaire ( $r=.759$ ,  $p<0.001$ ). This means that quality of life was followed by an increase in psychological health and vice versa.

**Table 3. Relationship among the six dimensions of psychological health**

	Psychological health	Body image and appearance	Negative feelings	Positive feelings	Self-esteem	Spirituality/religion/personal beliefs	Thinking/learning/memory and concentration
Psychological health	-	0.804**	0.804**	0.823**	0.960**	0.883**	0.842**
Body image and appearance	0.804**	-	0.741*	0.648*	0.788*	0.573*	0.622*
Negative feelings	0.804**	0.741*	-	0.737**	0.917**	0.841**	0.785**
Positive feelings	0.823**	0.648*	0.737**	-	0.848**	0.706**	0.598**
Self-esteem	0.960**	0.788*	0.917**	0.848**	-	0.814**	0.758**
Spirituality/religion/personal beliefs	0.883**	0.573*	0.841**	0.706**	0.814**	-	0.803**
Thinking/learning/memory and concentration	0.842**	0.622*	0.785**	0.598**	0.758**	0.803**	-

--	--	--	--	--	--	--	--

\*\*p<0.001

As presented in the table 3, the correlation among the six dimensions of psychological health, body image and appearance, negative feelings, positive feelings, self-esteem, spirituality/religion/personal beliefs and thinking/learning/memory and concentration. The results indicated a high correlation between overall psychological health and body image and appearance ( $r = .804$ ,  $p < 0.001$ ), negative feelings ( $r = .804$ ,  $p < 0.001$ ), positive feelings ( $r = .823$ ,  $p < 0.001$ ), self-esteem ( $r = .960$ ,  $p < 0.001$ ), spirituality/religion/personal beliefs ( $r = .883$ ,  $p < 0.001$ ) and thinking/learning/memory and concentration ( $r = .842$ ,  $p < 0.001$ ). There was also a positive correlation between body image and appearance and negative feelings ( $r = .741$ ,  $p < 0.001$ ), positive feelings ( $r = .648$ ,  $p < 0.001$ ), self-esteem ( $r = .788$ ,  $p < 0.001$ ), spirituality/religion/personal beliefs ( $r = .573$ ,  $p < 0.001$ ) and thinking/learning/memory and concentration ( $r = .622$ ,  $p < 0.001$ ). Further, the statistics of the result indicated a positive correlation between negative feelings and positive feelings ( $r = .737$ ,  $p < 0.001$ ), self-esteem ( $r = .917$ ,  $p < 0.001$ ), spirituality/religion/personal beliefs ( $r = .841$ ,  $p < 0.001$ ) and thinking/learning/memory and concentration ( $r = .785$ ,  $p < 0.001$ ). there was a positive correlation between positive feelings and self-esteem ( $r = .848$ ,  $p < 0.001$ ), spirituality/religion/personal beliefs ( $r = .706$ ,  $p < 0.001$ ) and thinking/learning/memory and concentration ( $r = .598$ ,  $p < 0.001$ ). A positive correlation was found between self-esteem and spirituality/religion/personal beliefs ( $r = .814$ ,  $p < 0.001$ ) and thinking/learning/memory and concentration ( $r = .758$ ,  $p < 0.001$ ). Spirituality/religion/personal beliefs was also found to have a positive correlation with and thinking/learning/memory and concentration ( $r = .803$ ,  $p < 0.001$ ).

Based on the result of the study, it is known that individual factors significantly influence juvenile delinquency. This is quite reasonable because everyone has the right in their life, they can do whatever they want. Children who don't have the competencies to control their anger, who are impulsive in nature, who have low self-esteem and do not have confidence in their success in the future, have not potential to act according to societal acceptable manner. In researcher's opinion that individual competence affects juvenile criminality (Calhoun *et al.*, 2001). This opinion means if children have good skills to manage their anger, impulsivity and hyperactive ness, then they will show good quality of life and they can avoid inappropriate behavior. Likewise, if children do not have the ability, then they will do something wrong to fulfill they needs by justifying any means. The statistics of the

demographic profile found that significant effect on juvenile delinquency. High levels of family dynamics, violence, poverty, family dysfunction and poor communication between family members and relations influence juvenile delinquency (Henggeler *et al.*, 1987). The causes of juvenile offences were found to be low educational attainment and poor economic status. Negative personality is also influenced by involvement with peer as children spend greater times with their friends (Nisar *et al.*, 2015). Low family income, family dysfunction, negative influence of peer, low educational achievement, tendency of revenge and lack of parental supervision of a child are the reasons of juvenile crimes (Javed *et al.*, 2012).

Results of this study showed that the greater the quality of life indicated the good psychological health of juvenile delinquents and likewise the good psychological health of juvenile delinquents indicated the greater quality of life. It was also found that when one dimension of psychological health was high the overall psychological health and other five dimensions were also high. Likewise, when the overall psychological health increased all the five dimensions also increase.

Body image is defined as "a person's thoughts, feelings, and perception of the aesthetics or physical attractiveness of their own body" (Grogan, 2016) whereas self-esteem refers to "an individual's subjective evaluation of their own worth". Beliefs about oneself and emotional well-being are both considered components of self-esteem (Hewitt & John, 2009). People who have a negative body image believe that their body appearance is not good, which makes it difficult for them to check themselves out. They have expressed feelings of hopelessness, lack of self-control, and low self-esteem along with other psychosomatic discomforts. People with positive body images embrace and recognize the uniqueness and characteristics of their bodies, which leads them to focus more on what their bodies can achieve than how they appear and accept physical attributes unconditionally. People who have a positive attitude on their bodies tend to be satisfied with what they have in life and make progress towards having a high sense of self-esteem (Khalaf, Hashmi & Omari, 2012; Bansal, 2017). Social media has negative impact on children's behavior. Watching violent content on different social media platforms leads to develop aggressive tendencies and delinquent behavior among children (Anderson *et al.*, 2002). In many cases, adolescents become victim of cyber-bullying on social networking sites. Bullying is a predictor of delinquent behaviour (Bender and Losel, 2011) and can have a detrimental impact on the mental health of young victims (Slonje *et al.*, 2013).

## **CONCLUSION**

The results of this study showed positive correlation between two variables, quality of life and psychological health. Poor psychological health and quality of life of individual is at higher risk of developing delinquency among children. Findings of the study manifest that psychological health of juvenile delinquents are rebellious and have lack of awareness regarding rule of law, imitation, curiosity and comparability. These are the significant factors that induce juvenile criminality among children. The “mixed hierarchical intervention model” should be projected, which throw light on multilevel, multiangle and interventions spotlight of children’s health behavior via families, schools and society. Counselling should be provided on regular basis at rehabilitation centres to enhance the psychological health and quality of life of juveniles, which may be able to address these two problems.

## References

Ahmed U, Murtaza A. (2016), Factors affecting juvenile delinquency in Punjab, Pakistan: A case study conducted at juvenile prisons in Punjab province. *Mediterr J Soc Sci*;7:372.

Anderson, C. A., & Bushman, B. J. (2002), Psychology: The effects of media violence on society. *Science*, 295, 2377–2379.

Bender, D. & Losel, F. (2011), Bullying at school as a predictor of delinquency, violence and other anti-social behaviour in adulthood. *Criminal Behavior and Mental Health*, 21(2): 99-106. doi: org/10.1002/cbm.799

Bhatti AG (2013), Difference in parental acceptance-rejection and personality organization in children of Hyderabad. *Bahria J Prof Psychol*;12:64-85.

Calhoun, G. B., Glaser, B. A., & Bartolomucci, C. L. (2001), The juvenile counseling and assessment model and program: A conceptualization and intervention for juvenile delinquency. *Journal of Counseling & Development*, 79(2), 131–141.

Chesney-Lind, Meda & Randall G. Shelden. (2014), *Girls, Delinquency, and Juvenile Justice*. Toronto, Ontario, Canada: Wadsworth.

Cobb, S. (1976), Social support as a moderator of life stress. *Psychosomatic Medicine* 38(5): 300-314.

Coid JW, Ullrich S, Keers R, Bebbington P, Destavola BL, Kallis C, et al. (2013), Gang membership, violence, and psychiatric morbidity. *Am J Psychiatry*;170:985-93.

Eiser, C. (1997), Children's quality of life measures. *Archives of Disease in Childhood* 77(4): 350-354.

Fayers, P. and Machin, D. (2000), *Quality of Life – Assessment, Analysis and Interpretation*. West Sussex: John Wiley and Son.

Grogan, S (2016), *Body image: Understanding body dissatisfaction in men, women and children*. Taylor & Francis.

Hadi, Z. (1990), *Juvenile Delinquency: Its Relationship to the Family Social Support*. Kuala Lumpur: First National Conference on the Caring Society.

Haveripet P. (2013), Causes and consequences of juvenile delinquency in India. *Recent Research in Science and Technology*, 5:29-31. Available Online: <http://recent-science.com/>. [Last accessed on 2022 Mar 18].

Henggeler, S. W., Edwards, J., & Borduin, C. M. (1987), The family relations of female juvenile delinquents. *Journal of Abnormal Child Psychology*, 15(2), 199–209.

Holt TJ, Bossler AM, May DC. (2012), Low self-control, deviant peer associations, and juvenile cyberdeviance. *Am J Crim Just*;37:378-95.

Hewitt & John P. (2009), *Oxford Handbook of Positive Psychology*. Oxford University Press. pp. 217–24. ISBN 978-0195187243

Javed, M., Azhar, Z., Anwar, H. N. & Sohail, M. M. (2012), Socio-Economic Factors Affecting to Juvenile Delinquency: A Study Conducted at Borstal Jails of Punjab. *Asian Journal of Empirical Research*, 183-197.

Jessor, R. (1992), Risk Behaviors in Adolescence: A Psychosocial Framework for Understanding and Action. In *Adolescents at Risk: Medical and Social Perspectives*, edited by D. Rogers and E. Ginzberg, pp. 19-34. Boulder: Westview Press.

Khalaf, A., Al Hashmi, I., & Al Omari, O. (2021), The Relationship between Body Appreciation and Self-Esteem and Associated Factors among Omani University Students: An Online Cross-Sectional Survey. *Journal of Obesity*, 2021.

Kumpfer, K. (1999), *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention-User's Guide*. Washington: Office of Juvenile Justice and Delinquency Prevention.

Slonje, Robert, Smith, Peter K., & Frisen, Ann (2013), The nature of cyberbullying, and strategies for prevention. *Computers in Human Behavior*, 29, 26–32.

Madden V. (2013), *Understanding the Mental Health Needs of Young People Involved in Gangs: A Tri-Borough Public Health Report Produced on Behalf of the Westminster Joint Health and Wellbeing Board*. The Westminster Joint Health and Wellbeing Board. Available from: <https://www.jsna.info>. [Last accessed on 2020 Feb 17].

Meghir, C., Palme, M., and Schnabel, M. (2012), The effect of education policy on crime: An intergenerational perspective. National Bureau of Economic Research. doi: w18145.

Messerschmidt, J. (1993), *Masculinities and Crime: Critique and Reconceptualization of Theory*. Maryland: Rowman & Littlefield.

Moitra T, Mukherjee I, Chatterjee G. (2018), Parenting behavior and juvenile delinquency among low-income families. *Vict Offender*;13:336-48.

Nisar, M., Ullah, S., Ali, M., & Alam S. (2015), Juvenile Delinquency: The Influence of Family, Peer and Economic Factors on Juvenile Delinquents. *Scientia Agriculturae*, 10.15192/PSCP.SA.2015.9.1.3748.

Overbeek G, Vollebergh W, Engels R, Meeus W. (2005), Juvenile delinquency as acting out: Emotional disturbance mediating the effects of parental attachment and life events. *Eur J Dev Psychol*;2:39-46.

Pitman, R. and Scharfe, E. (2010), Testing the function of attachment hierarchies during emerging adulthood. *Personal Relationships* 17(2): 201-216.

Santrock, John W. (2012), *A topical approach to lifespan development* (6th Ed.). New York: McGraw-Hill.

Sampson, R. and Laub, J. (1993), *Crime in the Making: Pathways and Turning Points Through Life*. Massachusetts: Harvard University Press.

Ventegodt, S., Merrick, J. and Andersen, N. J. (2003), Quality of life theory I. the IQOL theory: an integrative theory of the global quality of life concept. *The Scientific World Journal* 13(3): 1030-1040.

Vijayanath, V., Anitha, M. R., Raju, G. M. & Babladi, P. (2010), Juvenile Delinquency. *Biomedical Research*, 21 (3): 257-259.

Yahaya, N., Abolfathi Momtaz, Y., Othman, M., Sulaiman, N. and Mat Arisa, F. (2012), Spiritual well-being and mental health among Malaysian adolescents. *Life Science Journal* 9(1): 440-448.