

SOCIAL BEHAVIOURAL RISK FACTORS AND DIVERSIONARY PRECURSOR FOR CONVICTION OF BOYS TO BORSTAL INSTITUTIONS IN NIGERIA

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Abstract

OBJECTIVES: Juvenile delinquencies are antisocial behaviours which the society frowns at. This study investigates the social behavioural factors influencing the remand/imprisonment of boys in Nigerian Borstal Institutions.

METHODS: A descriptive research design was adopted. 400 of the boys in the Homes were randomly selected from the three Prison Juvenile formations in Nigeria. Three research questions were formulated. The researchers' developed structured questionnaire of 4-point Likert scale was used to gather the data and the r was 0.67. Percentage was used to describe the demographic data while ranking was used to show the perceived predictor of antisocial behaviour that leads to redivism.

RESULTS: The results revealed perceived factors of conviction of boys to Borstal homes/institutions in the following order; Stress (70.5) , Peer group influence (66.5), Alcohol (39.0), Broken Homes (36.25) Prison setting (17.5) Tobacco and related substance (15.25), Drugs (12.75), Cocaine and Heroine (10.75). Majority of those convicted were secondary school student graduates (80.5) and were mostly as a result of getting out of parental control.

CONCLUSION: Stress was found to be a risk factor for other anti-social behaviours which may also be induced by other factors thus making it the most significant predictor of anti social behaviours that led to repeated admission into borstal homes; Adolescents were the most convicted as a result of getting out of parental control. Parents, school authorities, health educators, religious bodies and policy makers should work together with prison officers to put in place the mechanisms for educating and monitoring adolescents. Means of diverting their energy towards healthy rivalry such as healthy group performances as found in exercise, sports and recreational activities should be encouraged in the institutions.

Key words: Borstal homes, social behaviours, juvenile, remand.

Conflict of interest: No conflict of interest

Ethics: The study received ethical approval from Postgraduate Research Committee and consents of the participating students.

Introduction

Juvenile delinquency is a conduct by a juvenile characterized by antisocial behavior that is beyond parental control and therefore subject to legal action. It could also be defined as a violation of the law committed by a juvenile and not punishable by death or life imprisonment. A Juvenile is a physiologically immature or underaged; or a young person reflecting psychological or intellectual immaturity (Merriam Webster's Dictionary and Thesaurus, 2009). Juvenile is one of our most pressing social problems with detrimental emotional, physical and economic effects felt through the communities in which it occurs (Tarrolla, et.al, 2002). Furthermore, chronic and violent juvenile offences are associated with adverse health, educational, vocational and interpersonal consequences with repercussions in adulthood (Bordium & Schaeffer, 1998; Ajiboye, Yussuf, Issa, Adegunloye, & Buhari, 2009). Remand/borstal homes, are the social control institutions meant to keep and reform children and adolescents both girls and boys whose ages are between five (5) and sixteen (16) (Ajomo & Okagbue, 1996). These homes are run and managed by all the state governments in the Federation. They are attached to ministry of youth development, social welfare and women affairs. The borstal project was a system aimed at arresting criminal tendencies in youths (Menis, 2012).

The idea was to expose the youth to values and skills which would stimulate a responsible, law abiding and wholesome way of living. Children kept are reported by parents for their activities that make them fall into the status of beyond parental control. Some of the crimes they commit include traffic offences, kleptomania, (taking other people's things uncontrollable), voyeurism (one obtaining sexual gratification from observing unsuspecting individuals who are partly undressed, naked or engaging in sexual acts; or a prying habitually to seek sexual gratification by visual means; sordid or the scandalous), arbitrary hostility to co-children and so on.

This period is stormy and stressful with heightened emotional tension and attendant difficult developmental task of social adjustment. The male spends most of his time with members of his peer group who have great influence on his attitude, interest, values and behaviours than his family. When in company of his friends, he experiences a great deal of psychological trauma because some decisions may be contrary to parental counselling; hence, the drive for independence away from home.

A healthy Juvenile therefore, is one that requires parental and societal value-orientation in order to be able to develop healthy personality to make positive contribution to his family and community at large. Udoh (2001), Fahey, Insel and Roth (2001) identified some traits as characteristics of a healthy personality wellness, and fitness as factors of healthy lifestyle to include; ability to use one's sense organs eye, ear; ability to make rational decisions; ability to live with other people without rancour; emotional stability; dressing for health; taking care of one's body; eating balance diet; avoiding substance and drug abuse with good personal grooming.

The health level of an individual is determined by the type of life style relating to health while the activities and behaviours of an individual are pointers to his or her attainment in health (Adegun, 2005). Health is a dynamic state ranging from chronic illness or disability to optimum levels of functioning in all aspects of life. Health has been defined as a human condition with physical, social, and psychological dimensions, each characterized on a continuum with positive and negative poles (from the 1988 International Consensus Conference on Exercise, Fitness, and Health). Within this definition, positive health is

associated with life enjoyment and not merely the absence of disease. The direction on the continuum determines the habits, attitude and lifestyle one adopts and the consequences.

Personality, the sum of all emotional and behavioural tendencies, plays a major role in enabling an individual to cope more or less successfully with stress (Fahey, et. al, 2001). The role of stress in health and disease is complex and according to Fahey et. al (2001), mounting evidences suggest that stress interaction with a person's genetic disposition, personality, social environment, and health related behaviours, can increase vulnerability to numerous illnesses, ailments and anti-social behaviour. The community and the society in which the adolescents live could also be major sources of stress. Social stressors like prejudice and discrimination; pressure to relate with people of other ethnic group or socio-economic groups may lead to serious stress. This implies that stress is a major risk factor for juvenile delinquency and anti social behaviours by youth.

Unfortunately, the society lacks basic amenities and infrastructure for these group of people hence the adolescent is pushed to the negative side of the social normal/abnormal continuum bringing about anti-social behavioural attitudes like rape, stealing, wandering, street begging, toutting and others.

The family settings of most of these vulnerable children are broken and society at large is hostile as the situation becomes that of survival of the fittest (Omoyayi, 2012). The number of youth in juvenile system has become a major public health (Abram, et. al , 2004) and youth, having mental disorders are posing a challenge for the juvenile institution and after their release, for the larger system and the society (Ajiboye, Yussuf, Issa, Adegunloye, & Buhari, et. al, 2009). Even after excluding conduct disorders, Teplin, et. al (2002) found 60% of male juvenile detainees and 2% female detainees meeting diagnostic criteria and had diagnosis-specific impairment for one or more psychiatric disorders. (Ajiboye etal, 2009).

Sport, physical activity and organized competitive sport have important role in all societies to promote optimal wellness, fitness and mental health. Mental health is not just the absence of mental disorder. It is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her social environment. There is now ample evidence that a definite relationship exists between exercise and improved mental health. Mental Health Foundation (2012) listed benefits of Exercise and Physical Activity to include

- less tension, stress and mental fatigue
- a natural energy boost
- improved sleep
- a sense of achievement
- focus in life and motivation
- less anger or frustration
- a healthy appetite
- better social life and
- having fun.

These are particularly evident in the reduction of anxiety and depression.

Physical activity and exercise, either recreational or competitive, improve 'the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective well-being, optimal development and the use of cognitive, affective and relational abilities' especially among youth, not only through intramural and extramural sports, but also in recreation and competitive sports. However, when a diverse range of social, environmental,

biological and psychological factors impact on an individual's mental health (<http://www.mentalhealth.org.uk> , 2007), as experienced among youth committed to borstal homess, they will develop symptoms and behaviours that are distressing to themselves or others, and interfere with their social functioning and capacity to negotiate daily life needs. These symptoms and behaviours may require treatment or rehabilitation, even including hospitalization (<http://www.mentalhealth.org.uk>, 2012). Therefore, there is a need for recreational facilities that will divert the aggressive tendencies and pent up emotions of adolescents from negative stressors which could lead to deviant acts and imprisonment.

The purpose of this study therefore, was to determine the major risk factors for conviction of boys in to Borstal institutions and predict the anti-social behaviours which emanate from them. The study suggested ways of curbing these anti- social behaviours to reduce the rate of conviction of juveniles and improve their health.

Methodology

The research design for this study was the descriptive design of the survey type.

The population for the study comprised all the boys and young adults either serving or remanded in all the three Borstal Institutions in Nigeria Prison Service - The Kakuri Borstal, Kaduna, Ilorin Borstal and Adibe Borstal Remand Centre, Abeokuta.

All the 400 boys from the three (3) Prison Borstal Formations were sampled for the study. The proportional and quota random sampling types of non probability technique was used to select 170 from Kaduna Borstal Institutions out of the lock up of 335; 130 subjects from Borstal Institutions at Ilorin out of 135 while 100 out of 120 were selected from Borstal Remand Centre, Abeokuta.

The sample size were drawn in line with the recommendation of Research Advisors (2006) that using a 95% confidence level and merging error of 3.3%, and that in a two hundred and fifty (250) population, not less than a total number of two hundred and fifteen (215) subjects should be representative. The researcher relied on this recommendation to sample four hundred (400) subjects from the total population of five hundred and ninety (590) using proportionate sampling. In this way, (68%) of the population were sampled from the Institutions focussed.

The study was carried out using researchers'-structured questionnaire tagged Conviction of Boys to Borstal Institutions Questionnaire (CBBIQ) as the means of data collection.

The content validity and the reliability of the research instrument (questionnaire) was assured A test re-test method was used to ascertain the consistency and reliability of the research instrument. The correlation co-efficient r of the instrument was calculated using Pearson product moment correlation co-efficient yielded a 0.88r.

The descriptive statistics of frequencies and percentage (%) were used to describe the demographic data, while inferential statistics of chi-square (χ^2) was used to test for the acceptance or rejection of the null hypotheses stated at 0.05 level of significance

Results

Table 1

Frequency Counts and Percentages of Demographic characteristics Of Borstal Boys in Nigeria.

Sn	Variables	Frequency	%	4.	Location	Frequency	%
1.	Marital status				Kaduna	170	42.5
	Single	391	97.8		Ilorin	130	32.5
	Married	9	2.3		Abeokuta	100	25.0
	Total	400	100.0	5.	Total	400	100.0

2.	Religion			Educational status		
	Christianity	324	81.0	First leaving	52	13.0
	Islam	76	19.0	Secondary	322	80.5
3.	Total	400	100.0	Technical	8	2.0
	Convictional			professional/diploma	9	2.3
	police case	78	19.5	Polytechnic/university	9	2.3
	Beyond	322	80.5	graduate		
	parental control			Total	400	100.0
	Total	400	100.0			

Table 1 reveals the distribution of the respondents by their demographic characteristics. For religion, the result shows that 81% of the respondents were Christians while 19% of the respondents were Muslim. The high number for Christians might be due to the Christian evangelism in the Prisons.

For convictional status, the result shows only 19.5% of the respondents were convicted as a result of police case, and since majority of the boys were single (97.8%), had secondary school education (80.5%), they were convicted due to disobedience to their parents while others of the respondents respectively had technical (2%) and diploma qualifications 2.3% respectively and only 2.3% of the respondents had a degree or equivalent r.

Table 2

Frequencies, Ranking and Position of Social Behavioural Factors influencing the Repeated Remand/Imprisonment of Boys in Nigerian Borstal Institutions.

Variable	Frequency	Rank	Position
Stress	282	70.5	1 st
Peer Group Influence	266	66.5	2 nd
Alcohol	156	39.0	3 rd
Broken Home	145	36.25	4 th
Prison Setting	69	17.25	5 th
Tobacco and related substance	61	15.25	6 th
Drugs	51	12.75	7 th
Cocaine/Heroin	43	10.75	8 th

Table 2 reveals the position of the predictor experienced. The result shows that stress contributed the highest reason that made the boys to become victims of conviction followed by peer group influence. Alcohol consumption, broken home, prison setting, tobacco and related substances consumption, drugs and cocaine/heroin consumption followed in that order.

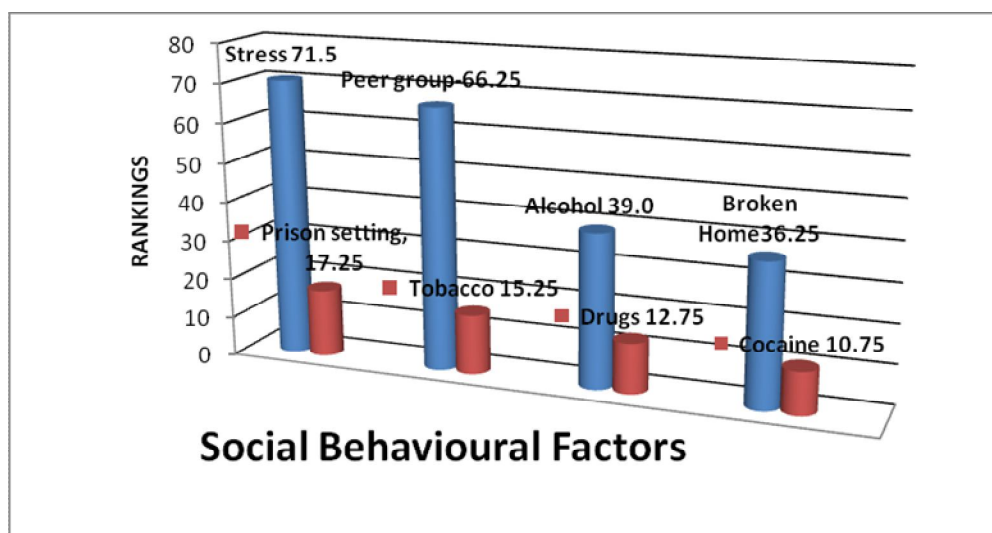


Figure 1-Socio-behavioural factor leading to conviction into Borstal Homes

Discussion

The majority of the boys in Nigeria Borstal homes are secondary school leavers and are prone to lifestyle of anti social behaviours. Adolescence/youth is a period when an individual becomes mature. The stage is characterised by physical changes and challenges by accepting one's physique and sex roles, gaining emotional independence from parents, economic independence, selecting and preparing for occupation, developing intellectual skills and concepts necessary for civic competence, desiring and achieving socially responsible behaviour, preparing to manage family life, building conscious values in harmony with prevailing scientific world picture (Fahey et. al, 2001). Report provided by Ruggles-Brise of a sample of 1,238 youth in 1921 as reported by Menis, (2012), shows an almost 50/50 percent of youth with bad homes and poor education on one hand; and on the other hand, youth with good education and good homes (968 against 887) respectively in special homes. This mixed data cannot disregard the common recognition that the juvenile-adult offender, like the adult offender, generally come from a disadvantageous socio-economic background- which could be supported by the overall poor health of the youth as suggested by the medical records in the case studies reported .

This is the implication of the ranking of stress (71.5) by 288 out of 400 boys as the highest behavioural factor for remand in borstal homes/ institutions. The study showed that stress is the main risk factor of juvenile delinquency, followed by peer group influence (66.5%) which usually leads to other anti- social behaviours, if such youth are not immediately curbed through motivational means to divert their energy toward profitable ventures. Fahey et. al, (2001) explained that signals of excessive stress emotionally include the tendency to be irritable or aggressive; tendency to feel anxious, fearful or edgy; hyper-excitability, impulsiveness or emotional instability; depression, frequent feeling of boredom; inability to concentrate and fatigue. They listed the accompanying behavioural signs to include; increase use of tobacco (ranked 6th) alcohol (ranked 3rd -39.0 %), other drugs (ranked 7th & 8th); including sexual problems, excessive TV watching, sleep disturbance or excessive sleep, overeating and undereating, crying or yelling and burn outs.

Broken homes ranked the fourth risk factor of anti social behaviours (36.25%). Life events with severity of stress are listed by Fahey et. al (2001) to include not only broken homes (divorce and/or remarriage of parents), but death of a close family members, falling out' of a close personal relationship, change in health or behaviour of family member, beginning or

ending school or college, minor violation of the law, sexual difficulties, being held in jail, decrease in income and moving to a different city or state (Fahey et. al, 2001). All these factors could contribute to repetitive conviction of boys to remand and Borstal institutions in Nigeria.

Ajiboye et al (2009) reported prevalent lifestyle psychiatric diagnoses among borstal boys to be majorly depression (35.8%), suicidality (20.8%), alcohol dependence/abuse (26.4%), Marijuana dependence/abuse (39.6%), cocaine dependence/abuse (9.4%), Conduct disorder (64.2%), and Psychotic disorders (3.8%). These have implication for sedentariness since these factors affect the mental state of such victims and lead to deviant attitude. There is strong evidence suggesting that physical activity improves mental health in young people (Hallal, Victora, Azevedo, & Wells, 2006). Improvements in mental fitness at young ages could have many positive consequences for daily life activities in childhood and adolescence, as well as later in life (Ortega, Ruiz, Castillo, & Sjöström, 2008).

Delinquency' is more a function of the environment than of the individual (Gibbons, 1976 & McCormick, 1980). Therefore the environment must be made motivating to ignite change in the convict.

According to The Royal College of Psychiatrists (2012), there is a distraction hypothesis of the positive relationship between exercise and mental health as was originally conceptualized by Bahrke & Morgan (1978). They reported that exercise can serve as a useful distraction or 'time-out' from stressful stimuli and feelings and that this can lead to improved psychological wellness thus promoting motivating environment. In this respect, delinquent/borstal boys may find exercise a useful strategy to help them focus on events other than their particular life circumstances, since it decreases trait anxiety and depression (Palmer, et al 1988; Preedy & Peter, 1990).

Several other studies have also reported a positive association between participation in exercise and enhanced mental health in people who misuse alcohol, with some studies reporting significant improved changes in self-esteem along with fitness after relatively short exercise programmes (Gary & Guthrie (1972) of 4-week jogging programme. Researchers also established that people with alcohol misuse problems who undertook aerobic exercise were better able to cope with life-stresses after discharge from the alcohol treatment programme; Participation in exercise appears to help reduce levels of alcohol consumption in misusers, improve wellbeing (Anstiss, 1988), and to sustained abstinence up to 3 months after discharge from an alcohol treatment programme (Sinyor *et al*, 1982). According to Anstiss (1988), on discharge, 60% of alcohol dependents clients reported that exercise was of great value, such patients when asked to evaluate usefulness of physical fitness training as compared with other more traditional forms of therapy rated exercise higher alongside psychotherapy (Martinsen & Medhus, 1989); patients perceive exercise as a useful strategy in their rehabilitation;

Exercise compared with more conventional interventions, is as beneficial, effective and encouraging as group or individual psychotherapy and behavioural interventions, especially if consideration is given to the time and costs involved with treatments such as psychotherapy (Craft & Landers, 1998; Advances in Psychiatric Treatment apt.rcpsych.org, 2002). The high demands on health services in recent times have led to time limits being set for some therapeutic treatments/services. Exercise therapy could be a positive adjunctive alternative to this problem since participants can use it whenever they choose and it is less reliant upon external factors associated with more traditional treatments (. availability of a therapist) (The Royal College of Psychiatrists, 2012) .

Martinsen (1993) has argued that exercise can be self-sustaining in that it can be maintained by individuals once the basic skills have been learnt. This may well help to make these traumatized borstal boys feel more empowered about their health and in control of their well-being. Since Exercise can be used as a recreational activity as a means to reintroduce individuals into the wider community (Martinsen,1993), borstal institutions can adopt it as one of the methods for reformation. This is often an important element of treatment plans for people who have less severe mental health and wholesome socio-behavioural problems.

Conclusions

1. Stress is the major predictive factor of anti-social behaviour leading to juvenile delinquency and eventual conviction of boys into Borstal homes/Institutions.
2. Influence of peer group was ranked second in youth and adolescents getting out of parental control.
3. Most of the boys were convicted because of seeking independence from parental control.
4. Stress pressurised the Borstal boys to get involved in the use of alcohol, tobacco, drugs and hard drugs like cocaine and heroin and redivism.
5. Physical activity, exercise and sports and recreational programmes are well established as diversionary measures for promoting mental health and positive social behaviours.
6. Since Psychotherapy interventions do not require any physical effort, are externally regulated and participants are passive recipients in the process, Borstal boys require diversionary channels for release of their aggressive and deviant tendencies like exercise and sports which are more internally based and requires participants to experience physical commitment and effort.

Recommendations

Based on the findings, the following recommendations are made:

1. There is a need of mental health promotion programmes which require multi-sectoral action, involving a number of government sectors and non-governmental or community-based organizations. The focus should be on promoting mental health throughout lifespan to ensure a healthy start in life for children and to prevent anti- social behaviours in adolescents and adulthood.
2. Psychotherapy should be combined with exercise and sports to serve as diversionary methods for youth and adolescents to reduce and prevent anti- social behaviours and rehabilitate convicted boys back into the society.
3. Sports and recreational facilities and equipment should be provided in Borstal institutions and intramural and extramural sports competition within and outside the homes instituted.

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