

LETTER TO THE EDITOR

The Health Profile of Spanish Incarcerated Delinquent Youths

To the Editor:

Over an 8-year period (1993–2000) 405 delinquent youths were admitted to a juvenile correctional facility in Zaragoza City (Community of Aragón), Spain. Of these, 91.3% were boys and 55% were of ethnic minority (Gypsies). At the time of admission, the youths were between the ages of 13 and 17 years, with an average age of 15.6 years. All the adolescents were in custody because of a legal offense, including property offenses (49%), offenses against persons (26%), offenses related to the use of alcohol and drugs (7%), probation violations (1%), and other offenses (17%).

An initial medical screening on arrival was performed to assess the health and nutritional status and to identify acute or chronic illness. According to published health care guidelines for juvenile correctional institutions [1,2], the health status was assessed through medical and social history, by a complete physical examination, and a laboratory assessment with those tests indicated by historical or physical findings. Nutritional status was assessed using the anthropometric method. Weight, height, head and upper arm circumferences, body mass index, and nutritional index were established and compared with normal national standards of reference (Z score).

The most frequent health problems were a smoking habit (96.5%), drug/alcohol abuse (55.3%), high-risk sexual behaviors (49.4%), dental problems (39.2%), psychological disorders (19%), incomplete immunization status (16.8%), and infectious diseases associated with intravenous drug use and/or high-risk sexual behaviors (12.1%) [hepatitis C (5.2%), hepatitis B (3%), AIDS (2%), syphilis (0.7%), specific vulvovaginitis (14.3% of girls)]. Less prevalent health problems were nutritional disorders (9.9%) [malnutrition (3.6%), obesity (3.3%), iron deficiency anemia (3%)], dermatologic (9.9%), visual (7.6%), growth

delay (5.2%), respiratory (4.7%), orthopedic (3.2%), otic (2.7%), cardiovascular (2.2%), and digestive (1.5%).

This study indicates that Spanish delinquent youths come to the correctional facility with substantial physical, psychological, and behavior problems. The current and prior health problems of Spanish youths in custody were consistent with those documented in other nations [3,4]. This population is especially in need of dental, psychiatric, immunization, and infectious diseases services. These are probably caused by a variety of factors, including past physical or psychosocial abuses, lifestyle habits, and a lack of prior health care. The time in custody presents a unique opportunity to address the basic health concerns of this population, especially in regard to their mental health, and also to provide health education that includes general health and nutrition, substance abuse, and sex education.

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References

1. American Academy of Pediatrics, Committee on Adolescence. Health care for children and adolescents in detention centers, jails, lock-ups, and other court-sponsored residential facilities. *Pediatrics* 1989;84:1118–20.
2. Society for Adolescent Medicine. Health care for incarcerated youth. Position Paper. *J Adolesc Health* 2000;27:73–5.
3. American Medical Association, Council on Scientific Affairs. Health status of detained and incarcerated youths. *JAMA* 1990;263:987–91.
4. Feinstein RA, Lampkin A, Lorish CD, et al. Medical status of adolescents at time of admission to a juvenile detention center. *J Adolesc Health* 1998;22:190–6.