

Letters to the editor

The health status of delinquent gipsy youths in Spain

Delinquent gipsy youths in Spain come to the correctional facility with substantial physical, psychological and behavioural problems. This population is especially in need of dental, psychiatric, immunization, and infection treatment.

Over an 8-year period (1993–2000) 222 gipsy youths (92% boys) with an average age of 15.2 years (age range 13–17 years) were admitted to a juvenile correctional facility in Zaragoza City (Community of Aragón), Spain. All the adolescents were in custody because of criminal activity – including property offences (53%), offences against persons (30%), offences related to the use of alcohol and drugs (12%), probation violations (2%), and other offences (3%).

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.

The most frequent health problems were a smoking habit (99%), drug/alcohol abuse (58.2%), dental illness (52.2%), high-risk sexual behaviour (36%), incomplete immunization status (21.6%), infectious diseases associated with intravenous drug use and/or high-risk sexual behaviours (17%) [hepatitis C (7.6%), hepatitis B (6.3%), AIDS (2.7%), syphilis (0.4%)], and psychological disorders (15.8%). Less prevalent health problems were visual (9.9%), dermatologic (6.3%), respiratory (5.8%), malnutrition (5.8%), growth delay (4.5%), obesity (4%), otic (3.6%), iron deficiency anaemia (3.1%), digestive (2.7%), orthopaedic (2.2%), and cardiovascular (2.2%).

We do not know of any other studies in our country or in other nations concerning the health status of delinquent

gipsy youths. This study indicates that delinquent gipsy youths in Spain come to the correctional facility with substantial physical, psychological and behavioural problems. The current and prior health problems of Spanish gipsy youths in custody were consistent with those documented in previous reports concerning non-gipsy delinquent youths.^{3–5} Nevertheless, this population showed a slightly greater rate of smoking, drug/alcohol abuse, dental illness, incomplete immunization status and infectious diseases than Spanish non-gipsy delinquent youths.⁵ These are probably caused by a variety of factors, including past physical or psychosocial abuses, lifestyle habits, gipsy concepts about health and illness, lack of prior health care, and poorer access to health services and up-take of preventative care.

The time in custody presents a unique opportunity to address the basic health concerns of this underserved and vulnerable group of adolescents, especially regarding their mental health, and also to provide health education that includes general health and nutrition, substance abuse, and sex education.^{6–8}

Gonzalo Olivan, MD, *Division of Paediatrics and Adolescent Medicine, Social Services Institute of Aragón, Department of Health and Social Welfare, Government of Aragón, Avda. de las Torres 93, 50007 Zaragoza, Spain, tel. +34 976 332701, fax +34 976 332701, e-mail: DROLIVAN@santandersupernet.com*

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3 American Medical Association, Council on Scientific Affairs. Health status of detained and incarcerated youths. *JAMA* 1990;263:987–91.

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5 Olivan G. The health profile of Spanish incarcerated delinquent youths. *J Adolesc Health* 2001;29:384.

6 Farrow JA, Schroeder E. Sexuality education groups in juvenile detention. *Adolescence* 1984;19:817–26.

7 Ervin MH. Teaching self-care to delinquent adolescents. *J Pediatr Health Care* 1998;12:20–6.

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Dictionary of Public Health

There are many technical dictionaries and glossaries in the health sciences, but there is no single dictionary containing definitions of the words and phrases commonly used in public health practice and the major sciences associated with public health.

Several public health specialists have begun the task of compiling a *Dictionary of Public Health* which is intended to close this gap. This dictionary will contain the headwords and brief definitions of commonly used technical words and phrases from all domains of public health science and practice.

The work will be done in two main phases:

- Compiling a master list of headwords, expected to take until approximately October 2002,

- Composing definitions.

Experience with the *Dictionary of Epidemiology* was that interactive e-mail discussions with interested colleagues were an effective way to arrive at consensus about meanings, and this facilitated the task of composing definitions. The same approach will be used with this project.

Public health specialists interested in taking part are encouraged to communicate with me.

John M. Last, MD, *Emeritus professor of epidemiology, University of Ottawa, 451 Smyth Road, Ottawa, Ontario, Canada K1H 8M5, fax +1 613 562 5465, e-mail: jmlast@uottawa.ca*