



**LFPA “Papardes zieds”**

# **National Research Report**

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<b>List of contents</b>		<b>Page</b>
<b>0.</b>	<b>Executive summary</b>	<b>2</b>
<b>1.</b>	<b>Introduction</b>	<b>4</b>
<b>2.</b>	<b>Methodology, sampling procedure</b>	<b>5</b>
<b>3.</b>	<b>Sample description</b>	<b>9</b>
<b>4.</b>	<b>Results</b>	<b>14</b>
4.1	Results from quantitative approaches (Questionnaires for prison staff and prisoners)	14
4.2	Results from qualitative approaches (Interviews with prison staff, NGOs and prisoner focus groups)	19
<b>5.</b>	<b>Conclusions</b>	<b>55</b>
	<b>Attachments</b>	<b>58</b>
	Attachment 1 List of abbreviations	
	Attachment 2 Questionnaire for prison staff, Latvian	
	Attachment 3 Questionnaire for prison staff, Russian	
	Attachment 4 Questionnaire for young prisoners, Latvian	
	Attachment 5 Questionnaire for young prisoners, Russian	
	Attachment 6 Interview guidelines for interviews with NGOs / service provid- ers	
	Attachment 7 Interview guidelines for interviews with custody staff	
	Attachment 8 Questionnaire for the participant of the focus group discus- sion, Latvian	
	Attachment 9 Questionnaire for the participant of the focus group discus- sion, Russian	
	Attachment 10 Interview guidelines for focus groups	
	Attachment 11 List of topics according to the proportion of positive answers (Yes, I would like to know more about the topic), female pris- oners	
	Attachment 12 List of topics according to the proportion of positive answers (Yes, I would like to know more about the topic), in descend- ing order, male prisoners	
	Attachment 13 List of topics according to the proportion of positive answers (the particular topic is considered either very important or im- portant), in descending order, female prisoners	

- Attachment 14 List of topics according to the proportion of positive answers (the particular topic is considered either very important or important), in descending order, male prisoners
- Attachment 15 Media providing information about a particular topic to juveniles in custody

## 0. Executive summary

Since 2010, Latvian Association for Family Planning and Sexual Health „Papardes zieds” takes part in the EC funded project „Health Promotion For Young Prisoners (HPYP)” coordinated internationally by the Scientific Institute of the Medical Association of German Doctors (WIAD). The goal of the Project is health promotion in juvenile secure settings by developing and introducing a toolkit on different health issues – infectious diseases, sexually reproductive health, mental health, prevention of using addictive substances etc.

In order to make the material qualitative and maximally suitable for the current situation in the penitentiary system, it was necessary to gather the information on the needs and wishes of juveniles in custody, as well as opinions of experts concerning health promotion in prison in each of the partner states of the Project including Latvia. Consequently, from January to May 2011, there was a research carried out in Latvia consisting of two components – the qualitative and the quantitative one. Within the research, there were eleven in-depth interviews conducted with experts of the field, four focus group discussions held with juveniles in custody (the qualitative survey), as well as an anonymous questioning (the quantitative survey) carried out with 42 prison employees and 109 young prisoners. The respondents were inquired about their understanding of health concept, the current situation of health promotion and examples of successful practice in prisons, as well as topics and methods interesting to juveniles in custody and ensuring the greatest efficiency of youth education on health issues. Furthermore, the respondents were asked about the main obstacles to the implementation of health promotion activities in the state, as well as juvenile target groups in the necessity of specific health promotion activities.

The main results of the research were the following: it was found out that the youngsters have the right understanding of health – close to the definition of health published by the WHO in 1946. The prisoners have different opinions regarding whether custody has influenced their health positive or negative. Both the juveniles and the experts admit that the majority of the activities in prison have been on drugs and related harm – HIV/AIDS and other infections; therefore one has more interest in other health related topics. However, the experts admit that the contingent of prisoners changes and the activities should be consistently updated and repeated. It has been indicated that young prisoners have a particular interest in oral health issues; prescribed drug abuse has been considered of little interest. The youth are also interested in sexuality (particularly those related to building relationships with the opposite sex) and mental health issues (aggression reduction etc.). The interest in such topics as healthy nutrition, contraception, physical changes during puberty, self-harm and suicides is regarded contradictory. The respondents suggest adding skin care, personal hygiene, and sexuality issues like homosexuality, masturbation etc. to the list of topics to be discussed in prison.

Both the youngsters and the experts hold the opinion that lecturing is the least efficient mean of providing information. Group work with the elements of a game and physical activity, as well as using visual materials is considered to be effective methods. The respondents also have contradictory opinions as to whether the group leader should be the representative of prison system or a person from the „outside”. The peer education activities are viewed sceptically by the respondents.

The juveniles who would need specific health promotion activities are according to the respondents sexually abused, addicted youngsters, persons with suicidal propensity or mental disability, as well as Roma juveniles.

The respondents indicate that the main obstacles to introducing health promotion activities are the catastrophic financial shortage and the consequences of it (inadequate infrastructure, lack of human resources, lack of proper medicine etc.), as well as the fact that health promotion and healthcare in the penitentiary system is separated from the general healthcare system in the country.

To summarize, one can draw a conclusion that due to the small scale of health promotion activities for the youth in Latvian prisons, the field has many needs. Particular attention has to be paid to the issues of oral health and personal hygiene, as well as different mental health and sexuality issues.

## 1. Introduction

One can observe positive tendencies concerning young prisoners in the Latvian penitentiary system – the recent changes in the Criminal Law have led to annual reduction of juvenile offenders, in addition, significant strategic documents in the fields of prisoner resocialization, employment, education etc. have been elaborated and approved during recent years. Thus the officials and experts have showed their understanding of the conditions in the prison settings and their political will to improve the situation in the penitentiary system int. al. for young offenders in pre-trial detention and young convicts. However, the complicated economic situation in the country does not allow one to introduce the arrangements of the political documents. Due to the financial crisis, the already small secure settings budget has been reduced, which leads to the lack of resources for providing not only basic healthcare services in prison but also health promotion activities thus causing considerable inequalities in terms of service provision for prisoners and people at liberty. Preventive and health promotion activities in custody are being introduced only occasionally, within particular projects funded by international sponsors, which are implemented by NGOs. Often, when a Project is over, the penitentiary system, as well as the non-governmental sector fails to ensure sustainability of the activities due to the lack of resources. In addition, in the Latvian prison system, juvenile offenders are not considered a particular target group in the necessity of specific services. Some allowances or benefits apply only to underage offenders but as they turn 18, they are given the status of adult prisoner.

According to the statistics, HIV, hepatitis C, tuberculosis, smoking, use of alcohol and other addictive substances and other health problems are very urgent in Latvian prisons. Besides, the above problems are usually attributed particularly to young adult offenders. Therefore health promotion and prevention activities on different health related topics are an explicit urgency in Latvian prisons.

Everything stated above underlines a particular usefulness and significance of the activities within the HPYP project related to development and implementation of a health promotion toolkit for young people in prison. In order to make the material qualitative and adequate to the current situation it is necessary to gather information on the wishes and needs of juvenile offenders in Latvian secure settings, as well as the opinion of experts on health promotion in custody. Therefore there were eleven in-depth interviews conducted with experts of the field, four focus group discussions led with juvenile offenders, as well as a quantitative survey of prison staff and juvenile offenders held in Latvia from January to May 2011. Within the quantitative survey, 109 young offenders and 42 prison employees filled in an anonymous questionnaire. The methodology and results of the mentioned research are described in detail further in the report.



## 2. Methodology, sampling procedure

### 2.1. Quantitative research (Questionnaires for prison staff and prisoners)

Six prisons were chosen for the survey:

- 1) Brasa Prison;
- 2) Riga Central Prison;
- 3) Cesis Correctional Institution for Juveniles;
- 4) Ilguciems Prison;
- 5) Jekabpils Prison;
- 6) Skirotava Prison.

The above prisons were selected according to the following criteria:

- a) Representing juveniles of different age (there are also underage offenders in the Cesis Correctional Institution for Juveniles, Ilguciems Prison, and Riga Central Prison, the rest of prisons have only adult prisoners);
- b) Representing prisoners of both genders (Ilguciems Prison is the only female prison in Latvia, the rest are male prisons);
- c) Representing different regions of Latvia (Brasa Prison, Riga Central Prison, Ilguciems Prison, and Skirotava Prison are located in Riga (capital city of Latvia), the residual two – outside Riga; showed on the map below):



- d) Taking into account the considerations and suggestions of the Prison Administration.

The questionnaires (for the staff members and prisoners; developed by the WIAD and collaboration partners of HPYP) were translated and adapted in two languages – Latvian and Russian (see Attachments 2-5). An adequate number of questionnaire copies and envelopes were brought to the representative of the particular prison (either psychologist or social worker), who was kindly asked to distribute them randomly to his or her colleagues as well as to prisoners of the proper age (up to age 24) with a request to fill in the questionnaires, put them in the envelopes, close the envelopes and give them back to the representative. Afterwards, the representative was to handle the filled questionnaires to the coordinator of the survey (the representative of „Papardes zieds”). No payments or inducements were given to respondents for the participation in the research.

## 2.1. Qualitative research (Interviews with prison staff, NGOs and prisoner focus groups)

2.2.1. Within the survey, **in-depth interviews** were conducted with 11 experts of the field (list of the interviewees see in Table 1).

Table 1 List of the experts interviewed (arranged chronologically according to the date of the interview)

No	Name, family name	Institution and position	Date
1.	Agita Seja	Association DIA+LOGS, Social Worker	17/01/2011
2.	Aleksandrs Molokovskis	Association HIV.LV, Chair of the Board	19/01/2011
3.	Kristine Kipena	Ministry of Justice, Division of Sectoral Policy, Head of the Penal Policy Division	20/01/2011
4.	Ilona Spure	Latvian Prison Administration, Head of the Resocialization Service	02/02/2011
5.	Regina Fedosejeva	Latvian Prison Administration, Senior Advisor of the Material Supply Unit (former Head of the Medical Unit)	04/02/2011
6.	Baiba Purvlice	Association Papardes zieds, Manager of the UNODC Project on Harm Reduction in Pris- ons	14/02/2011
7.	Regina Martinova	Ilguciems Prison, Social Worker	11/04/2011
8.	Natalija Pralica	Cesis Correctional Institution for Juveniles, Psychologist	12/04/2011
9.	Valts Kukainis	Cesis Correctional Institution for Juveniles, Director	12/04/2011
10.	Ilze Usacka	Skirotava Prison, Psychologist	13/04/2011
11.	Olga Karklina	Riga Central Prison, Psychologist	26/04/2011

The experts were selected for the interviews according to the following criteria:

- a) NGOs – organizations, either presently or previously actively involved and successfully dealing with health issues in prisons;
- b) Prison experts – representing prisons having both juvenile and young adult offenders, as well as having worked with juveniles, managed projects, conducted classes, advised on health issues, which ensures his or her competency in the research fields.

The interviews were based on two question lists developed by the WIAD and collaboration partners of HPYP (see Attachments 6-7):

- 1) Interview guidelines for interviews with prison staff – eight experts of penitentiary system were interviewed using this method;

- 2) Interview guidelines for interviews with NGOs – three professionals of NGOs were interviewed using this method.

Each interview was approximately an hour long. All interviews were held in Latvian. A full explanation of the purpose of the research and the project on the whole was given at the start of each interview. The interviews were held with each expert privately with no unauthorized person being present. The interviews were recorded on Dictaphone with the permission of each respondent and afterwards transcribed and analysed. No payments were given to the experts for the participation in the research. No payments or inducements were given to experts for their participation in the interview.

**2.2.2. Focus groups** with the juvenile offenders took place at three prisons (see Table 2).

*Table 2 List of the prisons and groups of juveniles with whom focus groups were held (arranged chronologically according to the date of the discussion)*

No	Prison, group of juveniles	Date
1.	Ilguciems Prison, juvenile female offenders	11/04/2011
2.	Ilguciems Prison, young adult female offenders	11/04/2011
3.	Cesis Correctional Institution for Juveniles, juvenile male offenders	12/04/2011
4.	Skirotava Prison, young adult male offenders	13/04/2011

The prisons for conducting focus groups were selected according to the following criteria:

- a) Representing prisoners of different age and sex (as mentioned before, the Ilguciems Prison is the only women's prison in Latvia, Cesis Correctional Institution for Juveniles is the only secured setting of juvenile offenders, in the Skirotava Prison, there are only adult prisoners; consequently, there were 2 focus group discussions held for women, 2 – for men; 2 discussions – for juvenile offenders, and 2 – for young adults);
- b) Representing different regions of Latvia (Riga, other regions).

The list of the young prisoners to participate in the discussion was made by a representative of the related prison (psychologist or social worker). In addition, participation in the discussion was also offered to youngsters who were present in the school or courtyard at the beginning of the discussion. Participation in the focus group discussions was voluntary.

Each discussion was approximately an hour long. The discussions were conducted simultaneously in two languages – Latvian and Russian; the youth were asked to speak their native language. A full explanation of the purpose of the research and the project on the whole was given at the start of each discussion. The prisoners were also asked at the beginning of the discussion to fill in a short questionnaire (drafted in Latvian and Russian using the experience of the EC project „Training Criminal Justice Professionals in Harm Reduction Services for Vulnerable Groups” (TCJP) coordinated by the WIAD in 2008), which included questions about the social-demographic characteristics of the respondent (see the Attachments 8-9). For the participation in the discussion and one's devoted time each participant of a focus group received a little gift (a pen). The discussions were based on the list of focus group discussion questions drafted by the WIAD and HPYP

(see Attachment 10). With the permission of the Prison Administration and the youngsters each discussion was recorded on Dictaphone and afterwards transcribed and analysed.

### 3. Sample description

#### 3.1. Quantitative research

During the period of April to May, 2011 the following number of questionnaires were collected:

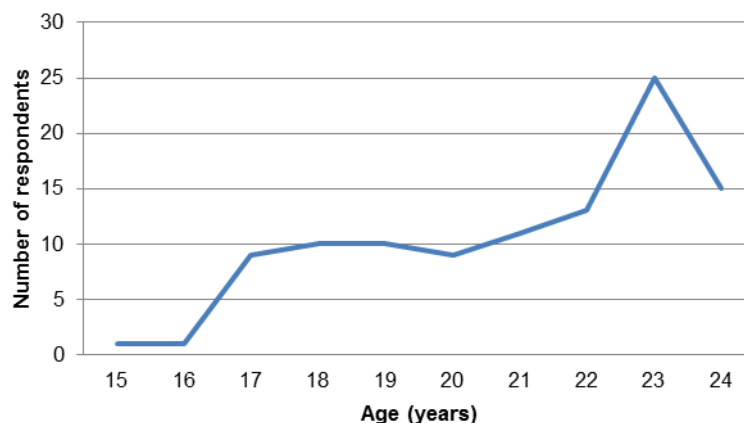
- a) 109 questionnaires from prisoners;
- b) 42 questionnaires from prison staff.

The questionnaires were electronically entered in a data frame developed with the *SPSS for Windows*. Two separate databases were created – one for the prisoner survey, the other for the staff survey.

##### 3.1.1. Prisoner survey

5 of 109 questionnaires were found invalid, as the particular respondents had indicated their age over 24 years. Thereby, in the following data analysis, information on 104 respondents was included. The average age of the respondents was 21.0 years (min.15 – max.24; SD 2.4), modal age – 23.0 years, and median age – 22.0 years (See Figure 1).

Figure 1 The number of respondents according to age



Majority – 81.7% (n=85) of the respondents were males, 18.3% (n=19), correspondingly, were females. See Table 3 for the division of males and females according to their age groups.

Table 3 Division of respondents by gender and age

Age group		Gender		Total
		Male	Female	
15-17 years (juveniles)	n	11	0	11
	%	12.9	0	10.6
18-20 years	n	28	1	29
	%	32.9	5.3	27.9
21-24 years	n	46	18	64
	%	54.2	94.7	61.5
<b>Total</b>	<b>n</b>	<b>85</b>	<b>19</b>	<b>104</b>
	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

69.2% (n=72) of the respondents pointed to be first-time offenders, 29.8% (n=31), accordingly, indicated themselves as repeat offenders. 13.5% (n=14) of the respondents were held in detention before trial, and 85.5% (n=89) were convicts. See Table 4 for the division of the juveniles according to their gender and the above factors.

Table 4 Division of respondents by gender according to their prisoner status and either first time- or re-imprisonment

Age group		Gender		Total
		Male	Female	
First time imprisonment	n	58	14	72
	%	68.2	73.7	69.2
Re-imprisonment	n	26	5	31
	%	30.6	26.3	29.8
No answer given	n	1	0	1
	%	1.2	0	1.0
<b>Total</b>	<b>n</b>	<b>85</b>	<b>19</b>	<b>104</b>
	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Detention before trial	n	9	5	14
	%	10.6	26.3	13.5
Convict	n	75	14	89
	%	88.2	73.7	85.5
No answer given	n	1	0	1
	%	1.2	0	1.0
<b>Total</b>	<b>n</b>	<b>85</b>	<b>19</b>	<b>104</b>
	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

### 3.1.2. Prison staff survey

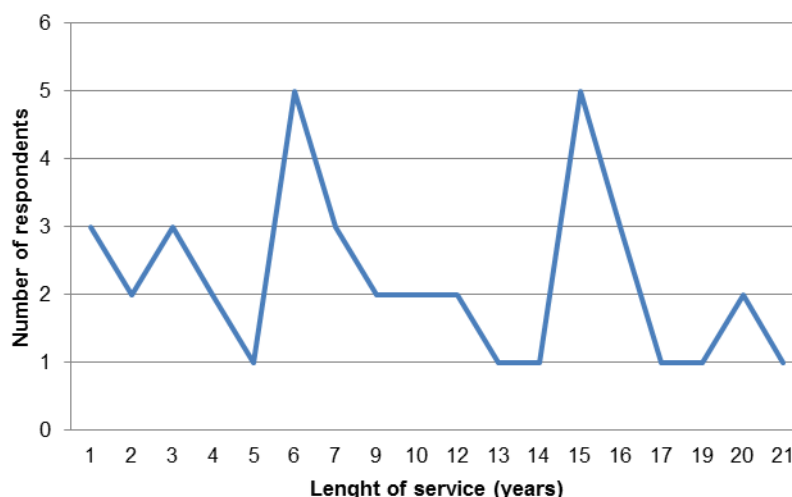
Slightly above one-half of the prison staff participating in the survey were female (57.1%, n=24), 42.9% (n=18) were male. See Table 5 for the division of respondents according to their job description in prison.

Table 5 Division of respondents by their job description

Job description	Number of respondents	Percentage (%)
Security	1	2.4
Social worker	9	21.4
Medical staff	3	7.1
Administration	18	42.9
Psychologist	6	14.3
Doctor	3	7.1
Librarian	1	2.4
Teacher	1	2.4
Total:	42	100.0

The average length of service of the staff was 9.7 years (1-21; SD 6.1), modal length – 6.0 and 15.0 years, and median length – 9.0 years (See Figure 2).

Figure 2 Number of respondents by their length of service



The prison employees were most often working with juveniles of the following age:

- 1) Minimum age - average 17.5 years (14-20, SD 2.0), mode and median – 18.0 years;
- 2) Maximum age – average 23.9 years (19-24, SD 1.4), mode and median – 24.0 years; 10 respondents indicated the maximum age of youngsters working with over 24 years.

### 3.2. Qualitative survey

#### 3.2.1. In-depth interviews

During the period of January to April 2011, eleven in-depth interviews with different experts were held. Three of the experts were representatives of NGOs, and eight – workers of penitentiary system. The average length of service of the experts working with prisoners was 10.2 years (4-30, SD 7.6), modal and median length of service – 8.0 years.

The majority of the experts interviewed (8 of 11) admitted to be working with prisoners of all ages including juveniles. The activities conducted are, of course, adapted to the particular age group paying special attention to juvenile offenders. Only two experts indicated to be working only with juveniles, and one expert said she is working in a prison where only adult offenders are kept, thereby only young adults are worked with.

#### 3.2.2. Focus groups

In April 2011, there were four focus group discussions held in three prisons. In total, there were 33 youngsters of the age of 15 to 25 participating (only one participant was 25); the average age of the participants was 19.3 years (SD 2.2), modal age – 18.0 years, and median age – 19.3 years. In total, there were 12 women and 21 men participating in the discussions. See Table 6 for the division of the participants according to prison and age group.

*Table 6 The division of the focus group participants by prison and age group*

Prison	Gender	Age group	Number of people participating in the discussion
Ilguciems Prison	Female	Underage	5
Ilguciems Prison	Female	Adults	7
Cesis Correctional Institution for Juveniles	Male	Underage	9
Skirotava Prison	Male	Adults	12
Total:			33

The majority of the youth were Latvians (48.5%, n=16), 36.4% (n=12) were Russians, three were Roma, one – Tartar, and one – Belarusian.

The majority of the juveniles (84.8%, n=28) were in custody for the first time, five were in prison repeatedly. All the youngsters participating in the discussion were convicts; nobody was in detention before trial at the moment of the discussion. One participant had not indicated whether he was in detention or a convict. On average, the juveniles had spent in custody 18.3 months of their life (2-53; SD 11.6; mode – 13.0 months, median – 16.0). At the current service of sentence, the young offenders had spent in custody, on average, 17.0 months (2-53; SD 10.7; mode – 13.0 months, median – 16.0).

The young offenders had indicated the following reasons for being in custody:



- Theft, robbery (including armed, group, repeated) (n=20);
- Drug storage and trafficking (n=9);
- Drunk driving (n=3);
- Hooliganism (n=1);
- Rape (n=1);
- Desecration of graves and corpses (n=1);
- Serious bodily injury causing death (n=1);
- Murder committed involving particular cruelty (n=1).

## 4. Results

### 4.1. Results from quantitative approaches (questionnaires for prison staff and prisoners)

#### 4.1.1. Prisoner survey

In the questionnaire there a question on particular health topics, about which the juvenile offenders would like to have more information was included. The most frequent positive answer was given concerning dental / oral hygiene (85.6% juveniles indicated they were willing to know more about the topic), concerning healthy nutrition (84.5% juveniles), and concerning hepatitis (78.6%). See Table 7 for a detailed list of topics in the order of the frequency of positive answer („Yes, I would like to know more about the topic”).

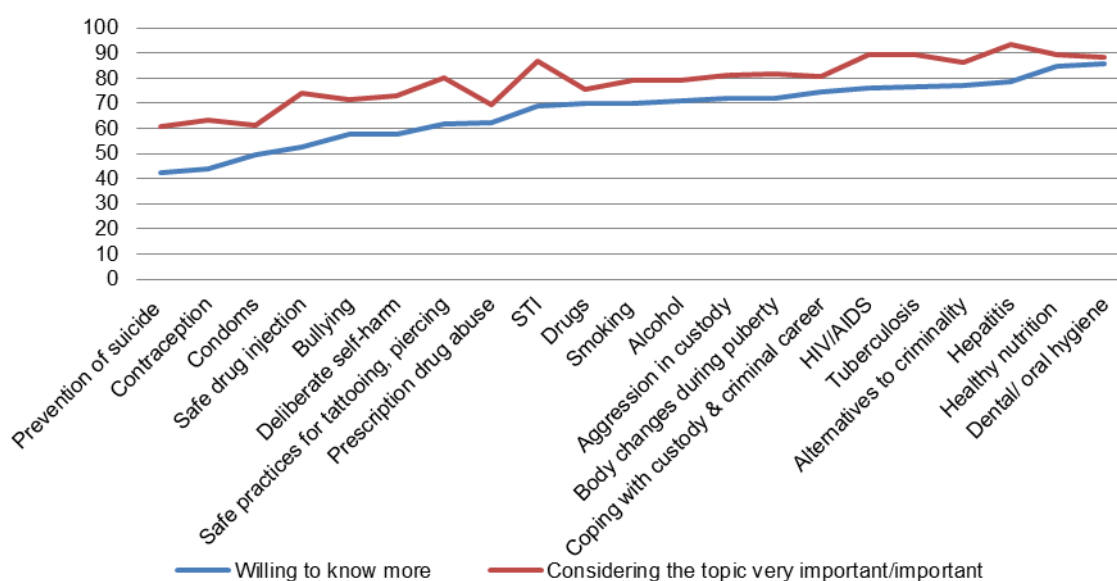
*Table 7 List of the topics according to positive answer („Yes, I would like to know more about the topic”) percentage, in descending order*

Topic	Number of respondents giving a positive answer (n)	Percentage of respondents giving a positive answer (%)
Dental / oral hygiene	83	85.6
Healthy nutrition	82	84.5
Hepatitis	77	78.6
Alternatives to criminality	74	77.1
Tuberculosis	75	76.5
HIV/AIDS	74	76.3
Coping with custody & criminal career	74	74.7
Body changes during puberty	72	72.0
Aggression in custody	69	71.9
Alcohol	71	71.0
Smoking	69	69.7
Drugs	69	69.7
STI	67	69.1
Prescription drug abuse	61	62.2
Safe practices for tattooing / piercing	60	61.9
Deliberate self-harm	56	57.7
Bullying	56	57.7
Safe drug injection	51	52.6
Condoms	48	49.5
Contraception	41	44.1
Prevention of suicide	41	42.3

The list of topics found of particular interest was similar for both male and female respondents (see the Attachments 11 and 12). For female respondents, healthy nutrition issues were at the top (94.1% of women admitted to be willing to receive more information on the topic), oral hygiene was in the second place (93.8%), and in the third place– alternatives to criminality (81.3%). Men found oral hygiene issues most topical (84.0%), secondly – HIV/AIDS (82.7%), and thirdly – healthy nutrition (82.5%). The topic of least interest to women was the use of condoms (only 17.6% of the girls were willing to know more about the subject), male respondents, however, were least interested in suicide-related issues (42.5%).

Juveniles were additionally asked about the level of significance concerning each topic. Most of the juveniles found the following issues of great importance or important enough: hepatitis (93.6%), tuberculosis (89.4%), and healthy nutrition (89.2%). See Figure 3 for the proportion of respondents having indicated to be willing know more about the particular subject, as well as the proportion of juveniles considering a particular topic either significant or very significant.

Figure 3 Proportion of respondents willing to know more on a particular topic and considering a particular topic of importance



Significance evaluation of the topics was partly similar for both male and female respondents. The women indicated the following topics as most important: hepatitis (94.8% of female respondents found the issue very important or important), healthy nutrition (94.4%), tuberculosis and safe tattooing / piercing (89.5%). Also men pointed hepatitis as the most important issue (93.4%), as well as HIV/AIDS (90.4%), and tuberculosis (89.3%). Use of condoms were the least popular topic among female respondents (only 44.5% of the women found it to be important topic), suicide prevention, however, was found least significant among men – (58.6%) (see the Attachments 13 and 14). As it is shown in Figure 3 both scales for the evaluation of health topics (most interesting, most important) are associated – topics found more interesting are found also to be more important and less interesting to be less important.

Additionally to the topics given in the questionnaire, juveniles mentioned in their commentary also several other health issues of particular interest. Female respondents mentioned skin care (including problematic skin), overweight and physical activity, role of vitamins in human health promotion, mental health promotion. Also men indicated mental health as one of the most important topics including variety of spare time activities in custody (which would improve mental health), maintenance of relationships with one's family in cases of long-term imprisonment, building relationships (conflict management) with prison administration, reconciliation with a long-term imprisonment etc. Male respondents also indicated to be willing to know more about physical activity, bodybuilding, and proper diet in a high physical activity.

In the final commentary section of the questionnaire, the juveniles have expressed both their discontent and different wishes and suggestions concerning coping with custody and criminal career, for example, that healthcare in prison is inadequate – lack of medicine, due to personal financial limits a dentist is not available, not enough psychologists, a desire to have pets in custody, wishes for swimming possibilities, sports tournaments etc.

#### **4.1.2. Prison staff survey**

At the beginning of the questionnaire, prison employees were asked whether there are possibilities for juveniles of playing sports in the gym in their workplace. 90.2% (n=37) respondents answered positively to the question. Furthermore, almost all (95.2%, n=40) respondents have confirmed that the youngsters have possibilities to do sports in the prison gym. A positive answer to the question about whether there are at least one hour exercise outside provided for youth each day has been given by 80.0% (n=32) respondents, but all (100.0%, n=42) prison employees have confirmed that a medical worker is available for any youngster who feels sick.

Further in the questionnaire, prison workers indicated the topics on which there is information provided for the young offenders. See Table 8 in order to find that almost all employees (90.5%) admit that youngsters in custody are being informed about hepatitis and HIV/AIDS, tuberculosis related issues come to the third place (85.4% of the prison staff think that juveniles receive information about the topic). The employees indicate that the youngsters are least informed about different contraception methods (only 56.8% of the employees regard that the juveniles are informed about the topic), safe practices for tattooing / piercing (43.9%), and body changes during puberty (41.7%).

Table 8 List of topics according to the proportion of positive answers („activities are available in the prison I am working in and „not yet but will be provided soon”), in descending order

Topic	Available		Under development	
	n	%	n	%
Hepatitis	38	90.5	0	0
HIV/AIDS	38	90.5	0	0
Tuberculosis	35	85.4	0	0
Smoking	35	83.3	1	2.4
Drugs	32	76.2	1	2.4
Condoms	31	75.6	2	4.9
STI	29	72.5	1	2.5
Coping with custody & criminal career	28	70.0	0	0
Conflict management	28	70.0	1	2.5
Bullying	27	65.9	0	0
Alcohol	27	64.3	1	2.4
Dental/ oral hygiene	25	62.5	0	0
Prescription drug abuse	25	62.5	1	2.5
Prevention of suicide	26	61.9	1	2.4
Safe drug injection	25	61.0	0	0
Healthy nutrition	25	59.5	0	0
Deliberate self-harm	25	59.5	0	0
Contraception	21	56.8	0	0
Safe practices for tattooing/piercing	18	43.9	1	2.4
Body changes during puberty	15	41.7	1	2.8

When asked about the forms of information distribution, the prison staff indicated that the most frequently discussed topics, such as hepatitis and HIV/AIDS issues, are usually communicated through brochures, about tuberculosis – both through brochures and individual counselling. Looking at all themes on the whole, one can come to a conclusion that the information is most frequently provided for the juveniles through brochures and individual counselling. Some topics (condoms, STI, reduction of drug related harm) are usually spoken about in group activities, which is most probably the result of the UNODC Grant Scheme projects implemented in prisons from 2007-2010 (<http://www.unodc.org/balticstates/en/about/index.html>, accessed 19.07.2011) (see Attachment 15).

The prison employees were asked to evaluate the importance of ensuring activities for juvenile offenders on the particular topic. The most important topic was HIV/AIDS related issues (the average value of the scale – 4.6 (SD 1.0)), the least important topic mentioned was body changes during puberty (the average value of the scale – 3.7 (SD 1.2)). However the average values for all

topics mentioned in the questionnaire were high (see Table 9), thus it can be concluded that professionals of the penitentiary system underlines the lack of health promotion activities in prisons and the importance to speak with young prisoners regarding broad spectrum of health issues.

*Table 9 List of topics according to their level of importance („How important it is to ensure activities on the particular topic for juveniles in custody?”), in descending order*

<b>Topic</b>	<b>Average value (SD)</b> (in scale from 1 „of no importance” to 5 „of a great importance”)	<b>Number of respondents giving a positive answer (n)</b>
HIV/AIDS	4.6 (1.0)	41
Safe drug injection	4.5 (1.0)	35
Coping with custody & criminal career	4.5 (0.8)	36
Hepatitis	4.5 (1.0)	41
Conflict management	4.5 (0.9)	35
Condoms	4.5 (0.7)	36
STI	4.5 (0.8)	37
Tuberculosis	4.5 (1.0)	40
Dental/ oral hygiene	4.5 (0.9)	38
Bullying	4.4 (1.1)	35
Drugs	4.4 (1.2)	39
Prevention of suicide	4.4 (0.9)	37
Deliberate self-harm	4.4 (1.0)	37
Contraception	4.3 (1.1)	34
Alcohol	4.2 (1.3)	40
Smoking	4.2 (1.2)	40
Healthy nutrition	4.2 (0.9)	38
Prescription drug abuse	4.0 (1.1)	40
Safe practices for tattooing/piercing	4.0 (1.3)	37
Body changes during puberty	3.7 (1.2)	32

The prison employees were also inquired about some specific youth groups in the necessity of special health promotion activities. One third (28.6%, n=12) of the respondents admitted specific activities were necessary for young women in custody, 14.3% (n=6) had the opinion that such activities would be also necessary for different ethnic minorities; only few respondents - 4.8% (n=2) indicated migrants as a specific target group. The respondents had also indicated some other specific target groups in addition to those mentioned in the questionnaire:

- sexually abused juveniles;
- disabled persons;
- persons with oligophrenia;

- the underage;
- sexual minorities.

Concerning the main obstacles to the provision of health promotion activities for the youth in custody the following were indicated most frequently:

- financial shortage (including insufficient work to attract finances from international funders through projects);
- inadequacy of premises, material supply;
- lack of staff, specialists;
- lack of motivation of the prisoners (including alcoholism and drug addiction as the reasons);
- poor interest of the administration, staff, lack of motivation;
- lack of methodology materials;
- insufficient experience (a small number of experience exchange activities with foreign penitentiary institutions).

Concerning ways of improving the current situation of juvenile offender health promotion, the following suggestions were given:

- necessity of increasing the Latvian penitentiary system funds (including EC funds and receiving humanitarian aid, donations);
- necessity of public information, achieving public understanding and support of the activities for juvenile offenders;
- training, motivation of the prison staff;
- improving organization of work in prison settings;
- attracting non-staff specialists (medical workers, psychologists);
- cooperation with NGOs;
- obtaining political will of the related institutions and persons to introduce changes in the penitentiary system;
- increasing the interest of youth to participate in the activities;
- sports activity organization;
- developing a support / benefit system for youth practicing healthy lifestyle (non-smokers etc.).

## **4.2 Results from qualitative approaches (interviews with prison staff, NGOs and prisoner focus groups)**

### **4.2.1. In-depth interviews**

At the beginning, the experts were asked about the **health promotion activities organized** in their represented prisons and in the Latvian penitentiary system in general, and about the examples of **successful practice**. All experts admitted that health promotion activities for young offenders in custody are poorly developed:

*As to health, I fear nothing is ok here. The situation is more bad than well. Well, as long as there are international projects that distribute, for example, condoms, or distribute, I don't know, at least*

*tooth brushes or toilette paper... at least booklets on healthy lifestyle, something is going on. With the help of state funds nothing happens... I don't know about any successful activity to mention. (Prison expert No. 1)*

Other experts admitted that prisoners are, within limits, mostly being mediately consulted on health issues individually by a psychologist or social worker during individual visits.

*Individually, if one comes and asks, yes, we tell them, but in a group – no. (Prison expert No. 8)*

Health issues are also discussed within daily classes at school, thus referring only to the juveniles attending school and receiving education.

*..they have it in their school subjects included... both sexually transmitted infections and drug and alcohol prevention, ok? (Prison expert No. 5)*

Group sessions and interactive training, which are worldwide approved methods, related to health issues are rarely and sporadically organized in Latvian prisons; they are mostly organized within projects elaborated and implemented by NGOs.

*There was a project... (NGO) came to us for a while and spoke about HIV and AIDS and those different diseases, and also a little about that health and that hygiene. And I know that they were listening and with an interest, it was really useful. It was a project; I can't... tell if it is still going on or not. (Prison expert No. 8)*

Most frequently mentioned **topics on which particular activities take place in prisons** are HIV/AIDS, harm reduction, addictions, anger management, values education, and communication skills. The reason why the first three above topics are more often spoken about is probably projects within the UNODC Grant Scheme, which were created and introduced in Latvian prisons during 2007-2010, as mentioned above. The experts consider the project particularly successful due to the fact that the projects were elaborated and implemented mostly by the staff of the prisons (however, several NGOs had also introduced projects within the grant scheme), therefore the workers were more motivated, as well as, there has been ensured durability of the project, i.e., the trained staff continues to conduct group sessions on addictions and drug related harm reduction.

*Well, that risk, harm reduction course – that is probably the only one we can attend... And then we have values education classes... That's all... (Prison expert No. 7)*

*..there was a successful experience... for two years, now, I think, in some prisons they have been stretched a little longer, projects with UNODC, by the way, they were exactly about HIV/AIDS prevention issues... Why, I think, it was more successful than previously, because... it was they themselves... who came with an initiative, that prisons themselves developed... projects... and they themselves also introduced them. It was very good, as they came with another kind of responsibility... the performance was of another quality, I think that within these projects... well, innovative things appeared for the prison. (Prison expert No. 2)*



*..I give classes to our convicts and also to the arrested on... addiction. That it is a disease and how it develops, those symptoms, signs and what to anticipate, and how it can be overcome. We had in the previous year... cognitive style, a program on... thinking and how to change it, it was also about anger management, stress management, problem solving, emotions, it was a good program. And this year we have values education and communication skills. (Prison expert No. 8)*

As the main achievement and **example of successful practice** in health promotion experts from the Cesis Correctional Institution for Juveniles mention the reform introduced in the previous year – the smoking ban in the prison territory for both staff and juveniles. The experts interviewed admitted they had expected an aggressive opposition to the reform, but there was not any. Juveniles said the reform was promoting their health, gave a financial benefit, and reduced bullying in prison.

*That's it, all is over... last year... starting with 1 July, I passed the order of smoking ban for the staff... That's it, now, everybody goes... either outside, there... we have also a smoking area established... that's over, there were no... cigarettes in the shop anymore... that's how we have it done successfully by our own means. (Prison expert No. 6)*

*Smoking... we defeated it at last. I'm very happy that we... have no cigarettes in the shop anymore. The results are even better than we expected... Much better. There are, of course, some people who are ready to leave for an adult prison only because they would be allowed to smoke there at last, but absolutely... eighty or even ninety percent are happy that they can finally save up their money, save their health and... well, we... took away that manipulation weapon from them, which they had with those cigarettes, ok? And also the boys were satisfied with it... now they say... my life is more peaceful, as I don't smoke anymore and I don't have situations that I would... be ready to do anything for a cigarette, as it was before, and others took advantage of that. (Prison expert No. 5)*

In some prisons, particularly those where young men are kept, sport activities were mentioned to be the example of good practice. The activities are organized differently – both inside and outside, both individually and as team matches. Sports tournaments with youngsters from „the free world” and prison staff have been mentioned as a particularly positive example.

*..the sports activities we have are compulsory for the juveniles and sometimes they say: „we are sick of that sport”... We have it compulsory according to the agenda... sports hall... And also this winter... I don't remember who had the initiative but we got skis... and the boys were skiing even regularly, as the weather was... very favourable for this... We have a special inspector who is doing sports activities together with the juveniles... his... main task is to... do sports with... the boys... that inspector organizes tournaments for us now and then. They are playing against each other there... football matches with youngsters from the outside, so that different teams come to us now and then... they are playing football with our guys... And the staff also plays football with the juveniles... also team against team. (Prison expert No. 5)*

*..we also have these sports activities, of course, we have them, all sections have due time available for doing sports... they (prisoners) can also do it individually. We have fitness equipment practically in all sections. (Prison expert No. 4)*

The experts also indicate that there is literature on different health issues available for juveniles in the prison library.

*And also in the library, we have very many books owing... to a... project... related both with body-building and fitness... they have all possibilities to read, take a look and try it. (Prison expert No. 5)*

The experts of NGOs tell they have recently come to an arrangement with Prison Administration on ensuring methadone availability in custody.

*There was... there was for two pregnant women in the Ilguciems Prison (methadone therapy). (NGO expert No. 1)*

The representatives of NGOs were asked about the **health promotion services their organization provides** / has provided for prisons. Most frequently mentioned topics on which classes and other activities are organized by representatives of NGOs are HIV/AIDS, hepatitis, tuberculosis, contraception, personal hygiene, relationship building and integration in the society.

*Well, those lectures on HIV/AIDS, on tuberculosis... and then we have had such programs where we are talking... kind of more about... social health... where it was about... integration in the society when they will be released, how they will be able to adapt to the society, if it can be related to health. And... then, for example, in Ilguciems, they always have... about hygiene, about... relationships. About... contraception, about sexual health. (NGO expert No. 1)*

*..different lectures, we had also peer consultations as a separate activity in 2008... after lectures, some come to us... also individually... to talk... we have always some two or three people who would like to talk individually after the lecture. And, so, testing... for HIV, for hepatitis C, last year we had exceptionally also testing for tuberculosis. (NGO expert No. 2)*

One of the experts informed that his represented organization did not provide services for prisoners but for prison staff, thus enhancing their capacity and motivating to pass the knowledge obtained on to prisoners by organizing interactive group work and other activities.

*We do not provide services for prisoners... that our target group within the project was staff... by enhancing knowledge and skills of prison staff so that they would be able to create their own curricula, that was that our approach, that they could apply their knowledge further working with prisoners... (NGO expert No. 3)*

Further in the interview, the experts were asked to assess the **cooperation between prisons and NGOs** in general. The experts of the penitentiary system regard the cooperation as very successful and admit the representatives of nongovernmental organizations are often the only edu-

cators on health issues in a particular prison, as the prison itself lacks the capacity of organizing such activities. The cooperation is considered successful and easy organisable also by the representatives of NGOs provided that the particular issue is viewed significant by the Prison Administration and an NGO has proved itself to be a reliable partner, able to provide proper and qualitative services. Bureaucracy was mentioned to be the only obstacle to organizing the activities in custody.

*Well, our previous experience... is, in fact, very successful... we haven't had... any very particular problems, let's say, well, if I compare, of course, with the beginning of those projects with the end, then in the beginning, I think it is important from... the NGO side to be able to show or prove oneself as a reliable collaboration partner... with... certain quality criteria... and, it seems, we have managed quite successfully perhaps... to represent ourselves, and we've had no problems later. (NGO expert No. 3)*

*Well, of course, it has to be brought through the bureaucracy; one has to go to the Latvian Prison Administration to get all the permits... If the administration of particular prison finds it important and they support it, there are no problems... (NGO expert No. 1)*

*In comparison to what we had in 2003, now, there is a paradise, indeed. Everything depends on the prison warden. And now... during the crisis, I think it's rather successful... for prison wardens now... it's important to have as many as possible... (NGOs) coming inside... so that there's peace behind the wall, no rebellions... There were also hard times for us, they didn't want us... now it's over, as... the prison administration... they understand – the more people, the more activities, the more faces can be seen... Everything turns out to be possible... (NGO expert No 2)*

The representatives of prisons mentioned in the interviews that prisons are collaborating in the areas of prevention, health promotion and health care not only with NGOs but also with state and municipality institutions, for example, the Latvian National Armed Forces (sports activities etc.), medical institutions (preventive examinations, X-ray analyses etc.), social service (social integration, crisis situation management etc.), as well as religious organizations and volunteer professionals (individuals) (meaningful leisure time, activities, culture of communication, mental health promotion etc.).

*Also churches helped a little. All denominations... there were activities and they were visiting prisons and doing some activities. (Prison expert No 3)*

*..yes... they help us a lot... we have... dance therapy, yes, well, for the addicted girls... those are non-governmental, volunteer... teachers. We also have... both a drama studio and an arts studio where volunteers come... non-staff workers. Also artists... the drama studio is led, I think, by actors of the Dailes Theatre... so, well, we have something as much as it's possible though... (Prison expert No 4)*

*Yes, of course... we bring them to the health centre, as we have to ensure X-ray examinations for*

*the boys... once a year. And we also get those vaccines... And to the dentists... And we also had one such scandal here, so we are addressing the social service for psychological help for one of our convicts, and they were very welcoming... So, yes... we have all that stuff quite ok here, yes. Things are in order, ok? (Prison expert No 5)*

*..we have also cooperation here, for example... school for inspectors of the National Armed Forces and... they come... like real men... in uniforms... They also have different equipment stuff there... they bring ropes... different those exercises... to do. It's very interesting there... And they forgot... that they were in a prison, in fact, that they were prisoners... Well, that's important, that... positive example from the outside world... the same instructor of the NAF... He comes, he says: „You have to be men. You have to be able to defend women.” That's something... for them, such a strong man... (Prison expert No. 6)*

However, in general, as mentioned in the literature review of the HPYP project, the experts admit that in Latvia, there are no specific state funds allocated for health promotion and prevention activities in custody. Thus, the activities, although qualitative, are organized fragmentary, mostly based on particular projects carried out by NGOs. Additionally, the activities cover a small percentage of young prison inmates and are not being provided sufficiently.

*We have cooperation but at the moment... it is not enough... only on project basis... As it is all about finances principally. (Prison expert No. 3)*

Later in the interview, the experts were asked to give their opinion about the **health promotion activities and topics to be discussed** that would be necessary for juvenile offenders in custody. The experts mentioned generally all the topics indicated in the quantitative survey – oral health, addictions and associated diseases and other harm, sexual and reproductive health, mental health, physical activity, and healthy diet. When the respondents were asked to choose two or three most significant topics of those proposed, they highlighted the importance of the following issues:

- 1) issues of mental health (the topic was indicated as unimportant only by one of the eleven experts interviewed):
  - a) Suicide and deliberate self-harm prevention. The experts admit that due to human resources shortage the staff is usually working with crisis situations instead of prevention, in other words, they work with a prisoner only after a deliberate self-harm or suicide attempt situation has already taken place:

*..they want to cut themselves there and they are picking there all the time... they start to burn themselves there and simply cut... they simply... punish their bodies. So, we have no discussions on that here, ok? (Prison expert No. 5)*

*We had also finished suicides earlier, unfortunately... we can manage with prevention almost nothing anymore currently, as the psychologists are scarce, lot of people... now we deal more... with the effects, when a person already harms oneself or has done a suicide attempt, then we...*

*begin to work with him or her... of course, it would be more effective to work preventively with that person already beforehand. (Prison expert No. 8)*

- b) Bullying. The experts stress that prisoners are still a special subculture having its own unwritten rules causing the juvenile offenders to suffer from bullying:

*..we stumble here upon that subculture existing in custody. And they have... well, that hierarchy. Then those higher classes – they have no problems among themselves, let's say. Well, at least in our facility. Concerning juveniles, yes? But, look, those lower ones... And those relationships between the higher and the lower... it's... very hard there... how they... scoff at each other, ok?... They're rather cruel with each other... (Prison expert No. 5)*

- c) Relationship building with the opposite sex and prison staff, aggression reduction. The experts emphasize that a large number of the juveniles come from socially disadvantaged families, where they have not had any possibility to experience healthy and constructive relationships with other people. Therefore, mental health promotion activities would be particularly welcome:

*..it is really very topical for them, as their life model and lifestyle, and behaviour is kind of too aggressive. As all their life, they have used to, well... to defend themselves and survive. So they build their relationships according to that. And then, when we're talking about constructive relationships, it's rather difficult for them to cope with that... (Prison expert No. 5)*

*..I would see that the issues related to... relationships or sexual life, that, in my opinion, it's particularly important in one's youth considering that... we... assume and see in practice that many youngsters who get in prisons, they could be from social risk groups, and then... it's very important to realize whether the people having grown up, developed in any social risk environment, whether they have received enough information on the particular period of life... ability to build such healthy relationships or any normal family model. In fact, it could be like a big... advantage or counterbalance, or antipole that maybe can help these people after custody... to make their life more successful... they would be able to build better relationships, ok? (NGO expert No. 3)*

- 2) Personal hygiene. As mentioned above, a large number of the youth come from socially disadvantaged environment, in which they have had no opportunity to acquire not only communication skills but even principles of personal hygiene:

*..those who come from the outside, let's say, from... a very that kind of... environment where one washes oneself maybe only once a month and then also in a little pond... nearby. Then they have a very tough test here... these are absolutely such normal things. Some basics, ok? Some basic things... (Prison expert No. 5)*

*..in my opinion, it's quite important to tell them in general about hygiene, as sometimes, especially concerning underage boys from socially disadvantaged families, they arrive, and they don't wash themselves, they don't wash their clothes. And then nobody wants to contact with them, other*

*those cell mates. They are outcast, isolated. I know that sometimes the boys have problems, even men here have problems with manicure, pedicure, as they don't know how to cut their nails, especially on feet, and then they have ingrown nails, and then terribly crazy thing, they have to have almost to undergo an operation, they go to a doctor, cannot walk because they cannot correctly cut their foot nails, well, even such simple things... (Prison expert No. 8)*

*..such very, very elementary hygiene things, that many have to be taught, even women need to be taught what is hygiene in general, what does it mean, what has to be done. They don't know even some most elementary stuff, for example, at least how to cope with their period. They say, there are women who live as they are... this is something incomprehensible... rather many of them are indeed in need of elementary hygiene instructions, things that are taught at the kindergarten. Why one has to wash one's hands, brush one's teeth, take a bath. (Prison expert No. 1)*

- 3) Oral health. Teeth and gum care is singled out by the experts as particularly significant issue, as even youth who don't have problems with other personal hygiene issues often have problems with oral hygiene. Furthermore, a large number of juveniles suffer from addiction and, as generally known, per-orally used drugs damage oral health. Moreover, as one has to pay for dental services in custody (only emergency assistance, usually dental extraction, is covered by state), they are usually not available for prisoners, which justifies the significance of oral disease prevention even more:

*..their teeth are of very bad quality... I think one would have to show that entire head with all those little toothbrushes... well, how long and how to rinse one's mouth, and that tongue needs to be cleaned, and different other things... (Prison expert No. 7)*

*..I think, about that oral cavity hygiene... that is very topical, as... we don't have a dentist here. They come with extremely neglected teeth... And the only thing we can offer... only that emergency assistance, that is, to bring them for extraction, ok? And, at best, maybe they can be provided with a partly cure, but when that tooth has already swollen and so on... they don't understand how important it is for the teeth to be healthy, ok?... As many of them... are drug addicts, and amphetamine is one of those that simply destroy teeth, as well as drinking the so-called "chefir"... well, that strong tea also destroys tooth enamel, ok? So, I think it's important about that, and nobody has paid attention to that, I think... at all so far. (Prison expert No. 5)*

*..the group behind bars, they aren't that very highly intellectually educated and maybe they simply don't know that their teeth have to be brushed twice a day and how to do it. Perhaps, they even don't know at all that teeth have to be brushed. Some of them are of that kind. So... for them one should begin with some completely... kind of basic, kindergarten level activities. (Prison expert No. 1)*

- 4) Healthy diet. The experts admit that prisoners usually do not consider prison meals to be healthy and wholesome, although the food standards have been worked out centrally and



according to healthy diet principles. Youth coming from socially disadvantaged environment often have not had hot wholesome meals, and prison is the first place where they get ones. Furthermore, prisoners are allowed to buy additional food supplies in the prison shop and it has been observed that juveniles most often buy unhealthy products. Therefore, it would be necessary to educate youth about the principles of healthy and balanced diet:

*..they: „Oh, no! There are only those porridges!” It’s rather difficult then to persuade them that those porridges is the most healthy food that can be... not those chips and smoked sausages... (Prison expert No. 5)*

*..we seat them at the soup, the main course, they dip into that soup plate and say: „What’s that? And why did you throw nettles in there?” There are greenstuffs there... parsley, dill... They haven’t eaten in their... family... haven’t eaten a normal soup... we have to teach them about this food stuff. (Prison expert No. 6)*

*They don’t know at all what is good and proper diet. They think probably that it’s fried potatoes with pork chop. And then go and tell them that porridge is the best food invented by humanity... Then it’s a total revelation for them. (NGO expert No. 1)*

*And we have to tell them that, well, porridge and especially the most ordinary porridge made of barley groats... in the morning, it’s the best that a human body could wish. But a man already wants to get five fried eggs with five slices of good ham, yeah, and everything else. We have to endlessly tell them about the importance of porridges. (NGO expert No. 2)*

- 5) Contraception. The experts admit that the knowledge of youth (especially boys) about family planning and contraception are particularly poor. At best, they are informed about using condoms:

*They have absolutely no knowledge about contraception. Absolutely zero... Condom is everything they know. That’s all. That’s the only thing they know. (Prison expert No. 5)*

- 6) Sexuality, sexual health. The experts think there are different myths existing among juveniles, unhealthy beliefs about sexuality, sexual relationships (including masturbation), often because of the disadvantaged environment they come from. Often the youngsters have suffered from sexual abuse or seen it. The juveniles who get in prison usually have started their sexual relationships early. Furthermore, the prisoners try to establish relationships with women from the „outside” and organize long meetings with them in custody. The experts are also of an opinion that in custody, one can observe institutional homosexuality among juveniles. Everything mentioned above proves the urgency of the issue in Latvian prisons:

*..they usually have different stereotypes... kind of superstition that it’s forbidden (masturbation), otherwise I will... never in my life have normal sex with a girl if I do that. So, that’s a rather common myth among them. (Prison expert No. 8)*

*Well, if he gets convicted for fifteen twenty years, ok? .. Let's say... he cannot please himself anymore, well, as men please themselves with their hands... and then the situation is that they go to these meetings if there are these girls, then they don't understand why they can't anymore... this sexual satisfaction if... because it's in their heads... (Prison expert No. 7)*

*..the guys are interested, they are generally interested in all that stuff about the period for those girls. (Prison expert No. 7)*

*..they've got very... poor knowledge about sexual relationships, ok? Because they have it all in a very deformed way. Such life experience, ok?... Really, well, poor knowledge despite the fact that... they usually start their sexual relationships very early, ok? (Prison expert No. 5)*

*..we had here such funny situations... when the boys... „You have erection?"; „What's that? Some disease?" A joke from life... nobody talks with them also about nocturnal emissions... as we had... cases here when... mostly fiftens come to us and for them... everything has already happened, ok?... But we also had cases in the investigation isolator when it happens for the first time with them. Then it was a huge stress... for the boy, of course... luckily, we had a prison guard, who calmly explained everything and calmed the boy down. But it could have a different end... (Prison expert No. 5)*

*..girls, ah? When... we talk also about... sex, then... it was such silence! Exactly about lesbian relationships. There was such silence! A complete numbness. And I understood that everything's going on there, although it is not... mentioned at all. (NGO expert No. 1)*

Issues of addiction and related infections are considered of less importance by the experts, as many activities in this field have already been organized and are still taking place in custody:

*..we conduct groups on addictions. Non-staff people come also, ok, well, I think that there will come a moment when they will be, say, sick of that stuff. (Prison expert No. 4)*

*..those... drugs and AIDS there... that's really... in all the programs, all projects are... focused on that... and they are simply bored of that, as one is talking one and the same all the time... (Prison expert No. 7)*

*..HIV/AIDS, sexually transmitted diseases and tuberculosis. These are the most common topics and... we have also more or less materials, and there is also a program included in school subjects about alcohol, drugs, and so on. (Prison expert No. 5)*

*..my personal opinion... it's completely nonsense to talk about the smoking risks... where there's only one cigarette maybe... from joy, ok, I think, it's totally pointless. (NGO expert No. 2)*



However, the experts admit that prisoner contingent changes and the activities related also to the above addiction issues should be continued and organized repeatedly. In addition, the experts suggest that concerning addiction issues one should place a greater emphasis on the social harm caused by using drugs, a smaller – on infections and other harm to health, about which prisoners have fairly enough knowledge.

*..nevertheless, I think that the contingent changes frequently and it has to be repeated and repeated for them, so that it stays in their heads. (Prison expert No. 3)*

*..about addictions... maybe not in the usual way how we talk about that with them... let's say... what are those reactions and effects and so on but maybe we should switch it a little bit differently... I think exactly what harm is being done to the body... to his social... being on the whole, ok?... Fine, he sits in prison today but to make him understand that... tomorrow maybe he gets out, that he would like to have family, how it will influence his children, for example, say, that way... well, has he ever thought about his future... not only about today... (Prison expert No. 2)*

When asked about the **methods of discussing the above topics for juvenile offenders**, the experts are of the same opinion that lectures are not an effective method of informing and instructing juveniles; that a group work should be organized:

*..what is characteristic for this... age group, I think it's an active participation. Of course... if there comes a prison staff member, either medical worker or a tutor... and reads a lecture in front of everybody... it would have... I think... even under ten per cent, a zero result, ok?... They would sit a bit, giggle with each other, use that moment, while they are in a crowd, ok?... And that's it. I don't think it would have any response. (Prison expert No. 2)*

*..the convicts like those... groups... we have queues for the group, we really have queues, we can't... and they are following, and when will you start... I... am even surprised... (Prison expert No. 4)*

*For the underage the lectures would be rather difficult, minilectures, such, I don't know, twenty minutes, not longer some material... (Prison expert No. 8)*

*But, well, this kind of small lectures that we here... gather everybody and done, and large groups, that, I think, gives no effect at all. (NGO expert No. 2)*

In relation to group leaders, experts have different opinions. Some think that it is of no importance whether the leaders come from prison staff or “outside” and their gender plays no role, but others hold an opinion that group work is more effective if a group is led by two people of different gender, and one of them is worker of penitentiary system, the other – an involved professional from the „outside”.

*Because a pairs is also easier from the point of organization, since if one of them suddenly gets ill or can't come, then the other can... (Prison expert No. 1)*

*..if we speak about that kind of leadership principles, then it's probably... close to the ideal if a group can be led by two people... in the matter of support... as to that ideal image... the best thing is if they are of different gender, as they... carry information of different roles... they... play... roles of mother and father, that's according to those group basic principles... (NGO expert No. 3)*

*Well, I think they are more interested if there comes a person of the opposite gender... However... where we have boys, there are mostly men working. So, if they see a woman, they are more interested. And also for the girls... They are more interested if there comes a young man... it's natural. (Prison expert No. 3)*

*I think that the most important thing is how successfully they are conducting this program in general... what... contact develops in the group, and... also between the leaders, I think, gender doesn't really matter... maybe... they will look at them more as at the fatherly, motherly... positioning, ok?... It has some advantage but it won't be, I think, the most important thing. (Prison expert No. 2)*

*..it's more about the contents, not form. In this case, the gender is only a form. No, well, of course, if it's an additional educational element, in that sense, yes... but I don't think it (the gender of a leader) would have any crucial significance. (Prison expert No. 1)*

Some of the experts are of the opinion that youngsters have greater trust in prison staff, other, on the contrary, say prison staff is of no authority for juvenile offenders, they place greater trust in the people from the „outside”. Other experts however hold an opinion that people not working in the penitentiary system do not know the prison specifics, which might be an obstacle for a successful process of the activities. Perhaps, it depends on the situation and staff of a particular prison. The experts put an emphasis also on the fact that prison employees are more effective group leaders also due to the fact that prisons do not depend of outer resources, projects. If there is a trained worker inside a prison, then it is an inner resource and makes a prison independent of outer instructors.

*There was... a survey and if it's a group session... they themselves (female prisoners) answered that it's better if they are prison staff... They maybe don't trust people from the outside straight away... They just know us here... (Prison expert No. 4)*

*They are more interested in people from the outside, as they see our staff daily. And if there comes a person from the outside, they are more interested, ok? Maybe afterwards, when they will have listened to them, there will be less... But in the beginning, the interest is definitely bigger. They trust more in that person. (Prison expert No. 3)*

*Fresh blood – that's the main thing to have, that allows any organization, any job escape from routine, ok, and therefore there has to be blood from the outside also inside prison. If we give*

*everything away... to the prison staff, we can be completely sure... as long as we have finances... something happens, but afterwards nothing will happen. We can be completely sure about that, therefore the teams should definitely be mixed. Definitely. To delegate everything to the prison staff – it's worthless and I think it doesn't work in any country of the world. (NGO expert No. 2)*

*..if... the group is led by maybe a tandem, two people. And more perfect if at least one of them isn't a staff worker, then they would trust him more... listen to, ok, as the prison worker, well, well a tutor, he's daily together with him, ok?... Well, I wouldn't say he's an authority for him, this person, ok? He's his herdsman telling him all the time what to do or... heaven forefend, we'll write a notice, give you a punishment if you break the rules or something else, ok? Then he... doesn't see him as a person to listen to, as an example or... a person who could tell him something useful, ok? Unfortunately it happens often. Therefore... I think... it's more effective to involve people... from the public sector. ..If people are sitting in an isolated environment... he sees every arrival as, wow, new blood... his attention is caught, ok? (Prison expert No. 2)*

*..I'd say it's very successfully if one can pass skills over to the prison staff... to work with these topics... since otherwise, prisons depend on outer resources, and the outer resources depend on... outer funds or projects, it means, in fact... a possibility that there's something happening inside there is very small. And, respectively, I think it's worth to invest the resources... for increasing capacity inside prisons and if we find the right workers and give them enough skills, knowledge, then our experience proves that the prisoners trust the prison staff absolutely enough and in a positive way. It's a myth we hear that sometimes... they don't trust to the prison staff. (NGO expert No. 3)*

*..we had cases when there were very confusing situations when people coming from the outside, they simply... don't understand those things... we also sometimes read... those exercises... In custody, such exercises are impossible... the boys... are very sensitive to touch... to that physical contact, ok? (Prison expert No. 5)*

The experts have different opinions also about whether a former prisoner can be a good group, activity leader, whether one can trust him or her. The majority, however, regard the method effective, as prisoners will see a former prisoner who has successfully established his or her life as a close person to learn and get an inspiration from.

*If a person coming from the outside is a former prisoner... then it's absolutely okay there. I think it would be a perfect choice... he understands well... (Prison expert No. 5)*

*..former prisoners, for example, also come... And they say: „Look, I changed my life”. And he listens to him... he is something... allied to him... And he would maybe listen more to that kind of person than... to a worker... who is daily... in the role of suppressor. (Prison expert No. 6)*

*If he's only a former addict or alcoholic, then yes, but if he's been also a convict, then no. Since*

*the law doesn't support letting former convicts in a prison... unfortunately... we had to face it... ourselves... when... we couldn't trust completely... (Prison expert No. 2)*

The experts indicate that prisoners like also other interactive activities additionally to the group work or within the group work – audio-visual teaching aids (including booklets in simple language, movies etc.) and different visualization tasks.

*..we also watch video movies, draw and, well, interactive methods, well, of course, a plain lecture alone is boring for them. (Prison expert No. 4)*

*..it's necessary to do activities and tell, and speak... show some pictures... visual material work very well... And all those activities... games, then they perceive it better. They want to draw... they like fancywork very much... not only listening... all those activities with physical movements... (Prison expert No. 3)*

*..I think it's very important to teach them to think and it works out well through those creative activities... arts therapy... activities. (Prison expert No. 2)*

*..some visualizations about how to get one's mind in order, some of those techniques, breathing, visualization. (Prison expert No. 8)*

*..there are... booklets that can be distributed for them to read in their cells, as they have time... usually they are reading... in a... simplified language... things we discuss already, what they need. (Prison expert No. 8)*

*..of course, they are kind of... fruits of the new generation already... For them to read and write – that's kind of not... for them, for example, to colour... something maybe... putting together a jigsaw puzzle, yes... this kind of things. That... attracts... them indeed... (Prison expert No. 5)*

*..I think... the more one uses different those methods... informative handouts... booklets, movies, some kind of events, I think, for youngsters it's very good... either one organizes a poster competition or drawing, or... gluing, or... voting for something, or contests... (NGO expert No. 3)*

Furthermore, especially for boys, one should include physical activity elements in the classes.

*..not only with interactive... games or methods... it's one way... where one can put... through physical activity... through some physical exercise, at least squatting, bowing... dance or something else... they can do hip-hop there... (Prison expert No. 8)*

*And, of course... as... we have boys, they want more of... moving... that kind of moving activities. (Prison expert No. 5)*

In prisons, independent work is considered a successful method.

*..it works out very well if they are told to find out and look for information themselves, look for materials and prepare something... for example, within the Project Week, ok?... From the beginning, they have no skills and acquirements, they don't know how to find information but that's the key thing instead of giving that fish as giving a prepared lecture... but giving that fishing-rod for finding the information themselves, teaching how to look for things, teaching to find out, inquire... And the effect is, of course, not only the information one has got but also the conclusions they draw in the end. (Prison expert No. 2)*

In addition to all the above methods, the experts, however, point out that they can be used effectively and bring results only if it is being done systematically, in long term and combined, not only as campaigns or separate activities, as it often happens currently.

*..but that cycle (of lessons) that is really necessary... with children, I think, we need only cycles. (NGO expert No. 2)*

*..the key thing, I think, is... whether the programs are implemented... systematically, whether it's in a system, because if they are just some... some sporadic, unrelated... events... when, well, once a year we draw posters... well, what changes do we have of that? (NGO expert No. 3)*

*..it was very well... organized there, there were minilectures... twenty minutes, not more... Then, afterwards, a group session with role plays, with.. interactive methods, and... working in small groups, and they also talked individually with the same group... they learned to prepare salad together... they were taught break-dance... rather successfully... the boys were very excited.... it's better when it's all together. (Prison expert No. 8)*

Concerning the organization of the programs according to the „peer education” principle in custody, the experts are sceptical. They believe the prisoners are not faithful group leaders, that they lack motivation. It seems more acceptable if a professional (a prison staff or an expert from „the outside”) works together with a trained prisoner in pair.

*Yes, but there's necessary the first prisoner who will have interest to do that. We haven't noticed such tendency yet. I think their inner subculture is the one to determine that you can't be different. (Prison expert No. 1)*

*They are working only when they want to. If they have interest, they can, those leaders. But, well, they often simply don't want to do that. The fact is that we train them and then see that they have no interest... (Prison expert No. 3)*

*I would, however, support that... team with a staff worker... since I would have no illusions, as „peer education” doesn't happen on its own, it's a worker necessary there anyway who coordinates, also a specialist, expert who trains, follows, discusses afterwards as a supervisor what he has, well, said, not said there, ok?... I am probably... for that tandem... a worker or specialist plus „peer education”... I think they can add to each other well. There are issues that maybe, let's say,*

such „peer education” creature can... answer to the questions of other prisoners and there are issues that maybe can be added only by an expert, ok? „Peer education”... involves kind of sharing experiences maybe... attitude thing, ok?... And knowledge things that an expert may have. (NGO expert No. 3)

.. you know... I would probable no. Because, nevertheless, firstly, I must say that those in prison, they are, in the matter of life experience... If he... has that positive orientation, then wonderful, of course, but, well, you can never be quite sure of that. For example... sometimes when we go to schools and I have brought drug addicts with me, I would never let them alone... you can never know what he will say... it can have terrible effect and therefore I... always go with them, in case they say something that you understand that... you can intervene. I've... never got, you know, that strong confidence that, you know, you can rely that easy... (NGO expert No. 1)

..there were particular projects... were those multipliers were trained. Well, they didn't work later anyway, as there are changes, maybe it's a lack of authority and so on, and I think that all that stuff was very good, well, people have received knowledge, so it's great but the goal hasn't been reached anyway and it cannot be reached, and also in long term, it can't be reached – those multipliers inside. We also tried many times – well, nothing works... I think that we haven't grown up to... the multiplier idea, at least in Latvia, as we don't have people active enough for this... (NGO expert No. 2)

Further during the interview the experts were asked to indicate the **prisoner groups requiring special health promotion activities**. The respondents mention the following groups:

- a) Sexually abused juveniles. The experts stress that recently, the number of such youngsters has increased and they have difficulties in building relationships with other prisoners:

..I think... recently... the number of convicts who have suffered from sexual abuse at liberty has increased... it's difficult for them to build... relationships with boys here, as the information often comes from the outside to this place that they have been sexually abused... they have very specific problems... purely psychological... with that self-respect... for example... (Prison expert No. 5)

..for the boys who... have suffered in their families... It's a huge problem... he... has... suffered himself of abuse, he becomes abusive also to others... therefore it's important for us to work with them and cut the problem in its root, as much as it's possible. (Prison expert No. 6)

- b) Young alcohol or drug addicts. The experts are of the opinion that almost all youngsters in custody suffer from an addiction. Also the crimes due to which they get in prison have been most often committed under the influence of psychotropic substances:

..definitely, yes... It's necessary to make some addiction programs there... Those same Drug Addicts Anonymous... And what we don't have in prisons at the moment... (NGO expert No. 1)

..the addicts, as I said already, we have 90%... But one has to work there indeed, something must



*be done, as usually all those other problems... are caused by... that addiction... also the sentence they are serving now is usually related to their addict lifestyle... and those emotions that they can't cope with them and realize, and manage them, it's all about addiction.... (Prison expert No. 8)*

- c) People with suicidal propensity, especially those in detention before trial, since they have a greater anxiety while awaiting their trial not knowing whether they will be released or convicted and how long a sentence they will have to serve:

*..people with suicidal propensity, thoughts and attempts... This is a rather special group we have... which is a fairly big... problematic group. (Prison expert No. 8)*

- d) Mentally retarded youngsters, intellectually weaker youngsters. the experts admit that such juvenile are often not included in the general activities in a prison, as they are not able to comprehend the information on the same level as others in the group, not able to perceive information suitable for their age. Such juveniles should be provided with information and activities in plain language:

*..here one could single out... people with... mental incapacity... intellectually... underdeveloped... people with mental things, with behaviour problems, as... often... due to these peculiarities... he, for example, is not... allowed to go to some... courses, also one knows he won't understand; that he needs, I don't know, even not a primary school level but really even lower level all that... education... He isn't able... to perceive... he isn't proper for his age. (Prison expert No. 1)*

- e) The Roma youngsters, due to their problems of integration in the society of other prisoners, since illiteracy, as well as specific culture and customs are characteristic for them:

*..because they (Roma) don't know how to read, write, so they have problems with taking part in the groups with others... usually they also... in their group... well, Roma gather together, ok?... and therefore the tutoring style... the specific one, ok?... also their culture traditions... relationships with a woman are different... (Prison expert No. 7)*

Migrants as a specific group with special needs in Latvia is not mentioned due to the fact that, as mentioned in the literature review of the HPYP project, the number of immigrants in Latvia as a low income country is small:

*Well, we have very few migrants in our prisons... I haven't met any migrants there. (NGO expert No. 1)*

*..migrants, well, I cannot really say that they should be specifically highlighted in this particular health promotion issue. (Prison expert No. 1)*

Also young women is not mentioned as a special target group, as there is only one women's prison in Latvia and there is an intensive work being organized with young females there including health promotion activities:

*Talking about the girls... one is working with them currently... I think it's the maximum a prison can*

*do and there is even no free time left, ok? They have activities there practically from morning until evening... Involving them both... in the general education activities... and... occupation as possible... not mentioning programs, psychologist, social worker. (Prison expert No. 2)*

*Young women in our country, it has been well organized that they all are located in a single prison, therefore all that care that is necessary there is also concentrated there, and thus... there are more resources to use there... They are rather finely taken care of there and I think that... everything is most likely fine there. (Prison expert No. 1)*

During the interviews, the experts were asked to identify **the main obstacles** to introducing and effectively conducting health promotion activities for juveniles in Latvian prisons. They indicated that the young prisoners are not singled out in the penitentiary system as a special group. As mentioned in the literature review of the HPYP, there is definition of underage offender (until the age of 18) in the Latvian prison system. According to the law underage prisoners receive some additional benefits and privileges like more phone calls, more visits, different food norms etc.. However, after having reached the above age, juveniles come under all the provisions corresponding to adults. Young offenders are not separated as a specific group with special needs related to health promotion.

*..there are no specific... activities focused on them... We haven't paid... a very great attention to this group but there have been some activities. Well, such very... marginal... more focused on inner organization issues, not health promotion. (Prison expert No. 1)*

Moreover, the professionals indicate that health is not a value for the youngsters themselves, therefore it is often difficult to motivate them to participate in health promotion activities and change their lifestyle by making healthy decisions.

*In fact, they are rather bad at realizing the importance of health in general, as our contingent, especially recently... in fact, it's... tragically. They come from socially very disadvantaged risk families... Their socialization level is extremely low. (Prison expert No. 5)*

Apart from that, the experts point out that juveniles are the group of prisoners that should be worked with more intense, as work with youngsters is more effective, it gives better results than working with older persons; it is more likely to teach, motivate them to change their lifestyle in their young age than later when a person feels like having lived one's life and there is no sense in changing something.

*..about that work with youngsters – it's interesting, of course... there is a possibility, however, that we can... develop them... change something... for adults... it's totally clear in most cases... it's irreversible and there are no way out. Then, in this case, there is a possibility though... to work with and make corrections. (Prison expert No. 6)*

The catastrophic financial shortage in relation to the state penitentiary system is mentioned also one of the most crucial obstacles to introducing any activities resulting with:



- a) Inadequacy of premises and infrastructure to the health promotion needs and health promoting environment principles:

*We cannot sit here and rehabilitate the prisoner if there is rain dropping or streaming in the water basin in the middle of the room... That's not normal... How does the worker feel there and how can he work, and... how can one... convince the prisoner of anything normal... (Prison expert No. 6)*

*Additionally, life without tobacco. That could also be one of the basics of a healthy lifestyle... there are no separate places where non-smoking prisoners... could be protected from this thing... it's impossible just due to the infrastructure... I assume that it's the same in the cell for non-smokers... the smell comes through the walls, windows, as the cell for smokers is located just next to it... If there's a cell, for example... as large as this room, and there are... twenty-five people sitting there... there's no room simply physically. So, they don't have many opportunities for sports either. (Prison expert No. 1)*

*We can't change anything at all, not in a single matter, with a single thing as long as we don't start to build new prisons equipped with... special rooms, particular equipment built in... and suitable for not only... ensuring isolation of a person from the society but also fully appropriate for rehabilitation activities, educational events. as long as we don't have such prisons, we can't talk about anything at all. (NGO expert No. 2)*

*...our dream is to renovate a room in order to establish a sports hall for... organizing some competitions also in winter or invite a coach... we don't have any such good sports hall... We have some of... the cell rooms in the lowest condition with damaged floors, humidity... also the roofs have leaks... Cold rooms, we are not able to heat them enough... it also has some effect on health. But, well, we do as much as possible... (Prison expert No. 4)*

*...the old infrastructure... Well, imagine, elementary things... there is a room... next to the living... accommodations, where they sleep, where they live daily, a room where there are two kind of... I cannot... even describe... in some, I don't want to say... like in a slaughterhouse. Well, such huge squared aluminium bowls... not bathtubs... where they have to kind of wash themselves, two taps with cold water, well, what hygiene... what are we talking about? If a person doesn't have a possibility to have normal warm water for brushing one's teeth, ok? (Prison expert No. 2)*

- b) Lack of material supply, for example, sports equipment):

*...the situation with the equipment is so-so. Occasionally, people bring some presents. Some kind of balls and... floorball clubs... Football, basketball, volleyball, those balls, we also don't have them... If someone brings them as a gift... then we have them for some time. (Prison expert No. 5)*

*Oh, and it... also causes inconvenience... we have no paper when one has to copy something, ok? (Prison expert No. 8)*

- c) Limited human resources (including high staff turnover due to the inadequate salaries, burnout syndrome of the staff due to the heavy workload etc.):

*..it's very sad that the majority of those psychologists... are burdened with all kinds of jobs, notices... with some kind of bureaucracy, and they can't perform their functions and provide their services for everybody in need effectively enough. (NGO expert No 2)*

*..there are... few psychologists in prisons. They have very many consultations and... they have no time left for conducting these groups as much as it's necessary... they simply, elementary don't have time... we need more psychologists... The psychologist... needs a normal salary. Since... the workload is rather heavy... the salaries are small, of course, he's working... but... is there any motivation for others, let's say, from the outside to work here...? (Prison expert No. 4)*

*..the staff is loaded with work and they simply have no time to talk or simply pay attention. That is also our problem... I think, for example, that we need the psychologists to work more frequently with them. Not a single psychologist for all. (Prison expert No. 3)*

*The first thing, I think, that we lack workers; if we had more psychologists, more social workers, medical staff, we could cooperate, make some groups and talk about that hygiene and all that stuff, but, well, there's not enough workers... their workload isn't normal, we cannot manage to exercise our responsibilities by day. (Prison expert No. 8)*

- d) Limited opportunities of staff training:

*..what can we do with the workers... who... don't improve daily... there's no finances for ensuring their Professional perfection continuously, well, we cannot participate some kind of courses all the time. And those tutors, social rehabilitation section... they should... take courses all the time... get further training, that's all been hindered for us at the moment... (Prison expert No. 6)*

- e) Inability to ensure sustainable activities (i.e. as mentioned before, health promotion and preventive activities are largely introduced campaign-like within the projects of NGOs; when the finances of the project are over, the activities are not continued due to this, the penitentiary system does not take them over):

*..organizations come... give some lecturing... Sequence or succession, how they call it. Well, we don't have such thing... There is no such... systematic progress. (Prison expert No 6)*

*All good things come to us through projects, when a Project is over, suddenly that's it, maybe for a while, that person who has conducted an activity in the prison... he is still able to come... it turns out that we have... resources invested but those resources have been practically... wasted, since if one doesn't continue, then it's a single, as I say, injection... and that's it... But... it should be turned into our daily routine, a daily event. As to health particularly... as to hygiene... as to some other preventive things, these are indeed luxuries at the moment, and we can arrange them only*

*within a project. (Prison expert No. 2)*

f) Limited options for prisoners (including food, hygiene products):

*..even if a person wanted to live according to all the criteria of health promotion, he cannot really manage it... he is given a certain number of toothbrushes and toothpastes, and toilet paper, which is according to the Cabinet Regulations, and he doesn't have many options... all those products... are not available for him, what one has in the society, what could be regarded as health promotion, at least... a softer toothbrush or... toothpaste... more ecological... they are limited... by the conditions that they have around. Therefore the juvenile offenders need double attention and, of course, all those things connected with health promotion. He, for example, cannot choose what to eat, he has to eat what the prison gives. Of course, he can buy some vitamins in the prison shop... in small amounts... but he will never be able to be... that successful in terms of food as a person outside. Thus, in terms of food... he is very, very limited... if a person chooses to be a vegetarian... it's impossible at present. (Prison expert No. 1)*

The experts also regard that the state is missing a strategic, methodical administration concerning health promotion and healthcare in the penitentiary system, i.e., no goals, priorities, goal reaching measures in the field etc. are defined:

*..we don't have such general guidelines... the sentence enforcement codex and the regulations have hygienic standards... Let's say, baths once in ten days, ok?... Well, standards. And there is... nothing more... as I also mentioned... our medical section is for... providing emergency assistance... There are no guidelines... where... health promotion would be somewhat described separately. (Prison expert No. 5)*

*Yes, yes... there is no that kind of methodology. (Prison expert No. 6)*

The experts see another obstacle to the introduction of qualitative and systematic health promotion activities in custody – that is separation of prevention and healthcare in custody from the state general healthcare system. Respectively, healthcare of prisoners is organized by the Ministry of Justice. Therefore, as soon as a person gets in prison, it has no family physician, compensation medicine, preventive inspection and full range examinations available. Furthermore, in the documents of state health promotion policy plan, prisoners are not stated as a target group:

*And what is, in fact, weird, the Ministry of Health, on the whole, has never mentioned prisoners as a group when talking about health promotion. Never. (Prison expert No. 1)*

Another obstacle to the improvement of health promotion for juvenile offenders, mentioned by the experts, is the attitude of prison staff, lack of understanding the necessity of such activities for youngsters:

*.. the main task in a prison is to keep one behind bars... and to follow that he keeps discipline, and that's the most important thing, all the other stuff is kind of... (Prison expert No. 5)*

*..there is a serious problem that when one puts a person in a cell, one as if tries to put a non-smoker with non-smokers but sometimes it's an abuse and is used as... a tool for psychological influence on a person. Well, putting a non-smoker with twenty smokers. As there is no ventilation, it's, honestly, a torture. (Prison expert No. 1)*

*..incomprehension, lack of understanding of the staff... they have an attitude that nothing changes about these (harm reduction activities), ok? It's that kind of attitude of the administration... and of those employees... I can do or my colleagues can do whatever we want, ok?... and it will be like against the wall... if they have the attitude... that... the only way is using, using punishment, aggression... with such kind of directive, repressive methods... A prisoner won't change, on the opposite, he will become even more aggressive, hurt others more... I don't know how... to change it. (Prison expert No. 7)*

In addition, one observes also intolerance among the prisoners, as the subculture makes a young person be the same as the others. Consequently, if a prisoner makes a decision to practice healthy lifestyle, others can reject him or her, remove from their midst:

*But that environment and those people are of the kind that they don't let something like this happen... some very different lifestyle... if you begin to do something other people don't understand or consider strange, well, they simply laugh at him and the person stops that soon... An additional factor is that there are those informal castes. Where the higher and better go, the lower can't go. And, of course, for the higher authorities everything is better provided, also the sports equipment, for example... than for the lower ones... (Prison expert No. 1)*

Still, the experts indicate that incomprehension exists not only in the inside of the penitentiary system but also among the state officials and in the society in general. Thus, there is lack of public support and therefore, political will to increase the budget and make considerable changes in the prison health promotion system:

*..the central issue is about whether the society thinks that they (prisoner) would have rights to that... talk with your friends, ask what rights they have. Prison with bread and water... The government doesn't understand that they have to give something to this group not to provide a life in a recreation centre, not because the retired don't have it but because it's necessary in order to make the whole society healthy. And nothing will change until that, there will be no money either for infrastructure or hygiene, nothing at all until that. Not even for normal citramon, zelonka (Solutio Viride Nitens). (Prison expert No. 1)*

*..I think that... our state's method of solving health related issues is still focused on some effect elimination instead of prevention. And, consequently, that understanding... on the whole political level... in the laws they adopt, in some kind of interventions they implement, thus, also in the thinking of people, on the level of each little individual... people lack kind of... healthy and thoughtful understanding... about the value of that health... (NGO expert No. 3)*

The professionals interviewed indicate that concerning healthy diet, one of the obstacles hindering the juveniles to buy healthy products in prison shops is that they have no facilities for preparing meals on their own. In most cases, the youngsters have the possibility of only boiling water in a kettle:

*..they don't bother about buying those terrible... soups in the shop, those dry soups, ok?... Our conditions... don't allow... for them to make... something themselves. For the present. (Prison expert No. 5)*

The expert view television also as one of the factors influencing juvenile mental health and hindering them from making healthy decisions; television is rather available for prisoners and programs, movies of violent content are very common in it:

*In fact, this is a big... problem that... we have those public channels and we cannot switch them off. There are those LTV1, LTV7, LNT and TV3... In the evening I turn them on... those our channels, wonderful those, and... Pure violence. Pure... They inject in us, show us those movies... I think, don't we really have anything... more lightsome in our lives at all?! And they broadcast this stuff all the time... for these brains, not mature yet, just show to them something like this... (Prison expert No. 6)*

*All the TV channels... have very negative influence... All the movies... Drugs at any cost, at any cost... homosexuality and so on... Well, it... leaves a very disadvantageous influence... They try to be like these people but there's no use of that. (Prison expert No. 3)*

Additionally, as a factor influencing juvenile mental health the experts also mention unemployment and shortage of free time activity options. Due to the financial crisis, in prisons, just as outside the penitentiary system, the level of unemployment has increased, which is influencing both mental health and available options, i.e. a prisoner has no opportunity of earning something, which leads to the incapability of buying additional food or hygiene products:

*..they vandalized everything. So, this rush of energy that can't be put into effect, when you're sitting in a cell; and those cells looked simply awful... (NGO expert No. 2)*

*..they are largely unoccupied, they have nothing to do... they simply go crazy because of... the inactivity... they don't know how to organize their day to simply occupy themselves or get some positive emotions... (Prison expert No. 8)*

*..currently, there is no possibility to work in a prison... as we have unemployment outside, also here in prison. That occupation has decreased... thus, a prisoner has practically no... chance of earning money to... get all that stuff... He has rights exactly to... a certain number of hygiene products; if he has no money, he isn't able to buy anything additionally... They all shave with that one razor, with that one razor – the whole cell, for a month, ok?... they simply have no money. As there is a requirement that he has to be clean-shaven but the government gives nothing in return, how can one shave...? So, that healthy lifestyle is somewhat impossible in custody, I think. (Prison expert No. 7)*

on expert No. 1)

Further in the interview, the experts were asked to give some **suggestions, proposals for enhancing, intensifying health promotion** for juveniles in Latvian prisons. On the whole, all experts admitted that it is difficult to give certain suggestions, as the main suggestion would be to increase the state funds for the penitentiary system, which would automatically solve rather many problems in relation to health in custody (for example, reduce staff turnover, increase staff motivation of working with prisoners in relation to health issues, ensure premises, environment improvement to reduce harm on health, purchase of sports equipment etc.). However, the experts also gave several suggestions in terms of organization, which could promote juvenile health in custody:

- 1) As there is shortage of methodology materials in prisons, they could be brought from the foreign partners and be adapted for the Latvian situation, which would not take so much time and would be financially more profitable than working out a new material:

*It would be very good if we could get some movies, for example, to show them. From abroad maybe. They have them ready-made... Simply to watch how people live somewhere else, what do they (juveniles (including prisoners) abroad) occupy themselves with, what ideas do they have. Our youngsters are watching it with interest though... (Prison expert No. 3)*

- 2) It is necessary to intensify the organization of meaningful leisure time in order to promote juvenile mental health, for example, find possibilities to offer foreign language courses, gardening skills for prisoners, to help find a hobby for them:

*Maybe they can write... although our guys have poor foreign language skills... correspondence with others (foreign youngster)... Maybe one can try to write to each other... In other countries and maybe also in prisons... English teachers... can help... It also does good to them. And if... a prisoner gets a letter from abroad, then it's a huge... event... And it can be practically done not only via post but also via internet. (Prison expert No. 3)*

*..we teach them... that they can, for example... make something out of matches, glue them together or origami... using paper. And it would be good if they had some material, as they usually don't know what to choose, I say... try to occupy yourself, nobody will come to entertain you, unfortunately... it won't happen... And they don't even know what are the options for a hobby or an activity, or to learn that foreign language, what methods to use; sometimes we suggest to make some small cards... to write a word in Latvian on the one side, and in English on the other side, and then take it and read it in Latvian and try to remember how it is, and then check yourself... they are not aware of such things. (Prison expert No. 8)*

*..I've got an idea... to build a modern... greenhouse here inside for them to learn to grow something on their own... we can grow our own tomatoes, cucumbers... flowers. And the boys would have very useful activities, they would learn... gardening. (Prison expert No. 6)*



3) At incarceration, each prisoner should be given the basics of health issues for individual study:

*..maybe more of some booklets that can be distributed, for example, to those people, newcomers, when they arrive to the jail... some kind of booklets that can be distributed for them to read in their cells... I think... it could be practically done for them, distributing, and then they could read and get informed themselves. (Prison expert No. 8)*

4) The experts are of the opinion that there is an extreme necessity of trained physicians (a psychiatrist and a narcologist) in custody, as there are a great number of people suffering from addictions and psychic problems, which cannot be solved by a prison psychologist:

*..I think, we're in a total need for a psychiatrist and narcologist but now also, as I understood, the administration is solving the issue... since nine of ten clients are addicts... I think we need them for a full-time service absolutely. (Prison expert No. 8)*

*..we... are looking for the assistance of a psychiatrist... now, we are taking one for a zero twenty-five time... he's a very good specialist... exactly the underage... psychiatrist and narcologist... he... is..., because, well... (the prison psychologist) says she is powerless in many cases and she isn't able to do anything, and there's a need for a psychiatrist and some kind of medication treatment... (Prison expert No. 6)*

5) As mentioned above, juveniles have poor knowledge and life skills concerning healthy diet. In order to motivate the youngsters to buy healthy products in the prison shop, it would be necessary to provide a kitchen, where prisoners could prepare their meals. The experts admit that a collective food preparation would be also an activity of mental health promotion:

*..simply a rehabilitation activity for the prisoners like collective meal cooking. (Prison expert No. 6)*

6) Since several respondents indicated that mental health and communication skills of juveniles are negatively influenced by the aggressive and violent content of television broadcasts, the experts suggest organizing prisoner agendas according to the time schedules of thoughtful broadcasts, i.e. finding a possibility to control the programs watched by the youngsters:

*My suggestion to the employees – to organize the agenda in such way that one could watch something like... „Panorama”... to put it in the agenda. Or LNT News. Well, filling that time somehow but also to check... Somehow according to the program, ah? But in the evening, there shouldn't be those movies on violence and so on allowed. As they are watching them... (Prison expert No. 6)*

7) The experts think that mental health and communication skills of juveniles would be positively influenced by regular collective activities with youngsters from the „outside”. Currently, such activities in the form of sports games are organized only in couple of prisons:

*Maybe there are more that kind of events necessary, from schools, to do something together here... Maybe they would build some friendships there... it's also not bad. (Prison expert N. 6)*

- 8) The experts also indicate the necessity of special activities provided for the addicts (as mentioned above, the experts regard such juveniles as a group that needs a special attention concerning health promotion and prevention issues). As there is no addiction rehabilitation available in custody, the prison administration should provide alternative services – drug-free areas, syringe exchange programs etc. Although the experts think that such suggestions are not adequate to the current situation in the country and fairly utopian:

*..drug-free areas, which they have also abroad, but we don't have such... Drug Addicts Anonymous programs. We don't have them either... Well, if we look at the statistics, one syringe is being used approximately a hundred times, well, then... Of course, it (syringe exchange) is necessary. Well, that's an utopia... (NGO expert No. 1)*

*With the addicts, it would be necessary for them to have a clean syringe. That's it. Period. If the state cannot provide rehabilitation, if it's not able to... create... drug-free areas with... highly intensive drug rehabilitation... we cannot afford that, ok?... That all was supported also by the Saeima... that's simply logical: if the government is not able to stop drug delivery to prisons... if it's not able to provide an effective drug rehab in custody, if the government is not able to provide an effective psychological assistance, then it has to allow syringe distribution in custody. There is no other way... Amen. (NGO expert No. 2)*

- 9) Finally, the experts stress that the scheme of financing in the prison system concerning healthcare should be hanged in general, i.e. the field has to be overtaken from the Ministry of Justice by the Ministry of Health. The principle „money follows the patient” has to be implemented in the state:

*We think that the money that the state funds have for each person concerning health has to follow... also to prison, hasn't it? (NGO expert No. 2)*

*The Ministry of Health has to take care of health, and the fact that they have delegated these functions to the Ministry of Justice, which is an absurdity, - that's wrong. The Ministry of Justice ensures other things. It has to be done by the Ministry of Health... they (prison inmates) are citizens of the state... (NGO expert No. 1)*

#### **4.2.2. Focus groups**

At the beginning of the discussions, the participants of each focus group were divided into two or three small groups and each group was asked to describe and/or draw their **first associations in relation to the concepts of „a healthy person” and „an unhealthy person”**, or what is their understanding of health. The youngsters had mentioned different associations (see Table 7.).

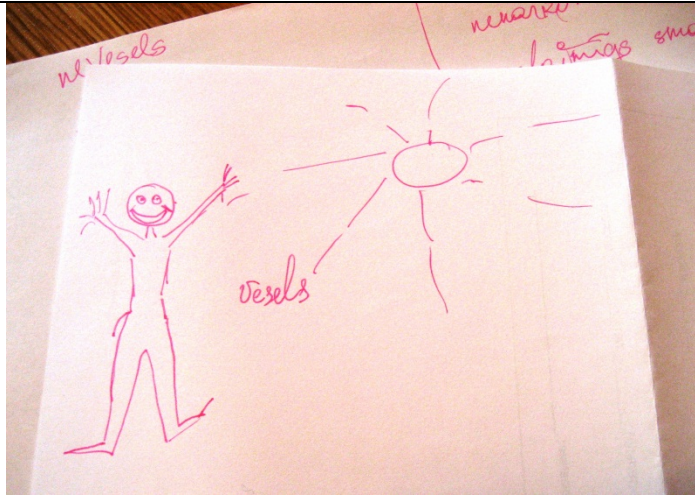



Table 7. The associations of the focus group participants in relation to the concepts of „a healthy person” and „an unhealthy person”

A healthy person	An unhealthy person
<b>Underage female prisoners</b>	
Healthy lifestyle Confidence Happiness Family Beauty Mentality Good job Goal achievement Feeling good	Alcohol, drugs, nicotine Death Danger Problems Money (treatment expenses) Time (spent in medical institutions) Ugly Mental retardation Pain
<b>Adult female prisoners</b>	
Not a drug-addict Happy, smiling A real joy of living Normal psyche Loves oneself Normal food	Drug-addict Unhappy Illusion Abnormal psyche Weeps Unable to walk Stooping
<b>Underage male prisoners</b>	
Health is when a person is healthy, doesn't suffer from any disease Without diseases Free from addictions, life without drugs, addictive substances Mentally balanced Healthy lifestyle Sports, regular sports activities Fresh air Healthy nutrition, proper diet Hygiene (following to tidiness, being clean, making one's surroundings neat...) Silence Able-bodied person	Addicted to tobacco, alcohol, drugs Suffers from such diseases as HIV/AIDS, hepatitis, cancer etc. Psychologically unbalanced Physically and morally ill Hospital Physicians Microbes
<b>Adult male prisoners</b>	
Free and happy Food, a good appetite Healthy teeth Healthy hair	Locked up in one's life and always stays locked in a disease Evil, wicked heart Weak will

Good sight, hearing	Leading oneself to death
Kindness	Living a sedentary life
Enjoying nature	Going crazy and being angry
Feeling good	
Looking good	

As shown by the Table 7, the associations of the juveniles in relation to the concepts of “health”, “a healthy person” are connected with different aspects of health and human welfare, which leads to a conclusion that their understanding of health is rather correct, similar to the definition published by the WHO in 1946: „Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity“.

*Healthy person (on the left), unhealthy person (on the right), adult female prisoners*

*„Well, that is a happy person, he is smiling. The sun is shining over him, he always walks excited, rejoices, everything’s fine for him. For the sick person, of course, the weather is... well there’s thunder, lightning... he goes with crutches, he’s crying, he’s barely drags himself along, he’s stooping... That’s how I see “sick and well”. That’s it...“*

Further in the discussion, the youngsters were asked about **whether their being in custody has influenced their health** (either improved or worsen), or their state of health has not changed. The juveniles had different answers. Some indicated that their health had worsen since they had got in custody – due to the lack of food variety, no dentist services are available, the number of people in a cell / unit is too large, as well as there is no treatment available in case of a disease due to the lack of medication in the medical section of the prison:

- Well, you see, teeth cannot be fixed...
- We are often ill...
- Yes, temperature. Because we don’t have medicine, the cough stays, one doesn’t get completely well.

- I think our problem is that we live in a very large unit – fifty people, and that is a huge hatchery. If a single person falls ill, everybody gets ill.

- We don't have cells, we have units. We are up to 70 people in one room... People also smoke there... I personally don't smoke; it's very bad, in fact...

- There is only one medicine against everything here – ascophene.

- Besides, if someone has caught the flu, then more than a half falls ill. If the medicine is bad, the illness may last for rather long...

(Adult male prisoners, Skirotava Prison)

- Food come with the digestive problems, it starts to burn inside...

- Yes, it burns a lot, my stomach is burning all the time. And the doctor advises to drink soda, there is no medicine.

(Adult male prisoners, Skirotava Prison)

Other prisoners admit their health has improved in prison, as they have had to stop using drugs or alcohol. The prisoners of the Cesis Correctional Institution for Juveniles emphasize that they have had to stop smoking either due to the reforms:

- Well, I personally feel better, of course, as I was using drugs. I don't use drugs anymore now and I hope that everything that's going on in my head at the moment, how my thinking has changed, that it will stay as it is, and I am kind of happy that I got in prison, yes, exactly, happy. I am really happy.

- I feel the same. As I was a drug-addict... everything was different... now I'm sitting here, now I'm starting to think... the whole life has kind of passed... with those drugs; here, everything's changing. I hope that when I get out, I will really, I won't return anymore, I'll be completely fine... Those drugs simply destroy one's life. People who don't use them are correct, in fact, those who think. What's done, that's done, one cannot change one's past...

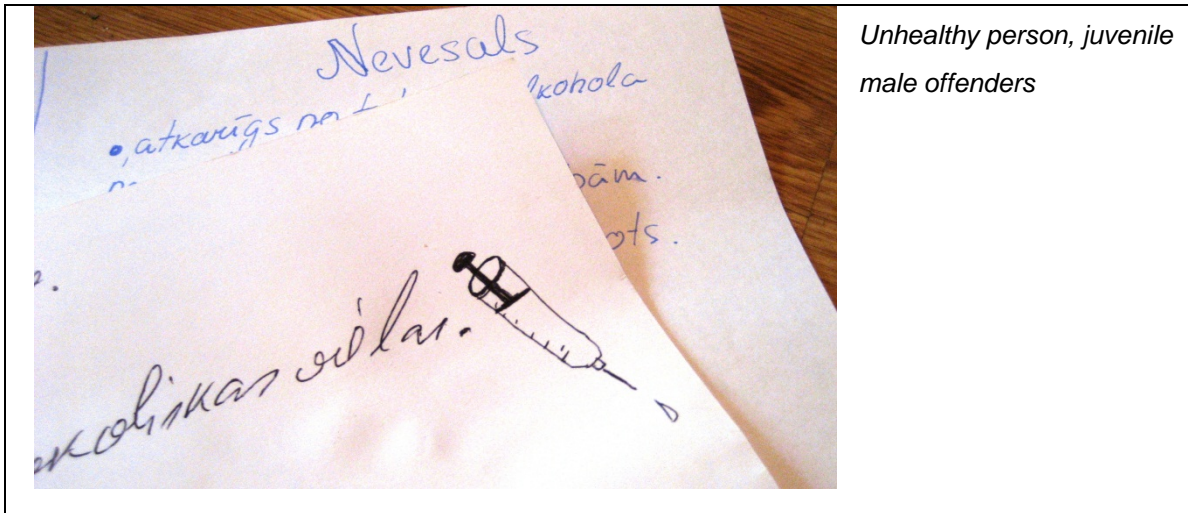
- No, a lot better, although, when I was outside, I didn't use drugs and didn't do anything like that at all but I didn't care about my health at all, I didn't care. I had pain, my friend advised to go to the doctor. I said: Oh, no, what's the point? There's no need, everything's gonna be fine someday. Well, you start to think kind of differently...

(Adult female prisoners, Ilguciems Prison)

- On the one hand, it's maybe better. There is no alcohol, drugs available...

- ..smoking is forbidden...

(Underage male prisoners, Cesis Correctional Institution for Juveniles)



Unhealthy person, juvenile male offenders

Further in the discussion, the young prisoners were asked to mention the health promotion related **topics** they know well enough and the ones they **would like to know more about**. Concerning **healthy nutrition** issues, the juveniles had different opinions. Young male prisoners admitted they have enough knowledge on healthy diet but the women, however, admitted to be interested in the topic, as they often have problems with overweight in custody, since they had not had such regular meals at liberty. Hence, the women stressed that one must consider the fact that prisoners have limited opportunities to influence their diet, as one has to eat what is offered by the prison or the prison shop. Juveniles have a particular wish to have more fruits included in their menu:

- Well, I personally would be very interested, you know, I have been always kind of interested in that. Only we don't have possibilities here in prison...  
 - Of course, there are no such possibilities, to buy products for a healthy diet...  
 (Adult female prisoners, Ilguciems Prison)

The prisoner opinions differed also regarding **body changes during puberty**. The underage prisoners think they have enough information on the subject, however, the adult prisoners indicate that such additional activities are necessary, as there are youngsters who are in custody from the age of 14 and they often receive information on the puberty processes in prison for the first time:

- They kind of speak (about puberty).  
 - In classes, those very health classes...  
 - ..of course, some are interested at once... they ask the teacher straight away, the teacher is wiser – he answers...  
 (Underage male prisoners, Cesis Correctional Institution for Juveniles)  
 - We need, we need, as there are such people who get here (in prison)... already in their 14s...  
 (Adult male prisoners, Skirotava Prison)

The opinion of the young prisoners in relation to **oral health** was rather similar – they have rather poor knowledge of the issues (i.e. those who attend school are informed only about some basic

aspects) and the topic stirs interest, hence, there are limited possibilities in custody regarding oral hygiene – no tooth thread, dental hygienist services, there are also no opportunity to choose a toothbrush or toothpaste (a whitening one, for example), as one has to use the hygienic products handed out by the prison. In addition, as mentioned above, there is no dentist available in prison, assistance covered by state is provided only in emergencies, however, the prisoners are not able to buy the services, since they are not provided with a job and chance to earn something:

*- It's not available for any of us (tooth thread, hygienist)...*

*(Underage male prisoners, Cesis Correctional Institution for Juveniles)*

*- I'd like to have my teeth fixed, I go there and he says: I can only extract for you.*

*- It's unfair that you have to fix something at your own expense, as you have no chance to earn money here... when I arrived I had no hole in my teeth, they started to become worse only here...*

*- No matter what problem you have with your teeth, they simply extract it (the tooth)...*

*- They even don't offer to fix something. Maybe you want to keep your teeth.*

*(Adult male prisoners, Skirotava Prison)*

Similarly, the thoughts of the youngsters about **addiction-related harm** issues (smoking, influence of alcohol and drugs on one's health, HIV/AIDS and other related infections) were rather alike, namely, the prisoners had heard about the subject quite often both at school and within different projects and activities:

*- Psychologists have already told about smoking...*

*- And we knew many facts ourselves also...*

*(Underage male prisoners, Cesis Correctional Institution for Juveniles)*

*- We agree that it's unhealthy to smoke...*

*- Everybody kind of knows it...*

*(Adult male prisoners, Skirotava Prison)*

However, the prisoners admit that the information should be repeated, as they face commercials and propaganda of addictive substances – both from other prisoners and television etc. The youngsters also indicate that there are certain subjects about which they have general information but they would like to know more, for example, treatment of hepatitis, harm reduction (collective use of shaving tools, tattooing etc.):

*- In fact, it's useful... of course, to talk about the harm of all that stuff, as all those things seat in one's head...*

*- However, if a person doesn't want it himself, he will quit neither that smoking nor drinking...*

*- Because they are broadcasting some propaganda on TV: wow, how beautiful – Martini, George Clooney has come to us... an alcohol commercial...*

*- Well, kind of familiar things but it would be interesting.*

*(Adult female prisoners, Ilguciems Prison)*

- I would like to know how to treat that (hepatitis C).

(Adult male prisoners, Skirotava Prison)

- I think it (harm reduction) will be interesting. I, for example, will say honestly, when I was at liberty, my brother is a drug-addict. He said: don't shave with my razor! Well, it's kind of not allowed. But there were the other guy sitting, he said that they share a razor with his brother. My brother said that you can't but didn't mention the reason. I found out about such things only in prison.

(Adult male prisoners, Skirotava Prison)

- We need about tattoos in prison, definitely, because the tattoo culture is quite common in prison... especially for youngsters.

- One starts to speak about things only... when you have done something bad, when it's all over.

- It is necessary, as there are people who have tattoos... and they've got hepatitis...

(Adult male prisoners, Skirotava Prison)

Concerning **other infections** (besides HIV/AIDS, hepatitis viruses) the juveniles admitted to know less about them, for example, tuberculosis and STI. The young offenders of the Cesis Correctional Institution for Juveniles indicated that they are well-informed about tuberculosis, however, when the facilitator of the discussion asked questions on the ways of getting infected with tuberculosis, wrong answers were given (for example, one must avoid blood contact with other people in order to not get infected with tuberculosis).

The young prisoners share joint opinion on **prescription drug abuse**; they find the subject irrelevant in their prisons and call the issues self-evident:

- It's obvious...

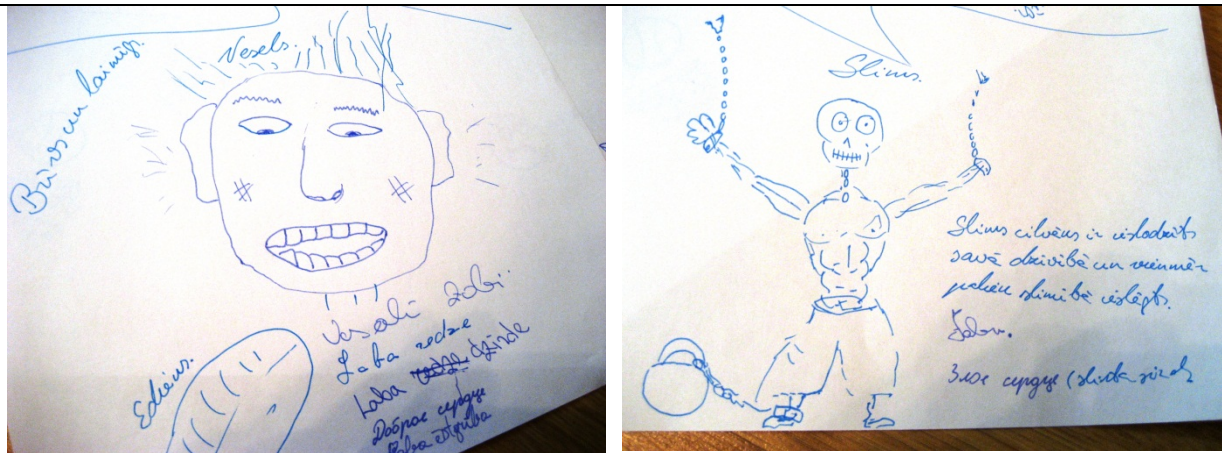
(Underage male prisoners, Cesis Correctional Institution for Juveniles)

- That's clear for sure.

- It's obvious that one's not allowed to do that.

(Adult male prisoners, Skirotava Prison)





Healthy person (on the left), unhealthy person (on the right), adult male prisoners

„...an unhealthy person is as if chained to the wall, almost like us – here, in prison. We simply cannot get out and we have poor chances of getting well. If you fall ill once, it stays in your... history... History of illnesses... look, you are of that kind... The most important thing is to take care of not getting sick instead of receiving treatment.”

The majority of the prisoners think that the most interesting topics less spoken about are **mental health related issues** – suicide and self-harm prevention, anger and stress management etc. Only one participant of the focus groups indicated that there is no necessity to discuss suicide prevention, as he personally will never attempt to do it:

- Well, I think more of those psychology-related topics...
  - Well, yes, how to have a bigger control over one's emotion, for example, how to hold the negativity more inside... well, not exactly inside but how to not pour it on others...
  - Not to restrain oneself, one mustn't hold it inside, mustn't accumulate, but how to get rid of that...
  - In order not to make other people suffer, this thing... I think this would be useful for many of us here...
- (Adult female prisoners, Ilguciems Prison)
- It's definitely necessary.
  - There are no activities at all (on suicide, anger, stress), no.
  - I think stress would be rather important. Something psychological...
- (Adult male prisoners, Skirotava Prison)

Additionally, the participants also regard **building relationships with the opposite sex and contraception** issues as very significant, which is rather natural concerning the peculiarities of the particular age. The boys held an opinion that one should discuss contraception more with girls, as it is a “women's stuff”, hence, they admit that they are also interested in the subjects themselves, as

well as that nobody talks with them about the man's responsibility for pregnancy prevention and in case of pregnancy:

*- I'd have interest. I'd like... (activities on relationships and contraception)...*

*(Adult female prisoners, Ilguciems Prison)*

*- It is rarely spoken about..*

*- It's relevant, but one discusses it seldom (building relationships).*

*(Underage male prisoners, Cesis Correctional Institution for Juveniles)*

Additionally to the topics listed in the questionnaire of the quantitative survey, the juveniles indicate that they would gladly have activities on **skin care**; girls also expressed a wish to know more about **pregnancy** – determination, process, delivery, child care.

The youngsters were also inquired about the efficient **methods of communicating information**. The boys admitted they are attracted by activities with the elements of physical activity. Further, movies, group sessions, activities with game elements are mentioned. The youngsters underline that they would gladly attend group sessions conducted by the prison staff but they would also like to have activities led by non-staff professionals (i.e. from the "outside"). The youth add that they have more interest in the activities conducted by a leader of the opposite gender:

*- No matter how old a person is, it's interesting for him to play... everybody remembers his childhood.*

*(Adult female prisoners, Ilguciems Prison)*

*- We need, yes, more movies... It will never do any harm and it's interesting, people will go there.*

*(Adult female prisoners, Ilguciems Prison)*

*- We have to get away from the daily routine we have in prison. To sit, talk to people from the outside.*

*(Adult male prisoners, Skirotava Prison)*

When asked about the **health promoting changes** they would like to see **in prison**, the juveniles answered that they would like to have their food improved (the meals are big enough but unsavoury). They would also like to cook their own meals, which is presently impossible due to the infrastructure and limited product supply in prison shops. Additionally, different medical counselling would be preferable, as the medical staff of prisons (most often, the middle medical staff) cannot frequently provide answers or detailed information about particular health-related questions. The young prisoners also express wish to attend yoga, meditation, bodyshape or aerobics activities. They admit that there are not enough psychologists in prison; the present are currently overloaded:

*- It's not about the size of the meals... the food tastes of nothing – plain, tasteless, unsavoury... the potatoes are served not in pieces but smashed, so that water goes on the sides...*

*(Adult male prisoners, Skirotava Prison)*



- Of course. I would like (to prepare food). That would be a great advantage.
- We would also bake...
- We even don't have flavour and eggs in our shop.
- One has to eat at six but sleep at ten. Maybe you'd like to bring some with you but no way – you have to eat at six and that's it. It turns out that from six until the bedtime and then until twelve you eat nothing.

*(Adult male prisoners, Skirotava Prison)*

- ..we have a nurse here, she takes blood... she knows little, tells what she knows... Here you can't get detailed information about what you need... if something aches, tell it, and she gives a pill, if it aches again, she gives the pill again... She doesn't explain what to do, what's wrong, what has caused it...

*(Underage male prisoners, Cesis Correctional Institution for Juveniles)*

- Yes, yoga... Meditation, yoga...

*(Underage male prisoners, Cesis Correctional Institution for Juveniles)*

- Well, yes, if we had some bodyshape, why not? I'd go.

- Aerobics, bodyshape...

*(Adult female prisoners, Ilguciems Prison)*

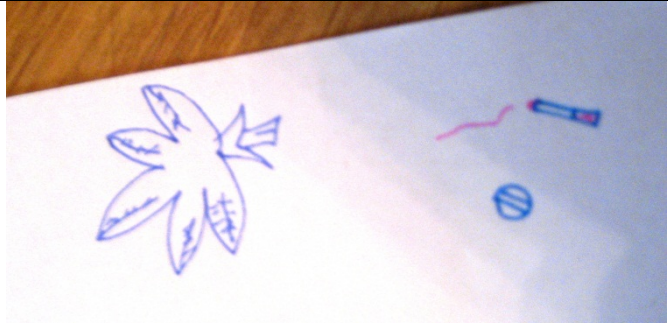
The focus group discussions showed that the situation concerning **sports activities** differs in prisons. The youngsters of the Cesis Correctional Institution for Juveniles admit that they have well-organized sports activities in sufficient amount. However, young offenders from other prisons underline that they have no organized sports; that it is possible to do sports mostly individually. Hence, they see the necessity of organized sports.

- What do you mean, they are organized? By a sports coach from the "liberty"?

- That would be very good.

- I think that many would be motivated.

*(Adult male prisoners, Skirotava Prison)*



Healthy person (on the right), unhealthy person (on the left), adult prisoners



## 5. Conclusions

### 5.1. Prisoners' questionnaire, focus group discussions with juvenile offenders:

- The juveniles have a rather adequate understanding of health, close to the health definition of the WHO.
- The prisoners have different opinions regarding positive or negative influence of custody on their health.
- The juveniles in custody have different points of view about the significance of healthy diet issues. Young females are more interested. Both female and male respondents think that healthy diet practice would be promoted by diversification of products in the prison shop, as well as the possibility to prepare one's own meals.
- Also issues of contraception and sexually transmitted infections are regarded differently. Although they were not of the top priority in the quantitative survey, during the focus groups the young people admit that they are interested in sexuality related issues. The range of topics should be expanded by adding issues of relationship building with the opposite sex, man's responsibility for pregnancy (there is an opinion among boys that contraception is „girls stuff“), information on pregnancy etc.
- The youngsters find the issues of oral health topical and of high priority.
- The juveniles admit that addiction and the related harm reduction are topics on which the activities are most often organized in custody; they suggest to have enough knowledge on the topics. However, the importance of the issues has been underlined, as well as the necessity to update the information on regular basis.
- The juvenile offenders have different thoughts about issues related to body changes during puberty. The young adults think the topic is more topical for the underage, however, the underage indicate to have enough knowledge in this matter.
- The youngsters admit unequivocally that prescription drug abuse is an obvious and irrelevant issue.
- Although self-harm and suicide issues were not at the top of priorities, in the discussions, the youngsters admit to be poorly informed on them and would like to have related activities.
- The young offenders are unanimous concerning other mental health related topics (aggression reduction, relationship building with prison staff, keeping in touch with one's family in case of long-term imprisonment etc.) to be urgent and interesting for young people.
- The youngsters suggest including proper skin care in the list of topics developed by the work group of the research.
- The juveniles have similar opinions about the methods of receiving information about the topics. Lectures are found ineffective. Group work with game elements is considered interesting. They are positive about using visual material. Boys suggest including physical activity in the sessions.
- The respondents would like to have educators from the „outside“, as well as leaders of the opposite gender conduct the activities.

- The youth in custody also think that their health could be improved by increasing the number of psychologists in prison staff, as well as ensuring availability of consultations of different physician specialists. They would like to have sports group activities, participate in competitions and tournaments organized in prison instead of individual sports activities. Such group activities are provided only in some prisons.

## **5.2. Prison staff questionnaire, in-depth interviews with experts:**

- The experts as examples of the successful practice indicate group sessions on addiction and harm reduction introduced in several prisons within the UNODC Grant Scheme, smoking ban in the juvenile institution, as well as availability of methadone in particular cases.
- Both parties of experts (prison / NGO experts) view the cooperation between penitentiary institutions and NGOs regarding health promotion activities as successful and easy to organize. However, the experts admit that the cooperation does not occur systematically but only campaign-like within particular projects though.
- The employees think the juveniles have enough possibilities to do sports, although they stress the limited availability of organized sports events and adequate equipment.
- Regarding the needs of young offender in terms of health promotion experts underline the mental health issues among the most urgent needs (prevention of suicide and self-harm, bullying, relationship building and communication), oral health and healthy diet habit promotions, as well as contraception.
- Additionally to the list of topics developed by the work group of the research, the experts indicate the necessity to talk with the young prisoners about personal hygiene and sexuality (including homosexuality, masturbation etc.).
- Similarly to the juveniles in custody, also the experts hold an opinion that there are enough activities on addiction and related infections in prison. However, the experts admit that the contingent of prisoners changes and the activities should be repeated, particularly emphasizing social harm caused by addictions.
- The experts have joint thoughts concerning the methods of informing about the issues. Lectures are considered least effective; group sessions are viewed as most effective, as well as combination of different methods (group work, visual material (movies, presentations), physical activity, individual counselling, visualizations etc.).
- The experts share different opinions about the conductors of the activities. Some think that leaders from the „outside” are more effective, others suggest the health promotion activities to be led by staff workers of penitentiary institutions.
- The experts are sceptical concerning the „peer education” programs in prison, as well as to involving former convicts in health promotion activities in custody.
- The target groups in the need of specific health promotion activities suggested by the experts are sexually abused juveniles, addicts, persons with suicidal propensity or mental incapacity, as well as Roma youngsters. Migrants and young females are not considered target groups of a specific care.

- The respondents indicate that the main obstacles to introducing health promotion activities are financial shortage and the effects (inadequate infrastructure, lack of human resources and opportunities to train them, inability to ensure the sustainability of activities, prisoner unemployment etc.), as well as the fact that health is not among the priorities of the juveniles in custody. In addition, the separation of the prisoner health promotion and healthcare from the general healthcare system is also a hindering factor.
- The professionals of the penitentiary system believe that the health of young prisoners could be improved by a reform of the healthcare funding system (money follows the prisoner), attracting physician specialists (narcologist, psychiatrist), providing equipment for preparing individual meals, as well as providing activities on addiction related harm reduction (including syringe exchange).

## Attachments

### Attachment 1 List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
EC	European Commission
HIV	Human Immunodeficiency Virus
HPYP	EU project "Health Promotion for Young Prisoners"
NAF	National Armed Forces
NGO	Nongovernmental Organization
SD	Standard Deviation
STI	Sexually transmitted infections
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WIAD	Scientific Institute of the Medical Association of German Doctors

## Ieslodzījuma vietu personāla aptauja par veselības veicināšanas vajadzībām jauniešiem ieslodzījumā



### Kas ir projekts HPYP?

HPYP ir Eiropas Komisijas finansēts projekts ar nosaukumu "Health Promotion for Young Prisoners" (saīsinājumā HPYP; latviski – Jauniešu ieslodzījuma vietās veselības veicināšana). Projektā piedalās septiņas Eiropas Savienības valstis – Bulgārija, Čehija, Igaunija, Vācija, Latvija, Rumānija un Apvienotā Karaliste. Projekta mērķis ir uzlabot veselības veicināšanas pasākumus jauniešiem (līdz **24 gadu** vecumam), kuri atrodas ieslodzījumā. Projekta rezultātā plānots izstrādāt un ieviest interaktīvu mācību programmu par veselības veicināšanas jautājumiem ieslodzīto jauniešu vidū.

**Lai varētu šo programmu izstrādāt, mums ir ļoti svarīgi uzzināt Jūsu kā penitenciārās sistēmas profesionāļa viedokli par to, kādas ar veselību saistītas tēmas ir svarīgas jauniešiem ieslodzījumā. Tāpēc Jūsu piedalīšanās šajā pētījumā un Jūsu atbildes mums ir ļoti svarīgas!**

### Ko nozīmē veselības veicināšana ieslodzījuma vietās?

Vārdu salikums „veselības veicināšana” sevī ietver visas aktivitātes, programmas un iniciatīvas, kuru mērķis ir zināšanu paaugstināšana un dzīvesprasmju attīstīšana fiziskās, emocionālās, mentālās un sociālās labklājības uzlabošanas jomā ieslodzījuma vietās gan indivīda, gan grupu līmenī. Jēdziens aptver plaša spektra veselību veicinošus, cietuma videi piemērotus aspektus - no regulārām fiziskām aktivitātēm līdz ieslodzīto jauniešu informēšanai par alkohola, tabakas un narkotiku lietošanu, apmācībai par pareizu mutes higiēnu, mentālo veselību veicinošām un suicīdus, paškaitējumu preventējošām aktivitātēm, konfliktu menedžmenta apmācībai.

**HPYP projektu neievieš cietumu sistēmas pārstāvji, to finansē Eiropas Komisija. Šī anketa ir absolūti anonīma. Visa informācija, ko sniegsiet, būs konfidenciāla un neviena respondenta individuālās atbildes uz anketas jautājumiem nekādā gadījumā netiks nodotas cietuma administrācijai.**

**Tas, ka aizpildīsiet šo anketu, nozīmēs, ka esat sapratis/-usi, kāds ir šī pētījuma mērķis un ka piekrītat tajā piedalīties.**

1. Kāds ir Jūsu dzimums:

Vīrietis

Sieviete

2. Lūdzu, norādiet, kurš no zemāk minētajiem atbilžu variantiem, vislabāk raksturo Jūsu veiktos pienākumus ieslodzījuma vietā:

Drošības personāls / apsardze

Cietuma administrācija

Sociālais darbinieks

Psihologs

Medicīnas darbinieks

Ārsts

Cits, lūdzu, norādiet:.....

3. Cik ilgi Jūs strādājat ar jauniešiem ieslodzījumā (šajā projektā ar terminu "jaunietis" tiek domāts jauns cilvēks līdz 24 gadu vecumam)?

\_\_\_\_ gadi

4. Lūdzu, norādiet to jauniešu, ar kuriem patlaban strādājat, vecuma spektru:

no \_\_\_\_\_ līdz \_\_\_\_\_ gadu vecumam

5. Lūdzu, atzīmējiet, vai zemāk minētie apgalvojumi ir atbilstoši jauniešiem Jūsu ieslodzījuma vietā? (Lūdzu, atzīmējiet ar krustiņu atbilstošo atbildi pie katra apgalvojuma!)

	Jā	Nē
Jauniešiem ir iespēja nodarboties ar sportu ārpus telpām / laukā	<input type="checkbox"/>	<input type="checkbox"/>
Jauniešiem ir iespēja nodarboties ar sportu sporta zālē	<input type="checkbox"/>	<input type="checkbox"/>
Jauniešiem notiek vismaz vienu stundu ilgas aktivitātes ārpus telpām ik dienas	<input type="checkbox"/>	<input type="checkbox"/>
Jauniešiem ir iespēja tikties ar ārstu, ja viņi jūtas slimi	<input type="checkbox"/>	<input type="checkbox"/>

6. Lūdzu, atzīmējiet, vai zemāk norādītās veselības veicināšanas aktivitātes ir pieejamas jauniešiem Jūsu ieslodzījuma vietā UN kādā veidā šī informācija tiek nodrošināta (piem., bukleti, grupu diskusijas, apmācība pēc principa "līdzīgs līdzīgam").

Tāpat, lūdzu, novērtējiet, cik svarīgi ir nodrošināt jauniešiem katru no minētajām aktivitātēm laikā, kad viņi atrodas ieslodzījumā.

Veselības veicināšanas aktivitāte par tēmu:	Ja ir pieejams, kādā veidā tas tiek nodrošināts?								Cik svarīgi ir nodrošināt aktivitātes par šo tēmu jauniešiem ieslodzījumā?  (novērtējiet no 1 "nemaz nav svarīgi" līdz 5 "joti svarīgi")	
	Pieejams	Nav pieejams	Drīz tiks ieviests	Skrejlapas / līflieti	Plakāti	Brošūras	Individuāla konsultēšana	Grupu diskusijas, apmācības		"Līdzīgs līdzīgam" izglītošana (apmācīts ieslodzītais apmāca citus ieslodzītos)
Veselīgs uzturs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Ķermeņa izmaiņas pubertātes periodā	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Zobu/mutes higiēna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Alkohola lietošana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Tabakas lietošana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Recepšu medikamentu lietošana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Narkotiku lietošana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
hepatīti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
tuberkuloze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Droša tetovēšana, pīrsings (neradot kaitējumu veselībai)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Narkotiku injicēšanas radītā kaitējuma mazināšana (t.i. drošāka narkotiku injicēšana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Pašnāvību profilakse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>



Veselības veicināšanas aktivitāte par tēmu:	Ja ir pieejams, kādā veidā tas tiek nodrošināts?							Cik svarīgi ir nodrošināt aktivitātes par šo tēmu jauniešiem ieslodzījumā?	
	Pieejams	Nav pieejams	Drīz tiks ieviests	Skrejlapas / līflieti	Plakāti	Brošūras	Individuāla konsultēšana	Grupu diskusijas, apmācības	"Līdzīgs līdzīgam" izglītošana (apmācīts ieslodzītais apmāca citus ieslodzītos)
Paškaitējuma (sevis graizīšana u.tml.) profilakse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Seksuāli transmisīvās infekcijas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Droša seksa principi (t.sk. prezervatīva lietošana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Kontracepcija	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Kā tikt galā ar dzīvi ieslodzījumā, likumpārkāpēja pieredzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Kā tikt galā ar bulingu (bulings – kad citi izsmej, pazemo, ņirgājas par kādu cilvēku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Konfliktu menedžments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Cita tēma, lūdzu, precizējiet:									
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>

**7. Vai ieslodzīto jauniešu vidū, Jūsaprāt, ir kādas grupas, kurām būtu jānodrošina speciāli veselības veicināšanas pasākumi?**

- Sievietes                       Migranti
- Etniskās minoritātes       Citi, lūdzu,  
precizējiet:.....

**8. Kādi, Jūsaprāt, ir galvenie šķēršļi (ja tādi ir) veselības veicināšanas aktivitāšu nodrošināšanai jauniešiem ieslodzījumā?**

9. Kā Jums šķiet, kādā veidā būtu iespējams uzlabot veselības veicināšanas aktivitāšu pieejamību ieslodzījuma vietās?

10. Citi komentāri:

**Paldies, ka aizpildījāt šo anketu!**

## Опрос персонала, работающего в местах заключения, о потребностях для укрепления здоровья молодых людей, находящихся в заключении



### Что такое проект НРУР?

НРУР это финансируемый Европейской Комиссией проект под названием “Health Promotion for Young Prisoners” (сокращенно НРУР; по-русски – Укрепление здоровья молодых людей, находящихся в местах заключения). В проекте принимают участие семь стран Европейского Союза – Болгария, Чехия, Эстония, Германия, Латвия, Румыния и Соединенное Королевство. Целью проекта является улучшение мероприятий, направленных на укрепление здоровья молодых людей (до 24 лет), находящихся в заключении. В результате проекта планируется разработать и ввести интерактивную учебную программу о вопросах, связанных с укреплением здоровья среди молодежи, находящейся в заключении.

**☞ Для того, чтобы разработать эту программу, нам очень важно узнать Ваше, как профессионала пенитенциарной системы, мнение о том, какие темы, связанные со здоровьем, важны для молодых людей в заключении. Поэтому Ваше участие в этом исследовании, и Ваши ответы нам очень важны!**

### Что означает укрепление здоровья в местах заключения?

Словосочетание «укрепление здоровья» включает в себя все действия, программы и инициативы, целью которых является повышение знаний и развитие навыков для улучшения физического, эмоционального, психологического и социального благополучия в местах заключения как на уровне индивида, так и в группах. Понятие охватывает аспекты широкого спектра, направленные на укрепления здоровья в тюремной среде – от регулярных физических занятий до информирования заключенных молодых людей о потреблении алкоголя, табака и наркотиков, обучения о правильной гигиене полости рта, укрепления психологического здоровья и предотвращения суицидальных действий, а также обучения менеджменту конфликтов.

**☞ НРУР проект не вводят представители тюремной системы, проект финансируется Европейской Комиссией. Эта анкета абсолютно анонимна. Вся информация, предоставленная Вами, будет конфиденциальна, и ни одни личные ответы респондентов на вопросы анкеты ни в коем случае не будут переданы в администрацию тюрьмы.**

**☞ То, что Вы будете заполнять эту анкету, будет означать, что Вы поняли, какова цель этого исследование и согласились принять участие в нем.**

1. Ваш пол:  Мужчина  Женщина

2. Пожалуйста, укажите, который из ниже указанных вариантов, лучше всего соответствует обязанностям, которые Вы выполняете в месте заключения:

- |  |   |
|--|---|
| <input type="checkbox"/> Персонал по безопасности / охрана | <input type="checkbox"/> Администрация тюрьмы |
| <input type="checkbox"/> Социальный работник               | <input type="checkbox"/> Психолог             |
| <input type="checkbox"/> Работник медицины                 | <input type="checkbox"/> Врач                 |
| <input type="checkbox"/> Другой, пожалуйста, укажите:..... |   |

3. Как долго вы работаете с молодыми людьми в заключении (в данном проекте под термином «молодой человек» \_\_\_\_\_ лет подразумевается человек в возрасте до 24 лет)?

4. Пожалуйста, укажите возрастной спектр тех молодых людей, с которыми работаете в данное время:

от \_\_\_\_\_ до \_\_\_\_\_ лет

5. Пожалуйста, отметьте, соответствуют ли ниже упомянутые утверждения молодым людям в Вашем месте заключения? (Пожалуйста, отметьте крестиком соответствующий ответ возле каждого утверждения!)

	Да	Нет
У молодых людей есть возможность заниматься спортом вне помещений / на улице	<input type="checkbox"/>	<input type="checkbox"/>
У молодых людей есть возможность заниматься спортом в спортивном зале	<input type="checkbox"/>	<input type="checkbox"/>
Каждый день у молодых людей проходят занятия вне помещения, которые длятся по меньшей мере один час	<input type="checkbox"/>	<input type="checkbox"/>
Молодые люди в случае плохого самочувствия имеют возможность посетить врача	<input type="checkbox"/>	<input type="checkbox"/>

6. Пожалуйста, укажите, являются ли ниже упомянутые мероприятия по укреплению здоровья доступными для молодых людей, находящихся в Вашем месте заключения, И каким образом обеспечивается эта информация (напр., буклеты, групповые дискуссии, обучение по принципу «равный равному»).

Также, пожалуйста, оцените, насколько важно обеспечивать молодым людям такие мероприятия во время их пребывания в заключении.

				Если доступно, то, каким образом это обеспечивается?					Насколько важно обеспечивать молодых в заключении подобной информацией?
	Доступны	Недоступны	Скоро будут введены	Лифлеты	Плакаты	Брошюры	Индивидуальные консультации	Групповые дискуссии, обучения	«Равный равному» (обученный заключенный обучает других заключенных)
Мероприятия по укреплению здоровья на тему:									
Здоровое питание	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						(оценить от 1 «нисколько не важно» до 5 «очень важно») <input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub> <input type="radio"/> <sub>5</sub>
Изменения тела во время переходного возраста	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="radio"/> <sub>1</sub> <input type="radio"/> <sub>2</sub> <input type="radio"/> <sub>3</sub> <input type="radio"/> <sub>4</sub>

Мероприятия по укреплению здоровья на тему:				Если доступно, то, каким образом это обеспечивается?						Насколько важно обеспечивать молодых в заключении подобной информацией?
	Доступны	Недоступны	Скоро будут введены	Лифлеты	Плакаты	Брошюры	Индивидуальные консультации	Групповые дискуссии, обучения	«Равный равному» (обученный заключенный обучает других заключенных)	(оценить от 1 «Нисколько не важно» до 5 «очень важно»)
										○ <sub>5</sub>
Гигиена полости рта / зубов	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Употребление алкоголя	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Употребление табака	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Употребление рецептурных лекарств	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Употребление наркотиков	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
ВИЧ/СПИД	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Гепатиты	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Туберкулез	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Безопасное татуирование, пирсинг (не нанося вреда здоровью)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Снижение вреда вызванного инъектированием наркотиков (т.е. безопасное инъектирование наркотиков)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Профилактика самоубийств	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Профилактика самовредительства (угнетения себя и т.п.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Сексуально-трансмиссивные инфекции	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Принципы безопасного секса (в том числе использование презерватива)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Контрацепция	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>

				Если доступно, то, каким образом это обеспечивается?						Насколько важно обеспечивать молодых в заключении подобной информацией?
	Доступны	Недоступны	Скоро будут введены	Лифлеты	Плакаты	Брошюры	Индивидуальные консультации	Групповые дискуссии, обучения	«Равный равному» (обученный заключенный обучает других заключенных)	(оценить от 1 «нисколько не важно» до 5 «очень важно»)
Мероприятия по укреплению здоровья на тему:										
Как справиться с жизнью в заключении, опытом преступника	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Как справиться с буллингом (буллинг – когда другие высмеивают, унижают, издеваются над другим человеком )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Менеджмент конфликтов	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
Другая тема, пожалуйста, уточните:										
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							○ <sub>1</sub> ○ <sub>2</sub> ○ <sub>3</sub> ○ <sub>4</sub> ○ <sub>5</sub>

7. На Ваш взгляд, есть ли среди заключенных молодых людей, какая-либо группа, которой необходимо было бы обеспечить специальные мероприятия по укреплению здоровья?

- Женщины                       Мигранты                       Этнические меньшинства  
 Другие, пожалуйста, уточните:.....

8. Какие, на Ваш взгляд, самые главные препятствия (если такие есть) для обеспечения мероприятий по укреплению здоровья среди заключенных молодых людей?

**9. Как Вы считаете, каким образом можно было бы улучшить доступ к мероприятиям по укреплению здоровья в местах заключения?**

**10. Другие комментарии:**


**Спасибо, что заполнили эту анкету!**

## Jauniešu, kuri atrodas ieslodzījumā, aptauja par veselības veicināšanas vajadzībām




### Kas ir projekts HPYP?


HPYP ir Eiropas Komisijas finansēts projekts ar nosaukumu "Health Promotion for Young Prisoners" (saīsinājumā HPYP; latviski – Jauniešu ieslodzījuma vietās veselības veicināšana). Projektā piedalās septiņas Eiropas Savienības valstis – Bulgārija, Čehija, Igaunija, Vācija, Latvija, Rumānija un Apvienotā Karaliste. Projekta mērķis ir uzlabot veselības veicināšanas pasākumus jauniešiem (līdz **24 gadu** vecumam), kuri atrodas ieslodzījumā. Projekta rezultātā plānots izstrādāt un ieviest interaktīvu mācību programmu par veselības veicināšanas jautājumiem ieslodzīto jauniešu vidū.

 **Lai varētu šo programmu izstrādāt, mums ir ļoti svarīgi uzzināt, kādas ar veselību saistītas tēmas ir svarīgas jauniešiem ieslodzījumā, tāpēc Tava piedalīšanās šajā pētījumā un Tavas atbildes mums ir ļoti svarīgas!**

### Ko nozīmē veselības veicināšana ieslodzījuma vietās?

Vārdu salikums „veselības veicināšana” sevī ietver visas aktivitātes, kas palīdz cilvēkam saglabāt savu veselību un uzlabot to. Veselības veicināšanas ietvaros tiek runāts, piemēram, par to, kāpēc cilvēkam ir labi nodarboties ar sportu, kāpēc būtu svarīgi atmest smēķēšanu vai alkohola lietošanu, par problēmām, kas rodas no narkotiku lietošanas, par zobu kopšanu, par to, kā paaugstināt savu pašapziņu, pārliecību par sevi, par to, kā tikt galā ar savām izjūtām, piemēram, skumjām, arī par to, kā tikt galā ar dzīvi ieslodzījumā – strīdiem, dzīvi kopā ar citiem cilvēkiem lielā grupā u.tml..

 **HPYP projektu neievieš cietumu sistēmas pārstāvji, to finansē Eiropas Komisija. Šī anketa ir absolūti anonīma. Visa informācija, ko sniegsi, būs konfidenciāla un neviena jaunieša individuālās atbildes uz anketas jautājumiem nekādā gadījumā netiks nodotas cietuma administrācijai.**

 **Tas, ka aizpildīsi šo anketu, nozīmēs, ka esi sapratis, kāds ir šī pētījuma mērķis un ka piekriti tajā piedalīties.**

1. Tu esi (lūdzu, atzīmē ar krustiņu atbilstošo atbildi)...  Vīrietis  Sieviete

2. Cik Tev gadu?  gadi

3. Vai šī ir pirmā reize, kad atrodies ieslodzījumā (cietumā)?  Jā  Nē

4. Tu esi ...  pirmstiesas apcietinājumā?  notiesātais?



<p>5. Vai Tu gribētu ko vairāk uzzināt par šādiem jautājumiem / tēmām? (Lūdzu, atzīmē ar krustiņu atbilstošo atbildes variantu pie katras tēmas!)</p>				<p><b>Cik svarīgs Tev šķiet šis jautājums?</b></p> <p>(Lūdzu, atzīmē ar krustiņu atbilstošo atbildes variantu pie katras tēmas!)</p>		
	Jā	Nē	Nezinu	Ļoti svarīgs	Svarīgs	Nav svarīgs
Kā ēst veselīgi	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā mainās mans ķermenis, kad es kļūstu vecāks (tai skaitā par seksualitāti)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā pareizi rūpēties par zobu un smaganu veselību	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā alkohola lietošana ietekmē veselību	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā smēķēšana ietekmē veselību	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zāļu, kuras ārsts izrakstījis kādam citam cilvēkam, lietošanas bīstamība	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā narkotiku lietošana ietekmē veselību	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kas ir HIV un kā pasargāt sevi no inficēšanās ar to	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kas ir vīrushepatīts un kā pasargāt sevi no inficēšanās ar to	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kas ir tuberkuloze un kā pasargāt sevi no inficēšanās ar to	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā droši (neradot kaitējumu veselībai) veikt tetovēšanu vai pīrsingu	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā mazināt kaitējumu veselībai, ko rada narkotiku injicēšana (t.i. drošāka narkotiku injicēšana)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā tikt galā ar pašnāvības domām / izjūtām	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā tikt galā ar paškaitējuma (sevis graizīšana vai tamlīdzīgas darbības) domām / izjūtām	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kas ir seksuāli transmisīvās infekcijas (slimības, kuras iegūst dzimumkontakts) un kā pasargāt sevi no inficēšanās ar tām	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā pareizi lietot prezervatīvu	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Par dažādām kontracepcijas (izsargāšanās no grūtniecības) metodēm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā tikt galā ar dzīvi ieslodzījumā	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternatīvas likumpārkāpumu izdarīšanai – ar ko citu var nodarboties, lai nebūtu jāiesaistās likumpārkāpumu izdarīšanā	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā tikt galā ar bulingu (bulings – kad citi izsmej, pazemo, ņirgājas par kādu cilvēku)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kā tikt galā ar strīdiem un agresiju ieslodzījumā	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cita tēma (uzraksti, kāda!):	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Vai vari iedomāties vēl kādus citus jautājumus / tēmas, kuras varētu palīdzēt Tev justies veselīgākam / uzlabot savu veselību, atrodoties ieslodzījuma vietā?

7. Vai Tev ir vēl kādi citi komentāri, ko Tu vēlētos pateikt?


**Paldies, ka aizpildīji šo anketu!**

**Опрос молодых людей, находящихся в заключении, о потребностях, необходимых для укрепления здоровья**




**Что такое проект НРУР?**


НРУР это финансируемый Европейской Комиссией проект под названием “Health Promotion for Young Prisoners” (сокращенно НРУР; по-русски – Укрепление здоровья молодых людей, находящихся в местах заключения). В проекте принимают участие семь стран Европейского Союза – Болгария, Чехия, Эстония, Германия, Латвия, Румыния и Соединенное Королевство. Целью проекта является улучшение мероприятий, направленных на укрепление здоровья молодых людей (**до 24 лет**), находящихся в заключении. В результате проекта планируется разработать и ввести интерактивную учебную программу о вопросах, связанных с укреплением здоровья среди молодежи, находящейся в заключении.

 **Для того, чтобы разработать эту программу, нам очень важно узнать, какие темы, связанные со здоровьем, интересны заключенным молодым людям, поэтому Твое участие в этом исследовании и Твои ответы для нас очень важны!**

**Что означает укрепление здоровья в местах заключения?**

Словосочетание „укрепление здоровья” включает в себя все действия, которые помогают человеку сохранить и улучшить свое здоровье. В рамках укрепления здоровья говорится, например, о том, почему человеку полезно заниматься спортом, почему было бы важно бросить курение или употребление алкоголя, об уходе за зубами, о том, как повысить свою самооценку, уверенность в себе, о том, как справиться со своими чувствами, например, грустью, а также о том, как справиться с жизнью в заключении – с ссорами, жизнью с другими людьми в большой группе и т.п.

 **НРУР проект не вводят представители тюремной системы, проект финансируется Европейской Комиссией. Эта анкета абсолютно анонимна. Вся информация, предоставленная Тобой, будет являться конфиденциальной, и ни одни личные ответы молодых людей на вопросы анкеты ни в коем случае не будут переданы в администрацию тюрьмы.**

 **То, что Ты будешь заполнять эту анкету, будет означать, что Ты понял, какова цель этого исследование и согласился принять участие в нем.**

1. Ты (пожалуйста, отметь крестиком соответствующий вариант)  
 Мужчина  Женщина
2. Сколько Тебе лет?     лет
3. Это первый раз, когда Ты находишься в заключении (в тюрьме)?     Да     Нет
4. Ты ...     досудебно заключенный?     осужденный?

<b>5. Хотел бы Ты узнать больше об этих темах / вопросах?</b> <i>(Пожалуйста, отметь крестиком соответствующий вариант возле каждой темы!)</i>				<b>Насколько важным Тебе кажется этот вопрос?</b> <i>(Пожалуйста, отметь крестиком соответствующий вариант возле каждой темы!)</i>		
	Да	Нет	Не знаю	Очень важный	Важный	Неважный
Как правильно питаться	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как меняется мое тело, когда я взрослею (в том числе и о сексуальности)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как правильно заботиться о здоровье зубов и десен	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как употребление алкоголя влияет на здоровье	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как курение влияет на здоровье	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Опасность употребления лекарств, выписанных врачом для другого человека	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как употребление наркотиков влияет на здоровье	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Что такое ВИЧ, и как защитить себя от инфицирования им	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Что такое вирусный гепатит, и как защитить себя от инфицирования им	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Что такое туберкулез, и как защитить себя от инфицирования им	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как безопасно (не нанося вред здоровью) делать татуировки, пирсинг	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как снизить вред здоровью, который наносит инъекционное введение наркотиков (т.е. более безопасное инъекционное введение наркотиков)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как справиться с мыслями о самоубийстве	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как справиться с нанесением вреда самому себе (угнетением себя и подобные действия)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Что такое сексуально трансмиссивные инфекции (болезни, которые приобретают во время полового контакта), и как защитить себя от инфицирования	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как правильно использовать презерватив	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
О различных методах контрацепции (предохранение от беременности)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как справиться с жизнью в заключении	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Альтернативы преступным нарушениям – чем другим можно заниматься, чтобы не надо было ввязываться в действия, связанные с преступными нарушениями	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как справиться с буллингом (буллинг– когда другие высмеивают, унижают, издеваются над другим человеком)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Как справиться с ссорами и агрессией в местах заключения	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Другая тема (напиши, какая!):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Есть ли еще какие-либо другие темы/вопросы, которые могли бы помочь Тебе чувствовать себя более здоровым / улучшить свое здоровье, находясь в месте заключения?

9. Есть ли у тебя другие комментарии, которыми Ты желаешь поделиться?

**Спасибо, что заполнил эту анкету!**

## Interview guidelines for interviews with NGOs/ service providers



### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

*The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This interview is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.*

### Expert interview questions

1. Please indicate your professional position
2. How long have you been working with young offenders?
3. What age range of young offenders are you working with?
4. What kind of health promotion measures do you provide?
5. What do you think are the health promotion needs of young offenders?
6. Are there particular vulnerable groups (e.g. women, migrants/ ethnic minorities, drug/ alcohol users) requiring and receiving special services regarding health promotion?
7. How does cooperation with the *prison/ youth arrest house/ re-education centre* look like?  
How does this work?
8. What are the main barriers to implementing health promotion for young offenders?
9. What are your suggestions to improve health promotion for young offenders?
10. What would you most want to change regarding health promotion for young offenders?
11. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**

## Interview guidelines for interviews with custody staff



### What is the HPYP project about?

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### What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

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### Expert interview questions

1. What is your professional position
2. How long have you been working with young offenders?
3. What is the age range of the young offenders that you work with?
4. What do you think are the health promotion needs of young offenders?
5. What kind of health promotion measures exist in your secure setting (*prison, youth arrest house, re-education centre etc*). What works well? What doesn't?
6. Are there particular vulnerable groups among the young offenders (e.g. women, migrants/ethnic minorities, problem drug users) that require or who receive special services regarding health promotion?
7. Does the *prison/youth arrest house/ re-education centre* have links with NGOs/ voluntary organisations/ public agencies regarding health promotion activities? If yes, please specify this cooperation. How does this cooperation work?
8. What are the main barriers to implementing health promotion for young offenders?
9. What are your suggestions to improve health promotion?
10. Are there any key changes that you think would improve health promotion for young offenders?
11. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**



## Fokusgrupas dalībnieka anketa

**Vecums:** \_\_\_\_\_ gadi      **Dzimums:**  vīrietis       sieviete

**Tautība:** \_\_\_\_\_

**Laiks, kas pavadīts apcietinājumā**

- Vai šī ir pirmā reize, kad atrodi ieslodzījumā (cietumā)?  Jā       Nē
- Tu esi ...  pirmstiesas apcietinājumā?       notiesātais?
- Kopumā visas dzīves laikā: \_\_\_\_\_ gadi \_\_\_\_\_ mēneši
- Pašreizējā ieslodzījumā (līdz šim brīdim): \_\_\_\_\_ gadi \_\_\_\_\_ mēneši

**Ieslodzījuma iemesls/pamatojums:** \_\_\_\_\_





## Анкета участника фокусной группы

**Возраст:** \_\_\_\_\_ лет      **Пол:**  мужчина       женщина

**Национальность:** \_\_\_\_\_

**Время проведенное в заключении**

- Это первый раз, когда Ты находишься в заключении (в тюрьме)?  Да       Нет
- Ты ...  досудебно заключенный?       осужденный?
- В общем итоге за всю жизнь: \_\_\_\_\_ лет \_\_\_\_\_ месяцев
- В настоящем аресте (до сегодняшнего дня включительно): \_\_\_\_\_ лет \_\_\_\_\_ месяцев

**Причина заключения / обоснование:** \_\_\_\_\_

## Interview guidelines for focus groups



### What is the HPYP project about?

The EU funded project “Health Promotion for Young Prisoners” (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

### What do we mean by health promotion in custody?

The term health promotion covers all the things that help to keep you healthy and to improve your health. This can include things like why exercise is good for you, how to stop smoking, how to manage your drinking, understanding the problems of using drugs, looking after your teeth, improving your self confidence and dealing with feelings of sadness. It also includes such things as how to deal with living in custody and how to cope with arguments and living with others in a large group.

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### Focus group questions

1. When you think about the words “health” and “wellbeing” – what comes into your mind? What does health mean to you?
  - *Split participants into two groups, ask them to draw a picture “How do you imagine a healthy/ an unhealthy person?” and discuss it with the group.*
2. Do you feel healthy at the moment? Do you think that being here has affected your health (in a good /bad way)?
3. What could help you to be healthier here and after you leave?  
*(for possible answers compare to the needs assessment questionnaire; e.g. smoking cessation, abstinence from alcohol, physical activity, good diet, knowing more about infectious diseases, sexual health, mental health...)*
  - *Use posted notes or a flipchart for writing down the answers*
  - *Ask participants to prioritise their answers*
4. How much do you know about the things we have put down on the flip chart? *(pick one subject at a time and ask the group for comments)*
5. What things about your health do you think you would like to learn more about?
6. Can you think of anything else that would help you to feel better?
7. If you could choose 3 things that would make you feel better here what would they be?
8. Is there anything that you consider important that I have forgotten to ask you?

**THANK YOU!**

**Attachment 11 List of topics according to the proportion of positive answers (Yes, I would like to know more about the topic), in descending order, FEMALE RESPONDENTS**

<b>Topic</b>	<b>Number of respondents giving a positive answer (n)</b>	<b>Percentage of respondents giving a positive answer (%)</b>
Healthy nutrition	16	94.1
Dental/ oral hygiene	15	93.8
Alternatives to criminality	13	81.3
Body changes during puberty	13	76.5
Hepatitis	12	70.6
Tuberculosis	12	70.6
Aggression in custody	11	64.7
Drugs	11	64.7
Safe practices for tattooing/piercing	11	64.7
Deliberate self-harm	11	64.7
Safe drug injection	10	58.8
Coping with custody & criminal career	10	58.8
Smoking	10	58.8
STI	10	58.8
Alcohol	9	56.3
Bullying	9	52.9
Prescription drug abuse	8	50.0
HIV/AIDS	7	43.8
Contraception	7	43.8
Prevention of suicide	7	41.2
Condoms	3	17.6

**Attachment 12 List of topics according to the proportion of positive answers (yes, I would like to know more about the topic), in descending order, MALE RESPONDENTS**

<b>Topic</b>	<b>Number of respondents giving a positive answer (n)</b>	<b>Percentage of respondents giving a positive answer (%)</b>
Dental/ oral hygiene	68	84.0
HIV/AIDS	67	82.7
Healthy nutrition	66	82.5
Hepatitis	65	80.2
Coping with custody & criminal career	64	78.0
Tuberculosis	63	77.8
Alternatives to criminality	61	76.3
Alcohol	62	73.8
Aggression in custody	58	73.4
Smoking	59	72.0
STI	57	71.3
Body changes during puberty	59	71.1
Drugs	58	70.7
Prescription drug abuse	53	64.6
Safe practices for tattooing/piercing	49	61.3
Bullying	47	58.8
Deliberate self-harm	45	56.3
Condoms	45	56.3
Safe drug injection	41	51.3
Contraception	34	44.2
Prevention of suicide	34	42.5

**Attachment 13 List of topics according to the proportion of positive answers (the particular topic is considered either very important or important), in descending order, FEMALE RESPONDENTS**

Topic	Number of respondents giving a positive answer (n)	Percentage of respondents giving a positive answer (%)
Hepatitis	18	94.8
Healthy nutrition	17	94.4
Tuberculosis	17	89.5
Safe practices for tattooing/piercing	17	89.5
Dental/ oral hygiene	16	88.9
Body changes during puberty	16	88.9
Alternatives to criminality	16	88.9
Deliberate self-harm	16	84.2
HIV/AIDS	16	84.2
Safe drug injection	16	84.2
Bullying	15	83.4
STI	15	83.3
Coping with custody & criminal career	14	77.8
Aggression in custody	14	77.8
Drugs	13	72.2
Prevention of suicide	13	68.4
Alcohol	12	66.6
Contraception	11	64.7
Smoking	9	56.3
Prescription drug abuse	8	50.0
Condoms	8	44.5

**Attachment 14 List of topics according to the proportion of positive answers (the particular topic is considered either very important or important), in descending order, MALE RESPONDENTS**

<b>Topic</b>	<b>Number of respondents giving a positive answer (n)</b>	<b>Percentage of respondents giving a positive answer (%)</b>
Hepatitis	70	93.4
HIV/AIDS	66	90.4
Tuberculosis	67	89.3
Dental/ oral hygiene	69	88.5
Healthy nutrition	66	88.0
STI	64	87.7
Alternatives to criminality	65	85,5
Smoking	64	84.2
Alcohol	59	82.0
Aggression in custody	63	81.8
Coping with custody & criminal career	61	81.4
Body changes during puberty	56	80.0
Safe practices for tattooing/piercing	59	77.6
Drugs	56	76.8
Prescription drug abuse	53	73.6
Safe drug injection	53	71.6
Deliberate self-harm	52	70.2
Bullying	50	68.5
Condoms	48	65.7
Contraception	46	63.0
Prevention of suicide	44	58.6

**Attachment 15 Media providing information about a particular topic to juveniles in custody**

Topic	Percentage respondents giving a positive answer (%) (of the staff having indicated that there are health promotion activities taking place in their workplace on the particular topic)					
	Leaflets	Posters	Brochures	Individual counselling	Group sessions	Peer educators
Hepatitis	6.3	43.8	62.5	37.5	50.0	25.0
HIV/AIDS	9.1	45.5	57.6	39.4	51.5	24.2
Tuberculosis	7.1	35.7	57.1	57.1	32.1	14.3
Smoking	8.3	33.3	54.2	54.2	50.0	4.2
Drugs	10.7	35.7	60.7	46.4	60.7	21.4
Condoms	7.4	29.6	59.3	63.0	66.7	14.8
STI	4.3	34.8	60.9	60.9	78.3	17.4
Coping with custody & criminal career	0	4.2	4.2	75.0	33.3	20.8
Conflict management	0	4.3	8.7	73.9	73.9	13.0
Bullying	0	4.3	4.3	78.3	39.1	18.2
Alcohol	0	26.1	65.2	52.2	56.5	4.3
Dental/ oral hygiene	10.5	10.5	47.4	57.9	10.5	0
Prescription drug abuse	0	18.8	31.3	75.0	12.5	6.3
Prevention of suicide	0	4.3	8.7	95.7	21.7	8.7
Safe drug injection	0	27.3	50.0	54.5	68.2	18.2
Healthy nutrition	6.3	12.5	18.8	62.5	50.0	6.3
Deliberate self-harm	0	9.1	9.1	95.5	18.2	9.1
Contraception	0	31.3	56.3	62.5	43.8	12.5
Safe practices for tattooing/piercing	0	6.7	20.	66.7	53.3	20.0
Body changes during puberty	0	20.0	10.0	80.0	30.0	0