

A comparison of Quality of Life and Happiness of Children and Adolescents in Residential Care with Children and Adolescents in parental Care of Ahvaz in

۲۰۱۵

1_ fateme honarmanpour, , 2_ Zahra mehri, 3_ azam honarmandpour*

1_ Student Research Committee, Shoushtar Faculty Of Medical Sciences, Shoushtar. Iran

2_ Shoushtar Faculty Of Medical Sciences, Shoushtar. Iran

3_ Shoushtar Faculty Of Medical Sciences, Shoushtar. Iran

Abstract

Although life in a children's home provides physical security, nutrition and shelter it may lack psychological security. Therefore attention needs to be focused on the quality of life of children and adolescents living in children's homes.

This is a descriptive-analytic study was conducted from April to January 2015 with the aim of comparing the quality of life and happiness in adolescents and children in residential care and of those in parental care in Ahvaz. In this study using an available multi-stage random sampling method was performed on 150 children and adolescents aged 18-8 years old, taking information of 75 children and adolescents in residential care and that of 75 children and adolescents in parental care.

The result showing the mean score of quality of life and happiness in children and adolescents in residential care (80.8 ± 9.08 , 67.05 ± 13.59) was significantly lower than the mean score of quality of life and the happiness of children and adolescents in parental care (103.61 ± 8.88 , 83.24 ± 15.92) ($P < 0.0001$). Children and adolescents in residential care had a lower quality of life and happiness than children and adolescents in parental care.

Key words: Happiness, quality of life, child, adolescent, residential

INTRODUCTION

Childhood is an evolutionary stage, in which the importance of the mutual emotional bond between the child and his/her caregivers, especially the parents, is recognized for the physical, psychological and social development of the child (1). The adolescence period is also a transitional period between childhood and adulthood (2). Psychologists call it the emotional period, constructive crises, pressure and storm period (3). Adolescence starts around the age of 12-13 and lasts until the age of 18 (4). According to the World Health Organization, adolescence is between the ages of 10 and 19. About one fifth (20%) of the world's population is made up of teenagers. The population of adolescents is reported to be 23% in less developed countries, 19% in developing countries and 12% in the industrial countries. More than half of the world's teenagers live on the Asian continent (5). Meanwhile, this process is associated with rapid physiological changes, increased imbalance and instability of mood; concern for the future; accountability; the endeavor to obtain approval and confirmation from others, especially their peers.

These changes can help the normal growth of the adolescent, but can also lead to behavioral, cognitive and emotional problems (6). One of the critical issues currently is the establishment of a healthy physical and social environment for children and adolescents, because factors that disturb their life environment will also affect their health (7). Therefore societies should