

A Comparative of Quality of Life among the Adolescent Deprived from Presence of Father

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ABSTRACT: This study is designed to compare personal characteristics and the quality of life among the adolescent deprived of presence of father according to causal-comparative way. Static sample consists of 160 girls and boys who are 14-23 years old. They are divided to 4 groups, each group consists of 40 persons who are deprived of presence of father (divorce & common death & traumatic death) and one control group that consists of 40 persons is chosen according to random-stratified sampling and for data collection the researcher used SF-36 questionnaire and for analyzing the data the researcher used one-way analysis of variance (ANOVA). The results showed that: adolescents with common death father have highest quality of life and lowest score was for control or father presence group. Analysis of variance showed that based on type of father presence, quality of life adolescents among 4 groups is not significance. Results showed that eight aspects of quality of life, including physical function, role physical, bodily pain, general health, vitality, social function, role emotional and mental health has not significance among 3 type of absence father and control group
Key words: Quality Of Life, Presence Of Father, Divorce, Normal Death And Traumatic Death

INTRODUCTION

The importance of the father in the development of his children has been the topic of many sociological, psychological studies (Lamb, 1986, 1987, 1997). Father absence can be caused by the death, divorce, and job requirement of the fathers. In previous studies, the effects of father absence on child's socio-emotional development have been examined from four aspects: sex role, personality-social, moral, and intellectual development. A parent's death typically ends a child's relationship with someone of central emotional importance, with the attendant potential for straining his or her relationship with the remaining parent or caregiver; worsening the family's economic status and living situation; creating pressure to take on responsibilities of the dead parent, and isolating the child from friends (Worden, 1996; Tremblay and Israel 1998, Stokes, Reid, and Cook 2009). Not surprisingly, parental absence is often accompanied by symptoms of poor psychosocial well-being. Sometimes changes in behavior and school performance occur as well. The results of studies examining how children fare after a parental death, however, are not uniform, and this has led to efforts to identify factors that either predispose children to or that mediate the impact of parental loss (Leuken, 2008; Sandler, 2003). Studies on the psychological vulnerability of children from father-absent or nonresidential households suggest that these children are more likely to experience emotional disorders (Baydar, 1988) and depression (Amato, 1991) as compared with father-present households. These effects have been found to be mediated by marital status and educational attainment in adulthood (Amato & Keith, 1991). Studies have focused on the child's age and gender, the parent's gender, and the interaction of the child's and parent's gender. It appears that father absence has great effects on adolescents' life quality. The terms quality of life or health-related quality of life are frequently used in health research to refer to this assortment of questions for the measurement of conditions and experiences in various areas of life as the basis for examining the consequences of disease and illness, and the effectiveness of health-care practices and interventions (Bowling, 2005; Fayers & Machin, 2007; Ferrans, 2005). Clearly, quality of life has become an important concept in health research. Quality of life is increasingly viewed as an important consideration in research on adolescents' health (Kaplan, 1998; Dannerbeck et al., 2004). In this study, we focused on the effects of father absence on the adolescents' life quality compare with presence father adolescents.

MATERIAL AND METHODS

The study sample consisted of 160 adolescents, aged 14-23 years from Mazandaran county (Sari, Neka and Behshahr) that covering Imam Khomeini Charity, these adolescents were in father absence. These subjects divided to 4 groups based on type of father death: common death (diseases, accidents and etc.), traumatic deaths (execution, suicide and etc.), divorce and adolescents that have aging or effete father (or control group). Participation involved a detailed interview, including paperbased self-administration of the SF-36. The SF-36 measures eight aspects of HRQOL, including physical function (PF), role physical (RP), bodily pain (BP), general health (GH), vitality (VT), social function (SF), role emotional (RE) and mental health (MH). Scores range between 0 (poor) and 100 (best) HRQOL.

Data were assessed using one-way ANOVAs test. The Statistical Package for Social Sciences (SPSS) was used. Significance level $p < .05$ was regarded as statistically significant.

RESULTS

Gender characteristics of the participants showed in table 1.

Table 1. Gender characteristics of the participants

Absence type		Boy	Girl	Total
Father presence	Frequency	18	22	40
	Percent	45	50	100
Divorce	Frequency	20	20	40
	Percent	50	50	100
Common death	Frequency	11	29	40
	Percent	27.5	72.5	100
Traumatic death	Frequency	17	23	40
	Percent	42.5	57.5	100

Numbers of girls are higher in all of father absence type except for divorce type that has equal number of boy and girl (Table 2).

Table 2. Age characteristics of the participants

Absence type		Up to 16 yrs.	17-20 yrs.	Upper 20 yrs.	Total
Father presence	Frequency	12	13	15	40
	Percent	30	32.5	37.5	100
Divorce	Frequency	14	14	12	40
	Percent	35	35	30	100
Common death	Frequency	15	17	8	40
	Percent	37.5	42.5	20	100
Traumatic death	Frequency	11	20	9	40
	Percent	27.5	50	22.5	100

Distribution of adolescents age showed in Table 2.

Table 3. Education characteristics of the participants

Absence type		Up to primary	Up to high school	Academic	Unknown
Father presence	Frequency	9	14	4	13
	Percent	22.5	35	10	32.5
Divorce	Frequency	12	22	2	4
	Percent	30	55	5	10
Common death	Frequency	7	20	2	11
	Percent	17.5	50	5	27.5
Traumatic death	Frequency	9	19	2	10
	Percent	22.5	47.5	5	25

As showed in table3, high school education is higher than other education classes.

Results showed that adolescents with common death father has highest quality of life and lowest score was for control or father presence group (Table 4). Analysis of variance showed that based on type of father presence, quality of life adolescents among 4 groups is not significance (Table 5).

Table 4. Mean and standard deviation the quality of life of the participants

	Absence type	N	Mean	SD
Quality of life	Father presence	40	2355.8	493.4
	Divorce	40	2527.5	587.3
	Common death	40	2353.1	644.8
	Traumatic death	40	2303.7	553.1

Table 5. Variance analysis of quality of life the participants

	SS	df	MS	F	Sig
Between groups	1150657	3	383552.2	1.171	0.323
Within groups	51101754	156	327575.3		
Total	52252411	159			

Results showed that eight aspects of quality of life, including physical function, role physical, bodily pain, general health, vitality, social function, role emotional and mental health has not significance among 3 type of absence father and control group (Table 6).

Table 6. Analysis of eight aspects of quality of life the participants

Variable		df	MS	F	Sig
Physical functioning	Between groups	3	44625	0.632	0.595
	Within groups	156	70608		
	Total	159			
Role physical	Between groups	3	19500	1.154	0.329
	Within groups	156	16900		
	Total	159			
Role emotional	Between groups	3	3416	0.271	0.846
	Within groups	156	12612		
	Total	159			
Vitality	Between groups	3	5780	0.996	0.41
	Within groups	156	5982		
	Total	159			
Mental health	Between groups	3	29070	2.539	0.059
	Within groups	156	11448		
	Total	159			
Social functioning	Between groups	3	5632	2.406	0.069
	Within groups	156	2341		
	Total	159			
Bodily pain	Between groups	3	3326	1.357	0.258
	Within groups	156	2451		
	Total	159			
General health	Between groups	3	10337	1.522	0.211
	Within groups	156	6792		
	Total	159			

DISCUSSION

Comparisons showed no significant difference in the quality of life of adolescents. However, results showed that highest quality of life is in divorce, father presence, common and traumatic death groups, respectively. Hetrington (1999) (in MogheimiAzari et al., 2008) showed that children from chaotic family situation before divorce are transferred to a better and happier condition after divorce.

Significance differences not shown for physical function, role physical, bodily pain, general health, vitality, social function, role emotional and mental health among 4 groups. But highest differences were in mental health and social function. In all of items divorce has highest score among groups. These findings are similar to Hetrington and Hagen (1999) (in Makvandi et al., 2000) results. Our results are similar to Howard et al (1996) that showed bodily pain is high in divorce children; as mental health is lower (Amato, 2000). Amato and Kit (1991) showed that social function is lower in divorce children compare with father presence. Father presence group has lowest score in health and emotion circumscription and social function, while lowest score of mental health observed for traumatic death. These results are similar to Dawson (1991) findings.

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