

# Quality of life for teenagers with social deprivation

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**Background.** Social instability, crisis «social neglect» and «social isolation» in teenagers is relevant because it impaired mental health and forms psychical disadaptation. All this thinks determines this investigate.

**Purpose.** To investigate quality of life in socially depressed teenagers.

**Materials and methods.** The results of experimental psychological research 100 teenagers with social depression and clinic-psychopathological, statistical methods was used.

**Results.** The result of research quality of life in teenagers with social depressed was next : the most vulnerable for biological and social orphans was psychological and physical sphere, and for teenagers with social-maternal, socio-psychological and family depressed was environment and relationship.

**Conclusion.** Socio-economic, medico-psychological factors have led to impairment quality of life in lest protected people – teenagers.

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## Background

The state of mental health is one of the criteria of social and psychological stability, both of an individual and society as a whole [1, 2]. Socioeconomic, moral and ethical conditions have become the factors that mainly affect the indicators of mental health and mental pathology; this was especially clearly observed in adolescents during their socialization [3, 4, 5].

Low socioeconomic level in Ukraine, when the bulk of the time of many parents is spent on improving the material well-being of families with earning funds mainly outside their state, as well as on the existence of a dual morality with low spirituality and culture of public life due to the tolerance of society to an unhealthy lifestyle (alcohol consumption, smoking, violence) create a negative microclimate for the adolescent population.

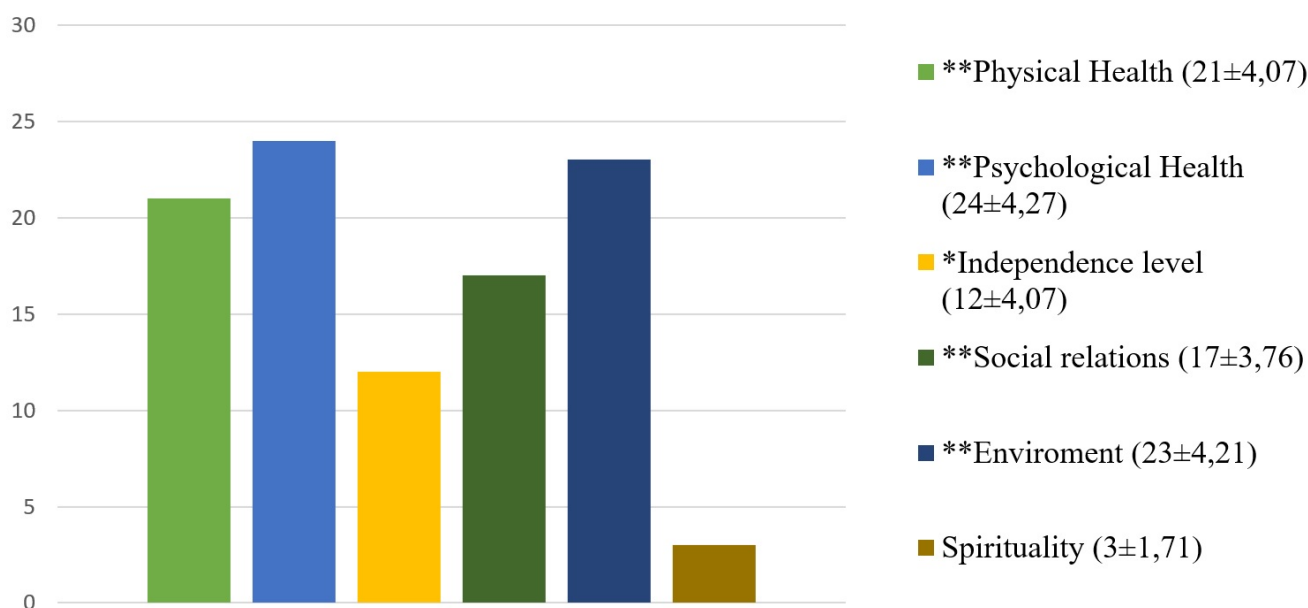
Given the spread of social instability, the crisis of “social neglection” and “social exclusion” of the younger generation of our state has become an urgent problem, since it worsens the mental health of adolescents and forms mental maladjustment [6, 7]. All of the above determines the prospects of research in this direction.

## Materials and methods

Data from an experimental psychological study of 100 adolescents in a state of social deprivation, using a WHO QOL-100 structured questionnaire. Clinical psychopathological and statistical research methods were applied.

## Results

In the course of the study, 100 adolescents were divided into five groups: Group 1 - 20 people with biological deprivation (BD) (due to true biological orphanhood), Group 2 - 20 people with social maternal deprivation (SMD) (due to prolonged isolation from the mother's family due to migration), Group 3 - 20 people with emotional-social deprivation (ESD), Group 4 - 20 people with a family (FD) and Group 5 - 20 people with a socio-psychological deprivation (SPD). When using the WHO QOL-100 structured questionnaire, it was established (Figure 1) that among the studied spheres (S) of human existence the most vulnerable were: psychological - 24%, environment - 23%; physical sphere - 21%; slightly less: social relations - 17%; independence level - 12%; spiritual sphere (SS) - 3%.



**Figure 1.** Distribution of areas of vulnerability according to the WHO QOL-100 questionnaire. Note: \* - the difference is significant compared with SS ( $p < 0,01$ ); \*\* - the difference is significant compared with SS ( $p < 0,001$ )

In the study of the areas of vulnerability, the individual barrier of mental adaptation was taken into account as a lack of freedom under the influence of a psycho-traumatic situation, which, as a result of this lack, was getting extremely stressful.

Investigating the vulnerability of the spheres of life according to the WHO QOL-100 questionnaire for 5 separate groups of adolescents who were deprived, we concluded that in the physical sphere the greatest discomfort was observed among adolescents with SPD (67%), and in individuals with BD it was small (17%) (Table 1).

Spheres (S)	Facets (F)	BD n=20	SMD n=20	ESD n=20	FD n=20	SPD n=20
Physical Health - 21%	Pain and discomfort	16,67	33,33	33,33	33,33	66,67
	Energy and fatigue	66,67	66,67	50,00	66,67	-
	Sleep and rest	16,67	-	16,67	-	33,33
Psychological Health - 24%	Positive feelings	14,29	25,00	-	25,00	-
	Thinking, learning, memory and concentration	-	-	-	-	-
	Self-esteem	-	25,00	16,67	25,00	33,33
	Negative feelings	85,71	50,00	83,33	50,00	66,67

Spheres (S)	Facets (F)	BD n=20	SMD n=20	ESD n=20	FD n=20	SPD n=20
	Bodily image and appearance	-	-	-	-	-
Level of Independence - 12%	Activities of daily living	-	-	-	-	-
	Emotional warmth	100	100	100	100	100
	Work capacity	-	-	-	-	-
Social Relations - 17%	Personal relationships	33,33	-	33,33	25,00	80,00
	Social support	-	50,00	-	-	-
	Sexual activity	66,67	50,00	66,67	75,00	20,00
Environment - 23%	Freedom, physical safety and security	-	-	-	-	-
	Home environment	-	-	-	57,14	57,14
	Financial resources	50,00	50,00	-	14,29	14,29
	Opportunities for acquiring new information and skills	50,00	33,33	100	28,57	14,29
	Participation in and opportunities for recreation/leisure	-	16,67	-	-	14,29
Spiritual sphere - 3%	Religion/Spirituality/Personal beliefs	-	100	-	-	100

**Table 1.** The distribution of the components of the main life areas of a person according to the WHO QOL questionnaire - 100 (%)

Energy and fatigue prevailed in 1 (BD), 2 (SMD), 3 (ESD), 4 (FD) groups in a ratio of 1:1:0.8:1:0. Positive emotions in groups 2 and 4 prevailed compared to biological orphans (group 1) at a ratio of 0.7:1:0:1:0. Self-esteem was positive among individuals in SPD, SMD, DM and less in ESD groups; in biological orphans (BD), it was not positive.

Negative emotions were more significantly expressive in groups 1 and 3 in a ratio of 1.8: 1: 1.7: 1: 1.3. Such components of the psychological health sphere as thinking, memory, self-esteem, and appearance of persons of the 1st group were not taken into account at all. But in the sphere of independence in all the studied groups, adolescents were dependent on a lack of emotional warmth (Group I - Group V - 100%), which significantly prevailed over other components.

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In the sphere of social relations, social support dominated (50%) in the 2nd group compared with other groups. The personal relationship index prevailed in the 5th group and amounted to 80% compared with other groups (1:0:1:0.8:2.4 ratio).

In the "environment" sphere, the indicator "financial resources" in the 2nd group was taken by the

studied persons to the first position. The home environment was significant for 57% of respondents in both the 4th and 5th groups. Teens of all groups considered themselves physically unprotected. Indicators of the opportunities for acquiring new information and skills were low in each group, with the exception of the group of social orphans (ESD). Participation in and opportunities for recreation/leisure was significant for the SMD and SPD groups. People from 2 and 5 groups considered themselves believers.

Consequently, the quality of life of adolescents with social deprivation was not high enough due to the presence of mental and physical insecurity with almost (except for those with social maternal deprivation) complete lack of social support, insufficient financial resources aimed at acquiring the most necessary in life. The lack of recreation opportunities among biological and social orphans and children from asocial families, pronounced exhaustion of life (excluding groups of people with socio-psychological deprivation), lack of spirituality and high sexual activity was noted in all examined groups of adolescents.

Thus, the study found that lack of parental warmth through biological, social, migratory orphanhood and neglect of children in asocial families and among people with socio-psychological deprivation because of lack of psychological assistance from parents, especially from mother, significantly adversely affected the quality of life of the young generations and created a psychological problem for adolescents (Table 1).

The study proved the obvious vulnerability of one or another sphere of life in adolescents with various types of psychological deprivation. It was important that the barrier of mental adaptation of the examined persons was dynamic, since it was constantly destroyed and re-created under the influence of biological and social factors.

Psychological tension detected in persons with ESD, BD, SMD was caused by chronic distress. It brought the response adaptation barrier closer to an individual critical value, which necessitated an urgent psychocorrection.

Thus, biological orphans had the most vulnerable spheres of psychological (29.17%) and physical (28.57%) health, while the least vulnerable were the spiritual sphere - 0%, the level of independence (16.67%) and the environment - (8,70%).

Among those with social maternal deprivation, the environment was the most vulnerable - 26.09%, and the spiritual sector was the least vulnerable, and social relations - 11.76%.

In group of persons with emotional-social deprivation, the spheres of physical (28.57%) and psychological (25.00%) health were the most vulnerable, and the spiritual sphere was the least vulnerable - 0%.

In persons with family deprivation, the environment sphere was vulnerable - 30.43%, as well as in FD group (30.43%). The least vulnerable in this group were found: the spiritual sphere - 0% and the level of independence - 16.67%. While in the SPD group were social relationships (29.41%) and the environment - 30.43% (Table 2).

Sphere (S)	BD n=20		SMD n=20		ESD n=20		FD n=20		SPD n=20	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%
Physical Health (21,00 ± 4,07***)	6	28,57	3	14,29	6	28,57	3	14,29	3	14,29
Psychological Health (24,00±4,27)	7	29,17	4	16,67	6	25,00	4	16,67	3	12,50

Sphere (S)	BD n=20		SMD n=20		ESD n=20		FD n=20		SPD n=20	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%
***)										
Level of Independence (12,00 ±3,25**)	2	16,67	3	25,00	4	33,33	2	16,67	1	8,33
Social Relations (17,00±3,76***)	3	17,65	2	11,76	3	17,65	4	23,53	5	29,41
Environment (23,00 ±4,21***)	2	8,70	6	26,09	1	4,35	7	30,43	7	30,43
Spiritual sphere (3,00±1,71)	-	-	2	66,67	-	-	-	-	1	33,33

**Table 2.** The distribution of the constituents of the main human life spheres according to etiopathogenetic factors (%±m).

Notes: \*\* - the difference is significant compared with SS ( $p<0,01$ ); \*\*\* - the difference is significant compared with SS ( $p<0,001$ ).

## Conclusion

Thus, having determined the low quality of life of the examined groups of adolescents with different types of social deprivation, we concluded that socio-economic (forced unnaturally long labor migration of able-bodied adult population of Ukraine with children under 18), medical and psychological (low social morality and spirituality of society) factors really led to a deterioration in the level of psychological health of one of the least protected segments of the population - adolescents, especially orphans and half-orphans, "migration orphans", adolescents from asocial families, who have problems related to social functioning, associated with the lack of vital parental care.

We believe that it was important in our study to determine the circle of persons in need of psychocorrection, since in the field of view of psychiatrists there is a very small proportion of adolescents with psychogenic experiences which is caused by the natural impossibility of psychiatric expansion. At the same time, knowledge of the true picture of emotional and stressful experiences of this risk for the formation of mental disorders groups provides ample opportunities to use mental hygiene, primary and secondary prevention of neurotic disorders as real steps to ensure that socially deprived adolescents have a decent level of social functioning based on an increased demand for spiritual and moral values society.

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