

## Якість життя підлітків-імігрантів та корінних: порівняльне дослідження

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Процеси іміграції мають різномантний вплив на майбутнє країн, уособлюючи як засіб підсилення нації, так і джерело соціальних конфліктів. Особлива увага надається соціальній інтеграції підлітків-імігрантів, що робить важливим питання їх здоров'я, добробуту та психологічної адаптації. В останній час у Португалії стратегія масової еміграції змінилася на стратегію підтримки імігрантів, переважно з України та Росії. Однак увага, що надається питанням здоров'я, добробуту та психологічної адаптації сімей імігрантів, є недостатньою та вимагає використання різноманітних психологічних теорій та методів для подальшого аналізу.

У цьому дослідженні ми збираємося проаналізувати самооцінку якості життя, використання психоактивних речовин (алкоголь, наркотики, тютюн) та рівня ризику статевих відносин у житті підлітків імігрантів та їх однолітків на Батьківщині. Також ми зацікавлені у вивченні можливих взаємозв'язків між здоров'ям, самооцінкою якості життя та стресовими ситуаціями. Для реалізації цих завдань пропонуємо для підлітків імігрантів з Португалії, Росії, Білорусі та України (від 12 до 18 років) та їх однолітків на Батьківщині використання наступних інструментів: соціо-демографічний питальник KIDSCREEN-52, HBSC – визначення рівня здоров'я школярів, SLE – шкала стресових ситуацій. Очікувані наукові результати проекту включають: (1) адаптацію та оцінку інструментів для дослідження жителів-імігрантів; (2) збір відповідних фактів, що дозволить нам ідентифікувати та проаналізувати фактори, що впливають на добробут імігрантів-підлітків; (3) визначення моделей зловживання психоактивними речовинами та рівня ризику статевих відносин у імігрантів-підлітків.

## Quality of Life of Immigrant and Native Adolescents: a Comparative Study

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**Abstract – Immigrant adolescents are a especially vulnerable group to substance abuse and to sexual risk behaviors. In consequence, the promotion of their health, well-being, and psychosocial adaptation is a matter of strategic interest. The aim of this project is to analyze the relationship between perceived well-being of immigrant adolescents, health behaviors and stressful life events in immigrants and native adolescents. We expect to gather relevant data to analyze factors that may influence the well-being immigrant adolescent and to contribute with guidelines that may improve health promotion programs.**

**Keywords** – Quality of life, health-behaviors, well-being, adolescents, immigrants.

Immigration represents a source of social, cultural, and economic empowerment but also a source of problems and social conflicts. The way immigrant adolescents integrate into society will have a decisive influence in the future of countries. In consequence, to promote their health, well-being, and psychosocial adaptation is a matter of strategic interest for countries.

The development of immigrant adolescents occurs in the context of acculturation (Almgren, Magarati, & Mogford, 2009). Depending on its characteristics, this process of acculturation may or may not promote the development of their identity, facilitate relations with peers, and encourage a transition to a professional career or to higher education (Berry, 2001; Fuligni, & Hardway, 2004).

Berry (2001) described four modes of acculturation, based on the relative strengths of identification with one's own ethnic group and the mainstream society. Integrated individuals have strong identification with both their own ethnic group and the mainstream society; assimilated individuals have strong identification with the mainstream society but weak ties with their own ethnic group; separated individuals have strong identification with their own ethnic group but weak ties with the mainstream society; and marginalized individuals have weak identification with both groups.

Also, adolescent acculturation may have detrimental effects on health behaviors, increasing substance abuse and sexual risks (Brindis, Wolfe, Mccarter, Ball, & Starbuck-Morales, 1995). In the European context, both

Russia and Portugal have high rates of HIV/AIDS. Multiple internal (intrapersonal), developmental, and external (ecological) factors play roles in adolescents' practicing safe and risky sex. Most of different research has been conducted with non-immigrant adolescents with a main focus on internal factors. There is a very high level of immigrants in Russia and Portugal including those from the former Soviet Union.

There is substantial variability in resources and needs among immigrants from different countries and social status of origin. The individual and familial characteristics, motives for immigrating, and the social context that families encounter when they arrive, play important parts in explaining these differences.

In the last decades, Portugal has changed from sponsoring mass emigration to hosting immigrants. However, the attention paid to investigation of issues related with health, well-being, psychological adaptation and social integration of immigrant families is insufficient, especially given the importance of this phenomenon. Moreover, research in psychological domains is particularly underdeveloped given that essential aspects of immigration can only be understood through the application of psychological theories and methods.

Our project is informed by acculturation, ecological and social capital theories. Acculturation theory suggests that there is a post-migration decline in functional competence because of the unfamiliarity with the new environment. Therefore, with limited language skills and cultural knowledge, migrants may tend to avoid cross-cultural contacts as these evoke uncertainty and anxiety (Berry, 2001). The consequences of this disengagement on intergenerational relationship and child outcomes are articulated by the ecological and social capital theories.

Most of the empirical research about immigration sets as fundamental objectives for intervention: to reinforce families' social support networks, to promote the health and the development of children, and to reduce the adolescents' risk behaviours. As a protective mechanism for the engagement in risk behaviours we must increment the construction of the adolescent's identity, one that favours integration. Consequently, our project aims at gathering empirical knowledge about these topics.

Our main aims are:

1. To analyze immigrant and native adolescents' perceptions of their quality of life.
2. To analyze substance abuse (alcohol, drugs, and tobacco use) and sexual risk behavior on immigrants' and native adolescents.
3. To study possible associations between health, perceived quality of life and stressful life events.

The participants are immigrants and native adolescents from Portugal, Russia, Byelorussia and Ukraine, ranging in age between 12 and 18 years, assessed in school context.

The instruments used are:

1. A socio-demographic questionnaire, that covers a wide range of issues concerning: family structure, parents' marital status, number of children in the family, number of years living in the country for the students as well as both parents, parental education and labor situation, country of origin and legal status. Information regarding school and course attended by the target students was also collected. In the present study academic competence was assessed through two different but related measures: average grades and retention rates.

2. The KIDSCREEN-52 (The KIDSCREEN Group Europe, 2006), a self-report questionnaire that yields detailed profile information for children aged 8 to 18 years for the following ten dimensions: Physical well-being, Psychological Well-being, Moods and Emotions, Self-perceptions, Autonomy, Parent Relation and Home life, Financial Resources, Social support and Peers, School Environment, Social Acceptance (Bullying).

3. The Health-Behavior Schooled children (HBSC) (Matos et al., 2000), a self report questionnaire that provides information about individual and social resources, health behaviors and health outcomes.

4. Stressful Life Events Inventory (SLE) (Oliva, Jiménez, Parra, & Sánchez-Queijiga, 2008), consisting in a list of 25 negative events, concerning self or significant others, likely to be experienced by the adolescent in family, peer or school related contexts.

We expect to obtain data that contributes to determine accurately the health needs of this vulnerable, but promising, major group of adolescents in order to elucidating future health policies.

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