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Short communication

Subjective Assessment of Quality of Life of Persons whose Fathers Had Died in the Homeland War

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A B S T R A C T

The aim of this paper is to show the current subjective assessment of the quality of life of persons whose fathers had died in war, and compare it with regard to some of their socio-demographic characteristics. The study included 494 participants who had come for a physical and psychiatric examination to one of the health institutions in Zagreb, Rijeka, Osijek or Split in which examinations were arranged. The inclusion criterion was growing up in a single-parent family as a consequence of the father dying in war. Data were collected using a structured clinical interview which also included socio-demographic data: the age and gender of the participant, educational status, marital status, employment status, household income. Also, participants were asked to fill out the World Health Organization Quality of Life Questionnaire – short form (WHOQOL-BREF). Data obtained from this study are descriptive, and are in line with the data obtained on the general population when it comes to comparisons of the assessment of quality of life and certain demographic characteristics. Special emphasis should be given to the link between age and overall satisfaction with the quality of life, with younger persons being more satisfied with the total quality of life than the older study participants. In conclusion, all participants of this study had a specific traumatic experience during the war – their father's death, therefore more data regarding the quality of life of this population can be expected upon a more detailed analysis and establishment of the contribution of traumatization, socio-demographic variables and current mental health to the explanation of the subjective satisfaction with life. A more detailed analysis of the collected data will be available in subsequent papers.

Key words: *quality of life, children of killed defenders, post-war time*

Introduction

Exposure to traumatic events by definition leads to extremely uncomfortable experiences and disturbing reactions which, if prolonged, can impair mental health and thus potentially the individual's quality of life. War and war happenings in Croatia disrupted people's everyday functioning and exposed the population to numerous traumatic experiences[1–3], wounding and loss of physical capacities, loss of significant persons, exposure to direct artillery fire, exile, loss of home, loss of traditional way of life, modest accommodation, poor diet, changes in the community[4]. When it comes to persons who have experienced the war as children or adolescents, there are additional traumatic experiences such as loss of one or both parents, loss of parental care and protection, life with depressive adults, interrupted education[4]. The postwar period and long-term poor living conditions intensified by a transitional environment contribute to the development of psychological disturbances, which is also reflected on a poorer quality of life[5–8]. There are different definitions of the term quality of life, but it should be stressed that quality of life represents a primarily psychological category which does not arise automatically from the satis-

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faction of some basic needs, but rather from the overall psychological structure of the individual interacting with the physical and social environment they live in, and is based on a subjective assessment[4,9]. In this study the quality of life is investigated through four domains: physical health, psychological health, social relationships and physical environment[10], as well as through overall satisfaction with the quality of life, with the target population being persons whose fathers had died in the Homeland War in the period from 1991 to 1995. Namely, our interest stems from the data demonstrating that labor active people in Croatia, younger persons or persons in their early middle age who were in some way affected by war are faced with numerous difficulties related to the unfavorable economic situation, but also with disrupted relationships within the family, and are considered the lost generation[11]. According to the data of the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity, 6,621 children in Croatia have lost one or both parents[12]. One can assume that those children continued to live in families at risk whose other members, i.e. surviving parent, due to their own difficulties in coping with the newly created circumstances of life were not capable of creating a protective atmosphere for the child's development[13], i.e. provide for the child the necessary feeling of security. In the available literature we have not found a study dealing with self-assessment of the quality of life in persons who have grown up in single-parent families with their mother, as a consequence of the father being killed in war, although there are studies dealing with the quality of life of people affected by war in general. The aim of this paper is to present the current subjective assessment of the quality of life of persons whose father had died in war, and compare it with regard to some of their socio-demographic characteristics.

Subjects and Methods

The study included 494 participants who came for a physical and psychiatric examination to one of the health institutions in Zagreb, Rijeka, Osijek or Split in which the examinations were arranged. The examinations were organized by the Ministry of Family, Veterans' Affairs and Intergenerational Solidarity. The inclusion criterion was the status of a child of a deceased war veteran, i.e. growing up in a single-parent family with the mother. Furthermore, an important criterion was the subject's current age. Mean age of the studied population was 25.18 (SD 5.69) years, oldest participant was 41 while the youngest one was 14 years of age. No subjects were omitted from the analysis due to the age criterion. All participants gave their written informed consent. Data were collected using a structured clinical interview which also included socio-demographic data: the age and gender of the participant, educational status, marital status, employment status and household income. The questionnaire and methodology for this type of interview is a result of our experience in working with war veterans and victims of war both in Ministry of Family, Veterans' Affairs and Intergenerational Solidarity as well as in departments of psychiatry of different clinical hospitals. Additionally, participants were asked to fill out the World Health Organization Quality of Life Questionnaire – short form (WHOQOL-BREF)[10].

Statistics

Several statistical analyses were performed. Standard statistical methods were used to calculate means and standard deviations (X±SD). The statistical significance of group differences was tested by ANOVA and post-hoc LSD test. In correlation analysis Pearson coefficient correlation (r) was used. Significance was set at $p<0.05$. Analysis was performed using SPSS, version 16[14].

Results

Socio-demographic characteristics of the participants are shown in Table 1. The study results showed that the correlation between the participant's age and the general quality of life is statistically significant ($r=–0.207$; $p<0.05$) (Table 2). Also statistically significant was the difference in almost all domains of quality of life depending on the employment status, including physical health ($F=2.997$; $p<0.05$), social relationships ($F=3.252$; $p<0.05$) and physical environment ($F=5.860$; $p<0.01$), as well as in the assessment of overall satisfaction with quality of life ($F=5.475$; $p<0.01$) (Table 3). As regards physical health, more statistically significant differences are shown between persons who are retired and those who are still in schooling ($p=0.003$), or those who are either employed ($p=0.003$) or unemployed ($p=0.006$), with those who are retired having poorer physical health (Table 4). Statistically significant differences in the social relationships domain have been shown between unemployed persons and those who are still in schooling ($p=0.010$), and between employed and unemployed persons ($p=0.002$), with

TABLE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS (N=494)

Characteristic					Participants No. (%)
Sex					
Men					64 (32.3)
Women					134 (67.7)
Age	N	X	SD	Min.	Max.
Total	494	25.8	5.69	14	41

TABLE 2
PEARSON'S COEFFICIENT OF CORRELATION BETWEEN AGE AND DOMAINS OF THE QUALITY OF LIFE

	Physical health	Mental health	Social relationships	Environment	Total quality of life
Age	0.020	–0.036	–0.054	–0.083	–0.135*

*p<0.05

TABLE 3
DIFFERENCES IN THE QUALITY OF LIFE ACCORDING TO PARTICIPANTS' EMPLOYMENT STATUS (ANOVA)

	SS Eff	df Eff	MS Eff	SS Err	df Err	MS Err	F	p
Physical health	146.986	3	48.995	3939.28	241	16.3456	2.99747	0.03140*
Mental health	72.760	3	24.253	3397.73	245	13.8683	1.74885	0.15761
Social relationships	35.904	3	11.968	846.43	230	3.6801	3.25206	0.02254*
Environment	333.731	3	111.244	4574.38	241	18.9808	5.86084	0.00070**
Total QOL	7.578	3	2.526	174.39	378	0.4613	5.47552	0.00108**

*p<0.05, **p<0.01

TABLE 4
LSD POST-HOC ANALYSIS FOR THE PHYSICAL HEALTH DOMAIN

	Physical health			
Employment status	{1}	{2}	{3}	{4}
In schooling {1}		0.944159	0.003195**	0.928337
Unemployed {2}	0.944159		0.006476**	0.988568
Retired {3}	0.003195**	0.006476**		0.003550**
Employed {4}	0.928337	0.988568	0.003550**	

the employed having poorer social relationships in both cases (Table 5). Persons still in schooling are statistically significantly different from the employed (p=0.000) and unemployed persons (p=0.002) with regard to the environment, with persons still in schooling having worse assessments (Table 6). The overall quality of life is assessed as being statistically significantly better by the unemployed compared with the persons still in schooling (p=0.000), as well as by employed persons compared with the unemployed (p=0.005) (Table 7). A statistically significant difference has been shown in the quality of health domain pertaining to the physical environment with regard to the total household income (F=2.500; p<0.05) (Table 8). A statistically significant difference was shown between persons whose total income is between HRK (Croatian Kuna) 5,001 and 7,000, and those whose total household income is between HRK 2,001 and 3,000, with the former having a better assessment of the environment (p=0.038) (Table 9). Furthermore, a significant difference was observed between those whose total

TABLE 5
LSD POST-HOC ANALYSIS FOR THE SOCIAL RELATIONSHIPS DOMAIN

	Social relationships			
Employment status	{1}	{2}	{3}	{4}
In schooling {1}		0.010553*	0.466773	0.439483
Unemployed {2}	0.010553*		0.399598	0.002666**
Retired {3}	0.466773	0.399598		0.306633
Employed {4}	0.439483	0.002666**	0.306633	

*p<0.05, **p<0.01

TABLE 6
LSD POST-HOC ANALYSIS FOR THE ENVIRONMENT DOMAIN

	Environment			
Employment status	{1}	{2}	{3}	{4}
In schooling {1}		0.000405**	0.304052	0.002190**
Unemployed {2}	0.000405**		0.279015	0.084627
Retired {3}	0.304052	0.279015		0.899582
Employed {4}	0.002190**	0.084627	0.899582	

*p<0.05, **p<0.01

income exceeds HRK 10,000 and those whose income is between HRK 2,000 and 3,000, with those with higher income having a better assessment of the physical environment (p=0.006) (Table 9). Those whose total income exceeds HRK 10,000 also assess their environment as better in comparison with those whose total income amounts to between HRK 3,001 and 5,000 (p=0.012) (Table 9). Statistically significant differences were observed in all domains of quality of life depending on the assessment of their material status, including physical (F=4.257; p<0.05) and mental health (F=8.744; p<0.05), social relationships (F=8.591; p<0.05) and physical environment (F=12.652; p<0.05), as well as in the assessment of overall satisfaction with the quality of life (F= 20.279; p<0.05) (Table 10). A detailed analysis of between-group differences is shown in Tables 10-15.

Discussion and Conclusion

A meta-analysis of a great number of studies on quality of life conducted on the general population has shown that a large part of the population is generally satisfied with the quality of their lives, that people are usually most satisfied with their family relationships, and least satisfied with their finances[15]. Moreover, studies show that general satisfaction with life is more associated with the material, social and family preoccupations, and less with health. The data obtained are in line with the existing data from the literature also when the association between age and the assessment of overall satisfaction with life is taken into account[16]. Namely, it has been shown that younger persons have a better assessment of the overall quality of life than is the case with older participants. The reasons can be numerous, such as young peo-

TABLE 7
LSD POST-HOC ANALYSIS FOR TOTAL QOL

	Total QOL			
	{1}	{2}	{3}	{4}
In schooling {1}		0.000098**	0.283534	0.074303
Unemployed {2}	0.000098**		0.199533	0.005195**
Retired {3}	0.283534	0.199533		0.701518
Employed {4}	0.074303	0.005195**	0.701518	

*p<0.05, **p<0.01

TABLE 8
DIFFERENCES IN THE QUALITY OF LIFE ACCORDING TO PARTICIPANTS' HOUSEHOLD INCOME (ANOVA)

	Household income							
	SS Eff	df Eff	MS Eff	SS Err	df Err	MS Err	F	p
Physical health	89.799	5	17.9599	3359.82	212	15.8482	1.13324	0.34377
Mental health	95.177	5	19.0353	3017.81	218	13.8431	1.37507	0.23473
Social relationships	17.942	5	3.5884	712.54	208	3.4257	1.04751	0.39082
Environment	238.225	5	47.6450	4095.95	215	19.0509	2.50093	0.03166*
Total QOL	3.754	5	0.7507	145.00	339	0.4277	1.75517	0.12154

*p<0.05

TABLE 9
LSD POST-HOC ANALYSIS FOR THE ENVIRONMENT DOMAIN

	Environment					
Household income	{1}	{2}	{3}	{4}	{5}	{6}
2,000–3,000 {1}		0.523668	0.038707*	0.064954	0.886523	0.006061**
3,000–5,000 {2}	0.523668		0.095720	0.162775	0.645691	0.012604*
5,000–7,000 {3}	0.038707*	0.095720		0.729155	0.266649	0.386044
7,000–10,000 {4}	0.064954	0.162775	0.729155		0.317772	0.207095
Up to 2,000 {5}	0.886523	0.645691	0.266649	0.317772		0.163094
More than 10,000 {6}	0.006061**	0.012604*	0.386044	0.207095	0.163094	

*p<0.05, **p<0.01

TABLE 10
DIFFERENCES IN THE QUALITY OF LIFE ACCORDING TO PARTICIPANTS' MATERIAL STATUS (ANOVA)

	Material status							
	SS Eff	df Eff	MS Eff	SS Err	df Err	MS Err	F	p
Physical health	200.157	3	66.719	3682.37	235	15.6697	4.2578	0.00595**
Mental health	336.176	3	112.059	3075.51	240	12.8146	8.7446	0.00002**
Social relationships	86.749	3	28.916	753.93	224	3.3658	8.5913	0.00002**
Environment	660.635	3	220.212	4124.97	237	17.4050	12.6522	0.00000**
Total QOL	24.468	3	8.156	150.41	374	0.4022	20.2798	0.00000**

**p<0.01

TABLE 11
LSD POST-HOC ANALYSIS FOR THE PHYSICAL HEALTH DOMAIN

	Physical health			
Material status	{1}	{2}	{3}	{4}
Poor {1}		0.002228**	0.000686**	0.187096
Good {2}	0.002228**		0.719068	0.347443
Average {3}	0.000686**	0.719068		0.254262
Above average {4}	0.187096	0.347443	0.254262	

**p<0.01

TABLE 12
LSD POST-HOC ANALYSIS FOR THE MENTAL HEALTH DOMAIN

	Mental health			
Material status	{1}	{2}	{3}	{4}
Poor {1}		0.000006**	0.000001**	0.006752**
Good {2}	0.000006**		0.747654	0.655278
Average {3}	0.000001**	0.747654		0.539763
Above average {4}	0.006752**	0.655278	0.539763	

**p<0.01

TABLE 13
LSD POST-HOC ANALYSIS FOR THE SOCIAL RELATIONSHIPS DOMAIN

	Social relationships			
Material status	{1}	{2}	{3}	{4}
Poor {1}		0.000005**	0.000002**	0.000535**
Good {2}	0.000005**		0.974378	0.839125
Average {3}	0.000002**	0.974378		0.848567
Above average {4}	0.000535**	0.839125	0.848567	

**p<0.01

ple's lifestyle, the fact that they move around in the society more, (whether for their education or for a more intense search for employment), therefore they necessarily make new contacts. In addition, one can assume that younger persons have a better health status. It seems that it is not only the traumatic event that is responsible for unfavorable long-term outcomes, but rather some other factors surrounding the traumatic experience are also present, like individual factors, such as age[17], but also the influence of the post-war and transitional envi-

TABLE 14
LSD POST-HOC ANALYSIS FOR THE ENVIRONMENT DOMAIN

	Environment			
Material status	{1}	{2}	{3}	{4}
Poor {1}		0.000004**	0.000000**	0.000001**
Good {2}	0.000004**		0.208070	0.037215*
Average {3}	0.000000**	0.208070		0.132906
Above average {4}	0.000001**	0.037215*	0.132906	

*p<0.05, **p<0.01

TABLE 15
LSD POST-HOC ANALYSIS FOR TOTAL QUALITY OF LIFE

	Total quality of life			
Material status	{1}	{2}	{3}	{4}
Poor {1}		0.000000**	0.000000**	0.000000**
Good {2}	0.000000**		0.269013	0.193292
Average {3}	0.000000**	0.269013		0.442581
Above average {4}	0.000000**	0.193292	0.442581	

** p<0.01

ronment, poverty, financial and existential insecurity, elimination of jobs, growth of unemployment, economic crisis, poor living conditions, things that older people are already preoccupied with and young people are yet to be. In such circumstances it is hard to maintain a certain standard of living, let alone to start living independently. In light of the above, the employment status is an important variable in the assessment of the overall satisfaction with life, but in the individual domains as well, which is also the case in the general population[16]. Our sample is primarily dominated by persons still in schooling, and then by employed persons, and they have a better assessment of the functioning in almost all areas, physical health, social relationships and physical environment, unlike persons who are unemployed or retired. The observation that persons still in schooling assess the overall quality of life as almost equally satisfying as those who are employed could be explained by the fact that they are still young, have their working life in front of them, are hoping for a better future or find temporary seasonal employment through student services more easily than permanent. It has been shown that total household income influences the existence of differences in the physical environment domain, which is a logical finding and is in line with the existing literature[16], because this domain pertains to variables such as quality of housing, availability of medical services, and satisfaction with own means of transport. All of the above primarily depends on the amount of monthly income in the household, which in our sample dominates with the value that exceeds HRK 10,000, but one should also take into account the number of household members which was included in the analysis here. Most satisfied with their overall quality of life are those persons who assess their material status as above average, which is in line with the existing literature pertaining to the quality of life of the general population. A better material status is evidently not associated with a higher assessment of satisfaction with physical health. Namely, participants who assessed their material status as good, which on the scale is below the categories of average and above average, are most satisfied with their physical health. However, persons who are least satisfied with their mental health have assessed their material status with the lowest category offered, poor. The obtained data is in line with the existing literature which says that persons with certain mental health disorders, particularly when it comes to the depressive disorder, assess their quality of life as poorer in almost all areas[16]. Furthermore, in line with the above, social relationships and physical environment had the lowest assessment in persons who had assessed their material status as poor.

The data obtained from this study are descriptive and are in line with the data obtained for the general population when it comes to comparisons of quality of life and certain demographic characteristics. Namely, all study participants had had a specific traumatic experience during the war – their father's death, so more data with regard to the quality of life of this population can be expected upon a more detailed analysis by establishing the contribution of traumatization, socio-demographic variables and current mental health to the explanation of the subjective satisfaction with life. It has been proven that the greatest differences between the general population and traumatized persons occur in the health aspect of the quality of life[16]. It is to be expected that the impact of

traumatization will be moderated by current psychological difficulties, and that the alleviation of those symptoms could lead to a better assessment of the quality of life. A more detailed analysis of collected data will be available in subsequent papers.

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SAMOPROCIJENA KVALITETE ŽIVOTA OSOBA KOJE SU IZGUBILE OCA U DOMOVINSKOM RATU

SAŽETAK

Premda postoje radovi koji se bave kvalitetom života osoba koje su na neki način bile pogođene ratom, u literaturi nismo naišli na ispitivanje u kojem bi se opisivala samoprocijenjena kvaliteta života u osoba koje su odrasle u obiteljima s jednim roditeljem (majkom) jer je otac poginuo u ratu. Cilj ovog rada jest prikazati vrijednosti samoprocijenjene kvalitete života osoba čiji su očevi poginuli u ratu i usporediti ih s određenim socioekonomskim pokazateljima. U ispitivanje je bilo uključeno ukupno 494 ispitanika koji su prošli fizikalni i psihijatrijski pregled u uključenim centrima u Zagrebu, Rijeci, Osijeku ili Splitu. Kriterij za uključivanje u ispitivanje bio je odrastanje u obitelji s jednim roditeljem iz razloga što je otac poginuo u ratu. Podaci su prikupljeni korištenjem strukturiranog kliničkog intervjua koji je također uključivao i određene sociološke i demografske pokazatelje: dob, spol, obrazovanje, bračni status, zaposlenje i ukupna primanja u kućanstvu. Ispitanici su zamoljeni da popune i upitnik o kvaliteti života Svjetske Zdravstvene Organizacije (skraćeni oblik – WHOQOL-BREF). Prikupljeni podaci prikazani su deskriptivno i slažu se s vrijednostima opaženim u općoj populaciji kada se radi o usporedbi kvalitete života i drugih demografskih pokazatelja. Posebno je zanimljiva povezanost kvalitete života s dobi ispitanika, gdje su mlađi ispitanici bili općenito zadovoljniji životom od starijih. Kako su svi ispitanici u ovom istraživanju doživjeli traumatično iskustvo – smrt oca, detaljniji podaci o kvaliteti života ove populacije mogu se očekivati nakon pobliže analize u kojoj mjeri su traumatizacija, socio-demografski pokazatelji i trenutni status mentalnog zdravlja doprinijeli njihovom subjektivnom dojmu kvalitete života. U radovima koji slijede prikazati će se detaljnija analiza prikupljenih podataka.