Quality of Life and Social Inclusion in Child Development Centers of the Ministry of Social Development of Buenos Aires

Paula Masi, Psychologist
University of Flores;
Natalia Campoya, Psychologist
University of Museo Social Argentino,
Melany Gómez, Psychologist
Kerman, Bernardo Samuel, Psychiatrist
University of Flores, Buenos Aires

Abstract

The general purpose of this study was to perform an exploratory and descriptive analysis of Quality of life and social inclusion in Child Development Centers (CEDI) of the Ministry of Social Development of tBuenos Aires.. The sample is of 600 people in attendance at the Child Development Centers. The specific aim is to determine the families' perception about their quality of life and about their social inclusion based on scales and indicators and the evaluation of modifications after the process in the CEDIS.

The variable to be measured in this study is the quality of life in this population. The instrument, Quality of Life Questionnaire, WBI-International Well Being Group. Translation Tonón & Aguirre (2009).

Sociodemographic data are also evaluated.

From the application of the scale the following conclusions are reached: There are no significative differences between the levels of quality of life , the sex and the age of the participants.

We analyzed whether there are relations between the levels of quality of life with respect to the number of people living together, which were not found; regarding current economic levels, there are statistically significant differences (at a higher current economic level, higher levels of quality of life); compared with economic level three years ago, there are statistically significant differences (those who are better economically at present compared to three years ago, have higher levels of quality of life), religiosity, no differences; educational level , there are no differences; satisfaction with

CEDI, there are statistically significant differences (the higher satisfaction with the inclusion of the child in CEDI, higher levels of quality of life).

Keywords: Quality of life, social inclusion, Child Development Centers, families

Introduction

Nowadays, Quality of Life is conceived as a construct with multiple variables. In this way different domains have been integrated, linked together, from where it can be evaluated.

Back in the 1930s, Pigou, a pioneer of welfare economics, set out to quantify the services or social costs of government decisions in order to calculate a net social product.

Studies have been carried out since the 1970s and for this purpose an interdisciplinary approach has been necessary, involving economics, psychology, sociology and medicine.

Cambell, Converse, and Rodgers (1976) were those who relied on the relationships between so-called objective conditions and psychological states to conduct their research. This research consisted in the study of life satisfaction as a whole and a scale was used with 17 domains that composed an index of quality of life. In the present work, the concept of quality of life was equated with the concept of well-being, and well-being encompassed: happiness, affections, personal competences, stress, satisfaction with life and anxiety. To conclude, the authors pointed out that since this was a first study, their direct implementation for the generation of public policies was not recommended, but they encouraged research teams to continue in this line of work.

According to Casas (2002) "*Quality of Life conforms a field of interdisciplinary study of the social reality, with clear psychosocial factors"*

The concept of Quality of Life, because of its importance in terms of population health, has been incorporated by the World Health Organization (WHO), as the physical factor of health. To his traditional definition of health, "*A state of complete physical, mental and social well-being and not merely the absence of disease or disability*" (1948), incorporates that *"health is a resource of everyday life, not the* objective *of the life. It is a positive concept that emphasizes social and personal resources as well as physical abilities* "(Ottawa, 1986***).***

The study on the quality of life has not yet achieved a consensus that unifies the criteria to define the concept and its form of evaluation in such a way that all the factors that come into play are articulated. For this reason, one of the major objectives lies in the consolidation of a definition

that combines plurality and, in turn, allows for a specific study object (Kerman, 2011)

The World Health Organization (WHO) has agreed on a definition of Quality of Life, highlighting the personal experience that individuals have in their contexts and their value systems with respect to their motivations, objectives and results. The construct is structured with different variables: biological, psychological, level of independence, social relations and environmental. WHO defines Quality of Life as "individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".

One of the integrative definitions of quality of life is that which defines it as a satisfactory state, which derives from the realization of the potentialities of the human being. It includes subjective aspects (such as intimacy, emotional expression, perceived safety, health and personal productivity) and goals (such as harmonic relationships with the physical and social environment, community, material well-being, and objectively perceived health) (Ardila, 2003).

The studies on quality of life at present propose a theoretical view that aims to work from the potentialities and with a sense of application at the community level of the psychosocial type that adheres the analysis of the socio-political context. Considering the person traditionally called "object" as "person" and protagonist of the action. So that the quality of life exposes a social and political reality based on respect for human rights, with macro and micro dimensions of public policies, providing innovative information in comparison to more traditional measures of social welfare (Tonón, 2003).

A definition based on the utility of the concept: "*a way of contributing to the study of the well-being of people, both from the perspective of physical and psychological well-being, relating material needs to socio-affective, and integrating psychological and psychosocial measurements of perception and Evaluation of the individuals' own experiences "*. Tonón (2005)

This joint project between the University of Flores and the Government of the City of Buenos Aires has been developed in the Child Development Centers (CDC)of the Ministry of Social Development of the GCBA. They are preventive centers that serve children from 45 days to three years from socially vulnerable families, residing in the City of Buenos Aires or whose responsible adults work in it. They promote the development of early childhood and primary prevention with psycho development activities, promotion of reading, play and artistic and recreational development.

The mission of the centers is to complement the development of children from an institutional space, providing space for them to acquire knowledge of the world around them, in a context of loving childcare.

Assisted population in the centers: The CDC serve 1,200 children and 1,800 children are in a waiting list. 750 children are socially vulnerable. 150 have no parental care and family structure is mostly single parent

Secondly, we define the variable inclusion that will be studied in relation to the quality of life in these centers. Social inclusion is a process which ensures that those at risk of poverty and social exclusion have the opportunities and resources necessary to participate fully in the economic, social and cultural life , enjoying a standard of living and well-being considered normal in the society where they live (EUROPEAN UNION).

Aims

- Determine the perceptions of families about their quality of life and social inclusion on the basis
- of scales and indicators
- In a second step, evaluate modifications after the process in the Child development centers .

Research Design

- Descriptive and exploratory research.
- Inter- institutional and interdisciplinary group.
- The sample is of 600 people in attendance at the Child Development Centers
- Instrument: Quality of Life Questionnaire. WBI International Well Being Group. Translation

Tonón & Aguirre (Argentina, 2009).

- Sociodemographic data are also evaluated.

Dimensions of the scale

- General living
- Personal well-being (economic, health, achievement , security, etc)
- Life in Argentina
- National welfare Life
- Events (happy or sad)
- Sociodemographic data

Results and Conclusions

In this first stage we have analyzed the relationships between different variables and the results are as follows

From the application of the scale the following conclusions are reached:

- There are no differences between the levels of quality of life and the sex of the participants.
- There are no differences between the quality of life levels and the age of the participants.
- There are no differences between the levels of quality of life with respect to the number of people living together
- Current economic level: there are statistically significant differences (at a higher current economic level, higher levels of quality of life);
- Compared with economic level three years ago, there are statistically significant differences (those who are better economically at present compared to three years ago, have higher levels of quality of life),
- Religiosity, no differences
- Educational level , there are no differences
- Satisfaction with CEDI, there is statistically significant differences (the higher satisfaction with the inclusion of the child in CEDI, higher levels of quality of life).

References:

Abarca, A. B., & Díaz, D. (2005). El bienestar social: su concepto y medición. *Psicothema,* 17 (4), 582-589

Ardila, R. (2003). Calidad de vida: una definición integradora. *Revista latinoamericana de Psicología.*35,02, 161-164.

Cambell, A., Converse, P., Rodgers, E. (1976). The Quality of American Life: Perceptions, Evaluations and Satisfactions. New York: Russel Sage Foundation.

Casas, F. (1996).*Bienestar* social. Una introducción psicosociológica. Barcelona. PPU.

Casas, F. (1999). Calidad de vida y calidad humana. España: *Papeles del Psicólogo.* No 74. Center on Quality of Life.

Casas, J., Repullo, J. R., Lorenzo, S., & Cañas, J. J. (2002). Dimensiones y medición de la calidad de vida laboral en profesionales sanitarios. *Revista de administración sanitaria, 6*(23), 143-160.

Cummins, R. (1998). *Comprehensive quality of life scale*. Melbourne: Australia

Cummins, R. (2003). Normative Life Satisfaction: measurement issues and homeostatic model. *Social Indicators Research*. Vol. 64. No 2. *Kluwer Academic Publishers.* The Nederlands. Pp. 225-256.

De Fillipis, I. (2008). Calidad de Vida, calidad de educación. *Calidad de Vida – Universidad de Flores* –Año I, Número 2, pp. 290-296. Calidad de Vida, UFLO – Universidad de Flores -, I, pp. 7 – 25.

Diener, E., Suh, E. (2000). Measuring subjective well-being to compare the quality of life of culture. En: E. Diener y E. Suh (Eds), *Culture and subjective wellbeing* (pag.3-12). Massachusetts: The MIT Press.
Ferrans, C. E, Power, M.J. (1992). Psychometric assessment of the quality of life index. *Res Nurs Health.* 15: 29-38.
García Viniegras, C. (2008). *Calidad de Vida. Aspectos metodológicos y*
Kerman, B. (2011). El estudio de la calidad de vida. Aporte de las nuevas ciencias de la conducta. En: *Calidad de Vida – Universidad de Flores* –Año I, Número 6, pp. 231-256.
Kertész, R., (2008). Calidad de Vida, Salud y Manejo del Stress. En: *Calidad de Vida, UFLO I.*
Kertész, R., Kerman, B. (1985). *El manejo del Stress*. Buenos Aires. Editorial Ippem.
Lorente, E, Ibáñez, M. I., Moro, M., Ruipérez, M. A. (2002). Índice de Calidad de Vida: estandarización y características psicométricas en una muestra española. *Psiquiatría y Salud.* Vol. 2, N° 2, pág. 45-50.
Mezzich J. E., Ruipérez M. A., Pérez, C., Yoon, G., Liu, J., Mahmud, S. (2000). The Spanish version of the Quality of Life Index: presentation and validation. *J. Nerv Ment Dis.* 188(5):301-5.
Mezzich J. E., Schmolke M. M. (1999). An introduction to ethics and quality of life in comprehensive psychiatric diagnosis. *Psychopathology*. 32: 119-120.
Power, M., Bullinger, M. y WHOQOL Gruop. (2002). The universality of quality of life: an empirical approach using the WHOQOL. Social Indicators Research Vol. 16. *Klumwer Academic Publishers. The Netherlands.* Pp. 129-149.
Ruffat Gutiérrez, M. (2011). Calidad de Vida en migrantes universitarios asentados en la región metropolitana de Santiago de Chile, *Hologramática* – UNLZ – Facultad de Ciencias Sociales. Año VII, Número 14, V1, pp. 37-41.
Tonon, G. (2003).*Calidad de vida y desgaste profesional: una mirada del síndrome de burnout*. Buenos Aires: Espacio Editorial.
Tonón, G. (2005). Apreciaciones teóricas del estudio de la Calidad de Vida, el trabajo que desarrolla el International Wellbeing. Hologramática — UNLZ Facultad de Ciencias Sociales – Año II, Número 2 V 1, pp.27-49.
Tonón, G., Aguirre – traducción – (2009) WBI International Well being Group. Argentina.
World Health Organization (1997). WHOQOL: Measuring quality of life World health organization: Division of mental health and prevention of substance abuse. *Geneva: WHO*.