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1- Lundy KS, Janes S. Community Health Nursing, Caring for the public Health. Bosten: Jones and Bartlett publishers; 2001.p.772.

2- Behrman R, Kliegman R, Jenson H. Nelson Text Book of pediatric .17 th ed. london: W.B. saunders company; 2004. p.105, 106,133-137.

3- Simms DM, Bolden JB. The Family Reunification project: Facilitating Regular Contact Among Foster children, Biological Family and Foster Families. Child wellfar League Am; 2003. 12(3):19.

4- Hansen RL, Mawjee FL, Barton K, Metcalf MB, Joye N. Comparing the Health Status of Low - Income Children in and out of Foster Care. Child Welfar League Am; 2004. 83(4):367-380.

5- Connell CM, Katz KH, Saunders I, Tebes JM. Leaving foster care: The influence of child and case characteristic on foster care exit rates. Child youth Serv Rev; 2005. 10: 1-19.

6- Ministry of Interior's office of statistics and budjeting. Annals of statistics and census, Tehran: The office of statistics and planning; 2001: p. 51.

7- Netwton RR, Litronik AJ, Landsverk JA. Children and Youth In Foster Care. Child Abuse Neglect; 2000. 24(10): 1363-1374.

8- Halfon N. children In foster care in california: An Examination of Medical Riembursed Health service utilization. Pediatr; 1998,89(9): 1230-1237.

9- Kools Sg, kennedy C. Foster child Health and Development :Implication for Primary Care. PediatrNurs; 2003.29(1): 39-42.

10- Leslie LK, Harburt MS, Landsverk J, Rolls JA. Comprehensive Assessment for Children Entering foster care: A National Perspective. Pediatr Nurs; 2003. 112(1): 134.

17-Fathi A., Pazand A. Comparison of social growth of the children 8 to 12 years old living in foster care centers and normal children. Unpublished dissertation. Tehran, Islamic Azad University, faculty of Psychology and social sciences; 1999. p. 68.

18-Tashakkori M., Boostani N. The study of meeting adolescent needs living in foster care centers of Shiraz. Unpublished dissertation. Tehran, Iran University of Medical Sciences; 1997. p. 34

19-Sweeney MT, Hazell P. The Mental Health and Socialization of Sibling in Care. Children and Youth Services Review. Cent Ment Health Stud Pediatr Nurs;2005.p.821-40.

20-Troutman B, Ryan S, Michelle cardi MA. The effect of foster care placement on young children's mental Health. 4 th ed.washington: American psychiatry Association;2000.p.213-215.

21-B runner L, Sodarth J. Text Book of Mecial Surgical Nursing. 8 th ed. Philadelphia: lippincot; 2004.p.15-1532.

11-Tavakolli M.A. Normalization of accommodative behavior and Inland scale for children under 6 in Iran. Unpublished dissertation. Iran Institute of Psychiatry; 1997. p. 56.

12-Ghamat-Boland H.R. Normalization of accommodative behavior and Inland scale for ages 11 to 18 in Iran. Unpublished dissertation. Iran Institute of Psychiatry; 1997: P. 117.

13-Karlson KL. Providing health care for children In foster care: A Role for advanced practice nurses. Pediatr Nurs; 2000. 22(5): 418-421.

14-Silver J, Heacker T, Forkey h. Health care for young children in foster care. young, children and foster care. Baltimore: paul H.Brookes publishing co;1999.p.161-193.

15- Wong DL, Hockenberry M, Wilson D, Winkelstein M, Schwartz P. Nursing care of infant and children. 7th ed. St.louis: Mosby; 2005.p.698-670.

16-Austin L. Mental Health Needs of Youth in Foster Care: Challenges and Strategies. Q Mag Natl CASA Assoc;2004.20(4): 6-13.

Social Health of 7-11 Years Old Children Living in Foster Care Centers

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Abstract

Background & Aim: Nowadays, one of main and critical subject is preparation of a healthy and fair environment for children who are biggest national sources in every society, because, factors that disturb children living environment can affect children's health. Some problems such as families' bad function, abuse, poverty, divorce and parental substance abuse are the reasons usually lead to place children in foster care centers. On the other hand, entry to these foster care centers and living in these centers face children with lot of social and health problems.

Material & Method: In regard to this issue for assessing social health status of 7-11 years children living in foster care centre in Tehran, we performed a cross sectional study with 105 children (57 boy, 48 girl). In this research, sampling was of census type and information about children social health was obtained through Vienland Adoptive Behavior Scale by guardians who recognized these children and their behavior.

Result: Results showed that 45.7% of participants in this research were considered as moderate regarding social health, and 19.1% were considered as poor. Chi-square test also showed that between social health and sex ($p=0.053$) was a statistically significant relationship, but there was no significant relationship between social health and age ($p=0.462$) and social health with duration of stay in these centers.

Conclusion: While children in foster care centers are one of the high risk groups in societies related to their social health status, based on findings of current study and results of researches in other countries, full attention should be directed towards social health of children and conducting more studies is recommended to survey factors that affect their social health.

Key words: Social health, Child, Institutionalized, Mental Health, Foster Care Centers

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