

LIFE SATISFACTION IN ADOPTED AND NON-ADOPTED ADOLESCENTS: A CROSS-NATIONAL MIXED-EFFECTS APPROACH

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Introduction

Adolescence is a delicate phase of an individual's growth with a high susceptibility to the development of mental disorders. Moreover, despite the literature being controversial/heterogeneous, it seems that adopted adolescents are at a higher risk of mental health problems than their non-adopted counterparts [1-5].

Objectives

The present study aims to assess differences in life satisfaction (LS) between adopted and non-adopted adolescents in four European countries.

Methods

We worked on two samples: one of the adopted adolescents, who filled in a questionnaire administered to assess family and social relationship quality and well-being; the other of non-adopted students from the international Health Behaviour in School-aged Children (HBSC) 2017/18 survey. After a process of homogenization of the variables of interest, the two databases were merged. The statistical analyses consisted of an initial descriptive analysis of the samples, stratified by country. Intra-country differences between adoptees and non-adoptees were assessed using the Chi-square test. Cross-country differences were then evaluated by modeling different logistic regression models in which the dependent variable was, for each, one of the outcomes of interest, including the interaction between being adopted and the country. Finally, several mixed-effect logistic regression models were fitted to investigate the association between adoption and LS as the dependent variable, which was dichotomized into low (score 0-5) vs. high (score 6-10). The main independent variable was the adopted status, with the country as a random effect. Age, gender, liking school, family and friend support, and communication with parents were progressively entered into the models as possible confounding factors. If highly correlated variables were detected, only one of them was kept. Lastly, interactions of the mentioned variables were assessed and eventually included in the models.

Results

776 adolescents were included in the analyses, 388 adopted and 388 non-adopted. Of the overall sample, 56.2% were boys, 16.2% had an age ranging from 10 years and six months to 13 years, 42.5% from 13 to 15 years and six months, and 41.2% from 15 and a half to 18 years not included. The adopted group showed a higher proportion of low LS than their non-adopted peers (25.0% vs 13.2%, $p < 0.001$). Table 1 shows the steps toward the final model to assess the association between the adoption status and LS. The association was initially assessed in a univariate model (Model 1) and turned out to be strong and statistically significant (OR: 2.21, 95%CI: 1.51 - 3.24, $p < 0.001$). Gender and age were then entered as confounders, not showing a significant association with low LS. Family support and parents' communication showed a high correlation, therefore the first was omitted as a possible confounder. The remaining confounding variables were entered one by one, excluding those with no significant association with LS (Model 2). High friends' support was found to be protective against low LS, while poor communication with parents turned out to be a risk factor. Finally, the interactions between the remaining confounding variables and being adopted were assessed.

Only one was statistically significant, i.e. the interaction between poor communication with parents and being adopted, which reduced the risk resulting from the coexistence of both risk factors compared to the simple multiplicative model. Thus, gender, age, and friends' support were the covariates of the final model (Model 3), together with the interaction between being adopted and poor communication with parents.

Conclusions

Life satisfaction showed to be higher among non-adopted adolescents compared to their adopted peers. The risk of low life satisfaction in the adopted group differed according to the ease of communicating with parents, as the interaction analysis suggested that poor communication with parents does increase the risk of low life satisfaction, but to a lesser extent than the increased risk among non-adopted adolescents. This might suggest that adoptees, compared to non-adoptees, have a very high risk of low life satisfaction, which is little influenced by other factors such as poor communication with parents. To improve the health and quality of life of adopted youth, further studies should be carried out in order to identify potential mediators of the "adoption risk", on which targeted actions can be taken.

Bibliography

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