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CHILD WELL-BEING FROM THE PERSPECTIVE OF PARENTS

Abstract: Subjective well-being, satisfaction with life and quality of life are some of aspects indicating mental health. Measuring these aspects in a child population is relatively a new concept. Assessment of child functioning at younger ages is limited by methodological problems and by the fact that preschool children are not able to give necessary information by themselves. This research has been carried out in order to gain insight into the level of preschool children well-being. For that purpose assessments of parents, as persons who know their children well, have been viewed in the research. Research sample consisted of 59 boys and 50 girls and the same number of their parents who made assessments. In the period when the research was carried out the children were from 6,2 to 7,3 years of age. The instrument used in this research was a part of Parents' form of Global Well-being Scale from Child Health Questionnaire (Landgraf, Ware Jr., 1996) which was adapted according to the culture to which the examinees belonged. The scale estimating global child well-being was used in the investigation. The reliability of the scale is satisfactory and amounts to .726 expressed in Cronbach α . Obtained results lead to a conclusion that an average preschool child who participated in the investigation has a high level of well-being (21, 4) according to his/her parents' assessments. The assessment is partly conditioned by a person making an assessment, his/her subjectivity and motivation.

Key words: CHQ, general well-being, preschool child, parents' assessment.

THEORY SECTION

Promotion of positive psychology over the past three decades raised an interest in optimal human behaviour which emphasizes terms such as: subjective well-being, psychological well-being and life satisfaction. Initial psychological research studies on well-being made conclusions based on absence of psychopathological symptoms (Gilligan & Huebner, 2002). On the other hand, World Health Organization defined health as a state of complete physical, mental and social well-being as early as in 1964. Subjective well-being model is also one of the six models which positive psychology uses to define subjective health. Psychological and subjective well-being must be viewed through

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positive indicators, such as self-satisfaction and satisfaction with own life, which represents life satisfaction (Huebner, 2001). Life satisfaction is defined as “global assessment of a person’s quality of life” (Pavot, Deiner, Colvin, & Sandvik, 1991, p.150, according to Huebner, 2001). However, well-being shouldn’t be considered a synonym for mental health, but rather its integral part. A person can be mentally healthy, but with lower level of subjective well-being, due to the influence of environmental factors or his/hers current mood. Also, person can have high level of subjective well-being and have impaired mental health at the same time (Diner, et al. 1997).

First, indirect, empirical research studies of well-being started in 1960s in America, through assessing quality of life. Quality of life is defined as a broader term which included respondent’s subjective assessment as one of primary indicators and integral components. Contents of the subjective component were the closest to the term of well-being.

Review of modern psychological literature shows that many research projects on life satisfaction, subjective well-being or quality of life in various domains and areas of adult people’s life were conducted. When it was realized that such research could be important for children and youth as well, research started focusing on well-being of this population. Instruments which were used had significant limitations, particularly because they viewed well-being as a one-dimensional phenomenon (e.g., Perceived Life Satisfaction Scale: Adelman, Taylor, & Nelson, 1989; Students’ Life Satisfaction Scale: Dew & Huebner, 1994, according to Huebner, 2001). Result obtained by these instruments was a single test score that, being such, concealed important information. However, work in this field led to improvement of instruments which now have multidimensional and more informative approach to understanding of well-being at child/adolescent age.

One of the instruments specially constructed for children and adolescents and which measures physical, emotional and social well-being of children and adolescents from various aspects is Child Health Questionnaire (CHQ, Landgraf et al., 1996). Questionnaire is designed for global assessment of health status and it is primarily used in clinical research studies which assess children’s health and well-being. It contains 14 scales based on different concepts of health: physical, emotional and social, which add up to a global score and give a multidimensional profile used for assessment of health status of children and adolescents (Waters et al., 2000). Until now instrument has been translated to 13 languages, used in numerous research studies and applied to various populations (Drotar et al., 2006). A form of the questionnaire in which parents or a person well acquainted with a child give all required information was designed, since preschool children lack the ability to report on their state, feelings and thoughts. Conclusions on physical and mental health of children of this age are then made based on these assessments. Although this method of data collection is burdened by significant methodological constrains, usually it is the only way to obtain the information necessary for making a conclusion on functioning of children at this age.

Well-being

Subjective well-being is a term that refers to how people assess their own lives and it includes variables such as life satisfaction, positive mood and absence of depression and anxiety. Subjective well-being assessment can be cognitive, if a person makes assessment on his/hers global life satisfaction or if he/she assesses certain segments of life. According to Diener (1984), assessments person makes on his/hers life can be in the form of affect, if a person reports on pleasant or unpleasant emotions he/she experiences as a reaction to his/hers life. A person with low level of subjective well-being often experiences unpleasant emotions and is more dissatisfied with his/hers life. On the other hand, person with higher level of subjective well-being experiences more pleasant than unpleasant emotions and is mostly satisfied with his/hers life.

The easiest way to describe and to research subjective well-being is through its integral components. These components are formed by parsing the term “well-being”. Components are mutually correlated and are as follows: life satisfaction, global evaluation or assessment of satisfaction with certain aspect of life, frequency of experiencing pleasant emotions or pleasant affects and frequency of experiencing negative emotions or negative affects.

Life satisfaction – refers to cognitive assessment of own life as a global personal judgement (Diener, et al., 1997). Person’s life satisfaction can be determined by assessing satisfaction in certain domains of life. There are different life domains which are assessed, such as satisfaction with family, friends, job, finances, school, partner, marriage, structure of leisure time, self etc. There is a difference between different age groups considering the importance given to certain domains. For example, domain of satisfaction with friends is valued the most in adolescent period (Gilligan & Huebner, 2002), but satisfaction with marriage or job becomes a priority in later periods of life.

Affective components – pleasant and unpleasant affect, pleasant and unpleasant emotions and how frequently they are experienced, are second and third component of subjective well-being. During component analysis there were certain doubts concerning the type of emotional experience: is it intensity of an emotion or frequency of experiencing an emotion that should be measured. These two aspects of emotional experience have different implications for well-being. It was estimated that frequency of experiencing an emotion was more important than intensity, because it was easier to measure and it wasn’t affected by temperament of a person. Persons that experience pleasant emotions of higher intensity experience unpleasant emotions of higher intensity as well. Anyway, strong emotional experiences are relatively rare, so the probability of them having large impact on well-being is low. Everything leads to a conclusion that psychometric characteristics of measures which are based on frequency of experiencing emotions are much better because it is easier to determine frequency than intensity of emotions, which are highly affected by subjective assessment (Diener, 1984).

The concept of subjective well-being proposed by Diener significantly contributed to better understanding of well-being, because it is easier to perceive and examine the term when it is parsed, which was made possible by structuring it.

In this article global well-being is based on the concept given by the author (Landgraf et al., 1996) of the instrument which was used – Child Health Questionnaire – and as such it refers to affective component of well-being.

Because of their developmental characteristics preschool children aren't able to independently report on their well-being, so conclusions can only be based on indirect assessments. These assessments are usually made by their parents who, being members of children's primary family, represent basic elements of the micro system in which children grow and learn. Parents have two roles: they are role models and figures that, through educational methods and learning, make conscious impact on formation of behavioural patterns and affective functioning, as well as on formation of their child's value system. On the other hand, since parent is best acquainted with needs and abilities of his/her child, he/she is a key factor in cooperation with educational system. Upbringing and education of a child, especially at lower chronological age, is a result of teaming and quality of cooperation between parents and a preschool institution, and later on between parents and a school and its representatives who have direct contact with a child.

METHOD

Research problem

Research subject is well-being of preschool children. Research problem is how parents assess global well-being of their children. This research was developed and conducted as a part of larger longitudinal research and with an aim to gain insight into quality of children's functioning and level of observed aspects of mental health.

Research tasks

1. Examine the level of global well-being in the research sample;
2. Examine if there are differences between sexes in relation to level of global well-being;
3. Examine if there are differences in assessments of global well-being depending on socio-demographic variables of parents and family in which child lives.

Research instruments

Global Well-being Scale is a part of a larger questionnaire - Child Health Questionnaire (CHQ, Landgraf et al., 1996). Child Health Questionnaire (CHQ, Landgraf et al., 1996) is a multidimensional instrument consisting of specially constructed scales, designed for use with children aged 5 and older. CHQ is used to assess children's physical, emotional and social well-being. Here are some of the areas covered by the questionnaire: global health, physical functioning, changes in health status of a child, family situation, child's behaviour, mental health, self-esteem etc. There are two methods of data collection, from the perspective of child's parent or legal guardian (short and long form, CHQ-PF50 i CHQ-PF28) or self-report of children aged 10 or older (CHQ-CF87). This research uses one of the scales from the abovementioned instrument – Global Well-being Scale, which consists of 5 items constructed as five-level Likert-type scales. Higher score indicates

higher level of global well-being. Parent estimates how frequently child experiences pleasant and unpleasant emotions over a time-limited period.

Sample

Total research sample included assessments of 109 parents (one parent per child). Sample included 50 girls (45,9%) and 59 boys (54,1%). During the research period children were aged 6,2 to 7,3 years. All children attended preparatory preschool programme. A convenience sample was used.

Processing of data

Basic descriptive indicators of used scale are presented. Significance of differences between arithmetic means of global well-being levels on subsamples was examined by t-test and ANOVA.

RESULTS AND DISCUSSION

Descriptive data for Global Well-being Scale are shown in Table 1

Table 1. Arithmetic mean, standard deviation, minimum, maximum and reliability on Global Well-being Scale

	N	minimum	maximum	AM	SD	Cronbach α
Global Well-being	109	15	25	21,40	2,269	,726

Results show that average score of all respondents on this scale is 21, 40 out of 35 points, which is higher than average.

Obtained results show that preschool children included in the research sample have higher level of global well-being. This leads to a conclusion that children more frequently experience pleasant emotions and less frequently unpleasant emotions.

Table 2 shows descriptive indicators of five items from the used scale. Since these items have opposite direction they were harmonized during statistical processing. Direction of first four items was changed in such way that higher score indicates higher level of well-being, i.e. less frequent occurrence of described behaviour and emotions.

Table 2. Arithmetic means, standard deviations, minimum and maximum of individual items from Global Well-being Scale

How often:	N	minimum	maximum	AM	SD
child felt like crying	109	3	5	3,93	,619
child felt lonely	109	3	5	4,52	,632
child acted nervous	109	3	5	4,34	,784
child felt upset	109	3	5	4,52	,661
child felt cheerful	109	3	5	4,09	,570

Based on results shown it could be concluded that parents who made assessments about global well-being of their children, assessed that feelings or states such as uneasiness or loneliness had the lowest frequency of occurrence in the period before the research. Parents assessed that crying was the most frequent type of behaviour and cause of unpleasant emotions. None of the parents chose answers “always” or “most of the time” on the first four items or “rarely” and “never” on the fifth item.

No statistically significant differences were found while examining level of global well-being in relation to sex, children’s place of residence and observed socio-demographic characteristics of parents.

Statistically significant difference was only found between parents who differ in their assessments about cohesiveness of their families. Results of the variance analysis are shown in the Table 3.

Tabela 3. Variance analysis and level of family cohesion

		∑ of deviation squares	ss	AS ²	F	p
Global well-being	between groups	130,880	3	43,627	10,769	,000
	within groups	425,359	105	4,051		
	Total	556,239	108			

Results of the post-hoc test (Scheffe) are shown in the Table 4 to show how assessments of global well-being differ in relation to assessments of family cohesiveness.

Table 4: Post-hoc test: differences between assessed level of family cohesion – Global Well-being

	cohesion		AM differences (I-J)	SG	p	Confidence interval	
	(I)	(J)				lower	upper
Global well-being	good	moderate	-4,068	1,175	,010	-7.407	-,729
	good	very good	-4,294	1,050	,001	-7.278	-1,311
	good	excellent	-5,495	1,047	,000	-8.469	-2,521
	moderate	good	4,068	1,175	,010	,729	7,407
	moderate	very good	-,226	,677	,990	-2,150	1,697
	moderate	excellent	-1.427	,672	,218	-3,335	,481
	very good	moderate	4,294	1,050	,001	1,311	7,278
	very good	good	,226	,677	,990	-1,697	2,150
	very good	excellent	-1,200	,416	,045	-2,381	-,020
	excellent	moderate	5,495	1,047	,000	2,521	8,469
	excellent	good	1,427	,672	,218	-,481	3,335
	excellent	very good	1,200	,416	,045	,020	2,381

Statistically significant differences ($p < .05$) in the level of assessed global well-being between parents who assess ability of their family members to get along as moderate (on a scale from 1 to 5, it is 2) and children whose parents assess the same ability as better were found. Children from the first group have lower level of global well-being. There is also a statistically significant difference ($p < .05$) in the level of assessed global well-being between children whose parents assess ability of their family members to get along as excellent (on the scale from 1 or 5, it is 2) and children whose parents assess the same ability as very good. Children from the first group have higher level of global well-being.

CONCLUSION

Subjective well-being, psychological well-being or life satisfaction as an aspect and an indicator of mental health, according to principles of positive psychology, were a subject of interest of many research studies. Most of the studies researched these aspects on adult population. This type of research was conducted, but less often, on adolescent population. Research studies dealing with these aspects in child population are relatively rare. There are many reasons behind that fact, but primary reason is that characteristics of certain developmental period limit the abilities of children of younger age, which causes them to be unable to verbally report on their emotions, thoughts and personal opinions. In this research we examined well-being of preschool children, which was defined as frequency of experiencing pleasant and unpleasant affects. Parents' form of Global Well-being Scale from Child Health Questionnaire (Landgraf, Ware Jr., 1996) was used. As mentioned before, there are certain limitations when researching children of this age, so we had to use indirect assessment. Assessments were made by parents, because it could reasonably be assumed that they were well acquainted with their child.

Average score on the Life Satisfaction Scale of this sample is 21,40, which indicates that observed preschoolers have high level of global well-being, i.e. they more frequently experience pleasant emotions. Most frequent state with prevailing unpleasant affect shown by preschoolers, according to assessments of their parents, is *crying*, which is expected, as well as socially acceptable. According to parents' assessments, states with the lowest frequency of occurrence are uneasiness and loneliness. Based on these results we can conclude that parents assess global well-being of their children as high. Subjectivity of parents could be discussed, as well as their desire to evaluate themselves through this assessment. In order to correct parents' assessments it would be necessary to get opinions of other persons as well. Reliability of Global Well-being Scale is expressed as reliability of internal consistency type and is $\alpha=.726$ and as such it is satisfactory.

Presumption of this article was that sex of a child is an important factor of its well-being. However, no statistically significant differences were found. This leads to a conclusion that parents of preschool children assess well-being of girls and boys as equal, that there are no differences at this age or that they are concealed because of the small sample or characteristics of a person making an assessment.

Statistically significant differences in the level of global well-being between children whose parents have different assessments of family cohesion were found. Parents who assess the ability of their family members to get along as moderate (on five-level scale they choose 2) make lower assessments of their children's level of global well-being. We also found differences in assessments of level of children's global well-being between parents who assess it as excellent and very good. It could be concluded that assessment of quality of relationships in a family is in a certain way connected to assessment of level of global well-being, but, because of the draft of the research, that relation wasn't completely researched. It remains an open question if bad family relationship affects children's well-being or parents' assessment of level of well-being.

General conclusion of this research could be the following: preschool age is a very important life period for a child and being such it is very interesting for research. Since institutional type of upbringing and education of a child is most commonly introduced at this age, it should be noted that cooperation between parents and representatives of educational system is very important for child's later development and quality of life. When child enters formal educational system, requests are presented to the system to adjust to every individual child, its traits and its needs, which implies cognitive, social and affective aspect of child development.

Parent, as a person who is best acquainted with a child, becomes the most important assistant to educational system representatives, whose objective is to adjust the system to every child.

In order to get important information and make important conclusions about the observed population it is necessary to develop ways to overcome methodological traps. Comparing assessments made by different persons could be one of the ways to contribute to that matter. Some other variables, such as self-esteem and extraversion, could certainly be related to global well-being, which could be a subject for future research.

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Biographical note

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