

Children and well-being from an international perspective

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Research that focuses on children is relatively new (Hendrick, 2009) and very much a product of modern society (Gillis, 2009). This new interest in children has both led to, and stems from, the declaration of the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC was the first document in which children were recognised as citizens in their own rights. It is the first international treaty to bring together a universal set of standards concerning children, and to present their rights in a legally binding document. This new focus on the rights of the child, with health and well-being identified as rights, paved the way to research on child well-being. While the convention focuses on the child, it also recognises that children are 'vulnerably dependent' on their parents (Jenks, 2005). It is therefore important to explore the well-being of children and their connectedness to their parents, in an era where time spent with parents is declining (Gillis, 2009).

Well-being can be seen as part of the health of the individual. The World Health Organization (WHO) definition of health is a state of complete physical, mental and social well-being and not the mere absence of illness and disability (Who, 1948). Huseyin Naci and John P. A. Loannidis (2015) suggested that well-being refers to various physical, mental and social aspects of one's life that extend beyond the definition of health, thus indicating that health and well-being are closely related and difficult to isolate (Leplege and Hunt, 1997). Therefore, to understand the well-being of children, self-rated health and life-satisfaction as constructs of well-being should be examined. The importance of self-rated health is well documented: poor self-rated health was found to be associated with frequent health complaints, lower life satisfaction, less physical activity, difficulties making friends, and frequent involvement in risk behaviours (Braverman et al, 2017; Moor et al., 2015; Galan et al, 2013; Kelleher et al., 2007). Another construct of well-being is life satisfaction, which examines the overall contentment of the child with their life. Life satisfaction makes a global assessment of life at present as opposed to focusing on just health, and is thought to be relatively stable over time (Pavot and Dienen, 1993).

Life satisfaction is influenced by life experiences and relationships, particularly within the family (Rusk et al., 2003; Levin and Currie, 2010). Additionally, life satisfaction is influenced by school-related factors either directly or indirectly (Danielsen et al., 2009; Diseth et al., 2012).

Throughout childhood and adolescence, relationships with parents remain of paramount importance to children's lives (Molcho et al, 2007). One of the ways to explore relationships with parents is through ease of communication, which is an indication of the functionality of the family and acts as a protective asset in children's lives (Brooks et al., 2015). A large body of evidence shows the impact of positive communication with parents on adolescent health (Brooks et al., 2015; Boniel-Nissim et al., 2015; Collins and Steinberg, 2006; Blum et al., 2003; Carlsund et al., 2013; Velleman et al., 2005). Easy communication with parents, particularly fathers, has a protective role in maintaining young people's emotional well-being, self-esteem and positive body image, especially for girls (Bulanda and Majumdar, 2009). Another context that impacts on children's well-being is school. Children spend long days in school, and academic performance is considered crucial to the future lives of children. Two measures of school perception are of particular relevance to child well-being. Academic performance, both actual and perceived, was found to be associated with low self-rated health and well-being (Van Ryzin et al., 2009; Bird and Markle, 2010), as well as future health (Cole et al., 2001). Equally, a high level of school-related pressure is associated with frequent health problems, lower self-rated health and poor life satisfaction (Torsheim et al., 2003, Ottova-Jordan et al., 2015). Thus, these two measures are important to understand the overall well-being of children.

This paper will explore children's reported well-being across different age groups, genders, countries, and points in time, as well as some of the contexts of children's lives and their association with well-being. It draws mainly, but not exclusively, on the work published by the Health Behaviour in School-aged Children (HBSC) Network,

which is one of the longest standing international studies on children featuring cross-national comparisons over time of child health and well-being in Europe and North America.

Methods

The HBSC study collects cross-sectional data from nationally representative samples of 11-, 13-, and 15-year-olds in 45 countries in the WHO region for Europe and Canada, using a self-completion questionnaire. After ethical approval, data are collected every four years using standardised procedures for sampling and data collection⁽¹⁾. The same procedures have been used since the initiation of the study and across countries, allowing for both cross-country comparisons and time trend analysis. Full information on sample sizes by country is available elsewhere (Inchley et al., 2016). Self-rated health was measured by one item 'Would you say your health is...?' with four response categories: 'excellent', 'good', 'fair', and 'poor'. Life satisfaction was measured using the Cantril Ladder (Cantril, 1966). The item reads: 'Here is a picture of a ladder: The top of the ladder "10" is the best possible life for you and the bottom "0" is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?' Communication with parents was quantified using a four-item measure, asking 'How easy is it for you to talk to the following persons about things that really bother you?' with response answers: 'very easy', 'easy', 'difficult', 'very difficult' and 'don't have or don't see that person'. The measure treats communication with father and mother separately.

Two school measures are reported in this paper, perceived performance and perceived pressure. Children were asked what, in their opinion, their class teacher(s) think(s) about their school performance compared to their classmates. Response options ranged from 'below average', 'average', 'good' and 'very good'. Children were also asked how pressured they felt by schoolwork. Response options ranged from 'not at all', 'a bit', 'some' and 'a lot'.

Some findings

Table 1 presents the crude percentage of children that reported fair or poor self-rated health, and high life satisfaction, by gender, age and country. In most countries, reporting poor self-rated health was higher and

reporting high life satisfaction was lower in older age groups. Similarly, in most countries the gender gap increased with age, with girls faring substantially less favourably than boys when measuring well-being at the age of 15. A higher proportion of girls reported poorer health at 15 in three-quarters of countries, but the same for boys was only found in two countries. Gender differences were significant at age 11 in only a few countries and regions but were significant in nearly all countries at age 15. Similar to self-rated health, older children and girls are more likely to report lower levels of life satisfaction. Boys generally reported higher life satisfaction than girls across all age groups. Gender differences tend to increase with age. In the 2013-2014 wave, gender differences at age 11 were only evident in nine countries and regions, but at age 15 they were evident in 35 of the 42 countries analysed.

A recent study of 2002-2010 time trends using HBSC data reported an overall increase in reporting excellent health. The increase was more pronounced between 2002 and 2006 than between 2006 and 2010, perhaps reflecting the effects of the economic crisis in Europe 2007/2008 halting further improvement in reported self-rated health (Cavallo et al., 2015). In 2010, compared to 2002, five countries (Flemish-Belgium, Finland, Greenland, Hungary and Poland) showed a significant decrease in reporting excellent health, a further six countries (USA, Ukraine, Sweden, Scotland, Denmark and French-Belgium) demonstrated a similar, although not statistically significant trend, while in all other countries adolescents reported an increase in excellent health (Cavallo et al., 2015). A similar trend was found for life satisfaction. Overall, between 2002 and 2010, life satisfaction decreased in eight countries (Austria, Canada, Switzerland, Denmark, Finland and Greenland, Hungary and Macedonia). However, an upward trend was noted in ten countries, mostly in Eastern Europe (Estonia, Croatia, Lithuania, Latvia, Russia, Ukraine, Spain, Norway, Portugal and Belgium).

In order to understand the prevalence and patterns of well-being, it is important to put it in the context of children's lives. From here on, the paper explores reported family relationships and school perceptions to allow for a broader understanding of the experiences of children and adolescents. The paper later discusses how these are associated with children's levels of well-being.

(1) The minimum sample size per country is 1,500 children but can reach over 10,000.

Table 1 – Well-being indicators, by gender, age and country (%)

Age	Fair or poor self-rated health						High life satisfaction					
	Boys			Girls			Boys			Girls		
	11	13	15	11	13	15	11	13	15	11	13	15
Armenia	15	10	14	15	18	19	92	91	91	93	93	89
Austria	10	11	11	8	13	17	94	91	92	93	88	82
Belgium (Flemish)	11	12	15	12	19	31	77	88	86	75	84	75
Belgium (French)	15	15	16	18	23	31	87	88	89	89	81	80
Bulgaria	3	4	5	4	5	7	90	89	85	89	85	81
Canada	9	13	17	9	17	23	88	89	86	85	80	76
Croatia	10	10	14	9	17	28	89	89	87	91	84	79
Czech Republic	13	13	15	15	20	22	82	82	81	83	76	75
Denmark	7	10	10	10	15	20	92	94	93	88	84	82
England	9	14	17	10	20	22	90	90	84	88	81	71
Estonia	9	8	14	9	16	20	91	93	88	90	85	78
Finland	5	15	17	5	16	17	92	91	91	89	86	84
France	9	10	10	10	15	19	87	88	86	83	79	71
Germany	10	10	10	11	17	22	87	86	87	87	77	74
Greece	5	5	7	4	8	11	95	89	85	94	83	81
Greenland	10	10	10	20	22	18	86	81	86	85	75	79
Hungary	13	16	18	12	23	25	89	86	83	88	81	77
Iceland	12	18	18	11	19	25	88	92	91	89	84	83
Ireland	5	10	11	7	14	18	93	90	86	93	85	76
Israel	6	9	9	7	10	14	91	92	88	87	84	79
Italy	6	8	8	8	11	15	89	90	85	88	77	79
Latvia	16	13	14	18	29	38	87	86	87	88	83	80
Lithuania	7	10	10	6	16	25	90	91	90	89	83	78
Luxemburg	10	9	17	10	15	23	87	89	83	88	78	74
Macedonia	2	3	4	2	5	7	85	82	74	74	83	72
Malta	9	13	13	13	23	30	95	91	89	90	78	76
Netherlands	7	9	14	12	16	24	95	94	94	92	88	84
Norway	8	14	12	11	13	15	92	89	90	93	87	82
Poland	10	13	18	10	19	30	86	87	83	85	76	68
Portugal	7	11	12	8	17	21	91	84	83	87	79	74
Rep of Moldova	13	17	13	22	26	34	93	90	93	93	91	88
Romania	10	11	10	18	21	30	91	94	92	91	87	81
Russia	11	11	14	15	23	28	85	85	83	85	80	75
Scotland	13	16	21	11	19	26	92	90	88	93	84	76
Slovakia	8	10	11	10	13	16	83	84	84	88	77	73
Slovenia	5	8	9	6	16	21	89	89	91	91	84	83
Spain	3	5	8	4	9	15	91	89	87	94	85	81
Sweden	4	7	9	4	13	15	91	88	85	91	76	73
Switzerland	9	7	8	8	10	13	91	93	91	88	84	84
Ukraine	13	11	17	16	22	31	88	85	84	88	85	82
Wales	10	16	20	11	24	32	90	86	84	87	75	72

Source: HBSC study 2013-2014. Adapted from Inchley et al. (2016).

Scope: boys and girls of 11, 13 and 15 years old.

Interpretation: in France, 9% of 11-year-old boys declare fair or poor self-rated health.

Table 2 presents the percentage of children reporting that they find it easy to talk to their mother and father about things that bother them. In all countries, older children were less likely to report that they found it easy to talk to their parents. However, while the decrease in ease of communication with mothers is similar for boys and girls, the picture with regards to communication with fathers is

different. The decrease (in ease of communication with father) is much bigger among girls than boys as they grow older. For instance, in France, 56% of 11-year-old girls reported that they found it easy to talk to their father, but only 33% at age 15, i.e. a decline of 23 percentage points over four years. By contrast, among boys, the decline is about 14 percentage points. At age 11, 70% reported that

Table 2 – Communication with parents by gender, age and country (%)

Age	Easy to talk to mother						Easy to talk to father					
	Boys			Girls			Boys			Girls		
	11	13	15	11	13	15	11	13	15	11	13	15
Albania	94	93	86	95	92	91	87	84	81	74	63	54
Armenia	88	84	81	92	88	87	84	87	83	71	56	57
Austria	92	85	80	91	83	79	83	78	70	78	57	52
Belgium (Flemish)	90	82	77	88	78	67	76	72	61	60	50	40
Belgium (French)	81	76	70	79	67	65	67	62	57	52	43	40
Bulgaria	91	87	84	93	86	85	87	83	78	74	64	57
Canada	87	81	77	85	77	74	75	75	69	66	58	54
Croatia	94	87	86	95	88	82	89	82	78	78	66	57
Czech Republic	89	84	84	87	81	78	80	75	70	73	56	50
Denmark	90	87	80	86	80	80	85	80	73	69	58	59
England	95	85	81	92	82	72	87	77	71	76	64	53
Estonia	90	88	84	93	86	82	80	77	75	77	70	58
Finland	96	89	84	91	85	78	92	83	79	78	64	54
France	81	76	66	79	70	60	70	67	56	56	42	33
Germany	88	80	76	88	78	74	81	73	69	69	53	46
Greece	93	85	74	93	84	80	87	81	72	69	48	47
Greenland	86	84	89	88	78	82	83	79	80	71	51	62
Hungary	92	90	86	92	89	88	85	84	81	74	69	70
Iceland	94	92	89	95	89	84	92	88	83	87	76	71
Ireland	88	90	82	88	83	76	83	81	71	75	64	57
Israel	94	87	85	93	90	84	86	81	76	80	74	66
Italy	90	85	76	88	76	71	81	76	67	71	50	47
Latvia	83	80	79	85	80	77	74	74	74	70	57	57
Lithuania	84	74	72	89	77	75	77	73	75	67	51	49
Luxemburg	83	86	77	88	78	70	79	79	69	66	54	40
Macedonia	93	90	89	94	91	88	89	84	84	83	72	63
Malta	92	86	77	90	81	81	81	76	63	70	57	49
Netherlands	94	89	85	92	88	82	88	84	81	78	71	65
Norway	91	86	85	93	87	78	88	81	77	81	67	58
Poland	92	87	82	92	84	77	83	79	74	73	66	56
Portugal	92	88	80	91	83	79	86	78	71	73	58	49
Rep of Moldova	95	90	85	95	89	86	89	86	82	81	68	60
Romania	93	88	87	93	89	86	86	85	80	79	65	55
Russia	82	80	80	83	80	77	74	77	75	70	65	59
Scotland	91	86	74	89	80	72	81	76	64	73	57	47
Slovakia	88	83	73	86	78	71	85	72	64	68	51	40
Slovenia	92	86	82	94	83	79	86	82	71	78	58	50
Spain	79	77	72	81	72	71	75	71	63	70	51	46
Sweden	93	89	83	94	85	81	90	84	75	83	69	64
Switzerland	85	82	77	82	82	76	77	74	68	61	55	46
Ukraine	92	91	88	94	92	89	85	84	81	80	77	70
Wales	93	88	83	92	81	74	87	81	79	78	65	59

Source: HBSC study 2013-2014. Adapted from Inchley et al. (2016).

Scope: boys and girls of 11, 13 and 15 years old.

Interpretation: in France, 79% of 11-year-old girls declare that it is easy to talk with their mothers.

they could talk easily with their fathers, while 56% said the same thing at age 15.

While these findings seem to be counter-intuitive to the perception that girls have better communication skills, it is possible that boys and girls interpret differently the meaning of 'things that really bother you', resulting in a

lower percentage of ease of communication with parents among girls.

Table 3 presents the percentages of children reporting positive perception of their school performance and reporting that they feel pressured by schoolwork. Overall, more girls than boys reported a positive perception of their

Table 3 — School perceptions by gender, age and country (%)

Age	Positive perceived school performance						Pressured by school work					
	Boys			Girls			Boys			Girls		
	11	13	15	11	13	15	11	13	15	11	13	15
Albania	82	83	75	89	89	85	24	35	39	17	34	47
Armenia	72	62	60	80	71	76	19	25	23	16	26	29
Austria	76	56	52	80	60	54	10	20	28	10	18	27
Belgium (Flemish)	70	54	49	74	60	53	21	28	35	14	33	48
Belgium (French)	66	51	41	69	44	43	22	27	27	29	38	47
Bulgaria	81	77	74	86	82	80	22	30	31	23	35	44
Canada	75	66	64	80	75	71	27	35	43	25	43	55
Croatia	84	77	65	90	83	65	20	37	39	12	28	39
Czech Republic	56	48	53	61	58	57	27	32	31	21	35	38
Denmark	78	65	60	78	64	64	24	29	31	21	31	43
England	74	70	69	85	76	79	30	39	52	28	42	73
Estonia	65	53	56	76	61	64	28	39	45	31	48	59
Finland	73	60	54	81	73	66	30	44	54	26	48	65
France	65	50	43	70	55	45	15	21	21	22	28	36
Germany	63	40	44	72	47	44	26	27	27	24	26	35
Greece	89	70	62	91	78	69	15	33	35	14	40	54
Greenland	77	69	62	73	61	61						
Hungary	61	46	42	65	47	38	15	21	19	10	19	24
Iceland	83	71	60	88	77	67	32	47	57	29	58	74
Ireland	76	71	67	82	79	70	22	34	48	22	40	66
Israel	78	70	74	81	73	77	30	35	40	31	45	57
Italy	65	52	39	71	59	48	45	50	51	36	56	72
Latvia	62	50	44	66	54	47	22	25	33	19	29	44
Lithuania	66	55	48	74	62	53	35	44	50	28	52	58
Luxemburg	76	60	54	83	63	56	16	25	35	13	33	50
Macedonia	94	90	84	96	90	88	35	54	50	29	54	60
Malta	84	72	65	88	72	61	50	58	65	46	72	83
Netherlands	81	61	58	83	66	57	9	20	27	10	26	40
Norway	79	67	58	82	70	63	12	28	36	13	33	66
Poland	69	56	44	80	59	48	24	30	32	29	33	44
Portugal	66	57	50	64	50	35	20	28	42	22	41	67
Rep of Moldova	78	67	61	82	77	70	19	23	23	17	26	31
Romania	81	67	54	82	69	60	18	25	33	14	33	39
Russia	58	56	54	66	62	59	32	26	22	32	28	28
Scotland	65	64	56	78	69	61	23	28	59	18	38	80
Slovakia	75	70	65	82	75	76	17	24	21	16	25	25
Slovenia	87	68	67	91	77	66	31	48	42	29	61	67
Spain	83	64	52	87	67	57	34	53	60	25	55	70
Sweden	75	55	52	77	54	56	12	22	34	11	35	60
Switzerland	77	68	64	81	71	65	23	26	26	17	33	32
Ukraine	60	51	50	69	62	56	19	17	19	19	16	18
Wales	77	74	69	86	76	75	22	27	52	23	36	67

Source: HBSC study 2013-2014. Adapted from Inchley et al. (2016).

Scope: boys and girls of 11, 13 and 15 years old.

Interpretation: in France, 21% of 15-year-old boys declare to be pressured by schoolwork.

school performance, but for both genders, the percentage is lower in the older age groups. Equally, reported school pressure is higher among older children. However, the increase in reporting feeling pressured by school work is larger among girls than boys. While the findings that girls are more likely to report feeling pressured and performing well may seem contradictory, it is also possible that girls feel more pressure to perform well, and thus work harder and perform better than boys.

Some main points of discussion

According to the UNCRC, all children have rights, and health and well-being is one such right. It is therefore important to examine how the well-being of children varies across genders, ages, countries, and over time, and to understand what contexts are favourable to child well-being. This paper focuses on life satisfaction and self-rated health as important indicators of overall well-being. Core to children's well-being is the family. Over the years, many HBSC study authors have argued that good communication with parents or guardians is a predictor of higher overall life satisfaction and fewer physical or psychological complaints (Ottova et al., 2012; Vingillis et al., 2007). This is true over time, for both boys and girls and across all age groups and geographic regions.

This paper demonstrates that the level of well-being differs by country, age and gender. But while the level of self-rated health and life satisfaction varies by country, the age and gender patterns are similar, with girls and older children reporting poorer well-being. Within this context, it is important to consider the best approach to improving resilience in young people as they go through adolescence, especially since poor well-being can affect the everyday functioning of children and could result in social exclusion (Inchley et al., 2016).

Well-being in children is closely linked to family, and family relationships (Molcho et al., 2007). One way of assessing the quality of relationships is through communication with parents. Children who found it easy to communicate with their parents reported higher levels of self-rated health and life satisfaction (Molcho et al., 2007), and fewer psychosomatic complaints (Inchley et al., 2016; Levin and Currie, 2010). Communication with parents is a key portal through which the family can act as a protective health asset, equipping young people to deal with stressful situations. It is therefore of concern that older children are less likely to report that they find it easy

to talk to their parents. Of even bigger concern is the low percentage of older girls who find it easy to talk to their father, given that ease of communication with fathers plays a protective role in maintaining young people's emotional well-being, particularly among girls (Bulanda and Majumdar, 2009). Findings suggesting that girls are less likely to report that they consider it easy to communicate with their parents about things that bother them go against the common perception that girls communicate better than boys. However, girls and boys may understand the terms 'things that bother you' differently, and hence not report on the same communication aspect. It is also possible that girls find it less easy to talk to their parents because they try to do so more frequently, or because they speak with them more often, and thus conclude that discussions are more conflictual.

School is the second most important context in children's lives. It is therefore not surprising that life satisfaction has often been studied in relation to school, which is one of the domains with the largest impact on overall life satisfaction (Danielsen et al., 2009; Diseth et al., 2012). The HBSC study has consistently demonstrated that those who perceive their school as supportive are more likely to engage in positive health behaviours and have better health outcomes, including good self-rated health, high levels of life satisfaction, few health complaints and low smoking prevalence. On the other hand, those reporting low academic performance at school and high levels of school pressure are more likely to report low self-rated health and poorer self-rated life satisfaction (Van Ryzin et al., 2009; Bird and Markle, 2012; Inchley et al., 2016). Once again, it is of concern that feeling pressured by school is higher and perceived performance is lower among older children. Indeed, this may be a reflection of increasing academic demands in later stages of their secondary education, but it also calls for more focus on teaching healthy coping mechanisms to increase the reliance of children.

One of the key findings in HBSC results is the interaction of age and gender with both measures and predictors of well-being. The patterns seen in tables 1 to 3 highlight the different experiences of girls and boys throughout pre-adolescence and adolescence. The reported well-being of girls becomes significantly poorer as they grow up compared to boys. This coincides with a decreased sense of school performance and an increase in school pressure. At the same time, ease of communication with parents decreases in both genders, but more so in girls, and more worryingly, girls' ease of communication with

their fathers is lower than that of boys at all ages, and lower for girls at 11 years than it is for boys at 15 years, when their reported ease of communication is at its lowest. This may suggest that as the sense of well-being decreases and the perceived demands at school increase, girls have less support at home compared to boys.

The results reported here confirm that the psychosocial dimension of health is very important in the second decade of life, when adolescents undergo many physical, social, psychological and cognitive changes that prepare them for adulthood. Resilience to constant change may differ depending on societal and cultural background. This is important as it paints a bleak picture for young people, but also because poor health outcomes at this stage in life may have long-term negative effects on everyday functioning and general well-being, leading to social exclusion.

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