

Children's Well-Being: Indicators and Research 16

Jorge Castellá Sarriera
Livia Maria Bedin *Editors*

Psychosocial Well-being of Children and Adolescents in Latin America

Evidence-based Interventions

 Springer

Children's Well-Being: Indicators and Research

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In the second part, the book presents the strand of intervention in the well-being of children and adolescents, which we believe to be one of the first contributions of the practice of psychosocial transformation on wellbeing. This important contribution is due to the effort and competence of the GPPC team, formed by postdoctoral, doctoral, master and graduate students, a group of motivated university students that are passionate about working with children, after 6 years of data collection in the projects PROTEBA and ISCWeB, putting in hard work and learning with reality, sometimes very hard and difficult to deal with. To them, our thanks, not only for the co-authorship in the chapters of this book but also for their fieldwork in periphery schools of Porto Alegre.

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Contents

Part I Aspects Related to Children's Well-Being

1	A Multidimensional Approach to Well-Being	3
	Jorge Castellá Sarriera and Livia Maria Bedin	
2	Spirituality and Religiosity Related to the Well-Being of Children and Adolescents: A Theoretical and Empirical Approach	27
	Miriam Raquel Wachholz Strelhow and Kaena Garcia Henz	
3	Subjective Well-Being of Children in Residential Care	47
	Fabiane Friedrich Schütz, Luciana Cassarino-Perez, and Vitória Ermel Córdova	
4	The Use of Software to Improve Child Maltreatment Detection and Assessment	71
	Tiago Zanatta Calza, Carme Montserrat Boada, and Ferran Casas	
5	Neighborhood and Housing as Explanatory Scales of Children's Quality of Life	91
	Graciela H. Tonon, Claudia A. Mikkelsen, Lía Rodríguez de la Vega, and Walter N. Toscano	
6	Sociodemographic Profile of Children's Well-Being in Chile	109
	Javier Guzmán, Jorge J. Varela, Mariavictoria Benavente, and David Sirlopú	
7	Cultural Meanings that Mediate Life Satisfaction in Chilean Children and Adolescents	129
	Lorena Ramírez Casas del Valle, Verónica Monreal Álvarez, Gabriel Urzúa Vera, and Francisca Valdebenito Acosta	

8	School and Neighborhood: Influences of Subjective Well-Being in Chilean Children	153
	Denise Oyarzún Gómez, Ferran Casas, Jaime Alfaro Inzunza, and Paula Ascorra Costa	
9	Fatherhood in Adolescence: A Qualitative Study on the Experience of Being an Adolescent Father	167
	Gehysa Guimarães Alves, Sheila Gonçalves Câmara, Denise Rangel Ganzo de Castro Aerts, and André Guirland Vieira	
Part II Intervention on Children Psychosocial Well-Being		
10	Psychosocial Well-Being of Children and Adolescents: Intervention Effect and Impact Evaluation	193
	Jorge Castellá Sarriera, Livia Maria Bedin, Miriam Raquel Wachholz Strelhow, and Javier Morales Sarriera	
11	Promoting Child Wellbeing: Community and Nature Connections	217
	Francielli Galli, Ângela Carina Paradiso, and Camila Bolzan de Campos	
12	Rights and Material Resources as Indicators of Child Well-Being: The Challenge to Promote Protagonism	243
	Luciana Cassarino-Perez and Tiago Zanatta Calza	
13	Time Planning, Leisure and Technology as Tools to Promote Child Well-Being	267
	Fabiane Friedrich Schütz and Juliana Cardoso Stum	
14	Subjective Well-Being Intervention: Focus on Children's Interpersonal Relationships Through Social and Emotional Learning	291
	Bibiana Ramos dos Santos and Francielli Galli	
15	Intervention on Self-Concept: A Path to Promoting Subjective Wellbeing	319
	Cristina da Silva Hasse and Ângela Carina Paradiso	

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Introduction

A growing interest in researching **subjective well-being** has been observed during the last decades in scientific literature, including different disciplines and the meaning of self-evaluation of people's own well-being. Researchers have used self-evaluated well-being in order to know and better understand human positive situations and positive changes (not only situations and changes related to pathology and social problems), the factors influencing them, and the related conditions – particularly those related to risk behaviour prevention, to promotion of resilience in vulnerability contexts and to facing risk of social exclusion. Emphasis has often been given on self-evaluated well-being that correlates with physical and mental health and with human overall development both at individual and collective levels.

It is very important to notice that in social sciences, this growing research interest was born in a broader context, at macrosocial level: the **quality of life studies** started with the so named **social indicators movement** (Land & Michalos, 2015). In 2016, we celebrated the 50th anniversary of this movement, or “silent revolution” (Casas, 1989, 1996), symbolized by the publication of the book edited by Bauer in 1966, which also gave birth to an increasing research on programme and impact evaluation. Social indicators were accepted as scientific and epistemological tools for political decision-making at macrosocial level. However, they were also linked to completely new fields of research and to new social debates on our conditions of living, both material and non-material. According to Inglehart (1990), that was so because of the crisis of material values and of the rise of post-material values in advanced industrial societies. The consequences of this silent revolution, although difficult to assess, have doubtless been far-reaching.

After this movement started, information provided by representative samples of citizens (from overall population or from specific subgroups of population) not only started to be very seriously considered and analysed as socially and politically relevant but also started to be assumed as having high scientific status, against the existing mainstream in many sciences considering that science can only be based on “objective” measures.

Subjective information, subjective data, subjective statistics and subjective indicators started to be considered as having a new scientific and political entity at the same time. Opinions, perceptions, evaluations and even aspirations of citizens (Campbell, Converse & Rogers, 1976) became a source of useful data for decision-making at macro level. That situation was consistent with the etymological meaning of the word “statistics”, from Latin *ratio status* (“state’s reason” = in the national interest).

At least 30 additional years were needed after the beginning of such influential movement at international level to perceive any impact in the field of childhood studies. Only very recently and very slowly children’s and adolescents’ self-reported well-being has been the increasing objective of social research in more and more countries. Data from representative samples of “not-yet adults” only started to be published more frequently with the new century. Some experiences already exist accepting children’s and adolescents’ data as useful for decision-making. However, collecting such data still involves new important scientific challenges and unsolved debates.

Until recently, in many Western societies, the mainstream representation of childhood and adolescence was that they are a “private affair of the families”. During the second half of the last century, a change in these majoritarian social representations started because of the influence of multiple factors (Casas, 2011; Casas et al., 2013), like the increased training and sensibility of many professionals and NGOs and of many researchers. However, the UN Convention on the Rights of the Child has been the most influential factor to consolidate this tendency. Children have to “count” and have to be taken into account, as human beings with universal human rights.

The **child indicators movement** that appears at the end of the twentieth century in the international arena (Ben-Arieh, 2008) symbolizes that children’s self-reported well-being and children’s quality of life can be “measured” both at macrosocial and micro-social levels and that they are key informants to report on these phenomena, as well as experts in their own lives (Casas, 2011, 2016).

Since the beginning of the twenty-first century, we have observed an increasing number of scientific publications devoted to adolescents’ subjective well-being. When data from different countries was published, unexpected results started to appear, particularly the decreasing-with-age subjective well-being of adolescents in most countries of the world (Casas, 2011).

That increasing number of scientific publications has not only been the result of isolated researchers’ efforts. On the background, very often there is networking of researchers motivated by improving children’s lives in different contexts. I cannot forget in this presentation that scientific researchers from Brazil, Chile, Argentina and Spain met in Porto Alegre and started a new network named PROTEBA – some of them pioneers being involved as authors of different chapters in this book. This network was a facilitator of collaborative research to publish several scientific articles in the following years (as, e.g. Casas et al., 2015) and was also a promotor of reflections, debates and even international stage exchanges related to new research on children’s subjective well-being, mainly focused on 12–16 years of age.

However, the borders are changing fast: the international project **Children's Worlds** (ISCWeB: International Survey on Children's Well-Being) seems to be the first network of researchers that started to collect data from representative samples of children younger than 12 – in fact of 8, 10 and 12 years old in 15 countries (Rees & Main, 2015). This international and interdisciplinary project symbolizes an increasing collaboration and networking process among research teams worldwide, with the common denominator of being sensitive to children self-reported information, with the aim of collecting data from as many different sociocultural contexts as possible.

I think that today we can say that researchers in many countries are already enjoying and enriched by the new knowledge provided by children and adolescents to the scientific community after self-reporting about their own well-being. Adults – and particularly adult researchers – are learning new aspects of our social life by collecting opinions, perceptions and evaluations of “not-yet adults” (Casas, 2011). Researchers are learning to “listen to” children in new ways. We have even been able to start to accept children as advisers of our own scientific research (Casas et al., 2013).

The book that the readers have in their hands (or in their screens) is a good example of this international dynamics. It is an honour for me to write this short introduction to a book fully devoted to Latin-American empirical and applied research on self-reported well-being of children and adolescents. This book is an important step forward for well-being researchers in a region of the world who still need a lot of new scientific knowledge about the well-being of their younger population, where many new actions should be undertaken to improve children's and adolescents' well-being. It presents a very broad selection of research topics related to children's well-being. All the chapters in the second section of the book are devoted to applied research, related with concrete interventions to improve children's well-being. However, what I think is one of the most important aspects of this book is that it presents an impressive new generation of young researchers who are already sharing names with the few pioneers in different Latin-American countries. I believe that is a promising future for our field: I am sure that the scientific research in this field is going to increase very fast in Latin America, thanks to these new active talents. Children and adolescents in their countries deserve this new social and scientific protagonism that the knowledge of their well-being and the applied research devoted to improve it may bring to Latin-American societies.

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Part I
Aspects Related to Children's Well-Being

Chapter 1

A Multidimensional Approach to Well-Being

Jorge Castellá Sarriera and Livia Maria Bedin

1.1 Introduction

1.1.1 Epistemologies of Complexity, Systemic Ecological Frameworks and Contextualism

From the sixties to the present, almost six decades of scientific, academic and methodological advances have passed, with new theories and epistemologies that have improved traditional explanatory models. We highlight four authors who conducted research on the subject studied in this chapter, the multidimensional perspective of well-being and human development analysis.

Edgar Morin (2008) proposes a shift towards complexity several decades ago, but he presents ways of taking the paradigm of complexity into different domains of life in his last book. As a great epistemologist he addresses current ethical and practical problems, resisting the contexts of determinism and reduction that fragment reality.

Well-being and happiness, according to Bauman (2001), are based on two essential values that are absolutely indispensable for them, one is security and the other is freedom. It is not possible to be happy and have a decent life in the absence of any of them. When there is a need to increase security, freedom is reduced, especially if we consider the recent terrorist tragedies or the impunity and fear that take over the developing countries. According to the author, this dilemma, particularly lived in our time, must be faced assessing the opportunities and risks to learn from the mistakes of the past. Well-being, from a perspective of complexity, is associated with the contexts in which people live and the values that societies sustain. Another

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important epistemologist of our time is Fritjof Capra (1997) who introduces us to a new scientific language that can describe the interrelationships and interdependence of psychological, biological, physical, social and cultural phenomena.

With the systemic ecological paradigm, proposed by Urie Bronfenbrenner in 1979, a new perspective is opened in the studies especially directed to children and young people, to follow their development from a systemic perspective. This theory has wide influence on how psychologists and others approach the study of human beings and their environments. As a result of his pioneering work on “human ecology”, these environments – from the person, the family, to economic and political structures – are seen as part of the life course from infancy to adulthood.

Later, Westergaard and Kelly (1990) in their chapter on a Contextualist Epistemology for Ecological Research, express that the greatest value of the Ecological approach focuses on its commitment to Contextualism, which states that knowledge is related to a given framework of theoretical and empirical reference, and that we are implicitly immersed in the world we observe. The authors propose the multifaceted nature of the conditions and motivations related to human behaviour under certain conditions, and use alternative and complementary methodologies.

This brief introduction could be extended, focusing on each one of the approaches that these authors could bring to relate more directly the perspective of well-being of these approaches. However, it is enough to understand why well-being must have a perspective of complexity and multidimensional understanding of the human being immersed in its context.

1.1.2 Relevance of Multidimensional Well-Being

In the last decades, the development of well-being studies has converged with the development of Positive Psychology and with the development of studies on Poverty and Quality of life. At the same time, technology offers researchers increasingly sophisticated statistical programs that are capable of analysing large numbers of participants and variables and making near-instantaneous calculations to contrast explanatory models.

Without losing the reins of what is basic and fundamental in the analysis of subjective well-being, our guiding principles are based on human rights, grounded in the person’s vision as an integral being in its physical, psychological, psychosocial, social, moral and spiritual aspects, that is the principle of indivisibility of the individual with his vital milieu, his culture, his opportunities and his needs. Well-being is built in the day-to-day interaction of the person with the environment. Therefore, the relevance of proposing a Multidimensional model that approximates General Well-being, considering the different dimensions and indicators.

It is necessary to have approaches that integrate subjective and objectives indicators of well-being, as well as to move from an individual perspective to a psychosocial and community perspective. Currently, many researchers have been engaged in

proposing different models to obtain reliable parameters of population well-being so that they transcend indicators, sometimes exclusively economic or individual.

We will make a brief analysis of the latest well-being studies in developed contexts and in contexts of poverty and social inequalities, as in Latin America. Studies like the International Survey on Children's Well-Being (ISCWeB, www.isciweb.org) seek what can be the well-being of people in very different contexts from a global perspective. Analysing differences between material resources and well-being in eight countries on four continents was one of our researches (Sarriera, Casas, et al., 2015), that has sought alternatives to understand the complexity and variability of poverty, culture, and values as indicators that help us understand the differences between well-being and contexts.

1.1.3 Studies that Propose Multidimensional Well-Being

The need for approaches that integrate subjective and objectives well-being indicators has encouraged international studies from large organizations (UNESCO, OECD) to explain global well-being beyond exclusively economic indicators, including subjective ones. Also, well-being studies in contexts of poverty and social inequalities, such as in Latin America, Africa and Asia, have sought alternatives to understand the complexity of what well-being of people in depressed contexts can be. On the other hand, we have witnessed an increasing enterprising production of instruments that can measure well-being in a more integrative perspective between individual and context.

Our objective is to present current studies on multidimensional well-being in general, and specifically in Latin America. Along with these studies, we propose a multidimensional approach based on these studies and our research for more than a decade, and reflect on the future and the possibilities of multidimensional well-being. We start from current international studies from 2011 to 2016, that considered multidimensional well-being or well-being models. Some studies depart from traditional approaches of subjective well-being; others start from an economic analysis that seeks to complement income indicators to improve their explanatory approach to quality of life and well-being among people.

We begin by commenting on some of them based initially on theories of subjective well-being: the proposal of a multidimensional structure of subjective well-being is brought by Vanhoutte (2014) in his study with the elderly. He investigates the background, structure and compatibility of empirical measures of hedonic and eudemonic well-being. The threefold structure proposed by the author, distinguishes affective, cognitive and eudemonic aspects of well-being, being more informative than the traditional model of the two hedonic and eudemonic dimensions. The model obtained an excellent fit, and cognitive aspects of subjective well-being are more closely related to eudemonic ($r = 0.85$) than to affective aspects of well-being ($r = 0.69$). In any case, this multidimensional structure achieves a greater explanatory power than traditional studies.

Kim, Furlong, Ng and Huebner (2016) propose conceptual models of well-being more holistic. The authors point to the need to move from a more limited focus of well-being and survival to a more recent focus on flourishing and ideal development. They propose five major domains of child development: physical, mental, social, spiritual, and moral. The authors agree with Ben-Arieh position (2008) on the need to advance on well-being measures and its conceptualization for a multidimensional approach.

One of the models of well-being, anchored in Positive Psychology, proposes five dimensions for its study: positive emotion, engagement, relationships, meaning and achievement, whose initial words would form the acronym PERMA. The study of Coffey, Wray-Lake, Mashek and Branand (2016) proposes to evaluate the psychometric validity of PERMA, as well as its convergent validity. It begins with the analysis of the PERMA structure through the modelling of structural equations. Performed with secondary data, the study presented good fit in four of the five dimensions, and the meaning dimension did not fit into the model.

Also to assess Multidimensional Well-Being, Issac Prilleltensky et al. (2015), develop and validate the I COPPE Scale, with the dimensions: interpersonal, community, occupational, physical, psychological, and economic. For the area of Community Psychology, working with the promotion of well-being (Nelson & Prilleltensky, 2010) and health (Sarriera, Saforcada, & Alfaro, 2015) has been a priority activity. On the other hand, community psychology has also worked with measures of community well-being and sense of community (Sarriera, Strelhow, et al., 2015). For the authors, there is a need for a tool that measures the multidimensional well-being. The I COPPE factorial structure was tested, as well as its convergent validity through the following scales: SWLSS, SCS-R, BSCS, AKIG, PH-WB, FS, PFW. The findings identified strong support for seven well-being factors, well-being as a whole plus six factors: interpersonal, community, occupational, physical, psychological and economic. The Interpersonal dimension was added in the model. This instrument has excellent diagnostic capacity and assistance for group and community interventions.

Casas and Bello (2012) proposed the General Domain Satisfaction Index (GDSI) to measure life satisfaction in different domains. The index is originally composed of 29 items that evaluate well-being in eight domains: family and home, material aspects, interpersonal relationships, neighbourhood, health, time management, school/institution, and personal satisfaction. The GDSI calculation is performed according to the mean of each domain and, subsequently, with the computation of an overall mean for all domains.

Other studies propose the multidimensionality of well-being from priority economic approaches. Peichl and Pestel (2013) conducted a comparative study from 2003 to 2007, assessing data from the SOEP (socioeconomic panel) in Germany. Three dimensions were being used in this period: income, health and satisfaction with life. The income was more concentrated at the top of the distribution in 2003. In 2007, the decrease of income place is great and its place is occupied by the health and satisfaction with the life, that were the ones that contributed more, being placed in the top of well-being in 2007. This leads to give centrality to the variables health

and satisfaction with life and to give continuity to other variables that may enter the top of well-being in the coming years.

The European research on the OECD Regional Well-being Index of 2013 covers nine dimensions, making up a set of indicators that, according to the authors, can better differentiate the regions of the European Union. The dimensions represent both individual well-being and local living conditions. They are: education, jobs, income, safety, health, environment, civic engagement, accessibility to services and housing (Döpke, Knabe, Lang, & Maschke, 2016). The authors propose in their studies indicators for each dimension, the unit of calculation and justification for inclusion in the OECD. The methods used for the analysis have high correlations between specific regions. The ranking between regions also clearly discriminates between those receiving EU funds from those who do not receive funds.

Addressing inequality between regions, Koen Decancq (2011) investigates the evolution of inequality of what he calls global well-being, from 1980 to 2010, under the evaluation of three dimensions: income, health and education. The study analyses dimension by dimension in a first step and then proposes the multidimensional approach of the three dimensions simultaneously. The author chooses the last multidimensional approach, much more precise, with a new extension developed by the GINI coefficient, proposed by himself and Lugo (2012).

In the Report on multidimensional progress: well-being beyond income (UNDP, 2016), a new research space on multidimensional well-being is opened. For the authors of the report, multidimensional progress consists of a development space with normative limits, in which nothing can diminish the rights of people and communities, nor can anything threaten environmental sustainability. An important contribution of the report is how to prevent relapse into poverty and the need to build resilience through social protection throughout the life cycle, child and elderly care systems, access to physical and financial resources of households and a better quality in work in order to avoid declining the well-being.

In a rather synthetic way, but with evidence of the movements that approach the multidimensional well-being in developing countries, we raised different theoretical approaches, different dimensions and instruments for assessing multidimensional well-being, whether starting from individual models or more social models, contributing with indicators and instruments that seek to integrate the individual-context relations that shape the complex field of well-being of people who exist, work and seek to realize themselves.

1.1.4 Multidimensional Well-Being in Latin America

Results of some research on well-being carried out in the last 5 years with participants from Latin American countries are presented in this section. Each study brings different aspects of well-being, and multiple dimensions are discussed considering the context of the developing countries.

For example, Battiston, Cruces, Lopez-Calva, Lugo and Santos (2013) wrote about the evolution of the multidimensional poverty in six Latin American countries: Argentina, Brazil, Chile, El Salvador, Mexico and Uruguay for the period 1992–2006. Their approach overcomes the limitations of the two traditional methods of poverty analysis in Latin America (income-based and unmet basic needs) by combining income with five other dimensions: school attendance for children, education of the household head, sanitation, water and shelter. The results allow a fuller understanding of the evolution of poverty in the selected countries. The authors found that over the study period, El Salvador, Brazil, Mexico and Chile experienced significant reductions in multidimensional poverty. In contrast, in urban Uruguay there was a small reduction in multidimensional poverty, while in urban Argentina the estimates did not change significantly. El Salvador, Brazil and Mexico, and rural areas of Chile display significantly higher and more simultaneous deprivations than urban areas of Argentina, Chile and Uruguay. In all countries, deprivation in access to proper sanitation and education of the household head are the highest contributors to overall multidimensional poverty.

Rojas (2015) has written on poverty and people's well-being, and he brings important topics regarding the prevailing traditions in conceptualizing and assessing people's well-being and how they end up being implemented in poverty studies. The author discusses the importance to get people out of income poverty, but most important to be sure that people end up out of income poverty and out of well-being deprivation. He argues that an income-based poverty conception tends to overstress programs that focus on ways to raise income but that neglect what these actions do in other domains of life. On page 48, the author emphasises the importance to overcome the income-based approach (Rojas, 2015):

Many poverty-abatement programs, such as conditional cash transfer programs, which are very popular in Latin America, emphasize an income-based conception of poverty and, in consequence, tend to accentuate human-capital strategies that allow people to have the skills to generate greater income. By focusing on income, these programs tend to neglect the impact they may have on satisfaction with family relations, availability and gratifying use of free time, enjoyment at work, community satisfaction and so on. There could be trade-offs between the pursuing of higher income and the attainment of other qualities and attributes in life. Because persons experience well-being as entire human beings rather than as compartmentalized academic agents, it is reasonable to assume that even if a poverty-abatement program focuses on the economic domain of life alone it will inevitably affect all other domains in a person's life—for good or for bad. In consequence, there may be substantial well-being costs and benefits that are hidden to policy makers and evaluators because the concept of poverty is dominated by an income-based conception and because there is no information on people's well-being (p.48).

Recent studies by researchers from the northeast of Brazil follow this multidimensional approach in addressing the subjective well-being of children and adolescents, along with sense of community and psychosocial stressors (Abreu et al., 2016). The study based on multiple regressions indicates that the sense of community, followed by satisfaction with the personal and material domains, are the variables that are most associated with the subjective well-being measured by the SLSS for children or adolescents in rural or urban areas. The satisfaction with the material

goods had greater weight in the model for the rural sample. The conclusions reveal that the social determinants of health allow us to think about interventions at different levels, family, school and community, necessary for the construction of healthy social environments, preventing stressful events, strengthening the sense of community and the promotion of subjective well-being.

Results of another study with 864 children and adolescents between 9 and 18 years old from the northeast of Brazil on social disadvantage and poverty (Abreu, 2017) indicate that the Multidimensional Poverty Index (MPI) correlates negatively and in an unusually superior way to any other variable, with the three subjective well-being scales used by the researchers (SLSS, PWI-SC and OLS). It is observed that the greater the situation of social disadvantage, the lower the subjective well-being scores.

Vera-Villarroel et al. (2015) have examined the association between indexes of socioeconomic status, satisfaction with income status and psychological well-being in a sample of 620 Chileans. The study points a positive association between socioeconomic status, satisfaction with income status and psychological well-being (PWB). The associations are stronger with PWB facets related to relational, control and self-esteem processes, and weaker with purpose of life, growth and autonomy. The lower classes reported lower levels of PWB than the middle and upper classes, which did not differ between them, consistent with an asymptotic relationship between social status and well-being. Another study with 543 Brazilian adolescents and their respective parents also reported on a comparative analysis of the subjective well-being of parents and their adolescent children regarding social class, and the result shows that the means of well-being are lower for participants from lower middle class when compared to middle and upper classes, which did not differ between them (Bedin & Sarriera, 2014).

In another study with 512 Chilean adolescents, San Martín and Barra (2013) have examined the relationship between self-esteem and social support with life satisfaction, and the results showed that both self-esteem and social support significantly predicted the level of life satisfaction, with the relative influence of social support being greater than of self-esteem. Self-esteem would constitute a cognitive-type internal shock absorber that operates under different circumstances that could threaten adolescents' life satisfaction, moderating the impact of negative experiences. With regard to the greater influence of perceived social support, one might think that Latin American societies are characterized by a greater collectivist orientation when compared to the United States and European countries. It is possible that this characteristic contributes to a higher association between perceived social support and life satisfaction.

Chavarría and Barra (2014) verified the relationship of self-efficacy and perceived social support with life satisfaction in 358 Chilean adolescents. It was found that both self-efficacy and global social support and their dimensions had significant relationships with life satisfaction, with self-efficacy having the greatest relationship. This relationship can be explained by the fact that the overall evaluation that an individual makes of himself in terms of his capacity to act effectively is closely related to the assessment he makes of his life, so that a greater sense of self-efficacy

would be associated with higher rates of life satisfaction. On the other hand, the relationship between social support and life satisfaction can be explained by the fact that social support allows the person to achieve greater stability, predictability and control, reinforces self-esteem and favors the construction of a more positive perception of his environment.

Regarding the subjective well-being and quality of life in childhood in Chile, Oyanedel, Alfaro and Mella (2015) describe the results of the International Survey on Children's Well-Being (ISCWeB), with a sample of 2734 children aged 8–12 years old. The results show a high satisfaction with life, highlighting that more than 70% of the children and adolescents surveyed declared themselves as “very satisfied” with their life at all ages and that the highest levels of satisfaction are presented in the group of 10 years old. The results according to the socioeconomic level of the children presented a non-aligned variation. The areas best evaluated correspond to family, material goods, and health, when considering other aspects such as the neighborhood and the school. It is also observed that the knowledge and perception that children's rights are respected decreases with age.

Recently, a survey was conducted on the satisfaction with the life and health of 180 young people from the greater Buenos Aires, Argentina, using some measures to verify the well-being of young people, such as having a clear plan for life, family income, satisfaction with quality of life, satisfaction with quality of life a year ago and satisfaction with access and with the public health system (Tonon, Ruiz, Aragón, & Suarez, 2016). The main results of the study showed that the average satisfaction with the quality of life of young people was 7.2 in a scale of 10 points, being considered a high average level by the authors. Still, the data indicated that almost 60% of young people have a clear plan of life and 87% consider that their satisfaction with quality of life is equal to or best when compared to a year ago. Nearly 84% of young people consider family income to be partially adequate to adequate. With respect to access and the public health system, the participants show an average level of satisfaction, which is the lowest evaluation.

1.2 Multidimensional Well-Being: Concept and Indicators

The selection of dimensions and indicators of multidimensional well-being constitutes a crucial step in the process of defining the construct. This chapter is not intended to prescribe a list of indicators that should constitute a multidimensional well-being model. The aim is much more modest in that respect, it aims to look at the evolution and current state of indicators that have traditionally constituted measures of well-being, and compose them in different aggregate dimensions, specially regarding the socio-community dimension.

As observed in the previous section, several authors have been working to answer which factors influence well-being during the last decades (Cummins & Lau, 2005; Decancq & Lugo, 2012; Diener & Ryan, 2009; Seligman & Csikszentmihalyi 2000; Vanhoutte, 2014). With the advent of positive psychology, research in this area has

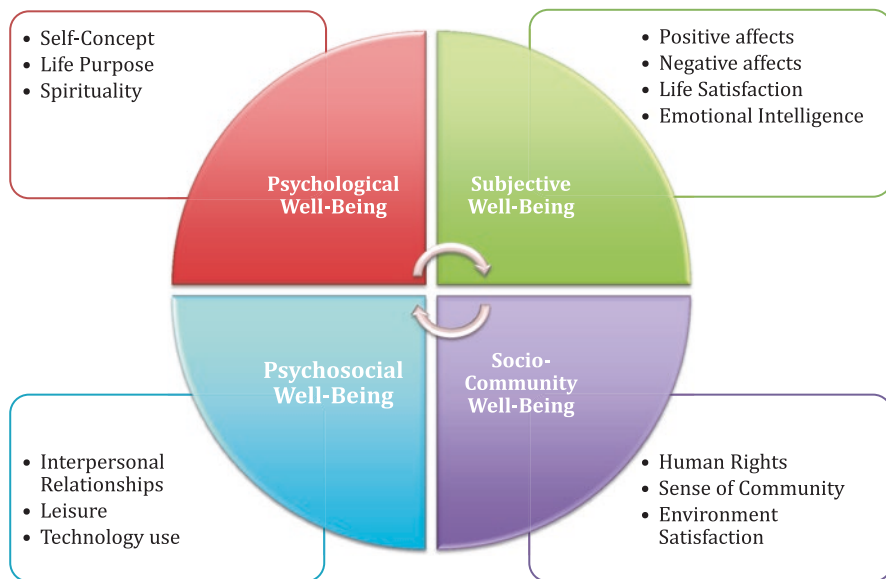


Fig. 1.1 Multidimensional well-being

gained strength, providing evidence-based answers to guide practitioners on the issue of how to promote well-being (Kim et al., 2016; Shoshani & Steinmetz 2014; Sin & Lyubomirsky, 2009). In addition to studies with adult populations, more recently, there is a growing interest in identifying indicators of well-being in childhood and adolescence, which can act as promoters of healthy development (Ben-Arieh, 2008; Montserrat, Dinisman, Baltatescu, Grigoras, & Casas, 2015; Sarriera, Schütz, et al., 2014).

The search for a model capable of capturing the multiple facets of well-being has challenged the researchers of several areas of knowledge. We have sought to develop a theoretical model of multidimensional well-being (Fig. 1.1), which starts from the evolution of the studies on subjective well-being (Diener, 2012), psychological well-being (Huebner, 1991), psychosocial well-being (Cummins & Lau, 2005) and the socio-community well-being (Sarriera, 2015; Sarriera & Bedin, 2015), seeking to contextualize Latin America as well.

The subjective well-being is composed by cognitive and affective dimensions (affects and life satisfaction) and emotional intelligence; the psychological well-being is composed by the six original dimensions and spirituality; the psychosocial well-being includes interpersonal relationships, leisure and technology use; and the socio-community well-being is composed by the material resources and human rights, sense of community and environment satisfaction. The four dimensions of the multidimensional well-being proposed are presented in the following subsections.

1.2.1 Subjective Well-Being

1.2.1.1 Cognitive and Affective Dimensions

Subjective well-being (SWB) refers to the assessments that people make about their lives in cognitive and affective terms, representing beliefs and feelings about how gratifying their lives are (Diener, 2012). The subjective well-being can be understood as a consequence of the interaction between internal aspects and external interactions people have with others and with the environment (Casas, 2011). Other authors also point out that the well-being involves affective and cognitive processes, being marked by Campbell, Converse, & Rodgers (1976) that these processes can be measured from satisfaction questions. The hedonic viewpoint focuses on subjective well-being, which is frequently equated with happiness and is formally defined as more positive affect, less negative affect, and greater life satisfaction.

1.2.1.2 Emotional Intelligence

Besides the affective and cognitive aspects, already well developed in the literature on subjective well-being, it is also proposed the inclusion of emotional intelligence (EI), the ability to deal with feelings, emotions and affections. Emotions are present in all people, influencing the interpersonal relationships that the individual establishes. Behaviour is influenced by emotions or feelings. Learning to understand and regulate one's own emotions helps in establishing the empathy and social skills necessary for relationships with others (Duarte, 2014). Emotional education acts as primary prevention, aims to reduce vulnerabilities and dysfunctions, or prevent their occurrence, while maximizing personal and social potential. Lack of knowledge and control over one's own emotions can lead to risky behaviours and relationship problems (Bisquerra, 2011).

The relation between emotional intelligence and subjective well-being has been reviewed by Sánchez-Álvarez, Extremera and Fernández-Berrocal (2015) in a meta-analytic study including studies concerning the relationships between emotional intelligence and subjective well-being. A total of 25 studies with 77 effect sizes and a combined sample of 8520 participants were presented. The results provided evidence of a positive significant relationship between EI and SWB. When examining EI measures, there was a larger association between EI and the cognitive component of SWB than with the affective component. Another study by Schutte and Malouff (2011) found that higher levels of emotional intelligence were associated with higher levels of positive affect, lower levels of negative affect, and greater life satisfaction. Koydemir and Schütz (2012) also found a positive relationship between emotional intelligence and affective as well as cognitive facets of well-being, with a closer association on part of the affective aspect.

Thus, considering that the adaptive intra and interpersonal functioning inherent in emotional intelligence may lead to greater well-being, the inclusion of the

emotional intelligence aspect in well-being studies is highly recommended, specially in studies with adolescents, as adolescence is a period in life considered as problematic and conflictive (Oliva et al., 2010).

1.2.2 Psychological Well-Being

The eudemonic viewpoint of well-being focuses on psychological well-being (PWB), which is defined more broadly in terms of the fully functioning person and has been operationalized either as a set of six dimensions (Ryff, 1989), as happiness plus meaningfulness, or as a set of well-being variables such as self-actualization and vitality (Ryan & Deci, 2001). Ryff (1989) proposes six dimensions for assessing psychological well-being: autonomy, life purpose, self-acceptance, positive relationships with others, environmental domain, and personal growth. For the author, the optimum well-being (high level of SWB and high level of PWB) increases with age, education, extroversion and increased awareness, and decreases with neuroticism.

1.2.2.1 Self-Concept, Spirituality and Life Purpose

Self-concept includes several dimensions of life and is strongly related to self-esteem and self-efficacy, indicators that have shown a positive impact on the well-being of adolescents (Freire & Tavares, 2011; Veltro, Ialenti, Iannone, Bonanni, & García, 2014; Weber, Ruch, Littman-Ovadia, Lavy, & Gai, 2013). Self-concept assesses the person's knowledge of self, and self-efficacy considers one's confidence that he can achieve a desired effect. High self-esteem is also related to more positive affects and higher life satisfaction. Both concepts, self-efficacy and self-esteem, are mediated by self-concept. Positive self-concept may also have an impact on subjective well-being, as previous studies have shown (Martins, Nunes, & Noronha, 2008).

Besides self-concept, some authors have pointed out the importance of inserting the evaluation of spirituality in the study of well-being (Casas et al., 2015; Sarriera, Casas, Alfaro et al., 2014). This is a theme that presents noteworthy growth in terms of research, which points to spirituality as an important dimension of the lives of many people (Lucchetti & Lucchetti, 2014), and should be taken into account, for example, in the evaluation of health processes and quality of life, together with the biological, psychological and social dimensions (Sarriera, 2004).

Although in Brazil the concepts of spirituality and religiosity are still closely related, the first refers to the system of inner beliefs that bring strength and comfort to people, and the second concerns the rituals and practices adopted according to a specific religious belief (Houskamp, Fisher, & Stuber, 2004). As the concept of spirituality is broader in relation to an existential condition, this becomes the focus considering this chapter, in addition to being a concept already addressed in studies

with adolescents in Latin America (Oyanedel, Vargas, Mella, & Páez, 2015; Sarriera, Casas, Alfaro, et al., 2014).

With respect to studies on spirituality, literature has demonstrated significant relationships with adolescent well-being (Holder, Coleman, Krupa, & Krupa, 2015; Sarriera, Schütz, et al., 2014), and life purpose presents a positive correlation with life satisfaction (Datu & Mateo, 2014). According to Rodríguez and Damásio (2014) it is during adolescence that people discover their first purposes of life and that, consequently, lead them to the development of the meaning of their lives. Purpose and meaning of life are distinct concepts (the first related to goals set by the individual and the second to the meaning of life), but both are related to each other.

1.2.3 Psychosocial Well-being

1.2.3.1 Interpersonal Relationships

The significant relationships established with the family impact on the development of children and adolescents and can affect adult functioning (Schütz, Calza, Rodrigues, & Sarriera, 2013). Also, family relationships initiate socialization, serve as the basis for future relationships, and influence development and well-being (Duek, 2010; Gray, Chamrathirong, Pattaravanich, & Prasartkul, 2013). The relationship between peers is pointed as a significant factor to attribute meaning to everyday experiences, where the exchange of experiences between the peers contributes to the formation of subjectivity.

The school is a development context where adolescents spend much of their time, relating to their peers and also to adults. Thus, many relationships of friendship can be developed in the school environment (Santos, Calza, Schütz, & Sarriera, 2013). Interaction with peers contributes to the development of cognitive and social skills. It is through these interactions that bonds of friendship are formed, and begin the perception of conflict resolution and aggressive impulses can be controlled, as well as moral values can be internalized. Friendship relationships play a positive role in social, affective and cognitive development; however, they can also be a risk factor when they expose the child or adolescent to victimization.

An approach that considers interpersonal relationships, their quality and development, can empower adolescents by helping them assess their interpersonal relationships, making them active in establishing new friendships and building positive relationships with their friends and family. By working specifically with emotional education, discussing different emotions, behaviours and interactions from them, one can develop more assertive and positive interpersonal relationships, thus promoting well-being.

1.2.3.2 Leisure and Technology Use

Research data of the Research Group in Community Psychology (GPPC) show that the free time organization (such as holding or not extracurricular activities), spending time with friends and physical activity significantly discriminated adolescents with high and low well-being (Sarriera, Schütz, et al., 2014). In addition, doing nothing was negatively associated with well-being. In other GPPC publications, the relation between leisure and well-being was discussed, to the extent that activities involving social interaction and development of physical and intellectual abilities are predictors of subjective well-being (Sarriera, Schütz, et al., 2014; Sarriera & Paradiso, 2012).

Research on the meaning and use of free time of popular class adolescents, carried out with adolescents from 15 schools in a city in the south of Brazil, demonstrates the meaning of free time for the young. It is a perception of free time as a time without commitment, linked to the concept of freedom, satisfaction, pleasure, absence of rules, development of autonomy and lack of external environment control (Sarriera, Paradiso & Howes 2006).

In a study about the relations between motivation, organization and satisfaction with the leisure and well-being activities of adolescents from Spain and Brazil, it was found that the aspects that are related to adolescents' well-being are intrinsic motivation, satisfaction with ludic activities and those related to interpersonal relationship. As for the leisure structure, the ability to organize was the variable that contributed most to the well-being when compared to the availability and use of time (Sarriera, Casas, et al., 2014).

Technology is one of the main tools used by adolescents in their free time. Sarriera, Schütz and Bedin (2015) conducted a study that indicated that adolescents with high means of well-being have access to the internet and cell phone. In addition, in another research that sought to investigate the relationships between perceived social support, interest in media and well-being, it was found that communication media (internet, computer and cell phone) are positively related to friends support and negatively related to family support (Sarriera, Abs, Casas, & Bedin, 2012). Other studies have already indicated that media use may be associated with well-being when mediated by interpersonal relationships and social support (Malo, Navarro, & Casas, 2012).

Among the benefits of using online technologies, Best, Maketelov and Taylor (2014) report increased self-esteem, perceived social support, increased social capital, safe identity experimentation, and increased self-disclosure opportunity. In addition, harmful effects have been reported, such as increased exposure to harm, social isolation, depression and cyberbullying. Thus, the use of free time has stimulated the discussion about the promotion of the well-being of children and adolescents through the use of technology and has become the object of interest of new researches (Sarriera, Schütz and Bedin 2015). Since social interaction via technologies has become very common, and the wave of media users is increasing in young

people, the discussion of these topics reiterates the importance of not only understanding the phenomenon, but also developing tools that make the use of time healthier and promoter of well-being.

1.2.4 Beyond Social Well-Being, the Socio-Community Well-Being

For almost a decade the Community Psychology Research Group (GPPC) has been working in the form of seminars and research on well-being, with an emphasis on children and adolescents in southern Brazil. In this trajectory, we had very present partners like the ERIDIQV (Research Group on Children, Adolescents, Children's Rights and Quality of Life) of Professor Ferran Casas, and thanks to him we have joined the ISCWeB after 4 years of joint project with Argentina, Chile and Romania, in addition to Brazil and Spain, called PROTEBA (Trans-Latin Project for the Study of Well-Being in Adolescence). In the course of these years, we have never abandoned the roots that gave rise to our research group, the Community Psychology, which has always led us to include measures on community well-being and a sense of community.

In 2015, we have published a chapter on "socio-community well-being: conceptual and research bases" (Sarriera, 2015) that represented our conceptual and empirical advances in well-being studies that could be more reliable to culture and form of life of our Latin American peoples. We have made a retrospective on the theoretical models of well-being, subjective (Diener, 2012), psychological (Ryff, 1989), social (Keyes, 1998) and supported by the proposals of Nelson and Prilleltensky (2005) regarding the need to bring the social context as essential for the evaluation of well-being.

Veenhoven's (2009) studies show that satisfaction with life is more present in societies with less social inequalities, or as Sen (1996) says, well-being is present in companies that guarantee freedom and encourage community participation. This way of looking at the context prioritizes an ecologically based model, where different spheres and contexts relativize or strengthen the assessments of well-being and happiness.

In Community Psychology, the central concept of *Empowerment* (Montero, 2004; Rapaport, 1981) with the development of *Community Networks*, and the creation of the *Sense of Community* construct (Sarason, 1974) stimulate us to think of a socio-community human development and well-being model. At the same time, the specific characteristics of Latin America, especially social inequality and poverty, are important in order to understand what well-being we are talking about and whether it is possible to isolate individual well-being from the social determinants that afflict our society.

From the GPPC research, we identified the dimensions that we empirically had conditions to test in order to contrast our proposal for a socio-community well-being model: material resources and rights, positive bond and relations with the

community and satisfaction with the environment (Sarriera & Bedin, 2015). The model was also highly significant with overall life satisfaction (OLS). Both the validity of the measure and the construct presented high factor weights for the socio-community well-being. In this way, the dimensions of the proposed socio-community well-being are presented next.

1.2.4.1 Socio-Community Well-Being Dimensions

Human Rights and Material Resources

The Universal Declaration of Human Rights (United Nations, 1948) affirms in its first article “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”. Karel Vasak proposed a classification of human rights in generations: the first generation would be the rights of freedom, comprising civil rights, politicians and classical freedoms. The second generation human rights or equal rights, would constitute economic, social and cultural rights. As third-generation human rights, so-called fraternal rights, would be the right to a balanced environment, a healthy quality of life, progress, peace, self-determination of peoples and other diffuse rights. Subsequently, the fourth generation of rights was defined as technological, such as the right to information, and the right to peace for a fifth generation.

Regarding the well-being and rights of children and adolescents, the data collected in the research on Child Well-Being and Associated Psychosocial Factors (Sarriera, Schütz, et al., 2014) indicated that 21% of the total variance in children’s well-being was explained by the knowledge and awareness of their rights. Other studies on the subject also point out that the guarantee of rights is directly related to the well-being of children and adolescents (Bradshaw, Hoelscher, & Richardson, 2007).

Documents such as the United Nations Convention on the Right of the Child (Child Rights Convention; UN General Assembly, 1989), which was adopted by the United Nations General Assembly in 1989, and the Brazilian Child and Adolescent Statute (Brazil, Law n. 8.069, 1990) offer a normative framework for the understanding of well-being, legitimating parameters that contribute to improve it (Bradshaw et al., 2007). In this sense, adolescents’ knowledge of their rights and how to ensure that they are respected, becomes essential when the goal is to promote well-being. However, research in the area reveals that, in general, children and adolescents have little knowledge about their rights (Alves & Siqueira, 2014; Sarriera, Schütz, et al., 2014), pointing out the importance of developing this theme among children and adolescents.

Other studies have focused on the right to material resources and the economic situation of children and adolescents. However, the results are not unanimous about their impact on well-being. According to the research carried out by Sarriera, Casas, et al. (2015) with participants from eight countries, well-being scores were

significantly related to the material resources access for children and adolescents of all nationalities. Countries such as Uganda and Algeria, where people have less access to clothes, computers, Internet and mobile phones, were the ones that showed the greatest relation between the lack of resources and lower well-being. With similar results, some studies pointed to indicators of worse well-being related to low income (Katz, Chaffin, Alon & Ager, 2014), absence of durable goods, poor housing conditions (Bradshaw, Keung, Rees, & Goswami, 2011) and the percentage of children living below the poverty line and income inequality.

Belonging to Community and Satisfaction with the Environment

The sense of belonging to the community is an important construct to access the relationship of the individual with his community context (Sarriera, Strelhow, et al., 2015). It is a feeling of belonging and identification with a larger community, feeling embedded in a network of relationships and social services. It emphasizes the fact that this feeling has to be reliable and stable within a context. The sense of community, as defined in Community Psychology as a socio-psychological concept, emphasizes the community experience, seeking to understand the attitudes, feelings, relationships and interactions between people in a community context. Thus, it is related to feelings of belonging and importance as perceived by individuals in a given territory and who share similar values (Chavis, Hogge, McMillan, & Wandersman, 1986). Some relevant indicators are affective bonds, satisfaction of needs, influence and participation, social identity, and the members of a community caring for each other, seeking to meet their goals through unity and commitment.

The concept of psychological sense of community was born with Sarason (1974), one of the pioneers of Community Psychology in the United States. Subsequently, other authors such as McMillan and Chavis (1986, p.9) proposed a broader definition: “a feeling that members have of belonging, a feeling that members care about each other and the group, and a common faith that the needs of members will be met through their commitment of being together”.

In addition to the significant and important relational aspects of personal and community well-being, and the resources that each community makes available for its members fulfilment, another key dimension is the environment. The care with sustainability, physical and climatic conditions, nature and environmental cleanliness, the presence of trees and animals, areas and parks for leisure, all this adds another dimension that enhances well-being and happiness to the members living in a particular context (neighbourhood, community, urban or rural area, etc.).

For Charles & Louv (2009) the population growth in urban areas occurred in the last decades compromises the population quality of life. Socio-environmental degradation and the inadequate use of natural resources constitute one of the main problems of the current society. The experience with the environment has undergone significant changes in the last decades, which has different impacts on health, well-being and in the way of living (Moore & Marcus, 2008). Specifically, the children and adolescents of the current generation, in general, have direct and daily

contact with nature considerably reduced compared to previous generations (Charles & Louv, 2009). Unfortunately, today children and adolescents are deprived of experiencing the street as a meeting place, living it as a place of passage in the movement between protected places (schools, clubs, shopping malls, etc.), where the moments of meeting take place, especially among those belonging to the middle class.

Such changes give rise to new threats to the health of children and adolescents, such as increased obesity index and vitamin D deficiency due to lack of exposure to sunlight (Charles & Louv, 2009). In addition, studies in the area of psychology have analysed the relationship between child well-being and contact with nature, indicating that natural environments (with the priority presence of natural elements) and the contact with nature around the place of living and schooling exert therapeutic effects, neutralize stress and favour positive environmental attitudes (Corraliza, Collado, & Bethelmy, 2012).

For a better understanding of well-being, it is necessary to know the relationships that people establish with the environment in which they are inserted. While some aspects of the lives of children and adolescents – such as family, school and interpersonal relationships – appear in a wide range of studies on well-being (Ben-Arieh, 2010; Câmara & Bedin, 2015; Chaplin 2009; Diener, Suh, Lucas, & Smith, 1999; Huebner, 2004), the environment and the community are not yet among the main variables investigated. In addition to scientific research, other initiatives aimed at this population seem to neglect these aspects.

1.3 Discussion and Future Perspectives

Socio-community well-being is inspired by Keyes and Ryff's early contributions to social well-being and advances with the development of other theoretical references such as Community and Environmental Psychology, the analysis of social determinants, especially poverty and lack of material resources, cognitive-emotional ties to the identity of the place, a sense of belonging to the community and the relation between person-environment, especially the well-being associated with sustainability and the positive dimensions of the relationship with nature. However, well-being is not the same for everyone. Tensions between communities and society are manifested in abuses and deficiencies and can cause the naturalization of social situations of prejudice and depreciation. Especially by strengthening the capacities of people and communities, resources and the support of public policies, it will be possible to push for conditions of social change of greater justice and equality.

The ecological-contextual perspective of psychology addresses social inequalities as a focus, not forgetting the underlying power dynamics that characterize human relationships. To denaturalize these differences and to transform society is a social goal to be achieved by meeting the needs of the community. Community Psychology in the Latin American context is established as an important tool for the study of inequalities in health and well-being (Prilleltensky, 2011), and seeks the transformation of this reality through the identification, analysis and transformation

of the conditions that legitimize and support the status quo of asymmetrical relations between groups (Nelson, 2013).

Well-being, reminds us Prilleltensky (2011), is related to power. Power refers to access not only to material goods, but also to psychosocial resources and the social regulation system, which allows for the opportunity and the ability to achieve well-being. Our Latin American populations suffer from social determinants for which some have more opportunities than others, though all strive for their well-being. The struggle to reduce social inequalities is a key to achieving well-being in Latin America.

The purpose of this chapter was to present multidimensional approaches to well-being and, specifically, our proposal for multidimensional well-being grounded in research and, at the same time, continuing our proposal for a socio-community dimension that we have presented in recent studies (Sarriera & Bedin, 2015). In this chapter, we expand indicators on the four dimensions that for us constitute the multidimensional well-being: subjective, psychological, psychosocial and socio-community.

It is worth noting the progress in the last 5 years of studies on multidimensional well-being with proposals developed from the hedonic and eudemonic approaches to new dimensions based on the advances of Positive Psychology and the need to develop multidimensional instruments with new dimensions or complementing the domains of well-being, among them the GDSI (Casas & Bello, 2012), the PERMA (Coffey et al., 2016) and the I COPPE from Prilleltenski et al. (2015). The development of instruments that seek to expand the dimensions and indicators most associated with well-being will also be important tools for planning Psychosocial Interventions for the promotion of well-being, especially for the most vulnerable groups.

We highlight the advances in the measurement of quality of life and well-being, seeking universal measures to evaluate the happiness indexes in a more integral way around the world. We have monitored the progress that from a purely income or economic perspective, mediates quality of life, to new indicators such as income, health and education, to more multidimensional indicators such as suggested by the UNDP (2016), concerned with preventing relapse into poverty and focusing on how to build resilience, or the ability to absorb external shocks – financial crisis or natural disasters – without major social and economic setbacks in order not to back-slide into well-being.

We see an optimistic picture of the growing awareness that people's well-being is based on socially organized groups, communities and societies, whether through public policies that seek social protection for the most vulnerable, or through increased opportunities for access to resources, the formation of community support networks and the concern for environmental sustainability.

Specifically in Latin America, studies of the last 5 years point to the main issues addressed in developing countries regarding multidimensional well-being and poverty, such as overcoming the limitations of traditional methods of assessing well-being and poverty in Latin America, which are usually centralized in the two traditional methods most used (income-based and unmet basic needs), but which do

not represent the reality of the Latin American peoples (Battiston et al., 2013). Many poverty reduction programs, which are generally popular in Latin America, tend to accentuate strategies to generate higher incomes. However, by focusing on income, programs tend to neglect the impact they can have on satisfying family relationships, availability and use of free time, community satisfaction, and other key aspects. We must not lose sight of the fact that people experience well-being as entire human beings and not as fragmented humans (Rojas, 2015).

In addition, important variables are pointed out for well-being in Latin America, such as the sense of community, the differences between rural and urban contexts (Abreu et al., 2016; Battiston et al., 2013), social disadvantages, multidimensional poverty (Abreu, 2017), access to the public health system (Tonon et al., 2016), socioeconomic status (Vera-Villarroel et al., 2015), self-efficacy (Chavarría & Barra, 2014), knowledge of rights (Oyanedel, Alfaro, et al., 2015), self-esteem and social support, which is considered fundamental in more collectivist societies.

We are aware that, in addition to the importance of subjective, psychological and psychosocial well-being, socio-community well-being acquires all relevance for Latin America considering the poverty and inequality of its peoples. We believe that those who work to develop a sense of belonging to their communities, strengthen their beliefs and popular knowledge, work on building community health (Sarriera, Saforcada, et al., 2015) and integrating family and community are the best guarantee of the possibilities for change and for social justice to achieve better levels of well-being and quality of life.

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Chapter 2

Spirituality and Religiosity Related to the Well-Being of Children and Adolescents: A Theoretical and Empirical Approach

Miriam Raquel Wachholz Strelhow and Kaena Garcia Henz

Assessing the integral well-being of people implies looking at an individual's spirituality and religiosity because these are essential dimensions of human life. This is not a new topic in Psychology as William James, Sigmund Freud, Alfred Adler, Abraham Maslow and Erik Erikson have already discussed it (Holden & Williamson, 2014). Viktor Frankl's writings also refer to human beings' spiritual/existential dimension as inseparable from the physical and psychological dimensions (Sarriera, 2004). Only recently, however, there has been an increase in empirical studies addressing these topics, many of which report significant correlations of measures of spirituality and religiosity with other positive aspects such as well-being, satisfaction with life, happiness, and positive affects (Holder, Coleman, Krupa, & Krupa, 2016; Koenig, 2012; Scales, Syvertsen, Benson, Roehlkepartain, & Sesma, 2014; Yonker, Schnabelrauch, & DeHaan, 2012).

The aim of this chapter is to contribute to understanding regarding the relationship spirituality and religiosity has with the well-being of children and adolescents based on a theoretical and empirical approach. The chapter is divided into two parts. More general aspects of research addressing spirituality and religiosity are discussed in the first part, emphasizing conceptual aspects and some specificities regarding children and adolescents. We highlight the study conducted by the Research Group on Community Psychology (GPPC) at the Federal University of Rio Grande do Sul (UFRGS) that sought to identify the meanings assigned by Brazilian children to the concept of spirituality. The chapter's second part presents results of recent studies addressing the relationship between spirituality and religiosity

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and the well-being of children and adolescents highlighting studies conducted in South America. At the end of the chapter, challenges and prospects in this field of study are discussed.

2.1 The Study of Spirituality and Religiosity

In recent years, there has been growing interest in studies addressing spirituality and religiosity. A survey conducted by Lucchetti and Lucchetti (2014) on the PUBMED database shows there was an increase in the number of these studies, especially after 2007; that is, interest is very recent. The authors found that approximately seven papers published per day in 2012 contained the words “religio*” and “spiritual*”. The country with the largest number of publications is the United States (12,166 papers), followed by the United Kingdom (1669), and Canada (1013). Brazil ranks seventh with 452 papers published up to 2013. Most papers are written in English, followed by German, French, Spanish and Portuguese.

Based on the PubMed, Scopus, BVS and Web of Science databases and specifically investigating the relationship of religiosity and spirituality with health, Damiano et al. (2016) identified 686 Brazilian studies, 320 of which mainly focused on the aspects of spirituality and religiosity. The fields that most frequently address these topics in Brazil are Psychiatry, Collective Health, and Nursing, while most studies focus on alcohol and drugs, quality of life, sexuality, HIV, and mental disorders.

The increased number of studies addressing these topics has also raised a discussion regarding the importance of including the spirituality and religiosity dimensions in instruments assessing quality of life and well-being. The World Health Organization Quality of Life Group (WHOQOL) for instance, included the domain “Spirituality, Religion and Personal Beliefs” in the assessment of quality of life (WHOQOL-SRPB; Fleck, Borges, Bolognesi, & Rocha, 2003). Also, the inclusion of items of spirituality and religiosity in the Personal Well-Being Index (PWI) by Cummins, Eckersley, Van Pallant, Vugt, and Misajon (2003) has been discussed (Casas, González, & Figuer, 2009; Sarriera et al., 2014; Tiliouine, 2009; Wills, 2009).

2.2 Defining Spirituality and Religiosity: Differences and Overlaps

One of the challenges faced when aspects of spirituality and religiosity are investigated precisely refers to the conceptualization of these terms, especially when one wants to differentiate them as they are often used interchangeably (Lucchetti, Lucchetti, Gonçalves, & Vallada, 2015; Ubani & Tirri, 2006). There is no consensual definition among researchers in the field. The way religion, religiosity and

spirituality are conceived varies from study to study, as do the measures used. Specifically regarding religiosity and spirituality, both have aspects that differentiate them and aspects that overlap (Emmons & Paloutzian, 2003). Both concepts are considered complex, multidimensional phenomena and any single definition may reflect a limited perspective (Hill et al., 2000).

The word religion originates from the Latin word *religio*, which means a connection between humanity and some higher power (Hill et al., 2000). Hence, the central point of religion is a link with the sacred (Pargament, 1999). In this sense, Eliade (2001) states that religion is precisely a link between the sacred and profane, in which sacred is considered an essential element to understanding the religious phenomenon and its various forms of manifestation. The word spirituality, in turn, originated from the Latin root *spiritus*, which means breath of life, while the word *spiritualis* indicates a person “of the spirit” (Hill et al., 2000).

Historically, the definition of religiosity was considered comprehensive enough to encompass aspects such as beliefs, emotions, practices and a relationship with a superior being and the way these elements are used by people to deal with fundamental existential problems such as life, death, and suffering (Pargament, 1997; Zinnbauer et al., 1997). From the second half of the twentieth century on, an increase in secularism and disillusionment with religious institutions in Western society is observable, which has led to a cultural differentiation between the terms *religion* and *spirituality*. As a consequence, spirituality came to be seen, by social scientists, as an individual experience with the transcendent, while religion is seen as being related to the tradition of institutions (Hill et al., 2000).

Hence, with the differentiation between terms, spirituality came to include elements previously considered to be related to religiosity, and for this reason, more recent definitions of religiosity are less comprehensive or inclusive. Religiosity is considered to be linked to more institutional aspects, doctrines and rituals, while spirituality is thought more to be related to an individual phenomenon (Zinnbauer et al., 1997).

According to Koenig, McCullough, and Larson (2001), religiosity refers to the extent an individual believes, follows and practices a given religion. These authors refer to this type of religiosity as extrinsic religiosity. This dimension of religiosity is more easily measured and is the most frequently used in research. It does not, however, say anything about the quality of a religious experience; that is, it is silent on how important this dimension is, how the individual integrates religiosity to her/his purpose of life, or how one experiences religiosity. These aspects are related to what Koenig and Büssing (2010) call intrinsic religiosity. In this sense, intrinsic religiosity has more aspects in common with spirituality.

Spirituality is linked to issues concerning a search for meaning or purpose in life and connection with the sacred or transcendent. This search may take place either within or outside of a religious context and is characterized as being a more individual phenomenon (Zinnbauer et al., 1997). For Hill and Pargament (2003), the sacred can be linked to God, something divine or even the ultimate reality, and transcendent is related to any aspect of life that can have the same association or representation of something sacred. For Pulchaski and Ferrel (2010 as cited in

Borneman, Ferrell, & Puchalski, 2010), “spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred”. Hence, these authors highlight that spirituality is related to an individual’s aspects of life that give meaning or purpose to their lives and that are associated with a feeling of transcendence. Therefore, according to this understanding, spirituality can either pervade the religious context or not.

2.3 The Demographics of Spirituality and Religiosity in South America

Spirituality and religiosity are aspects strongly rooted in the South American culture. Ninety percent or more of the population of nine countries, including Brazil, out the 12 countries on this subcontinent, report being Christians, while two countries present high percentages of Hindus – Suriname and Guiana (Association of Religion Data Archives, 2008). In addition to religion self-reports, data from the European Values Study (2008) indicate there are more people who consider themselves to be religious than those who consider religion to be a very important aspect of their lives in Argentina, Peru and Uruguay, suggesting a religiosity that is less related to a religious institutional affiliation. In Brazil and Chile, however, there are more people who consider religion to be important in their lives than those who consider themselves to be religious (Table 2.1). Specifically in regard to Brazil, the study conducted by Moreira-Almeida, Pinsky, Zaleski, and Laranjeira (2010) reports similar data concerning the importance of religion, in which 83% of the

Table 2.1 Religious and spiritual characteristics in South American countries

	Argentina (%)	Brazil (%)	Chile (%)	Peru (%)	Uruguay (%)
People for whom religion is very or quite important in their lives	65	91	73	76	46
People who would say they are a religious person	81	88	65	82	56
Degree to which God is important in one’s life	82	96	86	89	70
People who would say they are not a religious person	17	11	32	17	36
People who would say they are a convinced atheist	2	1	3	1	8
People who attend religious services (apart from weddings, funerals and christenings) at least once a week	21	48	27	41	27
People who take some moments for prayer, meditation or contemplation	76	89	78	81	51

Note: Table based on data provided by the European Values Study, 2008

participants considered religion to be very important. These figures are higher than those found in the United States, in which 53% consider religion to be very important in their lives, a country considered to be highly religious (Pew Research Center, 2014).

The statement that stands out the most in Table 2.1 is “degree to which God is important in one’s life”, which represents the relationship of people with a higher being. This is the highest percentage of agreement among questions in all the countries; Brazil presents the highest and Uruguay presents the lowest percentage. Another interesting piece of information refers to the number of people who consider themselves not to be religious. Even though only a small portion of people from the countries under study reported being atheists, data in Table 2.1 reveals that 36% of people in Uruguay do not consider themselves to be religious. Additionally, practices such as praying, meditating and contemplation are more frequent in all countries than attending a church once a week. These data reveal that many people hold some belief or spiritual practice not directly linked to a religion or institutional religious practice. Therefore, spirituality and religiosity as human experiences are not necessarily linked to an institution or doctrine.

2.4 Spirituality and Religiosity During Childhood and Adolescence

Even if on a smaller scale, when compared to studies addressing adults, the literature addressing religiosity and spirituality related to the development of children and adolescents has considerably increased in the last two decades. Holden and Williamson (2014) draw attention to the emergence of various handbooks on psychology and religion, as well as empirical papers and important reviews. Researchers have attempted to understand not only how the spiritual development of children and adolescents takes place, but also to deepen understanding concerning how spirituality during childhood and adolescence relates to other aspects of life such as physical and emotional health, resilience, well-being and coping with stressful situations (Roehlkepartain, King, Wagener, & Benson, 2006).

One of the great challenges to integrating knowledge developed so far has been the different definitions used for spirituality and religiosity, as well as the definitions of the aspects that compose these concepts. Authors have indicated different domains composing the spirituality of children and adolescents. Bangert (2014) for instance, concluded that spirituality is composed of six domains that function as steps for a child to achieve spiritual well-being: (1) Congregational grounding or embedding, (2) relationship with others (family, friends, peers, and neighbors), (3) relationship with oneself, (4) relationship with a transcendent reality, (5) values and convictions, (6) and a sense of responsibility (to oneself, family, community and the world).

Another point that deserves special attention specifically in regard to children and adolescents is understanding the concept of spiritual development. Scales et al. (2014) present a comprehensive review of this aspect and its relationship with the health of adolescents and children. The authors present three central aspects for understanding spiritual development that were based on the consultation of 120 advisors of different countries (spiritual development scholars, theologians, and practitioners, from diverse faith traditions and cultural contexts):

1. Connection and belonging – a sense that life is interconnected and interdependent on others, on the world (which may or may not include an understanding of God or a higher power)
2. Awareness of oneself and of the world – awareness of one's and others' potential and also of the beauty, majesty of the universe (which may or may not include sacred or divine).
3. Life of meaning and contribution – a life oriented by hope, purpose and gratitude.

Based on these three central points, an index was developed to assess spiritual development in children and adolescents: the Youth Spiritual Development Index (YSD), with 150 items addressing these three main categories. Confirmatory analysis, however, did not present goodness of fit, indicating that it is still a theory under construction that needs to be improved (Scales et al., 2014).

It is worth noting, as stated by Ratcliff and Nye (2006), that even though seeking definitions of concepts is essential to conducting research in the field of spirituality and religiosity, one should not prematurely establish a definition at the risk of excluding relevant and important aspects. The authors suggest the adoption of working definitions, while each study should present a definition that is coherent with the assumptions and perspectives implied in the chosen definition.

2.4.1 What Spirituality and Religiosity Are from the Perspective of Children and Adolescents

The first challenge when investigating spirituality and religiosity among children and adolescents is understanding how they perceive these aspects and how these aspects can be assessed. Hence, similar to theoretical studies (previously presented), empirical studies also present important overlaps and differences between these two aspects that need to be taken into account when attempting to understand and assess them.

Ubani and Tirri (2006) conducted a study with 102 Finnish adolescents aged 12 and 13 years old, asking them to record all the meanings they associated with religion and spirituality. The participants reported more than 700 expressions, which the authors organized into three dimensions: institutional, humanistic, and supernatural. Most meanings assigned to religion were related to the institutional dimension (68.2%), while most expressions related to spirituality belonged to the

humanistic dimension (66.2%). Another study conducted with adolescents and children from Catalonia, Spain (Casas et al., 2009) also suggests there are different understandings of both concepts. Most participants presented a reactive stance in regard to religion and did not consider it to be important to their well-being or to give meaning to their lives, though they clearly considered spirituality to be more important.

Rich and Cinamon (2007) investigated how Israeli Arab and Jewish adolescents understand spirituality and found that transcendence is an essential component of it. Additionally, they distinguished two kinds of spirituality: religious and humanistic. Mason, Singleton, and Webber (2007) identified three types of spirituality among Australian individuals aged from 13 to 29 years old: (1) traditional – linked to the main religions in the world; (2) alternative – related to non-traditional religions or spiritual paths such as New Age or occultism; (3) humanistic: related to human experience and reasoning.

An initial report by the Center for Spiritual Development in Childhood and Adolescence included data from 6500 youths from eight countries and was recently published (“With Their Own Voices”, Search Institute, 2008). The results indicated that most individuals believed there is a spiritual dimension, wanted to talk about spiritual subjects, and believed in God or in a higher power. Only 8% reported they did not believe in God, while 10% did not know. Concerning the meaning of spirituality, among various potential options, the adolescents more frequently chose: believing in God; believing there is purpose in life; having a profound sense of peace or happiness; and being true to one’s inner life. Most individuals saw religion and spirituality as being different, but positive, related aspects. A total of 34% reported being religious, 23% reported being spiritualistic but not religious, and 20% did not know how to answer this question. Note that the responses varied among countries, indicating the importance of the context when trying to understand these aspects.

Souza, Frizzo, Paiva, Bousso, and Santos (2015) conducted a qualitative study with nine Brazilian adolescents seeking to identify the conception of these adolescents regarding spirituality, religiosity and personal beliefs that became part of their lives due to cancer and coping strategies. Interviews enabled the authors to investigate the spiritual history of these adolescents, their faith and beliefs, how important spirituality was in their lives, and the spiritual support provided by their community. Most adolescents reported that spirituality was important to coping with their disease, especially when supported by religious rituals and the community. One adolescent, however, reported that his beliefs were a source of stress because he experienced a conflict between his values and those imposed by his parents. Nonetheless, all adolescents believed that their beliefs somehow influenced the recovery of their health, considering that especially their prayers improved their health conditions and enhanced their confidence to cope with those conditions.

These studies represent important advancements, especially because they present the perspectives of adolescents on spirituality and religiosity. No further studies were found in South American countries, revealing an important gap to be filled in this field. In order to advance in understanding regarding spirituality and religiosity

during childhood and adolescence, and especially advance in understanding concerning the relationship between these aspects and well-being, one has to identify what children and adolescents think about these topics. In this direction, the Research Group on Community Psychology (GPPC) at the Federal University of Rio Grande do Sul conducted a pilot study with children from the south of Brazil and addressed meanings of spirituality, which are presented below.

2.4.2 Meanings Attributed by Brazilian Children to Spirituality: A Qualitative Study

In 2012 the GPPC took part of the “first wave” of application of questionnaires from ISCIWeb research (<http://www.isciweb.org/>). With the challenge to collect representative data regarding the lives of children that could lead to well-being indicators, the group decided to include an assessment of spirituality. In order to find the best way to assess spirituality, a pilot study was conducted among children from the South of Brazil to identify meanings assigned by children to spirituality (Strelhow, Paradiso, Sebold, Bedin, & Sarriera, 2011).

Three boys and three girls aged between 8 and 10 years old attending a private school in Porto Alegre, Brazil, took part in the pilot study. The school authorized the study and the children’s legal guardians signed free and informed consent forms. Data were collected through a focus group and the graphic design technique was used to investigate ideas, opinions and thoughts of children regarding the subject. Two researchers coordinated the focus group, which lasted one hour and a half. The children were initially encouraged to talk about spirituality by being asked: “What do you understand by the word spirituality?” The answers to this question enabled starting a dialogue between the researcher and children with the objective to explore the topic further.

Afterwards, the children were asked to draw something that represented spirituality for them. The drawings were individually performed with graphic material (paper, watercolor pens, crayons and black pencil). Fig. 2.1 presents two of the drawings.

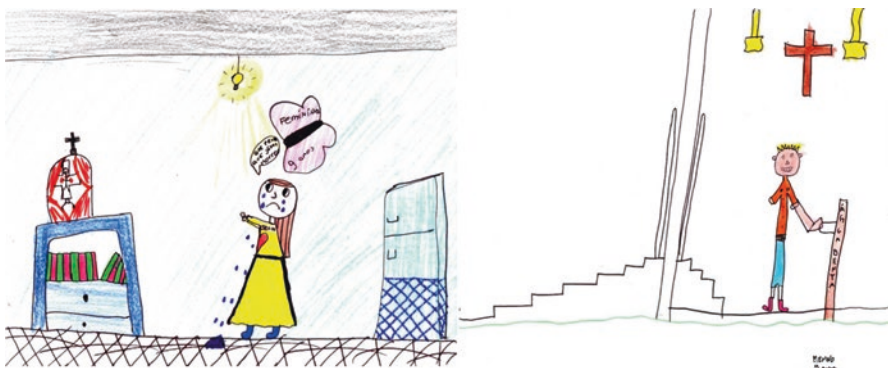


Fig. 2.1 Children’s drawings representing spirituality

After the children finished their drawings, they were asked to present and discuss the content. The children's reports were recorded and transcribed for later analysis, from which three main aspects emerged: (a) religious practices; (b) religious beliefs; (c) and religious/spiritual coping, which is defined as how people use religion and/or spirituality to deal with a stressor (Pargament, 1997). Religious practices clearly appeared when the children discussed the drawings. Spirituality was concretely represented by religious practices, such as praying, going to church, and using holy water, as the following reports show:

"I drew people going to a Catholic church."

"Here, I drew a boy, an adult or a child, I don't know, entering into the church and getting holy water (...) as far as I know only the Catholic church has holy water, so it's a religious thing, and his spirituality because he believes (...) he'll be safer with holy water."

Religious beliefs were identified in the reports of children as faith in God or in a specific religion. We highlight the following: *"believe in God"*; *"has a lot of faith"*; *"yes, she's devoted to God, she has spirit to God, you know, she believes in that God, depends on religion, depends on God."*

Children's statements regarding religious/spiritual coping referred to the use of coping strategies related to faith to deal with difficult situations, such as disease or the death of a family member. Through religious coping, children can reevaluate their situation, making a negative stressor look like a positive one, when they assign religious or spiritual meanings to it (Pendleton, Cavalli, Pargament, & Nasr, 2002). Examples that illustrate these aspects are presented in the following:

"when you need something but are having a hard time getting it"

"I guess it gives people assurance"

"we feel suffocated with sorrow, for instance, my grandpa died (...) he was at the hospital (...) I prayed for him every day because I liked him very much and it's a way to express the way I feel"

"I guess religion makes people more optimistic"

The children's reports show that meanings of spirituality and religiosity overlap. The children presented aspects related to individual religious practices like praying and using holy water and collective practices such as going to church. The children also emphasize the relationship they establish with God, which corroborates the studies by Pendleton et al. (2002) and Cotton, Grosseohme and McGrady (2012) regarding belief in God's support. In these studies, children also describe God as being loving and helping and reported they felt cared for and comforted by God. Pendleton et al. (2002) state that God's support is a common perception among children of God's images and qualities, of their relationship with the Divine, of God's place, of God's importance, as well as of the means God uses to support them.

It is important to note that this pilot study was conducted with a small group of children from a specific context (Catholic confessional school). To further progress in the topic, future studies need to seek meanings children, who are from contexts other than a Catholic-Christian teaching context, assign to spirituality in order to

verify whether these meanings differ from those found in the aforementioned study. Studies addressing older children and adolescents may also enable the observation of potential differences in meanings based on the abstract development of thought. After this pilot study, the GPPC included a religious coping scale, translated and adapted from the American Children's Religious Coping Scale (Dupre, 2008), in the survey addressing the well-being of children. The specific assessment of religious coping can be found in Strelhow (2013).

2.5 Well-Being and Its Relationship with Spirituality and Religiosity During Adolescence and Childhood

The growing interest in spirituality and religiosity in recent years is especially related to studies that show the relationship of these dimensions with health and quality of life (Koenig, 2012; Lucchetti & Lucchetti, 2014). Research shows, for instance, that higher levels of religious involvement are positively associated with indicators of satisfaction with life, happiness, positive affects, and less depression, suicidal thoughts or behaviors, and the use/abuse of alcohol/drugs (Koenig, 2012; Moreira-Almeida, Lotufo Neto, & Koenig, 2006).

Specifically in regard to well-being, different authors have investigated the role of spirituality and religiosity, though less frequently with samples of adolescents or children (Cohen, 2002; Koenig, 2012; Scales et al., 2014; Yonker et al., 2012). Results are not always consistent but most show a positive relationship between religiosity and spirituality with health and well-being.

Based on a comprehensive review of recent studies, Holden and Williamson (2014) identified the main variables relating religion (under which authors included religion, religiosity and spirituality) to the well-being of children and adolescents based on four large domains: (1) health behaviors: more frequent exercise, good hygiene practices, the use of a safety belt, healthy diet, delayed initiation of sexual activity; (2) mental health: lower levels of depression, anxiety or suicide, higher self-esteem; (3) delinquency and acting out: fewer crimes and externalizing behavior; (4) aspirations and educational accomplishments: better grades, higher probability of getting a college degree.

These domains encompass variables of many published studies; however, we draw attention to the fact that Holden and Williamson (2014) highlighted only self-esteem as a positive factor for mental health. Other studies include more positive aspects, such as satisfaction with life and happiness (Cohen, 2002; Holder, Coleman, & Wallace, 2010; Scales et al., 2014).

Using a specific measure of spiritual development, Scales et al. (2014) report a positive relationship of this measure with civic engagement, academic success, coping skills, happiness, self-awareness, empathy, forgiveness, gratitude, positivity,

purpose and meaning of life, hope for the future, peaceful means of resolving conflicts, care for the environment, volunteering in schools and communities, and greater engagement with school. The authors, however, found two results going the opposite direction: the higher one's spiritual development, the greater the report of religious discrimination and frequency of depression up to 21 years of age. Yonker et al. (2012) conducted a meta-analysis with 75 studies and found that the relationships existing between spirituality and religiosity with some aspects such as risk behavior, depression, well-being, self-esteem, and personality are significant, however, of relatively small magnitudes.

The number of studies specifically addressing children is low. There are some initiatives, such as the study by Holder et al. (2010), that include children aged between 8 and 12 years old and show that those who reported being more spiritualized also reported more happiness. Specifically, the personal aspect (meaning and value of one's own life) and social aspect (quality and depth of interpersonal relationships) were strong indicators of happiness among these children.

There are important contributions from specific studies addressing religious/spiritual coping and psychological aspects, such as well-being among adolescents (e.g., Al-Hadethe, Hunt, Thomas, & Al-Qaysi, 2014; Cotton, McGrady, & Rosenthal, 2010; Noh, Chang, Jang, Lee, & Lee, 2015; Renani, Hajinejad, Idani, & Ravanipour, 2014; Reynolds, Mrug, Hensler, Guion, & Madan-Swain, 2014) and children (Benore, Pargament, & Pendleton, 2008; Cotton et al., 2012; Pendleton et al., 2002; Renani et al., 2014). In general, these studies present the relationship between the use of positive religious/spiritual coping strategies among children and adolescents when overcoming adversities. Similarly to the literature addressing adults, these studies also report that there is a relationship between the use of negative religious/spiritual coping strategies (struggles) and higher levels of anxiety, depression, and worse adjustment to stressful situations.

Investigating the relationship between spirituality and religiosity with the well-being of children and adolescents is still a challenge. Most studies are conducted with adults and many use the terms religiosity and spirituality interchangeably, as synonymous, though they often are in fact assessing religious practices. Another obstacle refers to the instruments available to assess spirituality and religiosity, as most reflect Christian traditions, especially American protestant traditions (Scales et al., 2014). Additionally, the definition of well-being varies considerably among studies. Some authors clearly establish they are assessing subjective well-being by verifying satisfaction with different aspects of life or with life in general and the presence of positive affects and absence of negative affects according to Diener (1984). Others assessing well-being use measures of quality of life or the use of drugs, or other risk behaviors or healthy behaviors, levels of depression or anxiety. Hence, the aforementioned studies show important advancements concerning the relationship between spirituality and religiosity and well-being, however, challenges remain in this field, especially during childhood and adolescence.

2.5.1 Research in South America

There are few studies specifically addressing the relationship between spirituality and religiosity with the well-being of children and adolescents in South America. While recent reviews have showed an increase in the number of publications addressing this topic, especially in Brazil (Damiano et al., 2016; Lucchetti & Lucchetti, 2014), this growth has not been accompanied by studies addressing younger populations. A comprehensive search was conducted in the Lilacs, Redalyc and Scielo databases using the terms *adolesc**, *child**, *spirit** and *relig** and their equivalent in Portuguese and Spanish. The studies identified in this search that present some relationship with the well-being of children and adolescents were conducted in South America and are described below.

Three Colombian studies were found. In the first study, which was conducted in Cartagena, religiosity together with self-esteem and having a functional family was positively associated with the well-being of adolescents (Gómez & Cogollo, 2010). The second study, which was conducted in Bogotá, reports that self-transcendence was negatively correlated with depression and various stressors found in daily life and positively correlated with physical and psychological well-being, as well as with the relationship with parents and family (Quiceno, Alpi, Agudelo, & González, 2014). The third study included samples of various Colombian cities and verified that spirituality decreased the risk of drug use by 85% (Torres de Galvis, Posada, & Berbesi, 2010).

In Brazilian studies, identifying with a religion was associated with improved quality of life (Cucchiari & Dalgarrondo, 2007) and religious practice was positively related to psychological well-being (Souza et al., 2012). Marques (2003) investigated the relationship of general health with the spiritual well-being of adolescents and adults in the city of Porto Alegre, RS and found a significant positive correlation between health and spiritual well-being. Amparo, Galvão, Alves, Brasil, and Koller (2008) investigated factors that could protect adolescents and youths in situation of psychosocial risk and highlighted that spirituality functioned as a protective factor that contributed to their self-esteem and resilience.

One Brazilian study assessed the relationship of religiosity with the consumption of alcohol and other drugs. The results indicate that no specific religious belief was related to the use of drugs, though practicing a religion was significantly associated. Adolescents who did not practice a religion more frequently reported the use of drugs, at an approximately 40% higher rate, compared to those who did practice a religion, while those who did not believe in God reported the use of drugs 60% above that of those who did believe in God (Tavares, Béria, & de Lima, 2004).

Papers specifically addressing the relationship of spirituality and religiosity with the well-being of children were not found, though there are South American studies stating the importance of including spirituality in health care provided to children and adolescents when facing disease, especially those in the nursing and medical fields (Garanito & Cury, 2016; Paula, Nascimento, & Rocha, 2009; Silva, Silva, Alcantara, Silva, & Leite, 2015; Siqueira, Santos, Gomez, Saltareli, & Sousa, 2015).

These studies, however, are not directly conducted with children but rather with their legal guardians or health workers.

A master's thesis conducted by Strelhow (2013) assessed the relationship of religious coping strategies with the well-being of children aged eight to 13 years old. Subjective well-being was assessed through the Personal Well-Being Index-School Children (Cummins & Lau, 2005), while the use of religious coping strategies was assessed by the Children's Religious Coping Scale translated and adapted to Portuguese (Strelhow, Bedin, & Sarriera, 2017). Multiple regression analysis revealed the positive coping dimension (strategies specifically related to a belief in God's support and protection) to be a predictor of greater well-being, while the negative coping dimension (strategies in which one reassess the stressor as a punishment) to be a predictor of a lesser sense of well-being. The variance explained by the model in the different analyses performed was small, up to 7.8%.

2.5.2 *Cross-Cultural Studies*

There has been some effort toward cross-cultural studies including South American countries that assess spirituality and religiosity as components of adolescents' subjective well-being. Casas et al. (2015) tested different theoretical models based on a list of 30 items that included questions from the PWI (Cummins et al., 2003) and the Brief Multidimensional Students' Life Satisfaction Scale – BMSLSS (Seligson, Huebner, & Valois, 2003) addressing a sample of 5316 adolescents aged from 12 to 16 years old in Brazil, Chile and Spain. Among the different models that presented appropriate statistical indexes, the authors indicated a model of 14 items as the one being the best to assess subjective well-being, as it presented excellent statistical indexes and was conceptually coherent. One item was included in this model to assess satisfaction with spirituality and another to assess satisfaction with religion. The authors, however, observed that the relevance of including these items depends on the sociocultural context under study.

Another study addressing adolescents aged from 14 to 16 years old in Chile (n = 1053) and Brazil (n = 1047) used the PWI and the single item of Satisfaction with Life (OLS, Campbell, Converse, & Rodgers, 1976) to verify the extent to which the inclusion of items addressing satisfaction concerning spirituality and religion (in separate items) could contribute to the total variance of well-being. The study's findings indicate that including these domains (especially spirituality) increases the explained variance of PWI in terms of general well-being (OLS). Significant positive correlations were observed between satisfaction and spirituality and religion, and with the remaining variables assessed by PWI. These correlations, however, are small or moderate, lower than correlations between other domains. Based on confirmatory and reliability analyses, the authors recommend the inclusion of the item spirituality in the PWI scale, considering the importance of this domain for both cultures under study and the difficulty including the item satisfaction with religion (Sarriera et al., 2014).

2.6 Final Considerations

Based on a theoretical and empirical approach, this chapter's objective was to present and discuss the relationship between spirituality and religiosity with the well-being of children and adolescents. Conceptual aspects of spirituality and religiosity were addressed, emphasizing some specificities of children and adolescents and a pilot study conducted with a group of Brazilian children was also presented. In regard to the relationship with well-being, results from recent studies were presented with special attention to studies developed in Brazil and other countries in South America.

Over the last two decades, researchers have attempted to conceptualize spirituality and religiosity to advance new studies. Even though there is no consensus regarding these aspects, some potential paths are outlined. There is no doubt that religious experience is linked to a belief in the sacred, in God or a superior power, and is also linked to confessional contexts and can be assessed by the practice and attendance to religious rituals (individual or collective). Transcendence appears as the central point of spirituality, understood as the ability to look beyond oneself. This transcendence can include a belief in a superior being but can also be related to a connection with other people, with nature and the universe. The few studies addressing the concepts of religiosity and spirituality among children report the need to deepen treatment of the topic.

In general, the studies' results have shown positive associations of measures used to assess spirituality and religiosity with aspects of well-being. Nonetheless, one should also take into account studies addressing associations in the opposite direction, such as measures with higher levels of depression and/or anxiety. Holden and Williamson (2014) state that some inconsistencies still appear among studies addressing children and adolescents in comparison to those addressing adults, which may be explained by the low number of studies addressing younger populations. Additionally, other difficulties are faced, such as the considerable variety of definitions both in regard to spirituality and religiosity and well-being, which hinders comparison among studies, in addition to a lack of instruments measuring spirituality and religiosity. Cross-sectional studies suggest the inclusion of spirituality when assessing well-being, which is an important step toward a more comprehensive assessment of well-being.

Studies conducted in the United States with adolescents and children predominate, as a low number of studies is observed among other countries. There is a growing number of studies addressing this topic in South American countries, especially in Brazil, though research in this field is still incipient in these countries. When demographic aspects of religiosity and spirituality are observed, we verify that these are important aspects to be considered in the South American context. The number of studies considering these factors in relation to the well-being of children and adolescents, however, is very low. Therefore, studies addressing children and adolescents are essential and can contribute to the understanding of these relationships.

In terms of future prospects, new qualitative studies are needed to understand the specificities of the concepts of spirituality and religiosity held by children and adolescents in South America. Better understanding of the concepts held by children and adolescents will enable reevaluation of how these aspects are measured and the development of better insight to advance the investigation of the relationship of these aspects with the well-being of children and adolescents. Likewise, well-being measures need to encompass psychological well-being from an eudemonic perspective, a perspective which was not identified in the review conducted.

The relationship of these aspects with well-being is primarily studied in the health field and somewhat addressed by other fields in Psychology. We understand that the interest in integral human development with an emphasis on positive aspects is also related to better knowledge of religiosity and spirituality during childhood and adolescence. Children and adolescents can have their integral development supported by the spiritual dimension (Marques, Cerqueira-Santos, & Dell'aglio, 2011). Hence, greater dissemination regarding the need to include spirituality and religiosity in an integral perspective of the human being, both in the scientific community and among professionals working with children and adolescents, is needed.

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Chapter 3

Subjective Well-Being of Children in Residential Care

Fabiane Friedrich Schütz, Luciana Cassarino-Perez,
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The latest perspective of the child subjective well-being studies understand it through indicators, that according to Ben-Arieh (2010) emerge from a methodological movement based on three important pillars: subjective perspective; children and/or adolescents as an observation unit; and the use of administrative data. These pillars ensure the possibility of achieving objective measures without losing the subjective view of childhood, by integrating the voice of the subjects themselves with various sources such as demographic and administrative data maintained by organizations. In the case of children and adolescents in residential care, this methodological movement has contributed significantly to the study of subjective well-being, considering the different contexts and transitions experienced by these individuals.

Contextual factors contribute to subjective well-being and, therefore, are essential to the understanding of this phenomenon. A child's interaction with the environment influences his or her physical, cognitive, psychological and social development. However, well-being indicators differ from those of context. The place where children live may affect their well-being as a whole, but cannot be considered an indicator of well-being. To live or not to live in residential care does not alone indicate higher or lower levels of well-being (Lippman, Moore, & McIntosh, 2011).

On the other hand, respect for the rights of children and adolescents, and the knowledge the children, their families and communities have about children's rights, have been shown in several studies to be important indicators of well-being (Blanchet-Cohen, Hart, & Cook, 2009; Bradshaw, Hoelscher and Richardson 2007; Gutman, Brown, Akerman, & Obolenskaya, 2010; Rizzini, Thapliyal, & Pereira, 2007; Wagner, Sarriera & Casas, 2009). According to this research, the violation of rights directly affects well-being.

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The discussion of child and adolescent rights became an official agenda when the United Nations General Assembly put the Universal Convention on the Rights of the Child into force in 1990. From this date on, the country members of the UN committed to the recognition of children and adolescents as citizens, consolidating the doctrine of priority and full protection to this segment of the population globally.

Brazil has assumed and fulfilled the commitment to rights of children and adolescents by national legislation put into force in the same year of Convention's signature. The main rights, guaranteed to Brazilian children and adolescents, are the protection of life and access to conditions that enable health, freedom, respect, dignity, family and community life, education, culture, sports, leisure, professional training and protection at work – the last two regarding adolescents only (Law No. 8069, 1990). In case of violation or breach of any of these rights, the law specifies protective measures for this population, including possible residential care. The family, as well as the community and society in general, are responsible to ensure the implementation of the rights of children and adolescents.

The theme of subjective well-being of children and adolescents in the context of residential care has been studied widely in several countries in recent years. Although Brazil relies on extensive institutionalized care for the child population, their well-being and ways to promote it, have been investigated little. This chapter intends to (1) review results of recent studies, conducted in different countries around the world, on the subjective well-being of children and adolescents, (2) provide a historical and contextual overview of residential care in Brazil, (3) discuss recent research findings from the Research Group on Community Psychology (GPPC) of well-being in children and adolescents in care in southern Brazil, and (4) discuss the specifics of the research context with children on state protection.

3.1 Subjective Well-Being of Children in Institutional Care

In order to describe and discuss published data related to child and adolescent well-being in residential care, the researchers carried out a literature review of intentional nature and convenience. The review includes the following databases: LILACS, PsycINFO, Web of Science, Springer and Google Scholar. The applied descriptors were **Subjective well-being + *child + residential care or foster care or care system**. After the elimination of duplicate studies, a total of 24 research studies were reached, one of which took place in the Eastern European region and the others in South Africa, Australia, Brazil, Canada, China, Spain, USA, England, Israel, Italy, Norway, Portugal, the UK, and Uganda.

Although the term “subjective well-being” was among the keywords in searches, some of the studies found addressed related concepts such as emotional/psychological well-being, life satisfaction, and quality of life. However, among the 24 studies located in searches, there were some studies that did not address the issue of resi-

dential care. For this reason, researchers adopted some inclusion criteria to compose the selection of studies to be reviewed. Selected studies ought to have been conducted with children and/or adolescents in residential care and also include the concept of subjective well-being. The 15 remaining studies are presented in Table 3.1 and their results will be presented and discussed below.

3.1.1 Subjective Well-Being of Children and Adolescents in Care

The approach to subjective well-being of institutionalized children and adolescents must necessarily consider that, in most cases, the institutionalization matter applies due to stressful events occurring within and/or outside of the family context, as maltreatment, violence, neglect and sexual abuse (Abaid & Dell’Aglío, 2014; Dell’Aglío, 2000). These situations and stories of life itself directly influence children’s well-being. In addition to these aspects are characteristics that, according to some studies, are common to many of these children and adolescents, such as delays in physical development (Chaves, Lima, Mendonca, & Matias, 2013); lack of psychosocial skills (Fernández-Daza & Fernández-Parra, 2013); behavior problems (Fernández-Daza & Fernández-Parra, 2013; Pinhel, Torres & Maia, 2009); and poor school performance (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012).

The children’s well-being is commonly understood as a multidimensional concept. In many studies, the contextual factors are included in the indexes or are amongst well-being indicators. However, Lippman et al. (2011) emphasize that these contextual factors – family, school and community – should be considered as independent variables, as they contribute to the child’s development and well-being rather than being measured as part of well-being. Thus, the authors divided the areas of child well-being in three categories: Individuals, Relationships, and Contexts. Within the first category there are four areas: (a) physical health and safety (b) cognitive development and education (c) psychological/emotional development, and (d) social development and behavior. As for the categories Relationships and Contexts, there are five areas: (A) family, (b) peers, (c) school, (d) community, and (e) the larger macro system.

Attending to the multidimensionality of the construct is especially important in cases of institutionalized children and adolescents. For this population, to have high well-being in one level, can compensate for the low rates that the impact of stressors pose to other aspects of the same construct (Gutman et al., 2010). Perhaps for this reason, studies in different countries show that, despite the risk factors that usually permeate the history of institutionalized children and adolescents, most of them exhibit good levels of satisfaction with life. One such study, conducted by Llosada-Gistau, Casas, and Montserrat (2016), used the PWI-SC to assess subjective well-being of 669 children and teenagers in care, and obtained an average 80.7 points out of 100 in adolescents and children living with their families.

Table 3.1 Articles selected through database searches

Authors/year	Title/journal	Aims
Elizabeth Benninger, & Shazly Savahl (2016)	A Systematic Review of Children's Construction of the Self: Implications for Children's Subjective Well-being/Child Indicators Research	To systematically review academic literature focused on how children construct and assign meaning to the 'self.'
Ferran Casas, Armando Bello, Mònica González, & Mireia Aligué (2013)	Children's Subjective Well-Being Measured Using a Composite Index: What Impacts Spanish First-Year Secondary Education Students' Subjective Well-Being?/Child Indicators Research	To present data from a representative Spanish sample of children (N = 5934) in the first year of compulsory secondary education. Data were collected using four different psychometric instruments for measuring adolescents' self-reported well-being, and a series of questions on children's objective life situations, and another set of questions that explored respondents' opinions, perceptions and evaluations
Tamar Dinisman, Carme Montserrat, & Ferran Casas (2012)	The subjective well-being of Spanish adolescents: Variations according to different living arrangements/Children and Youth Services Review	To explore differences in SWB between young adolescents in care and in two other living arrangements
Tamar Dinisman, Anat Zeira, Yafit Sulimani-Aidan, & Ramy Benbenishty (2013)	The subjective well-being of young people aging out of care/Children and Youth Services Review	To explore the subjective well-being (SWB) of young people aging out of public care in Israel, identifying the individual, social support and institutional characteristics of young people on the verge of leaving care that predict their SWB one year later
Laura Lippman, Kristin Moore Anderson, & Hugh McIntosh (2011)	Positive Indicators of Child Well-Being: A Conceptual Framework, Measures, and Methodological Issues/ Applied Research in Quality of Life	(1) To identify constructs for positive well-being as well as potential indicators and measures that fit with those constructs, suggesting a comprehensive conceptual framework (2) To review existing data sources for examples of positive measures that are found in the proposed framework as well as research (3) To outline studies that have been successful in measuring these indicators (4) To note data and measurement gaps that exist in comprehensively measuring the positive in children and youth (5) To identify conceptual and methodological issues that need consideration as efforts to define and measure positive indicators of well-being and well-becoming go forward

(continued)

Table 3.1 (continued)

Authors/year	Title/journal	Aims
Joan Llosada-Gistau, Carme Montserrat, & Ferran Casas (2016)	What matters for the subjective well-being of children in care?/Child Indicators Research	To explore differences in SWB between adolescents in residential care, kinship care and family foster care with no relatives
Colette McAuley, & Wendy Rose (2014)	Children's Social and Emotional Relationships and Well-Being: From the Perspective of the Child/ Handbook of Child Well-Being	To review of current conceptualizations of child well-being and a good childhood, moving on to consider the origins and driving forces influencing the development of the field of child indicators. To highlight the incorporation of children's subjective perspectives in measuring and monitoring their well-being along with the concomitant challenges posed by this welcome development
Colette McAuley (2012)	Child Well-Being in the UK: Children's Views of Families/The Politicization of Parenthood	To explore some of the reasons behind the earlier UNICEF Report Card 7: An Overview of Child Well-Being in Rich Countries (2007) where in 21 countries were compared and the UK was at the bottom of the league table
Devi Miron, Claud Bisaillon, Brigid Jordan, Graham Bryce, Yvon Gauthier, Martin St. Andre, & Helen Minnis (2013)	Whose rights count? Negotiating practice, policy, and legal dilemmas regarding infant-parent contact when infants are in out of home care/Infant Mental Health Journal	To articulate the infant's perspective when the infant has been subjected to abuse, neglect, or both and is reliant on the state to ensure his or her health and well-being. This article takes a human rights perspective
Carme Montserrat, Tamar Dinisman, Sergiu Bălțătescu, Brîndușa Antonia Grigoraș, & Ferran Casas (2015)	The Effect of Critical Changes and Gender on Adolescents' Subjective Well-Being: Comparisons Across 8 Countries/Child Indicators Research	To explore adolescents' subjective well-being (SWB) in relation to critical changes in their lives during the last year in 8 countries: Brazil, England, Israel, Romania, South Africa, Spain, Uganda and the US
Dominic Richardson, Petra Hoelscher, & Jonathan Bradshaw (2008)	Child Well-Being in Central and Eastern European Countries (CEE) and the Commonwealth of Independent States (CIS)/ Child Indicators Research	To produce a multidimensional index of the well-being of children in the CEE/CIS countries. In this first attempt, indicators are derived from existing survey and administrative sources and then combined into components. The components are then combined into seven domains of well-being. The article describes how the index was put together, explores its sensitivity and shortcomings

(continued)

Table 3.1 (continued)

Authors/year	Title/journal	Aims
Fabiane Schütz, Jorge Sarriera, Lívía Bedin & Carme Montserrat (2015)	Subjective well-being of children in residential care centers: Comparison between children in institutional care and children living with their families/ <i>Psicoperspectivas</i>	To investigate and compare the subjective well-being of children in residential care centers versus those from the general population living with their families
J. Selwyn, MJE Wood, & TJ. Newman (2016)	Looked after Children and Young People in England: Developing Measures of Subjective Well-Being/ <i>Child Indicators Research</i>	To describe the development of an on-line survey to measure the subjective well-being of children in care. Eighteen focus groups were held involving 140 children and young people to understand their perceptions of what was important to their well-being
Tamar Dinisman (2014)	Life satisfaction in the transition from care to adulthood: the contribution of readiness to leave care and social support/ <i>Child & Family Social Work</i>	To explore whether readiness to leave care mediates the association between social support – from peers, staff and biological parents – on the verge of leaving care, and life satisfaction a year after, among young people aging out of care in Israel
Joan Llosada-Gistau, Carme Montserrat, & Ferran Casas (2015)	The subjective well-being of adolescents in residential care compared to that of the general population/ <i>Child Indicators Research</i>	To study the subjective well-being of adolescents in residential care and compare it with that of the general population of the same age in Catalonia

Recent studies found that listening to children and adolescents in care makes it possible to better understand their well-being and the aspects that particularly affect it. One of the factors mentioned would be their knowledge about the reason leading to the institutionalization as well as knowledge of their previous history (Selwyn, Wood, & Newman, 2016). In a review on the construction of self in children – institutionalized and non-institutionalized –, Benninger & Savahl (2016) identified that the way teens assess their well-being is directly related to the knowledge of their own stories. According to the authors, not only the context itself, but the meaning they attach to the institutionalization, and assimilation of their condition, directly affects their well-being.

In addition to the understanding of the process they are experiencing, children and adolescents in residential care need to connect to reference adults to promote the dimensions involved in subjective well-being. A research on attachment in institutionalized adolescents showed that almost all of those in foster families demonstrated insecure attachment to their birth mothers (90%) and all of them to their birth fathers. However approximately half of the sample showed secure attachment with their foster mother (46%) and father (49%). These results demonstrated that maltreated children have the potential to develop secure attachments (Joseph O'Connor, Briskman, Maughan, & Scott, 2013).

3.1.2 Differences Between Children Living with Their Families and in Several Modalities of Institutional Care

In research comparing the well-being of children in care with the well-being of those living with their families, researchers found a discriminant profile that indicates differences between the groups. Children who live with their families differed from children in residential care, considering satisfaction with family and home, school, the things they have, themselves, what may happen in the future, time management, interpersonal relationships, health, things they want to be good at, safety and with life as a whole. However, for satisfaction with neighborhood and with doing things away from home, there was no discrimination amongst groups (Schütz, Sarriera, Bedin, & Montserrat, 2015).

The guidelines for institutional care in Brazil indicate, based on Law No. 12010 (2009), some specific recommendations for the different care-hosts settings. One of the important contributions of this addendum in the legislation is the integration of the host institutions in residential areas without specific identification. The use of households with the same architectural standards of the neighborhood and without specification to the provided service makes the institution of care just one of the neighborhood houses. There are no conditions, by simple observation, to assume those as places where vulnerable children live. This situation appears to influence the well-being of children in care, considering they are able to relate to the neighborhood in a similar way as children living with their families, facilitating integration between the community and children in care.

Dinisman, Montserrat and Casas (2012) point out that the teenagers living with both parents showed higher levels of subjective well-being in all areas of life when compared to adolescents living with one parent or in institutional care. These last two have a feature in common: more changes that are significant in their lives, resulting in less stability. The larger differences between those groups are in interpersonal relationships and health.

Among children living in different types of care, differences in well-being were also found. Although each country has specific characteristics with regard to the type of care-host, issues such as who the caregivers are in that place, with whom they live, and for how long, seem to influence subjective well-being regardless of the country or region.

In the study of Llosada-Gistau et al. (2016), adolescents living in kinship and non-kinship care had higher subjective well-being rates than those living in residential care, and half of the last said they were not happy with their living arrangement. Meanwhile, teenagers who lived in family foster care (extended and non-kinship) had subjective well-being rates very close to adolescents in the general population, 95% of them were happy to be fostered in extended families.

Lack of stability seems to negatively influence the well-being of children living with their families, since the children realize important changes in their family settings (such as in single-parent families, reconstituted or in intact families with changes in primary caregivers). There is also a negative impact, due to lack of stability,

in residential care (Schütz, 2014). While being in care, children need to adapt to changes that concern not only their living arrangements, but different caregivers, rules, and new relationships with peers. Children living with their families also have to adapt to new routines, especially when they need to change residence or adapt to new spouses (with or without children from a previous relationship), and a new working family. The differences in stability within the institutional care are presented below.

3.1.3 *Stability*

Harden (2004) stresses the importance of stability in the healthy development of children, especially those in care. According to the researcher, stability facilitates healthy development, especially when considering that children in care have previous exposure to risky situations. For Oliveira and Milnitsky-Sapiro (2007), transience in residential care institutions (exchange of caregivers, or transfer between institutions) hampers the children's bonding. In the study of Selwyn et al. (2016), the word most used by adolescents and children in care was "confidence", precisely because the change in professionals and in hosting results in a lapse of confidence and bond with caregivers, social workers and psychologists.

Casas, Bello, González and Aligué (2013) found that living in only one home is a positive indicator of well-being, while experiencing significant and recent changes have negative effect on the children's well-being, as well as being in the protection system. Some experiences and context of the conditions in which they live are related to the stability of young people and might directly influence their subjective well-being. In this sense, the authors point out that living in single home and having two adults living in it with paid jobs corresponds to positive factors for subjective well-being. On the other hand, having experienced recent major changes in life and living in care have a negative impact on children's subjective well-being.

Many of the children who are in foster situations are subject to constant changes, either by exchanging caregivers and institutions or as result of unsuccessful family replacements. Some authors affirm that the experience of more instability in daily life can result in feelings of not belonging, the absence of reliable adults, difficulty maintaining friendships, poor school performance, and unhappiness (Selwyn et al., 2016).

In a study on the difference in the well-being of children in care, with consideration the length of institutionalization, researchers found that those who have been in care for the longest time showed higher levels of subjective well-being than that of those who are in care for periods less than 2 years. These questions suggest that the stability of caregivers, environment, and arrangements can exert great influence on the perception of well-being of children (Schütz et al., 2015).

3.1.4 Gender Differences

Montserrat, Dinisman, Bălătescu, Grigoraş and Casas (2014), indicate that children in care have lower well-being, particularly girls, and that a greater number of changes have a greater impact on their well-being than of boys. Some of the investigations with children not in care also indicated a tendency to less well-being of females. In a comparative study between the well-being of parents and children, Bedin and Sarriera (2014) found that girls have lower levels of well-being and happiness when compared to that of boys. This trend stands between the parents, and mother and father have higher levels of well-being than single mothers.

The trend that girls demonstrate lower levels of well-being is repeated in other studies (Bradshaw, Keung, Rees, & Goswami, 2011; Rees, Bradshaw, Goswami, & Keung, 2010). However, differences by gender indicate greater satisfaction of girls in areas such as school (Grigoras 2013) and interpersonal relationships (Casas et al., 2004).

One hypothesis for this result is that, as described by Bedin and Sarriera (2014) the parents' well-being seems to influence more the well-being of their daughters. Thus, it is understood that a lower well-being of parents, probably influence girls' well-being more than boys'. However, the living conditions that predispose the condition of care might influence the well-being of the family as a whole. In studies conducted with adolescents living with their parents in Brazilian context, there were no significant differences in well-being levels by gender among adolescents (Bedin & Sarriera, 2014; Strelhow, Bueno & Camara, 2010).

3.1.5 Interpersonal Relations

Poletto (2007) states that the satisfaction with life is independent of the environment in which the child or adolescent lives. However, it is probably more influenced by the quality and affection in relationships. Interpersonal relationships have been identified as important factors for subjective well-being. Some authors consider that this is such an essential factor for well-being that it should be considered a phenomenon to be investigated individually rather than a component of well-being (Lippman et al., 2011). Aspects such as the time spent with family, through consistent and safe interactions, and good friends, seem to have important influence on child well-being (McAuley & Rose, 2014). The well-being of children who live with their families is associated with their perception of social support, which can be influenced by the activities that they like to play in free time, including the use of technologies (Sarriera, Abs, Houses, & Bedin, 2012).

Moreover, the development of interpersonal relationships is essential to autonomy (Zogaib, 2006) and self-concept (Benninger & Savahl, 2016), given that the relationship between these individual characteristics and well-being is mediated by social support. According to Benninger and Savahl (2016), support networks will be especially beneficial if they include structural, community and individual levels (policy makers, social service providers, teachers, community leaders, families, peers ...). Thus, these agents may directly influence their social integration and adaptation to society (Zogaib, 2006).

Regarding the family context, positive interactions with their mothers may be associated with overall life satisfaction, according to longitudinal study with adolescents before and after the departure of the residential care institutions (Dinisman, 2014). Similarly, Gutman et al. (2010), in a study of children with vulnerability, found that positive feelings of parents towards their children might contribute to these children's well-being, especially girls.

The relationships in the context of care are very important. Selwyn et al. (2016) found that, for children and adolescents in care, their main relationships did not occur only with birth parents – 50% of them were not satisfied with the contact they had with their parents – but also with their brothers and sisters, caregivers and professionals involved in their lives, such as social workers and teachers.

Spanish children, between 11 and 14 years of age, perceive that the feeling they are listened to and the consideration of other people treating them well are important for their well-being (Casas et al., 2013). Even if not from a sample of children in care, these results indicate that the relationships that children have with significant adults are especially important, since adults are often responsible for the rules that are established and the possibilities of autonomy that children and adolescents can develop.

3.1.6 Contact with Birth Family

One of the greatest difficulties of the protection systems is to be able to identify the immediate and individual needs of each child and develop action plans with decisions like frequency, duration and structure of the visits of the biological parents. There is little scientific knowledge about indicators of optimal development and mental health in relation to parents and children in institutional care. Previous research indicates that the degree of harmonic coexistence between parents, with low conflict rates (Miron et al., 2013), is more important than the family configuration.

Dinisman (2014) found that having a positive relationship with mothers is associated with the well-being of adolescents aging out of residential care. Positive relationship with the mother seems to be associated with good adjustment levels when leaving the institution. This is because attunement to a relative during the visits provides opportunities for bonding and development promotion (Miron et al., 2013). The benefits of having contact with the birth mothers are probably similar for children of other ages as well. Some authors highlight the importance of ensuring that

a toddler feels safe, awake and happy. Those conditions are necessary so that the child can invest his emotional energy and curiosity in interacting with parents. These aspects will be especially important if the parents have never been the primary caregivers of this child (Miron et al., 2013).

Zogaib (2006), who conducted study cases in Brazil, points out a minority of parents who give their children to the institutions due to the lack of socioeconomic resources. In these situations, the families try to maintain the affective bond through weekly visits, showing full interest in reconstituting the coexistence with the children. Conversely, in many cases the family of the institutionalized child shows no interest in reversing the fostering situation and will not visit the children or show effort to have them back home, which may lead to the loss of custody.

In the survey conducted by GPPC in southern Brazil, around 675 of the children and adolescents had some kind of contact with their mother (Sarriera, Schutz et al., 2014). The study was not able to address specific characteristics of the type of contact, for example, satisfaction with or even the quality of affections. However, in this sample, means of subjective well-being in three different scales (PWI-SC, GDSI and OLS) were higher for those children whose mothers had passed away or were unknown (Schütz, 2014). Although most of the studies emphasize the importance of interaction with the birth family, Llosada-Gistau et al. (2016) found similar results in Spanish foster youth. They verified that adolescents who did not know their mothers or whose mothers had passed away, had higher means of subjective well-being than those who knew their progenitors and did or did not have contact with them.

Even when adolescents have a lot of contact with their birth family, it seems that the prospect of reinsertion in this reality is not encouraging. A case study carried out in Brazil and another in Australia revealed a common problem regarding reintegration. Children who aged out of the protection system in both contexts report that, numerous times, the exit and family relocation occurs without proper guidance from professionals or any type of preparation (Fernandez & Lee, 2011; Siqueira, Massignan & Dell'Aglio, 2011). Returning to the family without proper preparation usually ends up being temporary, as the deprivation of rights and the risk factors existing before the reception may return.

3.1.7 Leisure and Free Time Activities

Extracurricular activities, performed at least once a week, increase the well-being of children when compared to the well-being of those who do not perform any activity. This effect occurs in samples of children living in different types of care (kinship, foster care, residential care...). Studies show that among these children an out-of-school activity whose highest frequency is related to increased well-being is "hanging out with friends". Likewise, the use of computers was associated with higher levels of well-being in those who have access to this technology (Llosada-Gistau et al., 2016).

Reviewing studies on subjective well-being, researchers found that having activities to play, especially in contexts other than the home environment, influence the

well-being of children and adolescents (McAuley, & Rose, 2014). The leisure options available and the skills of children and adolescents to organize their own free time also contribute to their subjective well-being. The intrinsic motivation and the satisfaction involved in each activity, also play an important role for this variable (Sarriera, Casas et al., 2014).

Organization of time also refers to children and adolescents choosing activities they like to do during out-of-school periods. This capacity of choice relates to time without commitment, free time that involves, in addition to freedom, satisfaction, pleasure, an absence of rules, development of autonomy and lack of control from others (Sarriera, Zandonai, Hermel, Mousquer, & Coelho, 2007). Among the activities carried out in this free time, those that relate to children's interaction with peers and their social support seem to positively impact well-being (Sarriera et al., 2012).

Being in residential care often implies opportunities that children and adolescents would not have if they were residing with their families. Most of these children come from families in situations of extreme vulnerability, inserted in violent neighborhoods, controlled by organized crime and with high homicide rates. In a collective case study about process of reintegration of children and adolescents to their biological families, one participant relates that the institution she was fostered in provided more leisure opportunities compared to those she would have if living with her family (Siqueira et al., 2011). In addition, Llosada-Gistau, Montserrat, & Casas (2015) found that one of the most relevant factors for the subjective well-being of adolescents living in residential care was satisfaction with the use of their free time.

3.1.8 School

School is another context that interferes significantly in subjective well-being of children. Some studies indicate that lack of grade retention and satisfaction with this environment can influence their well-being (Casas et al., 2013; Llosada-Gistau et al., 2016). However, detentions and difficulties in school are common in children and adolescents in residential care (Day et al., 2012).

Dinisman, Zeira, Sulimani-Aidan and Benbenishty (2013) found that the rates of well-being of young people in the process of transition between institutional and independent living had a significant negative correlation with learning difficulties. The authors highlight that results point to the importance of schooling as one factor that contributes to the well-being of institutionalized adolescents. They conclude that those who are struggling with difficulties of school life and/or learning disabilities should have individual monitoring, especially after leaving the protection system.

Interpersonal relationships established within the school context are also an important influence on well-being. When relationships established with teachers and peers are not satisfactory, there will certainly be a decrease in satisfaction in other areas of life. This connection has been proven by studies like one conducted in Spain by Llosada-Gistau et al. (2016). They found that being left out by classmates one or more times, contributes to a decrease in subjective well-being. Children who said they had never been left out by their peers had higher rates of well-being.

With regard to the association between well-being and school, McAuley (2012) states that one of the determining factors for the underachievement of children and adolescents are the interruptions caused by the need to change schools. Another aspect highlighted by these authors is that feeling insecure and unsafe, feelings common to children who have experienced abuse, neglect or abandonment, has a direct impact on school life, and consequently on the well-being of children. The authors state that, considering the risk factors involved in those children lives, it is a challenge to maintain their attendance at school and, when they attend, to ensure they stay focused in order to learn.

In addition to the aspects already highlighted, the stigma that involves children and adolescents in institutional care can already be a challenge for everyday life at school. Studies indicate that among the common reasons for becoming a victim of bullying is out-of-home care. The longer the time of institutionalization, the more common bullying experiences are reported (Morgan, 2009). Selwyn et al. (2016) have found similar results, showing that a quarter of children over the age of 11 were concerned about the stigma of 'being in foster home'. A study by McAuley and Rose (2014) also showed something similar, with 45% of participants indicating apprehensiveness about the possibility of other people finding out about their fostering situation.

3.2 Institutional Care of Children in Brazil

The historical course of the protection system in the Brazilian context helps us to understand several aspects of how it currently stands. In Brazil, the institutionalization of children has historically been marked by assistance and charitable actions, carried out initially by the Catholic Church. Childhood, in times past, carried a weight of depreciation, especially for poor children. Portuguese colonizers and Jesuit missionaries believed that indigenous families were unable to educate their children by European standards, because they taught what the white man considered undesirable customs and beliefs. It was up to the priests of the Society of Jesus to convert the children into submissive and individuals interesting to the Portuguese State. In this context, the first residential institutions emerged that fostered indigenous girls and boys separately (Pilotti & Rizzini, 1995).

Also during Portuguese colonization, the first Jesuit schools were founded in Brazil. The education offered by them was intended for a small number of children, since schooling was private. Public schools, which extended education to other social classes, came into existence at the end of the eighteenth century, and still did not reach children from poor families. Vulnerable children were expected to become small rural workers or useful citizens in the urban context (Del Priore, 2010).

As from the eighteenth century, the task of raising a child began to fall specifically to the mothers. Most of the pregnant women at this time were very young and immediately transitioned from child to parent. In wealthier families, parents, grandparents, aunts and chaperones also took part in children's lives. In some families,

especially from the elite, children were closer to the house servants than to their mothers. This detachment from the parents varied proportionately according to social status (Mauad, 2010). With the growing care responsibility assigned to the family, a great number of children were abandoned in this historical period.

There were no official guidelines at that time to determine what action should be taken in cases of abandonment. The future of abandoned children was eventually determined in different orphanages maintained by charities of the time (Frota, 2007). In this context, a new system became frequent in several regions of the country. It was called the “Wheel of the Exposed”. Through this system, it was possible for family members to leave children at the doors of charitable institutions, concealing their identity and ensuring that the child would be received (Pilotti & Rizzini, 1995). The method was widely used in the eighteenth century, but over the decades, began to be questioned because of the precarious situation of the orphanages and the lack of the orphans’ identities.

The first signs of a specific legislation regarding the responsibility of parents and families to protect their children began to emerge in Brazil at the same time as discussions on rights and labor issues. Workers were protesting and disclosing poor working conditions, as well as highlighting child labor widely used by industries in the 1920s. In 1923, a decree number 16272 was the first document to recognize that maltreatment of children of poverty generated abandoned children and so-called juvenile delinquents (Passetti, 2010).

In 1927, the government released a document designated “Code of Minors”. This was directed to any person under the age of 18, describing rights specifically assigned to this population. Among other things, it introduced the first child labor regulation in the country, prohibiting any kind of work for children less than 14 years of age. From then on, the State became responsible for abandoned children and began to propose punishments in order to reduce the contravening behavior of children and adolescents (Passeti, 2010).

When under custody of State, the kind of treatment children received standardized and excluded them, contributing to social contempt and prejudice (Frota, 2007). In 1942, the Ministry of Justice inaugurated the Child Care Service, an equivalent to a prison system, but with a focus of correcting and repressing minors (IPEA/CONANDA, 2004). The State sought to avoid violent behavior and to offer education based on acts of obedience and resignation. Another goal of this policy was that, once this young man or women left the service, they would be prepared to work in any position offered to them, becoming part of society and abandoning the rank of problem of society. Once a child or adolescent entered the service, technical training started immediately, the goal of which was never to exercise substitute care (Passeti, 2010). With the promotion of this education and training, many vulnerable families began to believe that such institutions were an alternative life opportunity for their children.

However, this system did not offer good treatment conditions and contributed to adolescents being even more stigmatized and victimized by prejudice. Considering the shortcomings of the programs, during the military dictatorship regime in 1964, the National Well-being Policy for Minors, the National Minor Wellbeing Foundation

(FUNABEM) and the States Minor Well-being Foundations (FEBEM) were created. The main guidelines attributed to these institutions were the importance of family and community reintegration of the so-called “minors”, with institutionalization only an extreme measure. The priorities were direct contact with children and preventing them from engaging in risk behavior. As a result, the practice of institutionalizing minors that were considered “social issues” was intensified (Rizzini & Rizzini, 2004).

For years, as the referring organization of this new approach to the rights of children and adolescents, FEBEM centralized the institutionalization of orphans and offenders in Brazil. Several professionals such as psychologists, sociologists, doctors and managers took part in these institutions. Having education, socialization, social assistance, and reduction of various social problems as main goals of FEBEM, children were subjected to punishment with the excuse of improving their well-being. These attempts were not necessarily successful, repeating isolation practices and multiplying risk behaviors (Passeti, 2010).

In the late 1980s and early 1990s, through the Brazilian Federal Constitution and the adoption of the Statute of Child and Adolescents (ECA), a change in the process began to occur concerning the care of children. With the new legislation professionals and policy makers started using a doctrine of comprehensive protection of children and adolescents. The ECA was drafted in accordance with the principles set out in the United Nations Convention on the Rights of the Child. FUNABEM was abolished and the Brazilian Center for Childhood and Adolescence Foundation was discontinued in 1995 (IPEA/CONANDA, 2004).

The new legislation designates children and adolescents as priorities of the State, strengthening this conception through measures such as the disuse of the term “minor” to refer to children and adolescents. Through this policy, protection against family mistreatment was guaranteed without the need to immediately separate children from their parents. Other important rights provided by ECA were food, education, social policies and the view of children as citizens. To ensure compliance with these rights, an organization called Tutelary Council was created in each municipality (Law No. 8069, 1990). In this way, society as a whole was called upon to monitor rights and care for children and adolescents (Passeti, 2010).

The Statute of the Child and Adolescent was the first and main legal instrument with guidelines regarding residential care in Brazilian territory. According to the document and the 2009 law, the measure has an exceptional character and should not be extended for more than 2 years, except in situations of necessity that can be proven legally. Every child in institutional care must have his or her situation reassessed every 6 months, and the judge, supported by specialists, should continuously analyze the possibility of family reintegration (Law No. 8069, 1990).

In addition to the ECA, nowadays institutional care in Brazil is regulated by the National Plan for Family and Community Coexistence (Brazil, 2006) and by the Technical Guidelines for Residential Care of Children and Adolescents (National Council of Children and Adolescents & National Council of Social Assistance, 2008). The PNCFC proposes strategies and guidelines based on preventing rupture of bonds with the birth family, improving care offered by institutions, and investing in family

reintegration. Its main objective is to promote a change in the care paradigm of children and adolescents through the transformation of residential care institutions.

In 2008, the National Council for the Rights of Children and Adolescents and the National Council of Social Assistance issued new guidelines for residential care. The document explains the operating parameters for each of the four kinds of state care provided by law: residential care, shelter, foster care and homes for transitioning foster youth. According to these guidelines, residential care must be conducted in private homes, coordinated by a resident educator (“social mother” and/or “social father”) fostering a maximum of 10 children or adolescents of both genders and different ages. Shelters differ from residential care especially in the number of children hosted (maximum of 20), structure (larger than a residence) and human resources (nonresident educators). On the other hand, the concept of foster care, widespread in many countries but still emerging in Brazil, provides care in homes of voluntary families who, with material and/or financial support from government, welcome children until reintegration into birth family or adoption. Finally, the houses for transitioning youth intend to prepare those who turn 18 and need to leave the institutions. With the accompaniment of a specialized team of psychologists and social workers, they offer support and subsidized housing to those with extremely fragile family bonds or with an absence of family bonds.

Data published by the Federal Government in 2014 on children and adolescent institutional care, pointed out that approximately 33,000 children and adolescents were living in 2748 institutions of different types that year. Still, according to this survey, the majority of institutionalized children and adolescents are in the southeast region of Brazil ($n = 18,079$), followed by the southern region ($n = 7672$) and the northeastern region ($n = 4471$). 8413 of these children were zero to five years old, 10,229 were six to eleven, and 14 thousand were between twelve years and 17 years and eleven months old.

3.3 Well-Being of Children in Residential Care in Brazil

The GPPC studies the outlooks associated with subjective well-being in childhood and adolescence, along with different development contexts and rights. Besides objective data about the residential care situation in Brazil, the GPPC is concerned with the complex reality of what children and adolescents think of their well-being, their environment, their family, and the institutions where they live. It is believed that the subjective well-being survey of children in residential care could help by identifying positive aspects of their lives and reducing the vulnerability stigma. It does not intend to ignore their rough experiences, but rather to understand them in order to help by decreasing barriers and optimizing opportunities (Casas, Montserrat & Malo, 2010).

The research was done with 109 children, in 13 Porto Alegre municipal residential care centers, where approximately 1.500.000 inhabitants live in southern Brazil. 62.4% of the participants were boys and 37.6% were girls. Ages varied from 8 to 12 years, with an average age of 10.17 years ($DP = 1.41$). Of all children, 28.3% were

with one sibling in the same residential care, 19.2% with two siblings, and 23.2% with three or more siblings (Sarriera, Casas et al., 2014, Sarriera, Schütz et al., 2014). It used three scales to measure children's well-being: relative data about time in the residential care, contact with the parents, and number of siblings.

Time spent in care ranged from 6 months (50%) to 24 months or more (12%). The maximum period among children and adolescents who participated in research was 48 months. Legal provision 12.090 of 2009, which updated the Child and Adolescent Statute, was highlighted. It states that, except in situations when children or adolescent's higher interests are served, the residential care should not exceed a 2 year period (Law n°12,010, 2009). However, 12.1% of children are in care for greater periods than designated by law. It could be inferred that these children would have a lower well-being than those who spend less time in residential care. Although there are not statistically significant differences between well-being means when considering the time spent in residential care, the means of well-being of children in care for more than 24 months were greater than for those in care for less time (Schütz et al., 2015).

Regarding the contact with children's relatives, 35.8% of them had reported seeing their father, and 66.8% had reported seeing their mother in the preceding week. Furthermore, 30.3% of parents and 10.1% of children's mothers had already died or were unknown. The presence of birth parents in lives of children in residential care represents the contact with their past lives and with their lives' history. Dinisman et al. (2013) highlight the value of relationship maintenance with the mother, while the children are in care, for their subjective well-being when they leave the residential care. The findings of this research emphasize that the relationship with the mother outweighs all other types of support. Relating to parental contact, in a survey developed with parents of children in foster care, parents reported that one of the difficulties in keeping in touch with their children was related to imposed difficulties by ex-partners or even by professionals that work in a child protection system. These persons reportedly often stereotyped the parents as bad caregivers or as perpetrators. Parents did report having difficulties in assuming responsibility functions in care of the children, and favored leisure moments. Therefore, the duties of care often were delegated to other members of their birth family (Icard, Fagan, Lee, & Rutledge, 2014).

Adult members of the extended family or even neighbors and community members are important in the lives of children in care. Among children who participated in the GPPC's research, 74.4% claim to be living with other adults who they consider to be relevant. These adults are uncles and aunts (25.7%), grandparents (22.9%), godmothers (3.7%), siblings (14.7%), stepmothers/stepfathers (3.7%), teachers (1.8%) and cousins (0.9%). It is noted of children whose father is deceased or unknown, 24.2% reported not having contact with any other significant adult in their lives, outside residential care. However, of children whose mother is deceased or unknown, all have contact with some relevant adult (Schütz, 2014).

Children's contact with their fathers, mothers or other adults is done by telephone, visiting residential care or other places previously settled, or even by visiting times to father's or mother's homes or homes of other significant adults. The attendance of visits was measured in a range of four points between 0 (never) and 3 (always). The

biggest means of parents' contact ($M = 0.40$, $DP = 0.86$) and others adults ($M = 0.90$, $DP = 1.06$) are through times at home, and with mothers by visits to the residential care or to a public place ($M = 0.93$, $DP = 1.00$) (Schütz et al., 2015).

Despite the parents management difficulties, many of them reported a desire to take care of their child again. However, they experienced difficulties in maintaining contact and visiting the residential care facility. In a survey about families of children and adolescents in residential care, Fávero, Vitale and Batista (2008) found situations where parents feel that visiting the children in residential care could hamper the child's adaptation in the facility because of parental difficulties or drug use. Yet, the same research identified a desire on the part of the parents to resume the child's care, even though the physical conditions of the residential care are much better than their houses.

Azor and Vectore (2008) point out that relative visits should occur once a week and should involve professionals who can give family assistance and promote healthier interaction. The relationship between family and residential care can contribute to child and adolescent development as long as the institutional care is not taken as a final substitute for the birth family. Furthermore, McAuley and Rose (2014) suggest that the decision whether or not to stay in contact with relatives should be done in consideration of the individual case and along with the child, whenever possible, with the understanding that this decision is expected to be regularly reviewed.

Regarding the satisfaction of living in an institutional care, approximately 40% of children affirm being happy or very happy with this situation. At the same time, 67% of children claim that they would like to live in another place (with exception of parents house) (Sarriera, Casas et al., 2014, Sarriera, Schütz et al., 2014). According to this information, it is possible to consider that the residential care emerges as an alternative of care to these children who had their rights violated and possibly suffered with mistreatment or were neglected victims.

3.4 Research with Children and Adolescents in Residential Care Situations: Specifications and Ethical Care

Children in residential care are stigmatized by their social situation. In certain cases, they report having more difficulties making friends outside the care facility, and in being able to live independently, due to a continuation of life stressors after residential care. It is important that positive aspects of this population are taken in consideration by researchers (Casas, Montserrat, & Malo, 2010). However, their experiences previous to residential care, which may have been traumatic in many ways, should not be ignored. Some of the principal reasons for children to be in care are negligence, abandonment, rejection, victimization, and lack of socioeconomic or emotional supports in the birth family. Still there are cases when the children in care are unsuccessfully adopted, leading to a new rupture and return to the residential care context (Zogaib, 2006). In each situation of the adult coming close to the child, it is possible for these experiences to be relived or for the child to notice the possibility of reviving them.

In many situations, having contact with researchers, children in residential care believe that they are in contact with adults who will be a source of affection or care and that the adults will stay in their lives. The idea of imminent adoption by an adult who volunteers to listen and host these children may arise, for children who have already lost any type of contact with their birth families. Furthermore, children and adolescents who suffered traumatic family experiences can replicate violent or sexualized behavior according to what they might have previously experienced or still experience. Being in contact with this population requires sensitivity from the researcher in handling the individual vulnerabilities. The perpetuation of punitive or unwelcoming conduct should be avoided. Many of these children are moved away from their birth families in early childhood, so for these the only existing reality is the residential care facility and the stories passed on about their lives.

Often the gathering of data from this population needs to be individualized because of difficulties in understanding and more restrictive vocabulary than other children of the same age. Thus, the researcher must understand that these children will demand more time and patience. Because of social desirability issues and/or school deficits, sometimes children answer questions about their lives in a random and slightly reflexive way. It is important that the answer stimuli do not become direct. Efforts to find alternatives for better understanding, and to avoid possible errors in the scores, will improve standardization of data for this population.

Developing research in the residential care context is also in need of care and appropriate training to handle possible difficulties that the child may have answering the scales. For example, a traumatic experience can be revived by the theme raised in a question. Even though the surveys on well-being of children and adolescents propose lifting positive aspects out of children's lives, one shall not forget that these children deserve special consideration regarding the option of research participation. In some countries such as Brazil, it is necessary that surveys on human beings, whether an apparent risk for the subject or not, be submitted to evaluation of the ethical research committee, which requests a presentation of a free and clarified consent form. In case of research held on children, one parent, or whoever is legally responsible for the child, signs the form and the child or adolescent grants approval of participation and communication in writing.

Minors in residential care have terms of permission for research participation signed by their legal guardians. In Brazil, generally responsible technicians for the residential care have custody of these children and, indicate authorization to participate. In these cases, it is especially important that the individual consent of the child be verified. The imposition of participating in a survey is a way of legitimizing the limited control that these children have of their lives, since the institution chooses what they are going to eat, which extracurricular activities they are going to do, with whom they are going to share the bedroom, etc. That is why it is essential that children feel comfortable participating in the research and that they are received as whole human beings, rather than institutional items.

Considering children as legitimate informants of their condition is one way to reduce the adult concept bias, which is evident in much research about this population when children's reports are considered unreliable. Though they have experi-

enced trauma, children are the best experts on their life experiences. In these situations, as punctuated by Casas et al. (2013), the information the child adds to the case is their own view of what happened to them, instead of a spectator view. Thus, the descriptive narrative of facts is not so important as what it is noticed by children as part of their life narrative.

3.5 Final Considerations

This chapter reviewed some surveys about subjective well-being of children and adolescents in residential care in various countries. It may be noted that the context influence seems to be an important factor for the well-being of children and adolescents. The residential care model and the interpersonal relationships which are developed relate to the well-being of children and adolescents. It is recognized that, as much for children who reside with their families as for children in residential care, stability seems to be an important factor, such as leisure time development related to interpersonal relationships. The relationships developed in school should be a cautionary sign for these children, since provocation attitudes or bullying can intensely affect many children who are already weakened.

Regarding the scientific study of children and adolescents in residential care, it is appropriate to consider the perspective where the child is a subject of rights and to confirm the protection of children involved. The method of data collection, as well as the selection of research participants, needs to be planned. Many research projects of childhood consider exclusively the parents' or teachers' perspectives, and in few situations, consider the child as an investigative participant. This perspective normally happens with childhood surveys, but it also affects children in vulnerable situations, in which their principal informants are caretakers or even the state. GPPC and ISCI research opt for children and adolescent participation, as we present the instrument for data collection directly towards children and adolescents.

Children in residential care deserve a more careful look into their reality. The way they understand their previous experiences and the institutional care must be considered as much as the adult narratives about their lives. Therefore, research needs to assist in identification of positive aspects in their lives, which can also contribute to decreasing vulnerability stigma. Then, it will not reaffirm their traumatic experiences, but rather their potentials, promoting new opportunities (Casas, Montserrat, & Malo, 2010).

It is important to remember that data about Brazilian residential care should be carefully analyzed, since this field of study still has to face a lack of organization of the care system as a whole. The information provided by the Brazilian government agencies are contradictory, and in various situations, reality and data diverge. This implicates harm to the study of institutionalized children and affects their lives, considering that public policies, based on indicators from this system, are often distant from children's lives.

The return to the family environment is a process of extreme complexity in which multiple factors are to be considered. The careful work of reinsertion must be done with both family and child, with a progressive detachment from the care institution and continuous follow up on their homes by the experts. It is essential that families are supported by the state in this process in order to reduce the institutionalization recidivism. Families need time and social support to resume their role as caretaker and provider. Furthermore, it is necessary to take into perspective the family's willingness to resume care and to develop individualized strategies for each child, considering their family history, their current amount of contact with family members and their age, especially if they're under 5 years old (Miron et al., 2013).

The doctrine of comprehensive protection suggests a vision of the child as a complete person in the present. However that does not mean their future should be taken for granted. Few of the practices in residential care prepare children for their future. The policies for reinsertion into family lives, as well as future projections to the children's adult lives, are in the early stages. To acknowledge children as citizens is an important part of the reinsertion process, as is the promotion of autonomy, in order to assure their future independent lives away from the institution.

It is also imperative to consider the effectiveness of current protective measures. Children should have detailed and accurate planning for their time in care, with consideration for which kind of work will be done to reunite family and child, and to restore them to society in the future. To promote the well-being of these children, cultural, individual, relational, and past experiences should be acknowledged. We emphasize the need for better data organization of children's records in order to establish a view of residential care that truly reflects their reality. Then, it would be possible to develop public policies and interventions targeting this population's well-being.

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Chapter 4

The Use of Software to Improve Child Maltreatment Detection and Assessment

Tiago Zanatta Calza, Carme Montserrat Boada and Ferran Casas

4.1 Maltreatment During Childhood and Adolescence in the Spanish and Brazilian Contexts

In recent decades the issue concerning abuse against children and adolescents has gained increased prominence in the scientific community. Despite the growing number of papers, there seems to be a gap between what is produced in academia and what has been implemented in the practice of those working with this population. That is, workers from various professions – in addition to the population in general – who could benefit from knowledge acquired in the scientific milieu, often do not have access to it (Calza & Sarriera, 2015). Scientific papers frequently use technical language, which hinders the appropriation of knowledge to be used in the practice of those dealing with children and adolescents.

At the same time, when professionals suspect maltreatment, they are supposed to verify the need for reporting based on a series of assessments that are influenced by his/her knowledge of the topic. Hence, the process up to the point one concludes a child is actually being abused is permeated by doubt and fear (Kellog, 2014). The

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Table 4.1 Type of maltreatment according to sex. 2015.

Type of abuse	Boys%	Girls%
Neglect	72	70
Psychological-emotional abuse	13	13
Physical abuse	5	6
Prenatal maltreatment	4	4
Abandonment	4	5
Sexual abuse	1	2
Criminal, labor or sexual exploitation	1	0

professional may experience uncertainty at a technical level (lack of scientific knowledge), personal level (where bonds established with the child and/or family may affect judgment), or at a conceptual level (each situation is unique and of an uncertain nature) (Moles & Asnes, 2014), so that underreporting of suspicious cases is frequent.

In 2014, the population aged from zero to 14 years old in Spain represented 15.2% of the total population and in the autonomous community of Catalonia, where the simulator presented in this chapter was developed, this population represented 15.9%, which is similar to the percentage presented by the countries in the European Union (15.6%) (www.idescat.cat).

Statistics concerning the child protection system in Spain are compiled by the ministry responsible for this matter and by autonomous community councils. Note that statistical information is not always complete and does not enable the assessment of results. Data from the Ministry of Health, Social Services and Equality (MSSSI, 2014) show that in 2013, the child protection system received 42,569 children; this represents a rate of 509.7 per 100,000 children. Of these, 34,324 are under protective measures receiving residential or family foster care, while the remaining are cases under study or at risk waiting a protective measure to be determined. In Catalonia, there are 7795 children, a slightly higher rate, 562.1/100,000, and if only those under protective measures are taken into account, the rate in 2014 was of 5 for each 1000, a figure that remained relatively stable over the last few years.

In regard to cases of maltreatment (a generic designation encompassing all types of abuse or neglect) detected in Catalonia, practically 8 children per 1000 children were victims of child abuse. When we consider the children's sex, girls (57%) were more frequently abused than boys and the proportion of victims increase with age (half are older than 12 years old); 78.9% were born in Spain. Between 2010 and 2013, reports of child abuse increased by 42.6%, which indicates growing sensitivity among citizens and professionals regarding the subject. Table 4.1 shows that neglect is the most frequent type of child abuse, with the highest percentage of maltreatment (Generalitat de Catalunya, 2015). Obviously the figures correspond to reported cases and explain the low rates of sexual abuse, which infrequently comes to light.

In the Brazilian context, full protection of this population was ensured in 1990 with the creation of the Statute of the Child and Adolescent (ECA), which guarantees to children and adolescents the status of being subject of rights (Perez & Passone, 2010). Hence, there are various guidelines to ensure the healthy development of this population and protection, prohibiting and punishing any acts that may threaten the

dignity of children and adolescents either by action or omission. Additionally, it establishes that it is a duty of the entire society to ensure this legislation is enforced, calling on professionals and citizens to assist in the protection of Brazilian children and adolescents.

Brazilian studies addressing the subject report that records of violence are insufficient to be considered epidemiological data (Pfeiffer, Rosário, & Cat, 2011), as there are only isolated records of services or researchers that do not translate the current context (Weber, Viezzer, Brandenburg, & Zocche, 2002). Isolated studies, however, have hinted how severe and comprehensive is the abuse perpetrated against children in the Brazilian context.

A study conducted with 280 children cared for by the Family Health Program in the city of Niterói, RJ, Brazil, identified psychological abuse in 96.7% of households, while physical punishment was reported by 93.8% of the respondents. Severe physical abuse was identified in 19.8% of the interviewees (Rocha & Moraes, 2011). Other studies report that 50% of studied cases turn out to be cases of maltreatment of some sort (Bazon, Mello, Bérnago, & Faleiros, 2010).

Another Brazilian study addressing 380 adolescents in the city of Araçatuba (SP) identified 72.3% of participants who reported some type of violence during childhood. Among the types of violence, emotional abuse was the most frequently reported (61.3%), followed by physical neglect (44.6%), emotional neglect (38.7%), physical abuse (37.2%), and sexual abuse (22.3%) (Garbin, Queiroz, Rovida, & Saliba, 2012).

In one study that analyzed only reported cases, the most frequent type of violence was neglect, followed by physical abuse, psychological abuse, and abandonment (Apostólico, Nóbrega, Guedes, Fonseca, & Egry, 2012). Neglect was also the type of violence most frequently reported (49.2%) by another study, followed by psychological abuse (28.9%), physical (17.6%) and sexual abuse (4.7%) (Granville-Garcia, Menezes, Torres Filho, Araújo, & Silva, 2006).

Reporting maltreatment is key to coping with it because reporting enables interrupting violence, as a report triggers protective measures, in addition to generating information that enables assessing the need for public investment (Deslandes, Mendes, Lima, & Campos, 2011). In the legal sphere, reporting is the first step for a situation of violence to enter the legal system (Dobke, Santos, & Dell'Aglio, 2010). Nonetheless, even though the ECA establishes that it is mandatory to report any cases of suspected or confirmed maltreatment to the Tutelary Council, it remains a challenge.

Gonçalves and Ferreira (2002) stress that despite the obligation to report suspected or confirmed cases of domestic violence, little guidance or clarification is provided to health professionals. Moura, Moraes and Reichenheim (2008) address this issue and draw attention to the severe problem of underreporting in the Brazilian context, in addition to the fact that only some types of maltreatment are reported at the expense of others.

Moreira, Vieira, Deslandes, Pordeus, Gama and Brilhante (2014) conducted an investigation with 381 workers from primary health care services of 28 towns in the state of Ceará, Brazil and verified that 65.2% of those who had already identified some case of abuse against children or adolescents (40.7% of the sample) never

reported the cases. Another study conducted in Fortaleza, also in the state of Ceará, reported that more than half (55.6%) of the participants who identified cases of maltreatment did not submit any reports (Luna, Ferreira, & Vieira, 2010).

Many studies indicate professionals are unprepared either to identify cases of maltreatment or to handle them properly, especially because they lack technical and scientific information (Pires & Miyazaki, 2005). Additionally, informal reporting is common, that is, unofficially calling acquaintances who work in protective services, referring victims to hospitals (Lobato, Moraes, & Nascimento, 2012), or assuming it is a responsibility of specific professionals such as psychologists or social workers (Bannwart & Brino, 2011). These aspects hinder greater adherence to reporting when maltreatment is suspected because, when a professional transfers the responsibility to other professionals or services, it shows s/he does not see her/himself as subject to the process of coping with violence (Aragão, Ferriani, Vendruscollo, Souza, & Gomes, 2013).

Therefore, even though the legislation is clear about the obligation of all professionals and the need for them to be involved in the process, such guidelines stumble on the difficulties previously mentioned. Additionally, recommendations regarding how to deal with situations of maltreatment are not properly disseminated, so that information unequally reaches the healthcare network (Moura et al., 2008). Therefore, it is essential that professionals, and the population in general, be qualified to recognize and detect “warning signs,” as well as to handle such suspicions.

4.2 Detecting Child Abuse: Observations and Indicators

The ecological perspective of maltreatment provides explanations based on an interactive or multi-causal model and suggests there are a variety of factors that contribute to this phenomenon. Garbarino and Eckenrode (1997) understand child abuse to be any omission or act on the part of a parent or guardian that, through a combination of assessments on the part of the community and experts, is considered inappropriate and harmful. It is a parentally inappropriate behavior that may lead to physical, emotional or psychological harm. The program presented in this chapter focuses on domestic abuse – whether it is physical, psychological, sexual, or any other type of abuse perpetrated against a child on the part of a family member or when the parents or guardians do not protect the child against abuse by people outside the family.

Nonetheless, detecting situations of risk of abuse against children remains a complex issue, as it is assessing the situation and making decisions that favor the child’s best interests. There are various considerations that can help comprehend its complexity. The first is the definition of the concept “risk,” as well as the related concept “risk factor”, which has its origin in population studies, often of an epidemiological nature. We call risk indicators or risk factors those variables or set of variables that we have determined, through scientific investigation, increase the likelihood of a negative or undesirable event occurring (Casas, 1998). Therefore, indicators are epistemic devices that allow us to infer knowledge of complex reali-

ties that are not directly measurable. Bunge (1975) stress that although all indicators may be variables, not all variables have indicators to be measured or evaluated. In this sense, indicators are observable data regarding a specific reality; however, we have to distinguish two important types: those that are part of directly observable sets of variables, which configure a complex phenomenon; and those that allow “scrutinizing” phenomena composed of sets of variables that are not directly observable. While the estimation of population risk might use some indicators from the first set, the assessment of individualized risk uses the second. Many psychosocial phenomena, as in the case of the topic addressed in this chapter, can only be studied through systems of indirect indicators.

But, how does a professional working with children identify indicators of child abuse? The identification of such indicators should enable assessing and making decisions regarding a specific situation, in addition to recording the case for later statistical use. Often, the implementation of a device to record child abuse faces so much resistance on the part of professionals that its use and performance is usually impaired. Analysis of the situation suggests that the problem is not a lack of sensibility on the part of professionals. Rather it is related to the following: (a) recording is considered additional work for the professionals without providing them any feedback or clear advantage; (b) its implementation occurs from top to bottom without any involvement of the professionals who depend on its proper functioning and, therefore, the system is strange to them.

The initiative to design a Module to Support Risk Management (MSGR) (Montserrat, Casas, Munner, Vilarrubias, Pérez and Sadurní, 2014) was motivated by the need to expand the prevailing perspective: something more than just a recording system of cases of abuse was necessary. A useful tool was needed by all those involved in the process of identification and assessment of situations of risk for children and adolescents and this tool should be appropriated by professionals as their own, so it should be designed and implemented in a participatory manner.

Therefore, the approach was based on the following assumptions:

- There is a need to create a tool that facilitates the collection and systematization of observations and reflection upon these observations, which is useful to any person working with children, particularly those professionals who do not normally work with cases of abuse, so they can detect them.
- A priori, the collection of observations is not a task for specialists only. Any professional working with children can contribute. In principle, any information can be useful and, therefore, no observation should be discarded.
- Observations (that any person can make) cannot be confounded with risk indicators (an expert and interdisciplinary task). These are different points in the process of data collection.
- Specialized teams find it useful to have a set of observations already elaborated and considered by any observer, even by non-experts. Having certain reliable information can facilitate, and even speed up, the task.
- Integrating in a single web portal the reporting of serious cases with other activities such as observation, communication, discussion, and coordination among professionals can potentially result in significant rationalization of the entire system.

- If the system can store information provided by all observers, they can carry on with their work and the entire system will accumulate statistical data, hitherto inaccessible. For this reason, the system should invite all professionals to update data concerning real cases, if the user considers the system useful. This does not exclude the possibility of the system functioning as a simulator to analyze hypothetical situations, in addition to real ones.

4.3 The Use of Technology to Detect Maltreatment

The field of collective health has become increasingly supportive of the application of communication and information technology for the purposes of intervention and prevention. Even though this field is behind other fields of knowledge in terms of technology, there has been a rapid increase in recent years (Proudfoot et al., 2011).

Pieta and Gomes (2014) highlight the ability to access such technology remotely, since even those living in remote regions can benefit from internet-based interventions. Hence, an individual can access content and information wherever s/he is located. Other authors also note around-the-clock availability, as it can be accessed 24 h a day, 7 days a week, without impairing its effectiveness (Proudfoot et al., 2011).

In regard to maltreatment specifically, Self-Brown and Whitaker (2014) suggest that such technology can be used to positively impact current approaches used to identify, prevent and intervene in maltreatment cases. Even though medical and radiological technology has continually advanced in the identification of physical and sexual abuse, the same advancement, or the same pace of change, has not been witnessed in the development and implementation of strategies using technologies to perform behavioral investigation and implement interventions addressing abuse (Self-Brown & Whitaker, 2014). Therefore, the technological gap existing in terms of the behavioral nature of maltreatment lags both in terms of medical technology and clinical examination and in regard to the remaining fields of knowledge.

Hence, since technology is continuously and increasingly advancing and permeating daily life, programs intended to prevent abuse should adapt to changes in order to remain relevant and attractive (Coward-Osborne, Jackson, Chege, Baker, Whitaker, & Self-Brown, 2014). Therefore, among the different technologies that have presented sharp development in recent years, Prado (2005) suggests that the increasingly larger space given to computers and informatics provides an environment of profound social transformation. Such transformation, in turn, is present at the research level in the Brazilian context, where there are more studies and investigations using virtual environments for the treatment of different conditions (Medeiros et al., 2008; Wauke, Carvalho, & Costa, 2005); and although they exist in a number much smaller than the conventional tests, there is greater production of software for psychological tests and assessments (Prado, 2005).

There are various initiatives to assess and systematize risk factors and protection factors to help and facilitate decision-making concerning abuse against children and adolescents. These assessments, in turn, depend on how a given assessment instru-

ment measures a particular constellation of risk factors and protection factors (McLawsen, Scalora, & Darrow, 2012).

In 2005, technology called ORBA was implemented in Holland to make the decision-making process, in the case of abuse and neglect, more systematic, transparent, uniform and efficient (Kwaadsteinet, Bartelink, Witteman, Berge, & Yperen, 2013). DiLillo et al. (2010) developed software in the United States called Computer Assisted Maltreatment Inventory (CAMI) to measure abuse against children. This tool helps identify the type of abuse (sexual, psychological or physical abuse, exposure to domestic violence or neglect), in addition to its severity and frequency. There are also modalities focused on the prevention of maltreatment among caregivers who, by using a tablet, can interact with the software, which provides psychoeducation and skill modeling. Later, the professional and father or mother are supposed to work together to develop these skills (Coward-Osborne et al., 2014).

Projects intending to use tools that could systematize and expand access to various types of violence against children and adolescents were also implemented in Spain. Aiming to develop and provide a tool that could be used by various professionals and also to make knowledge produced in the academic milieu more accessible to the population in general, the *Módulo de Apoyo a la Gestión del Riesgo Social en la Infancia y la Adolescencia (MSGR)* [Module to Support the Management of Social Risk among Children and Adolescents] (Montserrat, Casas, & Bertran, 2010) was created to help professionals identify and handle cases of suspected abuse against children and adolescents.

4.4 Development of the Software in the Spanish Context

The Module to Support the Management of Social Risk (MSGR) among Children and Adolescents is a computer program created to help professionals and people working with children make decisions about appropriate interventions in the face of situations that may affect a child's development or well-being. This program was developed in Catalonia and is the result of a participatory process that included different professionals from the welfare department and other departments, education, health, social services, and police forces, and had the scientific collaboration of the research team (ERIDIqv) at the University of Girona.

The software was conceived as a tool to detect, prevent, and report situations in which there is a risk of domestic violence against children or adolescents. This support tool does not replace the final decision adopted by a professional or interdisciplinary team and also respects other existing channels in the services networks involved in the care provided to children, as well as established territorial protocols.

This system does not require the professional to define what type of abuse is being perpetrated, but rather it allows one to record observed facts regardless of whether they are considered abuse or not. Therefore, instead of working with a list of risk indicators, the MSGR provides the option of using a list of observations that concern the child or adolescent and his/her family, and which are easily detectable

from any field of work (education, health, social services, or police), respecting the language of each group when necessary.

The computer program provides observations and sets of observations to which a level of severity (mild, moderate or severe) is assigned and which takes the child's age into account. Additionally, it uses criteria to determine the level of risk and level of intervention or action that is recommended, also assessing the possibility of recurrence. The program also provides information that can be crucial for the professional receiving the case and in assessing the type or level of intervention more accurately.

This software also includes a section on resilience factors concerning children. The purpose of this section is to direct the attention of professionals to the protective factors existing in a given situation of risk, upon which an intervention plan can be assessed and developed.

The module also presents connection points with the Framework for the Assessment of Children in Need and their Families (DoH, 2000), developed in the United Kingdom, putting the well-being and protection of children as the focus of care and establishing detection and assessment around it. The three dimensions measured in the British program are: Dimensions of a child's developmental needs, which includes aspects regarding health, education, emotional and behavioral development, identity, family and social relationships, social presentation and self-care skills. This dimension, as discussed below, is parallel to the content presented by the Module's A, B and C blocks. Second, the dimension concerning the ability of parents to handle basic care, to provide a safe environment, to provide emotional warmth, stimulation, guidance, to establish boundaries and give stability, which corresponds to the Module's block D. Finally, the family and environmental factors dimension addresses aspects regarding family history and functioning, extended family, housing, employment, income, family's social integration, and community resources, which correspond to the Module's block E.

The MSGR was conceived in two phases. The first phase is the one in which it functions as a simulator and no personal identification is required. It is an instrument to assess the risk of a case and helps professionals organize what they see, in a language that is common to all fields, requiring considerations and then providing answers. It can also be used in coordination with other services to find a consensus regarding the assessment of a case and discuss an intervention plan. It can assist decision-making regarding a new case or a new event that took place in an old case, or assist in those long-known cases, when however, the duration or complexity of the intervention demands a new decision. This first phase has been already concluded and the simulator is accessible at no cost through the official website of the welfare department¹. The second phase is also planned with the participation of four governmental departments: health, interior, education, and social services. These services will be connected and, after inserting data concerning personal identification, the cases can be analyzed. Feedback will be provided regarding previous reporting and professionals will be able to monitor cases while the program also functions as a recording system for cases of abuse.

¹ <https://dps.gencat.cat/rumi/AppJava/simulacio/simulacio.html>

The simulator is explained as follows. It contains six screens. In the first screen the professional chooses his/her field of work:

- Education
- Health
- Social service
- Police force

The option “all fields” can also be chosen if the individual is someone who is not identified as a professional. Then, the child’s sex and age is recorded.

The second screen presents a list of observations to choose from. This list is grouped into five large blocks. The first three contain observations concerning the child or adolescent:

- A. **Child’s physical appearance and personal situation**
- B. **Child’s emotional and behavioral aspects**
- C. **Child’s development and learning**

The fourth block contains observations concerning the behavior of the parents or guardians in relation to the child:

- D. **Parents/guardians’ relationship with the child**

The fifth block refers to observations related to the context and acts as risk factors:

- E. **The child’s social, family and personal context**

Each block contains a list of sets of thematic observations. Each set of observations contains a list of specific observations, such as in the following example:

Block A. The child’s physical appearance and personal situation.

Set of observations A1. Poor hygiene.

Observation 1: Wears dirty clothes.

Observation 2: Presents unpleasant odor.

Observation 3: Wears inappropriate clothing and/or shoes.

Observation 4: Presents poor body hygiene.

Observation 5: Presents skin injuries with reddening of the skin in the diaper area.

Overall, there are five blocks, 50 sets of observations grouping 291 possible observations. Depending on the field selected in the previous screen and on the child’s age, some specific observations (adapted to each professional’s field) or others will appear, from among which each professional selects those that characterize or better fit the child’s situation. That is:

- Each field of work contains observations that can be made within the service, according to the place it occupies in the network, and dismisses elements that are difficult to observe. For instance, observations that result from a medical assessment will only appear if the health field was previously selected, while behavior in the classroom will appear only if the education field was selected. There are

also observations that appear in almost all fields, as they are easy to observe, such as severe lack of hygiene. There are a few that are redacted differently depending on the field. For instance, an observation such as “Presents localized alopecia” is only shown in the health field but appears in other fields as “Patches of hair loss,” while both have the same meaning.

- All the observations are grouped per set of thematic observations (for instance, child’s hygiene)
- Each observation is associated with an age group that indicates:
 - Age at which observations can be made (for instance, from 0 to 3 years of age, lesions in the diaper area)
 - Age at which a given observation may be detrimental to the child (e.g., drop-out from school at the compulsory stage)

The program can identify which information that results from the observations is compatible with risk indicators related to the different types of child abuse, some more specific and others less so. For instance, a teacher observes that a child *is always dirty, late, does not bring lunch to school and sleeps during classes* and this is what s/he reports, without saying whether these observations indicate a situation of neglect or not. Based on the selection of certain observations on screen 4, the program gives an answer regarding the potential abuse the child may be experiencing.

Once observations relevant to the case are selected, the third screen is filled with the following parameters that account for the observations selected:

- The professional assesses the severity of each set of observations selected for the case: mild, moderate or severe.
- Information is provided on whether one personally observed the situation or other people reported it.
- Degree of concern or awareness shown by the family in regard to the harm the child experienced.
- Explanations provided by the family for the situation.
- Collaboration of the family with the service to improve the child’s situation.
- Protective measures taken by the family.
- Probable perpetrator of abuse.
- Access to the child on the part of the person responsible for the injuries.

The fourth screen presents an initial list of resilience factors and provides a blank space for the option of adding any comments deemed appropriate.

The next two screens – the sixth and seventh screens – present the result. This is the program’s feedback in which the professional is provided with observations and considerations regarding the case. The program provides four types of results:

1. Risk assessment: mild, moderate or severe
2. Typology of maltreatment:
 - Physical abuse
 - Neglect or abandonment

- Psychological or emotional abuse
- Sexual abuse
- Prenatal maltreatment
- Chemical-pharmaceutical exposure
- Labor exploitation
- Sexual exploitation
- Female genital mutilation

It also considers situations in which one is incapable of restraining a child's behavior, which although not considered a type of abuse, is increasingly frequent in situations that demand an action on the part of child protective services, especially with adolescents.

3. Possibility the situation will recur.

4. Intervention proposal:

- One should monitor or start the work in his/her own service (e.g. school, health unit)
- One should coordinate the case with basic social services. Depending on the severity of the case, one should refer the case to a team specialized in child protection.
- One should report the case as soon as possible, directly to child protective services in order to protect the child.

For the program to provide these answers, a sophisticated system of algorithms was developed considering the following conditions:

- The sets of observations are initially assigned a level of severity (mild, moderate or severe), which is then qualified according to the considerations of severity made by the user.
- Some observations are associated with one type of abuse, if they are specific, while other observations are not specific and not associated with any specific typology.
- For the program to provide an answer, one has to indicate some observations regarding the child (blocks A, B or C), and some observations regarding the relationship established between the parents or guardians and the child (block D or the first three in block E). Otherwise, it would be possible to implement protective measures for a physically abused child, cared for in a hospital, without the parents having any responsibility for the maltreatment. Or, on the contrary, a disorder can be observed in one of the parents, but it was not affecting the child. We understand there to be an interdependent relationship between the blocks that establish a causal relationship.
- The assessments made by the professional regarding the severity of the case and attitude of the family in regard to the event and to the service, estimate the initial level of risk and indicate the possibility of recurrence.

With the obtained results, the program estimates the potential risk detected and advises the informant where to refer his/her report so the child can receive the care required.

The validation process of this software (MSGSR) considered four aspects:

- (a) *The technological aspect*, which focuses on the assessment of the program's proper functioning in a testing environment based on the systematic verification of the requirements established in the functional analysis.
- (b) *The usability aspect*, linked to the previous aspect, but in addition to checking whether the physical and logical components of the computer system are properly functioning, there is also assessment of how user-friendly it is, considering its efficacy and efficiency and user satisfaction.
- (c) *The content aspect*, which assesses content coherence. First, coherence is evaluated in terms of understanding the language used and then, in relation to how adequate observations are given the children's different social contexts, the professionals' situations and cases. This aspect also analyzes the proper orientation of the system to professionals who work with children so that observations are structured in a way that allows for decisions regarding the paths to be followed, both by themselves and specialized professional teams in each case, based on the highest possible scientific rigor.
- (d) The last aspect, related to **professional practice and social environment**, or ecological validation, is the validation of a tool during its actual use. It can also be conceived as a continuous validation when compared to the previous ones, which are validations performed prior to software implementation.

The process of validation of the aspects concerning usability and content was implemented in two phases: internal validation was conducted in the first phase through a committee or group of experts who designed the first MSGSR version that was tested and in a second phase, what we called external validation, aimed at the professionals.

A total of 427 professionals voluntarily participated in the validation tests and were divided into focus groups according to their field or work: one group was composed of the system's final users (professionals in the field of education, health, police or basic social services) and the second group was composed of professionals from fields more directly related to child protective services and specialized groups.

Validation criteria were previously established to act as acceptability parameters for putting the software into operation. If these parameters were not met, the process would have to be reviewed and a new process would be necessary for validation. The following criteria were established:

- A minimum number of cases entered in the system, established at 384.
- Percentage of agreement with the answer when it refers to a risk assessment greater than 90%
- Percentage of agreement with the answer when it refers to the type of abuse greater than 90%

Table 4.2 Results concerning the validation process

Validation criteria	Acceptability parameters	Results	Fulfilled
1. Number of cases introduced in the system	384	392	Ok
2. Response from the system	90%	95.2%	Ok
3. Type of assessments	90%	90%	Ok
4. Observations, set of observations and blocks	80%	80%	Ok
5. System's usability	80%	80%	Ok

- Percentage of agreement with the observations, set of observations and blocks, established at 80%
- Percentage of agreement with the system's usability, established at 80%

The result of the validation process of both Focus Groups revealed that all established validation criteria were met (Table 4.2).

4.5 Software's Translation, Adaptation and Validation for the Brazilian Context

Between 2012 and 2013, the translation and adaptation of the Support of the Management of Social Risk among Children and Adolescents software was performed for the Brazilian context (Calza & Sarriera, 2015). The study was conducted as a Master's thesis through two empirical studies. The first study involved the translation and adaptation of the instrument. The instrument was back translated by two independent translators and the original scale was compared with the back-translated version to check whether each item had maintained its original meaning.

The second phase included validation (Vieytes, 2004) by an expert panel including professionals from different fields (Psychology, Psychiatrics, Pediatrics, Social Service, and Law) who individually assessed all items of the software's translated version. All the experts were highly experienced in the field of child abuse, whether through research or qualification and professional background. The experts were instructed to analyze the items in regard to three aspects: (1) relevance of each item; (2) clarity and accuracy; and (3) potentially unconsidered aspects. The items that obtained 80% or greater agreement were immediately considered valid for the Brazilian version.

The items that did not obtain a minimum of 80% agreement among the judges (40 items) were discussed by groups composed of experts (pediatricians, psychologists, and social workers) who assist in cases of abuse against children and adolescents. The discussion group was responsible for the software's pilot version, as well as for developing the text addressing possibilities of activating different protective services for each level of severity (mild, moderate or severe). Finally, the discussion group also proposed a change in the nomenclatures to better adapt them to Brazilian legislation.

The second study included applying the pilot software, already translated and adapted. The participants (16 adults) assessed three fictitious case studies using the software. The participants were asked to report their doubts, during and after assessing the cases, regarding: (1) their understanding of items; (2) the software functionality; and (3) software usefulness. Some doubts emerged concerning the meaning of words and difficulty understanding some phrases, especially among those who had only completed middle school. Some participants indicated ambiguity in some items and there were attempts to induce responses; that is, items were checked even when the observations were not presented in the cases. The translation and adaptation stages are presented in detail in the paper by Calza and Sarriera (2015).

After the pilot software was applied, the items were reviewed again, now within the scope of a doctoral dissertation (2014 to 2017), in order to consider the difficulties indicated by the participants. Hence, another five experts were invited and asked to propose changes in the items so that diverse potential users would easily understand the tool. As a consequence, the experts' suggestions were added to the software's previously translated and adapted version. In addition to changing words and terms, the judges suggested developing separate items for the ages concerning childhood (from 0 to 12 years old) and adolescence (12–18 years old), as these are mutually exclusive categories. New changes were also suggested for the age groups and level of severity, while some items were added and others removed.

Afterwards, meetings were held with the informatics team to develop the software's final version. A table with the items and their respective levels of severity, age groups, and types of maltreatment was allocated in the digital platform, as well as the algorithm to assess the severity of cases.

In the future, the informatics team will test the software to check whether the algorithm presents any defects. Such potential defects (incorrect steps or definitions of data) may result in errors (unexpected malfunction while a program is being executed) and consequent failures (the software behaves differently from what is expected) (Delamaro, Maldonado, & Jino, 2007). Hence, diverse tests will be implemented to check whether all the software instructions are executed at least once, in order to identify potential failures (verification).

After that phase, participants will be recruited from public services and other institutions assisting child and adolescent victims of violence. The objective in this stage is to include the population in general, experts in the field, and professionals whose practice includes only children and adolescents. Participants will receive clarification regarding the objectives of this stage of the study. The software version translated and adapted to Portuguese will be presented and the participants will be asked to assess the severity of 10 case studies of abuse that will be provided by the researcher. Half of the cases will be analyzed by the participant without the software, using an instrument through which the participant reports on the case in terms of severity, types of maltreatment, maltreatment indicators, and suggests proper action(s) to take. Later, the participants will analyze the other half of cases using the software. Information regarding the assessment using the software will be stored in the software itself. Following this, a questionnaire will be applied to check agreement

with the software assessment. The cases will be distributed in such a way that they will be assessed in the four modalities of a 2×2 design:

- Expert without software
- Expert with software
- Professional without software
- Professional with software

After assessing the cases of suspected maltreatment with and without the software, the participants will be asked to report their level of understanding, difficulties they faced, and their impressions regarding this tool in their professional practice. Their reports will be recorded and transcribed to assist continuous adaptation and improvement of the software.

4.6 Implications of the Software's Implementation

4.6.1 For Professional Practice

Some consequences and impacts predicted are briefly presented in the following three sections:

The use of this software directly impacts the professional practice of all agents in daily contact with children and whose object of work is children's integral well-being in the following ways:

- It is a useful system, jointly developed with the parties involved with integrated and shared technological support.
- It avoids omission of intervention, especially in the face of severe situations.
- It encourages the early detection of child abuse.
- It facilitates the prevention of situations of social risk among children and adolescents.
- It intensifies networking and the involvement of different services.
- It establishes a common and shared language and reaches a consensual risk assessment.
- It considers the responsibility and cooperation of the community and institutions regarding child abuse.
- It provides an advisory and monitoring system to professionals.

Additionally, the software becomes a very useful educational tool for training new professionals from the different fields involved.

It also allows:

- Having a single recording system.
- Opting for an integrated database system.

- Having knowledge available online to make real-time decisions concerning situations detected in different services, which can act proactively when facing a case with a previous history.
- Speeding up communication and coordination among services
- Following up cases that each professional has reported to other agents in the network.
- Implementing an intervention adjusted to shared criteria.
- Facilitating a procedure for providing uniform and consensual information to speed up decision-making of interdisciplinary teams competent in the subject.

4.6.2 For Public Policies

The software will help professionals to improve the referral process both in terms of saving time and the efficient use of resources (avoiding unnecessary referrals that overload the recipient services and delay appropriate interventions). It could have a direct effect not only on professional practice, but also on the management of public services and, obviously and more importantly, on the well-being of the children and adolescents involved.

On the other hand, for the system to have a direct impact on public policies, a recording function needs to be implemented in the database. In this case, information associated with a territory in which certain situations occur would enable acquiring knowledge concerning what risk factors are more frequent in the environment, in regard to the parents or the child her/himself. This involves the possibility of implementing preventive and treatment programs adjusted for the areas and needs detected.

The development of this system will provide a possibility to analyze, infer tendencies and prospective needs related to the phenomenon, in order to plan public spending based on the context detected. In any case, it is about making knowledge and evidence-based decisions, aiming for more efficient management of public resources.

4.6.3 For Research

On the other hand, the statistical exploration of the database will allow greater depth in research on child abuse and the collection of relevant first-hand information from professionals. Hence, one can explore the relationships between indicators and types of maltreatment to verify the extent such analysis confirms knowledge available so far, or if, on the contrary, unforeseen associations arise or even challenge previously accepted associations.

The fact the cases are linked to a professional who reports them, and this individual is identified as a professional from a given field and territory, enables deepening

ing knowledge from various professional perspectives, considering peculiarities and changing aspects that can be produced over time, in addition to territorial representation and prevalence.

Likewise, because the system is equipped with the possibility of collecting the suggested observations, one can detect new indicators that emerge in professional practice and link them to new, emergent, social phenomena with the potential to impact risk situations to which children and adolescents are exposed. In short, the system would allow one to acquire empirical knowledge intended to improve professional practice and public policies.

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Chapter 5

Neighborhood and Housing as Explanatory Scales of Children's Quality of Life

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5.1 Introduction

The development of this project mainly aims at the study and measurement of the well-being and quality of life of boys and girls of 8 and 10 years old, in the province of Buenos Aires in order to contribute with a primary diagnosis resulting from a childhood situational analysis, for the benefit of public policy decisions. The project is an initiative of UNI-COM, Faculty of Social Sciences with the support of LOMAScYt Program of Universidad Nacional de Lomas de Zamora, and is part of The Children's Worlds project which proposes the application of the International Survey of Children's Well-Being (ISCWeB), with the intention of collecting information on the well-being of boys and girls.

In this particular chapter we analyze the research work made on a sample of 1062 children of 8 and 10 years of age – who inhabit the province of Buenos Aires, Argentina, in both large and small cities – with the aim of measuring two dimensions: habitation/home and neighbourhood, in conjunction with the variable gender. Thus, regarding their habitation/home and neighbourhood, we shall analyze the place where they sleep, their home situation, their degree of agreement with their home environment, and the frequency of family activities – in all cases – according to gender; on the other hand, and in relation to their neighbourhood, their level of

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agreement with its characteristics, as well as the degree of satisfaction with their neighbourhood in general – in both cases – according to gender.

5.2 Materials and Methods

5.2.1 *The Participants*

In the Interior of the Province of Buenos Aires, the field work was developed in the districts of Balcarce, San Cayetano and General Pueyrredon.

Balcarce district is characterized by its labor, directly and indirectly associated to the primary sector of production, agriculture and cattle-breeding in particular. The city of Balcarce, head city of the aforementioned district, is situated in a productive environment – essentially devoted to agriculture and cattle breeding – is a center of zonal scale-services which meets the demands of the population, as well as the activities of the rural environment, and the lower scale centers. The aforementioned district concentrated a total number of 38.376 inhabitants, around 2010 – according to the census survey carried out by the National Institute of Statistics and Censuses (INDEC) – being thus considered, at that time, as a Small City (between 20.000 and 49.000 inhabitants) (Vapñarsky & Gorojovsky, 1990), owing to its demographic size. This district belongs to educational region that comprises the districts of Balcarce, Lobería, Necochea and San Cayetano (General Board of Culture and Education of the Province of Buenos Aires). The district of Balcarce has a total number of 43 public and private primary schools, both in urban and rural areas. In the district of Balcarce we surveyed two state schools and one private school. We ought to point out that the three educational institutions showed an excellent disposition from the very moment contact was made to carry out the survey release. The public schools provided the supervisor certificate issued by the district headquarters, as was the legal representative's permit in the case of the private institute. In general terms, there was an excellent reception of the application of this instrument, on the part of the school heads, teachers, and boys/girls. Respect for the family decisions of either accepting or refusing consent for their children's participation in this project was fundamental. In the cases in which consent was denied for various motives, the boys/girls either continued to work on their school tasks or made drawings, many of which were later offered to the surveyors as gifts.

The head city of the district of San Cayetano is the town of San Cayetano – seat of the municipal authority – which, according to INDEC, had 8.399 inhabitants in 2010, which defines it as a Large Town (between 19.999 and 2.000 inhabitants) (Vapñarsky & Gorojovsky, 1990) due to its demographic weight. Its productive profile is intimately related to primary extraction activities, especially agriculture and cattle breeding. Regarding education, it belongs to a region that possesses 12 public schools in which basic primary education is taught. In the district of San Cayetano all primary schools are public educational institutions. Two of the selected schools are located in the urban area and the other in the rural area. As in the former case, the school supervisor issued a permit that enabled us to contact the heads of the

three participant institutions. It should be further highlighted that it was the school supervisor who collaborated with the selection of the educational institutions that would take part in the project, thus contributing with the construction of a most heterogeneous and therefore representative sample of the educational situation of the district. The urban school classes contributed around 30/35 boys/girls and, it may be pointed out that the boys/girls as well as the teachers showed an open disposition towards the survey release. There was always time for questions and comments, especially on the children's part, for they expressed their curiosity about the survey release. In the rural area classes are less numerous. In fact, the participant school had 13 boys/girls between 1 and 6 years old, at the time when the survey release was conducted; which explains why the teachers' teaching strategies consist in working on the teaching contents individually or in very small groups. As to the release, we considered it fit for everyone to take part, regardless of their age group. Those are decisions that researchers must make on their stride, in fact it is when they are on the point of carrying out their field work that "the field surprises the researcher". The school offers lunch to its boys/girls, apart from basic education, and we were able to share it and enjoy it with both the children and the school staff.

The city of Mar del Plata – head city of the district of General Pueyrredon – had a total amount of 612.000 inhabitants in 2010, thus being defined as a Higher Intermediate Sized Agglomeration/Aglomeración de Tamaño Intermedio mayor (ATIs) (between 400.000 and 999.999 inhabitants) – according to its demographic weight; this center is related to tertiary and productive activities. It comprises a vast number of activities and services related with tourism, as well as extraction and transformation of fishing resources of the Argentine seas. This city shows signs of leadership over the surrounding group of smaller population centers and their respective areas of influence, regarding educational, health, administrative, and other services. (Mikkelsen, Sagua, Tomas, & Massone, 2013). As far as education in this region is concerned, the district of General Pueyrredon that includes the districts of General Pueyrredon, General Alvarado, and Mar Chiquita (General Board of Culture and Education of the Province of Buenos Aires). General Pueyrredon possesses a total number of 172 public and private educational institutions where basic primary education is taught (statistical information provided by the National Bureau of Information and Assessment of Educational Quality of the National Ministry of Education). In Mar del Plata, we worked in three private institutions – with the corresponding permit, issued by their school heads and legal representatives. The selection was made taking into account that they represented the city's social diversity. The experiences varied according to the characteristics of each institution, yet they shared the teachers' as well as the boys/girls' obliging disposition regarding the survey release together with the boys/girls' curiosity expressed through questions, comments, and reflections.

In Greater Buenos Aires we worked in the district of Lomas de Zamora and La Matanza.

The district of Lomas de Zamora, had a population of 616.279 inhabitants by 2010 (INDEC), and its head town is Lomas de Zamora. As to its productive profile, we may highlight the commercial and industrial sectors devoted to metal-mechanics. Lomas de Zamora belongs to an educational region together with Lanús and

Avellaneda, and it concentrates a total number of 175 public and private educational institutions where basic primary education is taught (statistical information provided by the National Bureau of Information and Assessment of Educational Quality of the National Ministry of Education). The field work was developed in the cities of Lomas de Zamora and Banfield.

The district of La Matanza has a population of 1.775.826 inhabitants in 2010, according to INDEC; Ramos Mejia is one of the cities that composed the district. From the point of view of production, we may highlight activities related to trade and industry. La Matanza has 326 public and private educational institutions where basic primary education is taught, is the district with more primary schools of the Buenos Aires Province.

All of these institutions are situated in the urban perimeter. The excellent disposition from the initial phase of the project in all the selected schools is worth highlighting. While the public schools provided us with a permit issued by the supervisor – who, in addition, collaborated by selecting and appointing a coordinator for the appointed schools –, the private institution issued a permit signed by the legal representative. In all cases there was a positive reception of the application of the instrument on the part of the school-heads, teachers and boys/girls – which was essential to the teaching task, contacting the parents, and obtaining their consent. In the case of the boys/girls who were not authorized by their parents, they proceeded with their school tasks while their classmates were being surveyed.

Beyond the fact that each experience had its own peculiarities – considering the specific characteristics of each educational community, environment, etc. – the positive disposition and follow-up on the part of the school-heads, teachers, and boys/girls was the same in all the institutions. We were supported by the teachers and/or assistant – teachers at all times and, in every case, time was allotted for comments and questions, both on the part of the teachers and of the boys/girls, showing genuine interest in the survey release and the instruments used.

We have released an equal number of questionnaires for boys and girls, of 8 and 10 years of age ($N = 1062$), in public and private educational institutions from the Greater Buenos Aires and the Interior of the province of Buenos Aires. The reasons for the selection of Buenos Aires province as a work field, within the Argentine Republic, is the fact that the province of Buenos Aires is the most densely populated in the country – its total population being approximately 40% of the total general population of the country (15.625.085, INDEC, 2010). Greater Buenos Aires consists of 24 districts, whereas the Interior of Buenos Aires province comprises 110 districts – the Autonomous City of Buenos Aires (CABA) being excluded in both cases.

According to the 2010 Census released by the National Institute of Statistics and Censuses (INDEC)¹ Argentina had 672.139 8-year-old children and 710.409 10-year-old children. Within the 8 year old group, there are 341.649 boys and 330.490 girls; while in the 10 year old group, there are 360.737 boys and 349.672 girls. The totality of 8 and 10 year old boys and girls included in the sample release from Greater Buenos Aires and the Interior of the province of Buenos Aires attend educational institutions.

¹<http://www.indec.mecon.ar/>

The sample constructed for the survey release is to be defined as non-probability sampling, i.e. the selected schools were chosen on account of their possible access through direct contact with District Headquarters which defined, and ultimately allowed, our access to the public schools of their choice. We operated in a similar manner with private schools, in which case the contacts and release permits were obtained through the legal representatives of the educational institutions. Our decisions were prompted by the possible access to the information, the attainment of reliable, creditable, first hand, diverse information, and therefore, representative of the heterogeneous society predominating in the areas included in the release.

According to the last National Census released in 2010 (INDEC), in Greater Buenos Aires there were 160.563 8-year-old children, out of which 159.330 were actually attending educational institutions, the rest had either attended or had never attended. On the other hand, out of a total number of 169.468 10-year-olds, 168.214 children were actual school attendees the rest had either attended or had never done so.

In the Interior of the province of Buenos Aires a total number of 91.591 8-year-old children were registered, out of which 91.114 were actually attending school and the rest had either attended or never attended; while, out of a total number of 95.497 10-year-old children, 95.011 were actual school attendees.

Based on general data, the definite sample release is composed of a total number of 1062 cases, 590 of which correspond with the 8-year-old group and 472 with the 10-year-old group. In the 8-year-old group there are 298 females (49.5%) and 292 males (50.5%); while in the 10-year-old group there are 237 females (50.2%) and 235 males (48.8%) – in keeping with the proportional gender criterion of the survey sample. On the other hand, in Greater Buenos Aires, 204 10-year-old boy/girl cases were released and 236 8-year-old boy/girl cases; while in the Interior of the province of Buenos Aires, the participants are 268 10-year-old boy/girl cases and 354 8-year-old boy/girl cases.

The units of measurement considered for the survey in Greater Buenos Aires were 5 schools, 4 state schools, in Lomas de Zamora and Banfield, and a private Catholic school in Ramos Mejía.

A total number of nine educational institutions were surveyed in the Interior of the province of Buenos Aires, in different localities: Balcarce (2 state schools and a private school), San Cayetano (3 state schools) and Mar del Plata (3 private schools).

The survey release procedure was conducted in the following order:

- (a) Permit applications. In the case of public institutions, we obtained the authorization of each district in order to gain access to the educational institutions and, in the case of private institutions permits issued by the legal representatives were required. The actual possibility of working with carefully selected public and private educational institutions wholly depends on this process of contacting, acceptances and rejections.
- (b) Telephone contact with the educational institutions, specifically with the heads, informing about the aim and working methodology of the project.
- (c) Send permits to the parents of participant students.

- (d) Develop the survey release on the dates and according to the timetables determined by the heads of the educational institutions.
- (e) On the assigned date, we proceeded as follows: we briefed the boy/s, girl/s and teacher in charge on the aim of the survey, participant institutions, and the working methodology. Next, the surveyor proceeded to read out the questions, one by one, and each boy/girl would give an individual and anonymous response to the questionnaire. In general lines, the time allotted to complete the survey was between 1 h and 1 h 45, depending on each group, their curiosity, and also on the teachers who were always present during the survey release, lending their assistance when needed.

5.3 Theory

The construction of knowledge on children's well-being and quality of life allows us to concentrate on a particular group sharing peculiar features and, therefore, obtain special outlooks upon the dimensions and variables considered in the studies on children's well-being – especially regarding boys and girls as lawful subjects, according to the Universal Declaration of Children's Rights (1989).

Our proposition is centered in placing boys and girls as the real protagonists of this research study, which explains why our questions are aimed directly at them. For, according to Gaitán Muñoz (1999), boys and girls are co-constructors of the social reality in which they live; they transmit their experiences to those who will succeed them in time; they recreate the reality they have received; and they build their own culture.

Quality of life offers us the possibility of obtaining a new theoretical view which will allow us to base our work on potentiality rather than scarcity, with a communal anchorage that includes an analysis of the socio political context. Under this particular outlook, the people – traditionally regarded as objects – begin to be considered “subjects and protagonists” owing to the fact that quality of life proposes a social and political reality necessarily based on the respect of human rights, thus posing the need to work in an integrated manner (Tonon, 2003).

Neighborhood scale analysis allows both the observation of social action in the territory as well as the analysis of the neighbors' practices, the manner in which they interrelate with each other and with the territory, and their levels of appropriation. Thus we should regard the neighborhood as a place which holds meaningfulness, representativeness, and recognition for its population subjects.

On the other hand, housing is a basic component, defined as service configuration – habitation service – which should provide environmental satisfaction, relationships, security, privacy, identity, and physical accessibility. The dwelling is the place of shelter, of family reunions, of life enjoyment, a meeting place, and a space for daily experiences.

The right to a dwelling place is a human right in fact it has been established as one by the Universal Declaration of Human Rights in 1948, and in the International

Pact of Economic, Social, and Cultural Rights (1966). It is a right in the broadest sense of the word, and it is related to the possibility of living in a state of security, peace, and dignity (United Nations, S/D). On the basis of this fundamental definition, it is acknowledged that habitation is a basic component, defined as service configuration – habitation service – which must offer environmental satisfaction, space, relationships, security, privacy, identity, physical accessibility, among other things (Lucero et al. 2008).²

As established in the informative leaflet of the United Nations, which makes specific reference to children's situation regarding habitation, "Children's health, educational development, and general welfare are profoundly influenced by the quality of life of their dwelling places. The lack of adequate dwellings, forced eviction, or the absence of a home often have deep effects on children, owing to their specific needs, thus affecting their growth, development, and enjoyment of a full range of human rights, particularly the right to education, to health, and to personal safety" (United Nations S/D).

Gender, on the other hand, is a category that analyzes the historical synthesis between biological, social, cultural, political, economic, or legal, aspects involving sex but without further explanations in this regard (Lagarde, 2004). Thus, by gender we refer to the constitutive element of social relations based on the differences that distinguish the sexes, genre being the primary form of meaningful relationships of power (Scott, 2000).

Gender is understood as the social and cultural differences between masculinity and femininity, as a social construction of these relationships. It has been naturalized as a biological distinction in which, according to Bourdieu quoted by Lamas (1996: 346), masculine efficacy thus legitimates a dominating relationship by attributing such a relationship to biological causes, when it is in fact an intrinsically biologized social construction.

5.4 Results

5.4.1 Housing/Homes

The characteristics of the homes in which the boys and girls reside are fundamental in the development of their personal achievements. It is in fact the "place" where they carry out their daily activities, where they begin to socialize and understand

²In Argentina, the statistic census criterion determines a slight distinction between dwelling and home.

Dwelling: space where people live, with separations (walls or other partitions), covered by a roof thus allowing its occupants to go in or out without going through other people's houses. Dwellings are required to have been built or adapted for habitation or used for that purpose on the mid-night of reference of the Census.

Home: person or group of persons living under the same roof and sharing food expenses (INDEC 2010).

social life. The home, together with educational institutions, become the appropriate places for early childhood since that is where they spend most of their time – moreover, the quality of these places is the key to children’s welfare.

Regarding the situation of the households and/or dwellings where the surveyed boys and girls reside, the instrument applied consults them about household safety; whether they have a quiet place in which to study at home; if their parents or the people in charge listen to them and take them into consideration; whether they have a good time with their families; and whether they are well treated by their parents or the people who look after them. The survey technique applied was a Likert scale ranging between “I do not agree” and “Totally agree”.

In general lines, a higher proportion of 8 year-old boys/girls (Fig. 5.1) claim to agree absolutely with the options offered on the scale, regarding their households. In comparison, it may be observed that the lower proportion corresponds with the possibility of their having a quiet place in which to study in the house they live in.

As to the 10 year-old boys and girls consulted (Fig. 5.1) on the same topics, it may be observed that the highest proportions correspond with the answer “Totally agree” and, once more, the lower ranges are related to their access to a private space within the home, where they may study and do their homework.

Within the household environment, it is important to make reference to the types of families the surveyed boys and girls belong to. The abovementioned instrument

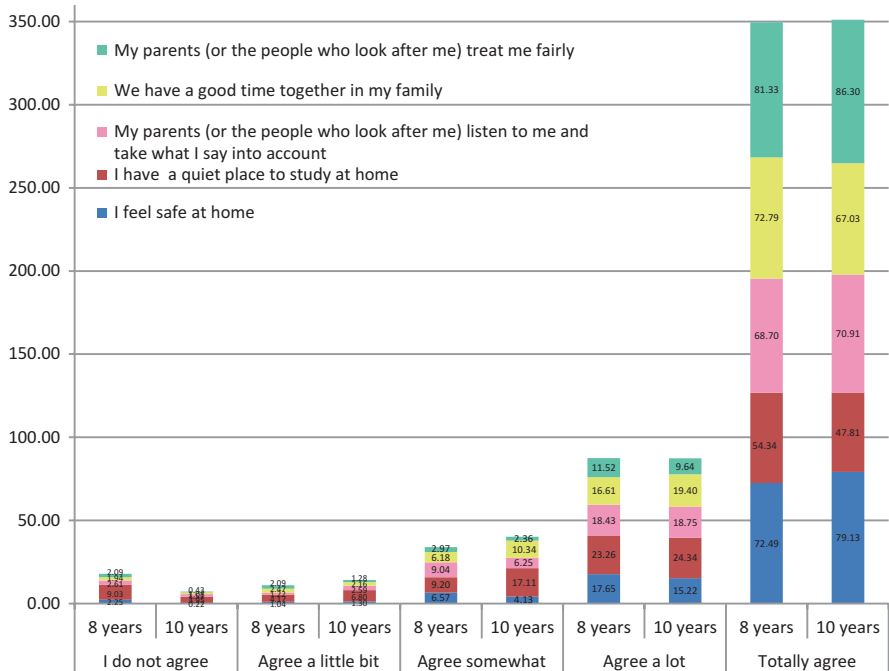


Fig. 5.1 Situation analysis of household environment in 8 and 10 years old boys and girls (Source: personal elaboration)

has allowed us to survey the existence of compound or simple families, the information has been solely obtained from 10 year-old boys and girls. According to the collected data, half the surveyed children state that they always spend the night in the same house; 35,26% declare that they may eventually sleep in some other house; and 9,4% normally spend the night in two different houses. According to gender, we may observe similar proportions for the items considered.

Regarding what we call housing status, the highest proportion of 10 year-old boys and girls have responded "I live with my family" (86,57%); while 23,58% claim to live with a foster family; and a small percentage declare that they reside in some other kind of household (0,85%).

Regarding the features which characterize the children's satisfaction with their home environment, in the case of 8 year-old boys and girls, we applied a Likert scale using faces/emoticons reflecting states of mind, ranging from 0 to represent the highest degree of unhappiness, and four indicating the highest degree of happiness. Most of the children professed to be happy with the house or apartment they live in, as well as with the members of their family, the life they lead with their families, and the people they live with. It is worth mentioning that the highest proportions apply to the people the children live with, and with their house or apartment.

In the case of 10 year-old boys and girls, the strategy used consisted in applying the Likert scale offering ten possible answers ranging between 0, "Completely dissatisfied" and ten "Completely satisfied". The high percentage of answers under the option "Completely satisfied" was quite remarkable. Nevertheless, it is important to point out that satisfaction with the house or apartment in which the children live exhibits the lowest proportion among the whole set of answers (Table 5.1).

Considered according to gender, the degree of satisfaction with the home environment is balanced.

Another item in the instrument applied in the survey of households is related to the frequency of shared family activities such as "Having conversations together", "Having fun together", "Learning together", and/or "Going out with family" (Fig. 5.2). It is interesting to observe the way the higher proportions of family activities are distributed, giving evidence of the fact that learning together – a task which is directly related to the connection between the family and school – show how the latter necessarily makes demands from the former, requiring its support, in order to strengthen the teaching-learning process in the home as well.

Focusing the survey on gender differences we found that the girls exhibited higher percentages regarding their possibility to hold conversations with their families; we found balanced proportioned regarding having fun with the family; and a slightly higher proportion in the girls, in connection with learning together and sharing family outings.

Regarding boys and girls of 10 years old and above, the general data (Fig. 5.3) allow us to point out that half the cases state that they share conversations every day, which also applies to learning together; regarding the frequency with which they have fun together, the proportions are distributed between "Every day" and "Not at all"; finally, the proportion of family outings is balanced – distributed among the options "Once or twice", "Most days", and "Every day".

Table 5.1 Percentage of 10 year-old children according to their degree of satisfaction with their home environment

	1	2	3	4	5	6	7	8	9	Completely satisfied	Total
Completely dissatisfied											
Satisfied with the house or flat where you live	0.43	0.21			2.34	1.91	2.98	6.38	14.04	71.70	100.00
Satisfied with the people who live with you	0.21	0.42	0.42	1.27	1.27	0.42	4.66	4.66	11.44	75.21	100.00
Satisfied with your family life			0.85	0.43	1.28	1.49	1.49	5.11	12.98	76.38	100.00
Satisfied with the people you live with	0.43	0.21			1.07	0.43	1.28	4.28	12.63	79.44	100.00

Source: Personal elaboration

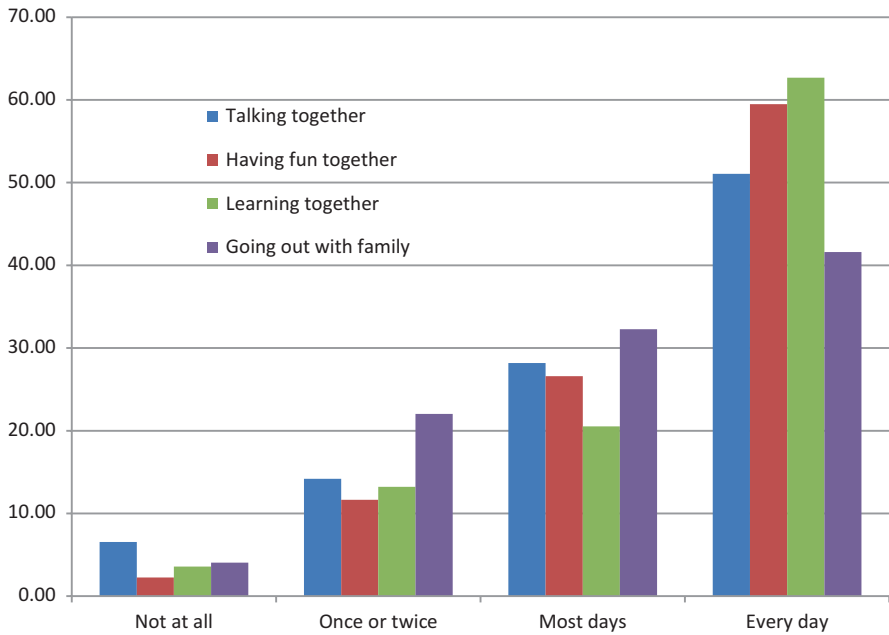


Fig. 5.2 Percentage of frequency in recreational family activities, 8 year-old boys and girls (Source: personal elaboration)

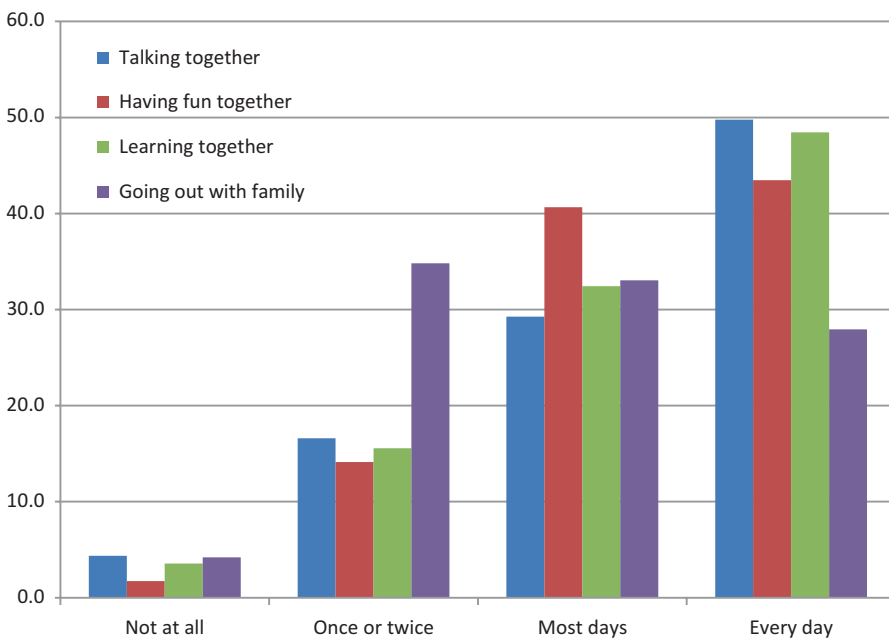


Fig. 5.3 Percentage of frequency in recreational family activities, 10 year-old boys and girls (Source: personal elaboration)

Focusing our attention on gender differences, we found that both boys and girls express that they hold conversations with their parents every day, or nearly every day – though the girls claim to have fun with their families, with more frequency than the boys. The girls exhibit a slightly higher percentage in the frequency with which they learn with their parents; while the frequency of family outings is distributed in balanced proportions among the options “Once or twice”, “Most days”, and “Every day”.

5.4.2 *The Neighborhood Where Boys and Girls Reside*

The neighborhood must be understood as the place daily frequented by families, a belonging space which is very close to the subjects, thus exerting a substantial influence over their welfare and the welfare of their families.

Regarding the residence status of the families, it is interesting to observe their recognition of the neighborhood as an identity space for which they show a sense of belonging. In that respect, one of the questions made reference to the children’s degree of happiness or unhappiness with the neighborhood they live in.

In the case of 8 year-old boys and girls, we applied a Likert scale through emoticons, and 72.54% of the sample cases express the highest degree of satisfaction with the neighborhood where they reside with their families – similar proportions were observed by gender distinction (Table 5.2).

The same question posed to the group of 10 year-old boys and girls (Table 5.3), showed that 57, 87% of the cases express the highest degree of satisfaction with their neighborhood where they reside with their families, with very slight distinctions by gender.

In addition, they were asked whether they had enough neighborhood-play spaces, and whether they felt safe walking through their neighborhoods – in the case of older boys and girls, the questions about their sense of safety were extended to certain public places in their neighborhood, such as churches or shops.

As to the neighborhood-play spaces in relation to 8 year-old boys and girls, 63.1% claimed to completely agree, as compared to the 56.5% of the answers of 10

Table 5.2 Degree of happiness with their neighborhood, 8 year old boys and girls

		Boys	Girls	Total
The neighborhood/block where you live, in general lines?	0 (unhappiest face)	0.69	0.35	1.04
	1	0.69	0.35	1.04
	2	4.32	2.59	6.91
	3	8.46	10.02	18.48
	4 (Happiest face)	35.41	37.13	72.54
	Total	49.57	50.43	100.00

Source: Personal elaboration

Table 5.3 Degree of satisfaction with their neighborhood, 10 year-old boys and girls

		Boys	Girls	Total
Satisfaction with the neighborhood/block where you live, in general lines	Completely dissatisfied	1.06	0.43	1.49
	1	0.85	0.64	1.49
	2	0.64	0.43	1.06
	4	0.21	0.85	1.06
	5	1.28	2.55	3.83
	6	1.28	0.85	2.13
	7	2.77	2.34	5.11
	8	4.26	3.62	7.87
	9	9.15	8.94	18.09
	Completely satisfied	28.72	29.15	57.87
	Total	50.21	49.79	100.00

Source: Personal elaboration

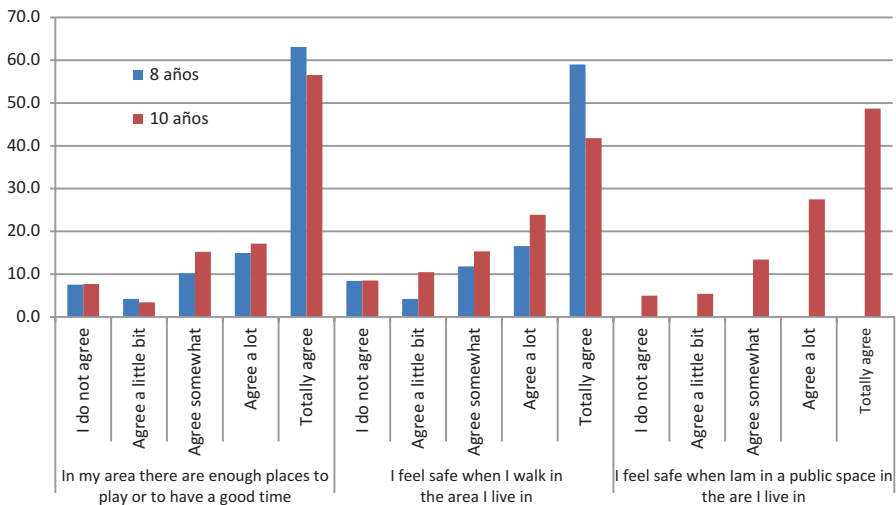


Fig. 5.4 Comments about their neighborhood, 8 and 10 year-old boys and girls (Source: personal elaboration)

year-old boys and girls. With reference to their sense of safety, the former group claims to feel completely safe in 59% of the cases, as compared to the latter who exhibit 41.8%. Finally, 48.7% of the 10 year-old boys and girls express that they feel safe in the public places they frequent in their neighborhoods (Fig. 5.4).

5.5 Discussion

The dwelling, the household where children reside with adults is the family place “par excellence”, in the words of Bachelard, “... our place in the world. It has been frequently defined as our first universe (Bachelard, 2000: 28). Without it, man would be a dispersed being...” (Bachelard, 2000: 30).

Regarding the household where the surveyed boys and girls reside, in general lines, they have given highly positive answers both regarding safety itself and as a form of emotional support; they have likewise given highly positive accounts of how they are heard and looked after by their families – though they show less satisfaction with the space they have to study and do their homework in their dwellings, which points to housing issues.

Regarding the families, in the case of 10 year-old boys and girls, they were questioned about their type of family, and the strategies applied by their parents or guardians in case of marital separation; to which half the surveyed children declared to sleep always in the same house, while the remaining 50% point out that they eventually sleep in another house, i.e. with their grandparents and/or aunts or uncles, as a family organization strategy – mostly on account of their parents’ jobs, or as part of some family agreement.

Another significant feature regarding family bonds is the fact that the children express their satisfaction with the possibility of sharing conversations with the family, having fun together, and having family outings – further highlighting the possibility of learning together. It is important to point out, however, that in most of the surveyed cases the responses according to gender are balanced, though the girls are more inclined to make reference to the importance of family conversations as well as to sharing studies with the other members of the household.

As to their neighborhood of residence, 70% of the 8 year-old surveyed boys and girls express that they are highly satisfied. Regarding 10 year-old boys and girls, the percentage drops to approximately 60%. With reference to the characteristics of their neighborhoods, attention should be focused on the children’s need for more neighborhood-play spaces, and that these public play spaces should be safe. In this respect, Pinheiro de Almeida (2012) points out that, today, children’s opportunities for playful activity are decreasing as a result of the standardized life style, and that public spaces are the scenario of collective and individual playful activities which reflect a culture of the past, specifically intergenerational and intercultural. He considers that the square or the street have become transition spaces between the private domestic scenario (the dwelling), and the city – moreover, it should be borne in mind that in the latter (squares, streets), hierarchic relationships are infringed and age homogeneity takes place.

As far as security is concerned, the notion of safety has acquired increasing complexity, to the point of being internationally referred to as “human security”, whose primary consideration is that the individual rather than the State is the object of security today. In this context, we may both refer to a reduced approach to human security, based on the elimination of the use of force and violence in people’s daily

lives; and a broader view which takes into consideration the individual's basic needs (economic, social, food, health, etc.) (Morillas Bassedas 2007). In view of the above-mentioned, we consider that it is advisable to probe more deeply into the security of boys/girls, and continue to work on our recent developments regarding, for instance, visual connections, and security in open public spaces (Jacobs, 1961; Reis, Portella, Bennett, & Lay, 2003; Reis, Lay, Muniz, & Ambrosini, 2005, etc.); the incidence it has on the appropriation of urban spaces; on associated behavior; the role it plays in the construction of identity, and in the perception of the public scenario as well as of the different social groups, etc.

5.6 Conclusions

This work constitutes the first step towards the study of quality of life of boys and girls residing in a group of cities in the Province of Buenos Aires, Argentina.

Our main aim has been to contribute with our knowledge about two dimensions in the lives of boys and girls: their dwelling/household and their neighborhood, crossing with the gender variable, based on the information collected through the implementation of a survey release of 1062, 8 and 10 year-old boys and girls residing in the Province of Buenos Aires, Argentina. The research sample units where the surveys were conducted were public and public schools in the cities of Lomas de Zamora, Banfield, Ramos Mejía, Balcarce, San Cayetano, and Mar del Plata.

First of all we want to point out that till not very long ago, studies on the quality of life of boys and girls used to be centered in the opinions of adults, since adult responses were supposed to directly reproduce the opinions of those boys and girls. The conception of children as protagonists is recent in scientific literature.

It is, therefore significant to be able to establish that when we questioned children about their lives, so far, 83.19% of the 8 year-old boys and girls in the research sample express that they are very happy – the percentage being slightly higher among the girls. Within the 10 year-old group of boys and girls, 67% claim to be completely satisfied with their lives – once more, exhibiting higher proportions among the girls.

If we relate the concepts of neighborhood, housing, and children, we become aware of the fact that the aforementioned spatial units – tailored to suit certain individuals, from the point of view of quality of life – allow us to reflect upon their satisfaction with each of these entities, since it is ultimately the place where boys and girls reside, build their relationship networks, and generate socio-territorial practices. The possibility of obtaining the word of boys and girls from different cities and neighborhoods highlights the importance of surveys obtained from first hand sources, thus enabling a more complex understanding of children's activities and their opinion about the places which, in turn, allows a better understanding of the territory, through daily practices.

As far as dwelling/household is concerned, we have specifically analyzed their security, the children's access to a space in which to study and/or do their homework;

the care they receive from their respective families, as well as the types of families they reside with; their satisfaction with the house or apartment they live in; the members of their family; the life they lead with their respective families; and the people they live with. We have also probed into the recreational activities they carry out with their families (conversations, fun activities, learning, going out).

Concerning their neighborhood, they were consulted about their degree of happiness or unhappiness with their place of residence, as well as with neighborhood-play space and security.

We should like to point out that the comments made by boys and girls regarding their homes and neighborhoods are worth consideration and should be studied in the social context. Thus, the development of qualitative studies should be taken into consideration, in future – such as affective mapping to reflect the children’s implications of different spaces in order to allow a better knowledge of their specific assessments of private and public spaces and, therefore, a deeper understanding of their appropriation of those spaces; of children’s attachment to them and their related social identity; of the influence those spaces exert on motor, social, affective qualifications; etc. Likewise, research on the implementation of boys’ and girls’ right to play – taking into account age differences, places of residence, etc. – should be considered of interest, together with play and recreation associated to public spaces. Furthermore, it would be equally interesting to qualify children’s perception and experience of security and insecurity, thus exploring their concrete types of agency relationships with those themes.

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Chapter 6

Sociodemographic Profile of Children's Well-Being in Chile

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6.1 Introduction

The last decades have witnessed a growing interest in the study of subjective well-being by positive psychology but also from other scientific disciplines. The numerous studies conducted in this field have provided a deeper understanding of what it means to “live well” along with a novel theoretical approach that emphasizes the close relationship between the physical, emotional and social dimensions that comprise well-being (Veenhoven, 2002).

The theoretical development has also been accompanied by the emergence of various tools to measure well-being. Unlike traditional indicators designed to identify aspects that negatively affect people's lives (e.g., poverty, lack of health services), well-being tools focus on the assessment of other domains such as resources and individual capabilities and the groups to which they belong.

In general, the literature on well-being reports a great deal of research aimed at adults. Compared to this, research on well-being in children and adolescents is much lower, although this trend has been gradually varying over time (Casas et al., 2012; Dex & Hollingworth, 2012; Gadermann, Schonert-Reichl & Zumbo, 2010; Huebner, 2004; Huebner & Gilman, 2002; Seligson, Huebner & Valois, 2003;

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Tomyn & Cummins, 2011a). This interest is reinforced because the available data on well-being studies in children and adolescents show that during earlier stages of life, well-being functioning has its own evolutionary idiosyncrasies (Casas, 2010a). Consequently, one cannot assume that results with adult samples can be extrapolated to younger populations, even if these belong to the same context as adults.

To the disproportion of research on adult welfare at the expense of other stages, you can add that the vast majority of this research comes from industrialized countries (Casas, 2011; Proctor, Linley & Maltby, 2009). In that sense, the scientific literature on well-being in developing countries is still meager, although there are several exceptions (see Lau, Cummins, & Mcpherson 2005; Siyez & Kaya, 2008; Tiliouine, Cummins, & Davern, 2006; Webb, 2009; Yiengprugsawan, Seubsman, Khamman, & Lim, 2010). One of the places where it is necessary to develop more research on well-being is Latin America. According to Aguado (2009), in this region you can find many general indicators but very few studies on well-being and quality of life, and less directed at children and adolescents. Particularly in Chile, several efforts to analyze the subjective dimensions of well-being in children and adolescents have been observed. This change is given to some extent by the application in this country of an international dimension draft such as the International Survey on Children's Well-Being (ISCWeB). To date, a first report that presents the main results of a nationwide survey has already been published, where more than 1500 students of both sexes whose ages ranged from 9 to 14 years were interviewed (Oyanedel, Alfaro, Varela, & Torres, 2014).

A recent official survey reports that Chile has just over 18 million inhabitants, of which 50.5% are women (National Statistics Institute [INE], 2015). As for age conformation, 26.1% of the population is aged between 0 and 17 years. Of this group, 4.5% find themselves in a situation of extreme poverty (Ministry of Social Development, 2011). However, this percentage is lower than the incidence of extreme child poverty in Latin America, which is 17.9% (United Nations Economic Commission for Latin America and the Caribbean [ECLAC] & The United Nations Children's Fund [UNICEF], 2010). As for education, 90% of children and adolescents aged between 7 and 17 years are enrolled in school (Ministry of Education of Chile, 2015a). Students are divided into three types of establishments according to their administrative dependence. Thus, 44.2% of students attend municipal schools, 50.3% are in subsidized private schools or shared funding and 4.9% attend private schools (Ministry of Education of Chile, 2015b).

Based on the data of the ISCWeB report applied in Chile, the general objective of this chapter is to evaluate the relationship between subjective well-being of schoolchildren measured with different instruments (life satisfaction, personal well-being in schoolchildren, life satisfaction in general and overall satisfaction by area) and sociodemographic variables such as sex, age, socioeconomic status and type of participants' schools. For this purpose, two types of analysis were conducted. First, schoolchildren were ranked according to the scores obtained using subjective well-being instruments. Second, we examined the effect that sociodemographic variables have on participants' overall life satisfaction.

6.1.1 *Subjective Well-Being in Childhood*

The study of subjective well-being in childhood and adolescence is recent. In this regard, Ben-Arieh (2008) describes five conditions that gave rise to the *Movement of Child Indicators*: (1) recognition of children's rights by the United Nations Convention, (2) the new sociology of childhood emphasizes the idea that childhood is important in itself, and is supported by the Convention on the Rights of the Child, (3) the ecological perspective of child development, according to which children interact with their environment, plays an active role in creating conditions for well-being, balancing the influences of multiple factors, (4) new methodological perspectives on childhood studies and (5) the desire to improve decisions on social policies based on data collection and proved dissemination of interventions in different areas of children and adolescents' lives.

There is a general consensus regarding the three basic characteristics that describe subjective well-being (Diener, 1984, 2006): (1) it is constructed from the experiences of each person, and the perception and evaluation of such experiences, (2) it includes positive and not merely the absence of negative dimensions and (3) it includes global assessments of life, which is usually called life satisfaction. In other words, subjective well-being consists of three interrelated dimensions: positive affects, negative affects and life satisfaction (Diener, 2000, 2006; Diener & Suh, 1997; Pavot & Diener, 1993).

Regarding the last component of subjective well-being, namely, life satisfaction, the literature shows that high scores in this dimension are positively related to physical health, mental health, good interpersonal relations and educational and professional success (Park, 2004). Other studies have indicated the potential role of life satisfaction as a buffer against the negative effects of stress and development of psychopathological behavior (Suldo & Huebner, 2004). In particular, it is observed that adolescents who report high levels of life satisfaction do not present risk behaviors (substance abuse such as alcohol, tobacco and illicit drugs), violent behavior and sexual victimization (Proctor et al., 2009). By contrast, teens who reported low life satisfaction have various psychological and social problems such as depressive symptoms, violent and aggressive behavior, substance abuse, suicide attempts, suicidal ideation, low self esteem and lack of harmony in relationships (Furr & Funder, 1998; Suldo & Huebner, 2004; Valois, Zullig, Drane & Huebner, 2009; Valois, Zullig, Huebner & Drane, 2004; Zullig, Valois, Huebner, Oeltmann & Drane, 2001). This evidence has not only promoted the use of life satisfaction measures in the assessment and implementation of educational programs directed at children and adolescents, but also to investigate the impact of these services on the quality of life and positive health of young people (Dew & Huebner, 1994; Proctor, Maltby & Linley, 2011; Valois et al., 2004).

The important implications of subjective well-being in children and adolescents have generated the need to develop *ad hoc* indicators. Researchers such as Ben-Arieh (2008), Bradshaw, Hoelscher and Richardson (2007) or Casas (2010b) agree on a number of aspects such as: (1) using performance indicators and direct measurements

of well-being rather than the use of indirect indicators; (2) considering the child as a unit of analysis and information; (3) prioritizing indicators of children's current well-being; and (4) using subjective indicators on feelings and children's lives. To this end we must add the need for cross-cultural comparisons that allow us to generalize findings of children and young people from Western cultures with other cultures (Gilman et al., 2008; Park & Huebner, 2005; Proctor et al., 2009).

6.1.2 Subjective Well-Being and Sociodemographic Variables

The relationship between subjective well-being and socio-demographic variables, particularly those such as age, gender, family structure, ethnicity, and socioeconomic status, among others, has attracted the attention of many researchers (Bradshaw et al. 2007; Casas, 2011; Cummins & Lau 2005). The literature shows mixed evidence on this relationship. Thus some researchers have found a weak relationship between sociodemographic variables and life satisfaction, whether measured generally (Dew & Huebner, 1994; Huebner & Dew, 1996) or by area (Gilman & Huebner, 1997; Huebner, 1994; Seligson, Huebner, & Valois, 2005). According to Goswami (2013), the percentage of explained variance attributed to these variables in adults ranges from 5% to 10%. However, this same author found that the percentage of explained variance rose to 15% in British adolescents aged 10 to 15 years when variables such as poverty, age and presence of disability were included. In addition, other studies have found a significant relationship between sociodemographic variables and levels of well-being, particularly finding differences in well-being according to sex and place of residence (Casas & Bello, 2012; Huebner, Suldo & Valois, 2003) as well as in the interaction between age and sex to explain the variability of well-being (Goldbeck, Schmitz, Besier, Herschbach & Henrich, 2007; González-Carrasco et al., 2016).

Various researchers have explored certain methodology precisions for analysis of sociodemographic variables in relation to well-being. Firstly, it is important to study the structure of well-being scale responses as potentially they could facilitate greater sensitivity to capture variability and could contribute to better describe differences by demographic variables (Holte et al., 2014). Secondly, longitudinal designs could be valuable in assessing whether demographic differences in well-being overcome the description offered by cross-sectional designs (Gonzalez et al. 2016). Thirdly, several authors have proposed that the cultural differences between the internationally studied populations require a cautious interpretation of the differences between demographic variables and well-being (Sarriera et al. 2015; Singh, Ruch & Junnarkar, 2014). Thus, the study of sociodemographic variables and their relationship with well-being state requires an approach that considers the described methodological and cultural particularities so that it can have input on public policy in the design and targeting of interventions aimed at children and teenagers (Casas, 2011, 2015).

Among the sociodemographic variables that have received most attention is age. While initial studies reported no significant differences in levels of subjective well-

being according to participants' age (Ash & Huebner, 2001; Dew & Huebner, 1994; Gilman & Huebner, 1997), these results are inconclusive. Thus, Huebner (2004) found that adolescents have lower scores of life satisfaction compared to children. Moreover, a lot of research in different parts of the world shows that subjective well-being scores tend to fall between 10 and 16 years of age (Casas, Gonzalez, Figuer, & Malo, 2009; Chui & Wong, 2016; Liu, Mei, Tian, & Huebner, 2015; Petito & Cummins, 2000; Singh et al., 2014; Suldo & Huebner, 2004; Tomy & Cummins, 2011b; Tomy & Norrish, & Cummins, 2013). However, there are also other trends. For example, there are countries where scores bounce back at 15 years in Brazil and others that do not rise again, even passing 18 years of age in Romania (Casas, 2015; Casas et al., 2015; Goldbeck et al. 2007; Lee & Yoo, 2015).

According to Holte et al. (2014), the reason that age differences were recently visible in studies after the year 2000 has to do with using four or five-point Likert scales. Apparently, due to the vital optimism bias that people have, these scales were not sensitive enough to capture the differences between population subgroups. In that sense, since they began using 11 point-Likert scales, age differences as well as decreasing scores of well-being in adolescence have been visible. There are also other reasons to find age differences in subjective well-being. Gonzalez et al. (2016) mention that since most research uses cross-sectional designs, the results may be due to the comparison of groups from different cohorts. For that reason, these authors conducted a longitudinal study in Spanish adolescents aged between 10 and 15 years and found that the decline in well-being scores occurs between 11 and 12 years of age.

Variations between subjective well-being and age become more complex when the sex of the participants is added. It has been observed that the decline in subjective well-being in early adolescence is sensitive to sex and manifests itself only in certain areas of well-being, but not globally (González-Carrasco et al., 2016). For example, males have low well-being scores when assessing issues related to school while women have lower scores when assessing the relationship with their own bodies or with physical exercise (Goldbeck et al., 2007). It is possible that these differences may be due to characteristics of the stage in which they are currently living. In the case of adolescents, an increase in stress linked primarily to the demands of school, an incidence of depressive symptoms (particularly those living in urban environments of industrialized countries) and a decrease of extreme vital optimism, which becomes more realistic as they enter adulthood, has been observed (Casas, 2015).

With regard to the relationship between subjective well-being and gender, different studies in American, Australian and Spanish teenagers do not provide conclusive results (Huebner, Seligson, Valois, & Suldo, 2006; González et al., 2015; Seligson et al., 2003; Tomy & Cummins, 2011a, 2011b; Tomy et al., 2013). In some cases it has been found that females report higher levels of satisfaction with regard to their friends, school, and with themselves compared to boys (Casas & Bello, 2012; Huebner et al., 2003; Ma & Huebner, 2008). In other studies, for example, it was reported that Korean boys with higher academic achievements are happier, but they were not more satisfied with their lives, a trend that was found to be inverted among Korean girls (Chui & Wong, 2016). Like the other variables, the

relationship between subjective well-being and socioeconomic status is rather weak. This effect could have rather contextual characteristics.

With regard to the relationship between socioeconomic status and well-being, research has shown a weak and contradictory relationship between socioeconomic status and subjective well-being at the individual level in the adult population, which could be affected by the general social context, where the perceived levels of socioeconomic inequality specifically affect the relationship between a person's level of income and their well-being (Diener & Biswas-Diener, 2002).

In the case of children, Klocke, Clair, and Bradshaw (2014) describe a close relationship between the Gini index and subjective well-being. However, the most important influences are still the characteristics of the spaces in which children develop their school and family. Meanwhile, Gadermann et al. (2015) suggest that children subjected to environments with high economic deprivation have a more negative assessment of their well-being. This result could be related to the difficulty of participating in activities in their community and family stress. Main (2014) found that adolescents from low-income households have less satisfaction in the areas of family and life options. Sarriera et al. (2015) analyzed the relationship between the perception of available material resources and levels of subjective well-being in Algeria, Brazil, England, Israel, South Africa, South Korea, Spain and Uganda. Their results indicate that there is a relationship between the perception of economic resources and levels of well-being, except in South Korea. In addition, the results obtained are consistent with the Easterlin paradox: an increase in per capita spending increases happiness in poor countries, but not in rich countries.

6.2 Method

6.2.1 *Participants*

The participants of the study took part in the international ISCWeB project. We interviewed 1520 students (833 boys, 687 girls) in three regions of Chile and aged between 8 and 14 years ($M = 11.51$ years, $SD = 1.29$). Regarding the type of establishment, 773 (50.8%) were studying in municipal, 604 (39.7%) in private subsidized and 143 (9.5%) in private paid schools, representing the proportion of different types of establishments in the Chilean school system.

6.2.2 *Procedure*

Self-report surveys were administered to the participants during a regular class period in their schools between July and October of 2012. Ethical procedures were implemented regarding information confidentiality and informed consent. Students provided assent and passive consent of their parents or guardians, which was obtained as requested by the schools. Moreover, active consent was required both

from the school principal and the school's parent association representatives. A passive consent procedure was implemented for parents and guardians, which involved sending a letter explaining the objective of the research and instructions for opting out. Finally, active assent was required from children themselves during the application process.

6.2.3 Instruments

For purposes of the study, four different scales of subjective well-being were used: Students' Life Satisfaction Scale (SLSS), Personal Well-being Index-School Children –(PWI-SC), Overall Life Satisfaction (OLS) and Domains Satisfaction General Index (DSGI).

6.2.3.1 Students' Life Satisfaction Scale – SLSS

Scale developed to measure satisfaction and overall assessment with life of children and adolescents aged between 8 and 18 years (Huebner et al., 2003). The version used was adapted and validated in Chile by Alfaro et al. (2016) and consists of five items (e.g., I have a good life; I have what I want in life; my life is going well) to which were responded with a 5-point Likert scale (1 = Strongly disagree, 5 = strongly agree). In this study, the Cronbach's alpha of the SLSS was 0.78.

6.2.3.2 Personal Well-Being Index-School Children – PWI-SC

This measure assesses the degree of children's satisfaction with their lives as a whole, taking the immediate environment relationships as input (Lau et al., 2005). The version used was adapted and validated in Chile by Alfaro et al. (2015) and consists of seven items that probe people's satisfaction in different areas (e.g., the things that you have, the things that you want to be good at, the relationships with people in general). A 10-point Likert scale was used (0 = completely dissatisfied; 10 = completely satisfied). In this study, the scale had adequate standards of reliability (Cronbach's $\alpha = 0.76$).

6.2.3.3 Overall Life Satisfaction – OLS

The only item of overall life satisfaction was a question proposed by Campbell, Converse, & Rodgers (1976): To what extent are you satisfied with your life in general? A 10-point Likert scale was used (0 = completely dissatisfied; 10 = completely satisfied).

6.2.3.4 Domains Satisfaction General Index – DSGI

An assessment of the level of satisfaction in eight areas (Casas, Bello, González & Aligué, 2013) such as (1) the home, with four items, (2) material things, with one item, (3) interpersonal relationships, with three items, (4) area or neighborhood where you live, with three items, (5) health, with two items, (6) the organization of time, with two items, (7) school, with 4 items and (8) personal satisfaction, with 10 items. A 10-point Likert scale was used (0 = totally dissatisfied; 10 = completely satisfied). We used the Spanish version, which has a correlation with other scales of life satisfaction between high (with OLS, $r = 0.64$, with SLSS, $r = 0.60$) and excellent (with PWI, $r = 0.90$), which has high content validity despite its multidimensional structure (Casas et al., 2013).

6.2.4 Sociodemographic Variables

Four demographic variables were included in the model as predictors of subjective wellbeing: (1) Sex were dummy coded (0 = boy; 1 = girl); (2) Age was used as a continuous variable based on students' self-reports for the variable-centered approach, and also dummy coded for the Person-analysis approach (0 = ages 8 to 10; 1 = ages 11 to 14); (3) Types of schools based on their funding and administration. Thus we used this variable as a dummy variable based on their funding. If the school received any private funding they were considered to be private (0 = Private; 1 = Public); and (4) School Vulnerability Index (IVE in Spanish) was included as a proxy of socioeconomic status measures. IVE is an index created by the Chilean government to capture socioeconomic vulnerability among students, based on family information, students' health conditions, location to the school and students' physical and emotional well-being. Its scores range from 0 to 100 whereas a higher value indicates the presence of increased risk. For the Person-analysis approach we created a dummy variable based on the mean of establishing two groups for comparison (0 = Low; 1 = High). For the Variable-centered approach we used IVE as a continuous variable.

6.2.5 Data Analytic Strategy

In order to examine the influence of sociodemographic variables on different features of subjective well-being, we decided to conduct two types of analysis. Firstly, we examined individual differences among youth groups with different levels of well-being scores for all dependent variables. We can call it a Person-centered approach because it tries to address group differences among groups of individuals who share particular attributes (levels of well-being). For this purpose we used a single 2 (sex) x 2 (type of school) x 2 (IVE) x 2 (age group) multivariate analyses of

variance (MANOVA). This analysis can tell us whether a group of participants can be distinguished on the scores of multiple dependent variables (well-being).

Secondly, we examined the association of sociodemographic variables on different subjective measures. We can call it a Variable-centered approach because it examines the association between variables trying to know the contribution from predictor variables (sociodemographic) on an important outcome (well-being).

6.3 Results

6.3.1 Descriptions

Table 6.1 describes the means, standard deviations and correlations for each measure of study variables. With regards to well-being measures, participants showed high scores except for the SLSS where their responses tended to be more toward the midpoint of the scale. Moreover, a direct and significant association between all variables is observed ($r_s = .42-.83$; $p < .01$).

6.3.2 Person Centered Approach

Results of MANOVA analysis are presented in Table 6.2. Based on Pillai's Trace criterion, well-being was significantly affected by age, $F(4,1299) = 4.68$, $p < .05$, partial $\eta^2 = .01$; sex, $F(4,1299) = 2.43$, $p < .05$, partial $\eta^2 = .01$; and IVE, $F(4,1299)$

Table 6.1 Descriptive and correlations among variables

Correlation Matrix	SLSS	PWI-SC	OLS	DSGI	Sex	Age	School	IVE
SLSS	1.00							
PWI-SC	.47**	1.00						
OLS	.42**	.59**	1.00					
DSGI	.50**	.83**	.58**	1.00				
Sex	-.00	.04	-.05*	.03	1.00			
Age	-.09**	-.01	-.04	-.09**	-.07**	1.00		
School	-.00	.02	.03	.06*	-.06*	-.34**	1.00	
IVE	-.03	-.06*	-.03	-.06*	.05	-.17**	.36**	1.00
Mean	3.00	8.56	8.59	8.40	.45	11.51	.51	59.40
(SD)	.79	1.55	2.55	1.36	.50	1.29	.50	23.23
N	1.308	1.519	1.519	1.519	1.520	1.518	1.520	1.520

Note. *SD* Standard Deviation, *SLSS* Students' Life Satisfaction Scale *PWI-SC* Personal Well-being Index-School Children, *OLS* Overall Life Satisfaction, *DSGI* Domains Satisfaction Global Index, *IVE* School Vulnerability Index

* $p < .05$; ** $p < .01$

= 3.38, $p < .05$, partial $\eta^2 = .01$. Separate univariate ANOVAs on the outcome variables are reported in Table 6.2. There is a main effect of age on SLSS, $F(1,1302) = 4.95$, $p < .05$. Also, there is a main effect of sex on OLS, $F(1,1302) = 4.41$, $p < .05$. A main effect of type of school on DSGI $F(1,1302) = 5.13$, $p < .05$. Lastly, there is a main effect of IVE on DSGI $F(1,1302) = 11.82$, $p < .01$; and PWI-SC, $F(1,1302) = 11.44$, $p < .05$.

Results from the second MANOVA analysis are reported in Table 6.3. Considering Pillai's Trace criterion, different DSGI domains were significantly affected by type of school, $F(8,1505) = 3.80$, $p < .01$; by IVE, $F(8,1505) = 2.25$, $p < .05$; and Age, $F(8,1505) = 3.21$, $p < .01$. Separate univariate ANOVAs on the outcome variables are reported in Table 6.3. There are main effects of Age on Satisfaction with interpersonal relationships, $F(1,1512) = 4.59$, $p < .05$; and Satisfaction with living area, $F(1,1512) = 4.54$, $p < .05$.

There is only one main effect of sex on satisfaction with interpersonal relationships, $F(1,1512) = 5.60$, $p < .05$. There are main effects of type of school on satisfaction with interpersonal relationships $F(1,1512) = 6.99$, $p < .01$; Satisfaction with living area, $F(1,1512) = 15.25$, $p < .01$; Satisfaction with school, $F(1,1512) = 16.47$, $p < .01$; and Personal Satisfaction, $F(1,1512) = 4.05$, $p < .05$. Finally, there are main effects of IVE on Satisfaction with family and home, $F(1,1512) = 7.40$, $p < .01$; Satisfaction with interpersonal relationships, $F(1,1512) = 5.66$, $p < .05$; Satisfaction with living area, $F(1,1512) = 4.13$, $p < .05$; Satisfaction with health, $F(1,1512) = 10.99$, $p < .01$; Satisfaction with school, $F(1,1512) = 7.28$, $p < .01$; and Personal Satisfaction, $F(1,1512) = 5.85$, $p < .05$.

6.3.3 Analysis Focused on the Variable

The results of multiple regression analysis on welfare-susceptibility variables are described in Table 6.4. For SLSS, the only significant predictor was age with a negative association, while as age increased, the well-being measured with SLSS decreased ($\beta = -0.05$, $p < 0.01$, $R^2 = 0.01$). For the PWI-SC variable, the only significant predictor was the IVE with a negative association, while as the level of IVE increased, well-being measured with PWI-SC decreased ($\beta = -0.004$, $p < 0.05$, $R^2 = 0.003$). Finally, for OLS, sex was the only significant predictor of participants, indicating a worse assessment of OLS for female students ($\beta = -0.27$, $p < 0.05$, $R^2 = 0.002$).

The results of multiple regression analysis on Domains Satisfaction General Index are described in Table 6.5. In relation to the family/household domain, the IVE is the only significant predictor, with a negative association ($\beta = -.06$, $p < .05$). For the domain of interpersonal relationships, sex turned out to be the only significant predictor ($\beta = .22$, $p < .05$), indicating an association only for girls. For the area of residence domain, age ($\beta = -.18$, $p < .01$), school dependency ($\beta = .54$, $p < .01$) and IVE ($\beta = -.08$, $p < .01$) are significant predictors. For the health domain, only age ($\beta = -.09$, $p < .01$) and IVE ($\beta = -.11$, $p < .01$) were found to be significant.

Table 6.2 Means and standard errors of the dependent variables on each group of the sociodemographic factors based on MANOVA results

	Age		Sex		Type of school			IVE		
	Measure (SE)		Measure (SE)		Measure (SE)			Measure (SE)		
	(CI)	(CI)	(CI)	(CI)	(CI)	Private	Public	Low	High	
	8-10 (n = 400)	11-14 (n = 907)	Boy (n = 706)	Girl (n = 601)	F	(n = 639)	(n = 668)	(n = 637)	(n = 670)	F
SLSS	3.08 (.04) (2.99;3.16)	2.97 (.03) (2.92;3.02)	3.03 (.03) (2.96;3.09)	3.02 (.03) (2.96;3.09)	<1	3.03 (.04) (2.96;3.10)	3.02 (.03) (2.96;3.09)	3.05 (.03) (2.99;3.12)	2.99 (.03) (2.93;3.06)	1.66
PWI_SC	8.55 (.08) (8.40;8.71)	8.62 (.05) (8.52;8.72)	8.56 (.06) (8.44;8.68)	8.61 (.06) (8.48;8.73)	<1	8.51 (.07) (8.38;8.65)	8.66 (.06) (8.54;8.78)	8.74 (.06) (8.61;8.86)	8.43 (.06) (8.318.56)	11.44**
OLS	8.57 (.13) (8.31;8.83)	8.55 (.09) (8.34;8.72)	8.71 (.10) (8.51;8.91)	8.41 (.11) (8.20;8.62)	4.41*	8.43 (.12) (8.20;8.66)	8.67 (.11) (8.48;8.89)	8.68 (.11) (8.46;8.90)	8.44 (.11) (8.23;8.65)	2.42
GSDI	8.47 (.07) (8.34;8.60)	8.35 (.05) (8.26;8.44)	8.39 (.05) (8.29;8.50)	8.43 (.06) (8.32;8.54)	<1	8.32(.06) (8.20;8.44)	8.50(.05) (8.40;8.61)	8.55 (0.6) (8.44;8.66)	8.27 (.06) (8.16;8.38)	11.82**

Note. *SLSS* Students' Life Satisfaction Scale, *PWI_SC* Personal Well-being Index-School Children, *OLS* Overall Life Satisfaction, *DSGI* Domains Satisfaction Global Index, *IVE* School Vulnerability Index, *SE* standard error, *CI* 95% Confidence Interval

p* < .05; *p* < .01

Table 6.3 Means and standard errors of the DSGI domains on each group of sociodemographic factors based on MANOVA results

	Age			Sex			Type of School			IVE		
	Media (SE)			Media (SE)			Media (SE)			Media (SE)		
	(SD)			(CI)			(CI)			(CI)		
	8-10	11-14	F	Boy	Girl	F	Private	Public	F	Low	High	F
Home	(n = 466) 8.98 (.09) (8.82;9.15)	(n = 1051) 8.82 (.06) (8.71;8.93)	F 2.59 <1	(n = 832) 8.89 (.07) (8.76;9.02)	(n = 685) 8.91 (.07) (8.77;9.05)	<1 <1	(n = 746) 8.94 (.08) (8.78;9.09)	(n = 771) 8.87 (.07) (8.73;9.00)	<1 <1	(n = 742) 9.04 (.07) (8.90;9.18)	(n = 775) 8.76 (.07) (8.62;8.90)	7.40** 8.76 (.07) (8.62;8.90)
Mat	(n = 466) 8.91 (.11) (8.70;9.13)	(n = 1051) 8.81 (.07) (8.67;8.95)	<1 <1	(n = 832) 8.76 (.08) (8.60;8.93)	(n = 685) 8.96 (.09) (8.78;9.13)	2.61 5.60*	(n = 746) 8.83 (.10) (8.64;9.02)	(n = 771) 8.89 (.09) (8.72;9.06)	<1 6.99**	(n = 742) 8.98 (.09) (8.81;9.16)	(n = 775) 8.74 (.09) (8.56;8.91)	3.77 8.74 (.09) (8.56;8.91)
Int	(n = 466) 7.95 (.09) (7.76;8.13)	(n = 1051) 8.19 (.06) (8.07;8.31)	4.59** 4.54*	(n = 832) 7.95 (.07) (7.81;8.10)	(n = 685) 8.19 (.08) (8.04;8.34)	5.60* <1	(n = 746) 7.92 (.08) (7.76;8.08)	(n = 771) 8.22 (.07) (8.07;8.36)	6.99** 15.25**	(n = 742) 8.20 (.08) (8.04;8.35)	(n = 775) 7.94 (.08) (7.79;8.09)	5.66* 7.94 (.08) (7.79;8.09)
Zone	(n = 466) 8.09 (.12) (7.86;8.33)	(n = 1051) 7.78 (.08) (7.63;7.94)	4.54* 1.23	(n = 832) 7.94 (.09) (7.76;8.12)	(n = 685) 7.93 (.10) (7.74;8.13)	<1 <1	(n = 746) 7.65 (.11) (7.44;7.86)	(n = 771) 8.22 (.09) (8.03;8.41)	15.25** 2.19	(n = 742) 8.08 (.10) (7.88;8.28)	(n = 775) 7.79 (.10) (7.60;7.99)	4.13* 7.79 (.10) (7.60;7.99)
Health	(n = 466) 8.81 (.09) (8.63;8.98)	(n = 1051) 8.69 (.06) (8.57;8.80)	1.23 1.51	(n = 832) 8.73 (.07) (8.60;8.87)	(n = 685) 8.76 (.07) (8.62;8.90)	<1 <1	(n = 746) 8.67 (.08) (8.51;8.82)	(n = 771) 8.83 (.07) (8.69;8.96)	2.19 3.20	(n = 742) 8.92 (.07) (8.77;9.06)	(n = 775) 8.57 (.07) (8.43;8.72)	10.99** 8.57 (.07) (8.43;8.72)
Time	(n = 466) 8.47 (.10) (8.25;8.66)	(n = 1051) 8.30 (.07) (8.17;8.44)	1.51 1.88	(n = 832) 8.34 (.08) (8.19;8.50)	(n = 685) 8.41 (.09) (8.25;8.59)	<1 2.16	(n = 746) 8.27 (.09) (8.09;8.45)	(n = 771) 8.49 (.08) (8.33;8.65)	3.20 16.47**	(n = 742) 8.45 (.09) (8.29;8.62)	(n = 775) 8.31 (.09) (8.14;8.47)	1.53 8.31 (.09) (8.14;8.47)
School	(n = 466) 8.06 (.09) (7.88;8.23)	(n = 1051) 7.91 (.06) (7.79;8.02)	1.88 <1	(n = 832) 7.91 (.07) (7.78;8.05)	(n = 685) 8.05 (.07) (7.91;8.20)	2.16 <1	(n = 746) 7.76 (.08) (7.61;7.92)	(n = 771) 8.20 (.07) (8.06;8.34)	16.47** 4.05*	(n = 742) 8.12 (.07) (7.98;8.27)	(n = 775) 7.84 (.07) (7.70;7.98)	7.28** 7.84 (.07) (7.70;7.98)
Perso	(n = 466) 8.35 (.09) (8.18;8.52)	(n = 1051) 8.26 (.06) (8.15;8.37)	<1 <1	(n = 832) 8.32 (.07) (8.19;8.45)	(n = 685) 8.30 (.07) (8.15;8.44)	<1 <1	(n = 746) 8.20 (.08) (8.05;8.35)	(n = 771) 8.41 (.07) (8.28;8.55)	4.05* <1	(n = 742) 8.43 (.07) (8.29;8.57)	(n = 775) 8.18 (.07) (8.04;8.32)	5.85* 8.18 (.07) (8.04;8.32)

Note. *Home* Satisfaction with the family and the home, *Mat* Satisfaction with material things, *Int* Satisfaction with interpersonal relationships, *Zone* Satisfaction with the area where they live, *Health* Satisfaction with health, *Time* Satisfaction with time organization, *School* Satisfaction with school, *Perso* personal satisfaction, *IVE* School Vulnerability Index, *SE* standard error, *CI* 95% Confidence Interval

* $p < .05$; ** $p < .01$

Table 6.4 Model of contextual variables multiple regression of well-being scales

		B	SEB	β	t	R ²
PWI-SC						
	(Constant)	8.82	0.11	8.82	.11	
	IVE	-0.004	0.002	-.004	.002	-.06
Excluded variables	Age					-.02
	Sex (Female)					.04
	Type of school (Public)					.05
SLSS						
	(Constant)	3.62	0.20	3.62	.20	
	Age	-0.05	0.02	-.05	.02	-.09
Excluded variables	Sex (Female)					-.01
	Type of school (Public)					-.03
	IVE					-.05
OLS						
	(Constant)	8.71	0.09	8.71	.09	
	Sex (Female)	-0.27	0.13	-.27	.13	-.05
Excluded variables	Age					-.04
	Type of school (Public)					.04
	IVE					-.03

Note. Variables were entered using the Stepwise Method in the following order age, sex, dependency, IVE

SLSS Students' Life Satisfaction Scale, *PWI-SC* Personal Well-being Index-School Children, *OLS* Overall Life Satisfaction, *DSGI* Domains Satisfaction Global Index, *IVE* School Vulnerability Index

* $p < .05$; ** $p < .01$

Regarding the time organization domain, only age ($\beta = -.08$, $p < .01$) was significant. For the school satisfaction domain, age ($\beta = -.09$, $p < .01$), dependence ($\beta = .10$, $p < .01$), and IVE ($\beta = -.08$, $p < .01$) were significant. Finally, in the personal satisfaction domain, age ($\beta = -.07$, $p < .01$) and the IVE ($\beta = -.06$, $p < .05$) were found to be significant.

6.4 Discussion

The recent scientific literature on subjective well-being in early stages of life is providing valuable conceptual tools to understand the subjectivity of these individuals in a deeper way. This has identified certain important trends in reports of children and adolescent well-being, especially when these data are intertwined with sociodemographic variables. However, since many of these findings are from the mainstream, it is valid to think whether they are universal processes or if the cultural context of individuals has a substantive and differentiated impact on their responses. On the basis of this premise, the present study aimed to analyze the subjective

Table 6.5 Model of contextual variables multiple regression of Domains Satisfaction Global Index (DSGI)

		B	SEB	β	t	R ²
DSGI Family/home						
	(Constant)	9.14	.13		71.64	
	IVE	-.01	.002	-.06	-2.33*	.003
Excluded variables	Age			-.04	-1.67	
	Sex (Female)			.002	<1	
	Type of school (Public)			-.02	<1	
DSGI Material things ^a						
DSGI Interpersonal relationships						
	(Constant)	8.00	.07		117.89	
	Sex (Female)	.22	.10	.06	2.16*	.002
Excluded variables	Age			.02	<1	
	Type of school (Public)			.04	1.40	
	IVE			-.02	<1	
DSGI Area where you live						
	(Constant)	10.16	.67		15.23	
	Age	-.18	.05	-.09	-3.29**	.01
	Type of school (Public)	.54	.15	.11	3.71**	.02
	IVE	-.01	.003	-.08	-3.06**	.02
Excluded variables	Sex (Female)			-.00	<1	
DSGI Health						
	(Constant)	10.67	.47		22.69	
	Age	-.12	.04	-.09	-3.32**	.04
	IVE	-.01	.00	-.11	-4.26**	.01
Excluded variables	Sex (Female)			.003	<1	
	Type of school (Public)			.03	1.16	
DSGI Time organization						
	(Constant)	9.87	.50		19.85	
	Age	-.13	.04	-.08	-3.08**	.01
Excluded variables	Sex (Female)			.01	<1	
	Type of school (Public)			.02	<1	
	IVE			-.02	<1	
DSGI Satisfaction with school						
	(Constant)	9.68	.49		19.61	
	Age	-.14	.04	-.09	-3.43**	.01
	Type of school (Public)	.36	.11	.10	3.33**	.02
	IVE	-.01	.00	-.08	-2.78**	.02
Excluded variables	Sex (Female)			.03	1.26	
DSGI Personal satisfaction						
	(Constant)	9.71	.46		21.01	
	Age	-.10	.04	-.07	-2.71**	.003
	IVE	-.01	.002	-.06	-2.27*	.01

(continued)

Table 6.5 (continued)

Excluded variables	Sex (Female)			-.01	<1	
	Type of school (Public)			.05	1.57	

Note. Variables were entered using the Stepwise Method in the following order age, sex, dependency, IVE

* $p < .05$; ** $p < .01$

^aAll variables were excluded

well-being of Chilean children and adolescents and their relationship with sociodemographic variables studied by the international literature.

The analysis aimed at finding differences in the four well-being measures and sociodemographic variables of the participants offered disparate trends. Firstly, the subjective well-being report varied according to the instrument used. In this sense, the SLSS showed the average level of life satisfaction among participants. By contrast, when their well-being was assessed with PWI-SC, OLS and DSGI their scores were rather high.

Their current school year showed greater satisfaction with 5th grade compared to 7th grade students, either globally as well as in some domains measured by the DSGI. This data is similar to that reported in the literature showing that subjective well-being declines as people get older (Goldbeck et al., 2007).

As for sex, only OLS and DSGI showed significant differences. When life satisfaction was evaluated in global terms with OLS, boys were more satisfied compared to girls. However, in the domain of interpersonal relationships of the DSGI, girls expressed greater satisfaction than boys. These findings underscore the existence of gender differences in subjective well-being, although there is no clarity about whether girls or boys are more satisfied. For example, some studies show that girls report higher levels of satisfaction with regard to their friends, school, and with themselves compared to boys (Huebner et al., 2003; Ma & Huebner, 2008).

As for socioeconomic status (IVE), we found differences in well-being assessed with the SLSS, PWI-SC and DSGI. Overall, the scores obtained for schoolchildren from low and high socioeconomic status were very similar to each other, and that students from more socioeconomically private schools showed a higher degree of life satisfaction. It is possible that, despite coming from vulnerable contexts, these students find individual tools, but also those offered by the school itself or community that allow them to rescue positive elements from their environment and this redounds to their well-being (Oberle, Schonert-Reichl, & Zumbo, 2011).

The analyses aimed to assess the effect of sociodemographic variables on various well-being measures and also offered data of great value. The first aspect that draws attention is that at least one of the sociodemographic variables included in the model has an impact on well-being measures. Interestingly, the variables that had a significant effect were different for the measures. Thus, for SLSS, PWI-SC and OLS, age, sex and IVE were significant, respectively. As for the DSGI, although all sociodemographic variables showed a significant effect in some of the eight domains, it was mainly age followed by socioeconomic status predictors that were repeated more. In

general, older students and socioeconomic status showed low levels of well-being in relation to most of the domains.

Regarding the limitations of this study, there are at least two that are relevant to report. The first relates to the use of transversal data, thus reducing the predictive value of the results obtained. The second limitation corresponds to the use of the school vulnerability index as a measure of socioeconomic status, since this measure of school origin includes various adversities that have the potential to affect students' quality of life (family income, participation in social programs, participation in programs of child protection), thus making the variable contain nuances that were not possible to describe in this study.

Among the strengths of the study there are at least three aspects. Firstly, this study used scales of broad international use in the field of subjective well-being (PWI-SC, SLSS, OLS, and DSGI), which have the potential to make preliminary comparisons with other similar studies. Secondly, the study had a significant sample size with national coverage, allowing us to establish an approach that favors monitoring the level of well-being in 5th and 7th grades of the Chilean primary school population. Finally, this study contributes to the understanding of the realities of children in Latin American and developing countries, delivering approaches on how the living conditions of schoolchildren unfold.

Several methodological challenges will be relevant to address in future studies, including the use of more sophisticated statistical models to study the association between the proposed concepts and overall life satisfaction. In addition, the need to study subjective well-being with positive and negative affects would further enrich the findings of similar work and intersect with the income distribution of the study population.

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Chapter 7

Cultural Meanings that Mediate Life Satisfaction in Chilean Children and Adolescents

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7.1 Introduction

Within the framework of contributing to an understanding of childhood and adolescent well-being by integrating cultural dimensions, as well as contributing to the available knowledge about social dynamics that affect the well-being of Latin American children and adolescents, it is necessary to integrate their intersubjectively-built world. Considering the approach by Díaz, Blanco, and Durán (2011), which highlights the need to contribute to the study of well-being by integrating dimensions that go beyond individual variables or of interpersonal character, particularly taking into consideration the cultural references and meanings involved in the assessment and evaluation of life satisfaction with regards to living conditions.

Thus accepting the relevance and need to progress in the development of a research program that allows for the understanding of multi-cultural determinants that produce the opinions and assessments made by children about how they understand well-being, and the issues related to said construct (Casas & Bello, 2012). In particular, we look at well-being, which is understood as a culturally anchored contingent social construction, which changes over time, both in terms of changes in the course of individual lives as well as changes in the socio-cultural context where it is produced (Crivello, Camfield, & Woodhead, 2009). This emphasizes the

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influence of culture in life courses (Lombardo & Krzemien, 2008), and considers that the life cycle is strongly affected by social interactions within a particular culture (Hammack, 2008), assigning a central role in the development of the individual mind to the cultural context (Cole, 1990).

7.1.1 Notion and Relevance of the Study of Subjective Well-Being in Childhood and Adolescence

The study of well-being is part of a special scientific boom in recent decades when improving people's quality of life becomes relevant for public policies aimed at different populations, moving forward from economic aspects that focus on improving basic living conditions, reducing their mission to economic aspects. This, in the broader context of the social sciences, allows to overcome the exclusive consideration of objective factors regarding well-being, situating it, in this way, in the field of human development promotion and quality of life (Casas, 2000; Veenhoven, 1994).

The notion of subjective well-being refers to the positive or negative perceptions, assessments, judgments and aspirations that people have regarding their lives. This includes both assessments of overall life satisfaction and particular life areas, integrating emotional processing aspects to this cognitive component, which involves feelings and emotions (Diener, 2006; Petito & Cummins, 2000). Subjective well-being, although it is not exactly the same, is related to concepts such as happiness, quality of life, personal well-being and life satisfaction (Casas & Bello, 2012).

We can therefore understand that Subjective Well-being reveals the overall assessment of the person on the quality of their life regarding their circumstances (Seligson, Huebner, & Valois, 2003). This overall assessment is understood as life satisfaction experienced by the same person (Seligson et al., 2003), thus accounting for the degree to which they positively, cognitively evaluate their life in its entirety (Veenhoven, 1994), or in relation to specific life areas such as family, friends, or school (Huebner, 2004; Seligson, Huebner, & Valois, 2005), among others. Moreover, it is relative to a present state, but not momentary (Veenhoven, 1994).

The relevance of the notion of Subjective Well-being is related to the fact that it can understand and assess the quality of life developed in one country or a specific group, and thus contributes to the design of actions aimed at achieving this, allowing to empirically validate necessary conditions for "living well", and for the report of what a "good society" is, thus facilitating the design of social development strategies (Veenhoven, 1994, 2002).

Moreover, Seligson et al. (2003) establish four advantages of the concept of Subjective Well-being: (1) integrating psychological and sociological perspectives with medical and rehabilitation perspectives; (2) highlighting and accessing multiple determinant, including personal, community and structural factor dimensions; (3) allowing for the activation of conditions for healthy behaviors, and thereby

contributing to the implementation of promotion and rehabilitation actions; and finally, (4) it allows for the development of a sensitive tool set for assessing the ability of interventions to influence health/disease problems.

Knowledge about subjective well-being in the general population, or a specific population of a country, promotes political decision that is sensitive and close to the feelings of the population and promotes happiness, positive mental health of their people, social development and, ultimately, democracy. In this sense, incorporating aspects of people's subjective well-being is now a mandate of international organizations such as the Organization for Economic Cooperation and Development (OECD) and the United Nations (OECD guidelines on measuring Subjective well-being, 2013). In addition, the relevance of studying subjective well-being in childhood and adolescence is related to the fact that in government agency, and public and academic authority discourses, the importance of knowing the opinion and perception of children and adolescents' well-being is given increasing emphasis with the intention of incorporating this knowledge in the design of plans and policies (Casas, 2012).

Thus, knowledge of children's subjective well-being allows us to turn to policies aimed at this population as it delivers a positive vision, pointing to elements that favorably affect their development and, at the same time, allows us to familiarize ourselves with the factors related to individual differences in the perception of well-being and its aftermath (Seligson et al., 2003, 2005), as well as the identification of risk subgroups in order to guarantee adequate provision of support and resources to those in need (Tomy & Cummins, 2011). This makes it possible to provide measures and relevant information for the promotion, prevention, early detection and intervention in various at-risk populations (Seligson et al., 2005) as it interrelates with problems incurred regarding their living conditions and state of their healthy personal and social development.

Another relevant dimension to emphasize about the importance of the development of well-being studies in children and adolescents is related to the fact that in comparison with research regarding well-being among adults, the development of research and tools for children and adolescents is nascent and is notoriously less developed (Casas & Bello, 2012; Dex & Hollingworth, 2012; Gademmann, Schonert-Reichl, & Zumbo, 2010; Huebner, 2004; Seligson et al., 2003; Tomy & Cummins, 2011). This is especially important considering that the available data in children and adolescents show that during the earliest stages of life, well-being functioning has its own evolutionary idiosyncrasies, therefore it is not possible to assume that the results of adult samples can be extrapolated to young populations, even though they belong to the same socio-cultural context (Casas, 2010).

For this reason, these studies can contribute a lot to contemporary discussions of social, educational, and public health policies (Dew & Huebner, 1994; Frisch, 1998, cited in Valois, Zullig, Huebner, & Drane, 2004), since public policies can use the results and analytical tools that have been developed from the approaches of Subjective Well-being to improve understanding of human behavior that they seek to transform (Castellanos Cereceda, 2012).

7.1.2 Advances in Qualitative Studies on Well-Being in Childhood and Adolescence

Following the approach of Crivello et al. (2009), the well-being of childhood and adolescence can be understood as a contingent social construction, where cultural frameworks and meaning processes, that they anchor themselves to have particular relevance and are fundamental to be included into the study of well-being. Thus, for a comprehensive and contextual understanding of the perceptions and experiences involved in well-being, it is important to consider the cultural meanings that give a framework and context to the subjective experiences of satisfaction (Camfield, Crivello & Woodhead, 2009; Crivello et al., 2009; Delle Fave, Brdar, Freire, Vella-Brodick, & Wissing, 2011; Thoilliez, 2011).

The development of studies of this nature would allow for the creation of a network of connections of the meanings and different dimensions of this construct, such as: subjective perception of personal satisfaction; life events and everyday situations of group memberships; valued aspirations in the social environment; perception of talents, fears, and personal relationships, among others, located in the framework of relationships of everyday symbolic exchange with the social and cultural environment to which children belong (Camfield, Crivello et al., 2009; Thoilliez, 2011; Delle Fave et al., 2011). This integration, in dialogue with information from empirical quantitative studies, gives greater strength to the field of well-being and related concepts (Camfield, Streuli & Woodhead, 2009; Delle Fave et al., 2011). For Camfield, Crivello et al. (2009), qualitative studies in this field contribute to the priority need to advance in the development of intercultural research, which according to Casas et al. (2015), are top priority in the current state of development of this research field.

Research on well-being and the subjective experience in developing countries is growing rapidly and is oriented towards a more holistic paradigm, centered on the person and the dynamic understanding of people's lives, considering their socio-cultural contexts (Camfield, Streuli & Woodhead, 2009). In this regard, the contribution of qualitative approaches becomes important, which allows us to focus on people's resources and agency, delving into areas of life that are influential and important, but not commonly systematically studied (Crivello et al., 2009).

There are important developments in this area, such as the study of children and adolescents between 8 and 15 years of age belonging to urban and rural locations in New South Wales (Australia), which from a phenomenological ethnographic approach, researchers sought to understand the factors that children identify as being relevant for their well-being (Fattore, Mason, & Watson, 2007). With respect to this, the main results show that well-being is associated with the ability to act freely, to make decisions and influence everyday situations; on the contrary, children report that fear and insecurity affect their well-being. Moreover, they associate well-being with the positive assessment of themselves and highlight the importance of having goals and aspiring to be well in the future; in turn, they value access to materials and cultural assets. It is also relevant to note that for this population,

well-being is related to the possibility of having physical spaces, allowing them to carry out leisure activities, emphasizing the importance of parks and green areas. In relational terms, the figure of the adult that supports them and allows them to learn new things appears to be relevant, and from these secure relationships they feel able to exercise their agency and take new risks.

Moreover, in the framework of the “Millennium Children” study, which corresponds to an international project on child poverty in different countries, conducted between 2000 and 2015, Crivello et al. (2009), which used participatory methods to explore the notions of well-being, reporting that the key issues common to all communities refer to the importance of family support, education and recreation, the type of social relationships and good behavior. Moreover, Camfield, Crivello et al. (2009) report that children’s well-being in Vietnam is associated with a healthy and disease-free life, as well as being loved by their parents and people around them. Their discomfort is represented as a life without family, a home and parents love. The latter is related to being beaten by parents and not being cared for while being sick. Among the concerns expressed by these children is that their siblings attend school, their families have enough to eat, and that their parents do not fall out with each other.

Crivello et al. (2009) also reports that in the case of children in Ethiopia, well-being is associated with the possibility of themselves and their friends to attend school and to be healthy, in turn, it relates to them finishing their studies with good results to be able to help their parents, to have a harmonious family, to get married and to have children. In contrast children in rural areas do not have expectations to continue their studies due to distance and costs. Moreover, the well-being of all children is associated with the ability to meet basic needs, including having enough food. What is equally relevant for them is the opportunity to attend and have the necessary support to stay in school (for example, to have time to study and have sufficient materials), and also to have time to play and have material resources, such as footballs to play with other children. In the case of their unsatisfactory experiences in the family, they refer to their parents getting divorced or getting sick, and having to live apart from them. In the case of school, discomfort is associated with the long distance to school or having to leave before the end of the school day to go to work.

For Peruvian children, the family is the main source of well-being, specifically the presence, love and support of parents. By contrast, the lack of one or both parents generates insecurity, especially with girls, who are most vulnerable. Well-being in the family is associated with the ability to feel understood and cared for by adults, while on the other hand, discomfort is associated with the feeling of not being looked after, for example, that they do not have clean clothes or they cannot comb their hair. At the same time, discomfort is associated with poverty, such as the lack of basic services, and the use of drugs and alcohol. Girls expressed their fear of sexual abuse, especially in rural areas, while working in the countryside (Crivello et al., 2009).

In a mixed study conducted with children aged between 6 and 12 years in three locations in Spain, which sought to describe the factors that make children feel

happy and sad in their daily lives, Thoilliez (2011) emphasizes that the family is the environment that generates the most happiness, especially feeling loved and cared for, but in turn, it is within this area where most children experience sadness, associated with experiences of scolding, divorce or death of a parent. Moreover, the importance of relationships with friends is emphasized, generating happiness when feeling accepted by others, and conversely, sadness is associated with feeling rejected. And as a third relevant factor, children refer to their school life, focusing primarily on academic achievement as an aspect that makes them feel happy, and as a counterpart, sadness is associated with failure in exams.

7.1.3 Notion and Relevance of Cultural Meanings in the Study of Well-Being in Childhood and Adolescence

Taking the above into account, the study of meaning systems, values and senses involved in subjective experiences and assessment of being well, contributes to the development of subjective well-being research in childhood and adolescence, allowing us to familiarize ourselves with how children understand and give meaning to their life experiences within specific social and cultural structures (Camfield, Streuli et al., 2009).

This becomes relevant if we consider that, although in the last 25 years we have advanced in the perspectives that socially, culturally and politically assume children and adolescents as subjects, we still look at the issue of childhood from a traditional perspective, that is, seen through the eyes of “when we were children” (Torres, 2015, p. 113). For now, the results of the third report “Infancia Cuenta Chile 2015” (Childhood Counts in Chile, 2015) by the Observatory of Children and Adolescents, reinforce this need, highlighting the continued invisibility of childhood and adolescence and the lack of tools to produce information and recreate spaces where children and adolescents can express themselves (Sepúlveda et al., 2015).

To study the cultural meanings involved in the experience of well-being in children and adolescents, it is necessary to briefly review at least two basic theoretical elements: (1) the role of culture in human development and (2) the subjective sense.

In the late nineteenth and early twentieth centuries, the main theories on individual development focused on “explaining changes of ontogenetic development from a universal pattern of development, determined by genetic inheritance and biological evolution, and linked to the strong presence of nativist currents” (Lombardo & Krzemien, 2008, p. 111). Consistent with this, in the case of introducing social influences to theories, the attention was more focused on analyzing human development from a micro-contextual perspective, leaving aside cultural influences at the macro level (Hammack, 2008). In the late twentieth century, due to increasing interest in the influence of culture in the course of life (Lombardo & Krzemien, 2008), researchers began to assume that the life cycle is strongly affected by social interactions within the particular culture to which one belongs (Hammack, 2008), in

other words, they began to develop analytical perspectives that emphasize how the cultural context contributes to the development of the individual mind (Cole, 1990).

To understand the scope of this perspective, the approaches of Vygotski (1979) about individual and social development are central. In particular, the notion according to which “in the child’s cultural development, every function appears twice: first, on a social level, and later, at the individual level; first between people (interpsychological), and then inside the child themselves (intrapsychological)” (Vygotski, 1979, p. 94). This implies that knowledge emerges from social interactions and is then internalized (Chadwick, 1999). This, for Lombardo and Krzemien (2008), means that human development arises in the socio-cultural environment where the individual lives.

From this perspective, everyday activities that influence life processes and their assessment are organized culturally in the first place, so that the cultural senses and meanings (artifacts) act as restrictions and/or tools for human actions (Cole, 1990), as well as affecting human mental development by providing essential resources and tools for understanding their social and material environment (Cole, 1990).

Regarding the notion of “Subjective Sense”, we first note that the notion of subjectivity, understood as the symbolic-emotional unit produced in the course of social experience, which was significantly developed by Vygotsky (González Rey, 2008), emphasizes, as we gather from this author (Vygotski, 1992), in individual psychic organization (which can include assessment, evaluative judgments and organization of the subjective experience in general), takes place in and from the social and historical experience of individuals. This allows us to assume that individuals’ actions are inseparable from the intersubjective production. Thus, as González Rey (2008) adds, subjectivity represents the specificity of human mental processes in culture conditions, so that subjective configurations represent dynamical developing systems that express the organization of subjectivity in its historical path.

From this, González Rey (2008) proposed the concept of “Subjective Sense” as the inseparable unity of emotions and of symbolic processes (such as assessments and meanings, among others) that are configured around culturally produced spaces. This inseparably associates the configurations of individual subjectivity, expressed in symbolic, cognitive and emotional productions that are not restricted to the processes and forms of individual subjectivity organization, but that dynamically integrate social subjectivity. Thus the subjective sense appears as a psychological production that is not linear or in direct relation to the objective character of the experience. Subjective Sense is produced by the side effects and the consequences of actions and concurrent relationships of the person in their places of social and cultural life (González Rey, 2008).

Thus, based on this perspective, as already mentioned at the beginning of this section, well-being, and assessments of satisfaction/dissatisfaction with living conditions that it entails, with regards to subjective production, can be understood as a culturally anchored social construction, which is produced and transformed as a dynamic and contingent relationship with the socio-cultural context (Crivello et al., 2009).

From this perspective the mediator concept is assumed in the sense defined by Vygotski (1979), referred to cultural tools of varying degrees of materiality, historically and culturally located to lead through the interaction, domains in cognitive structuring and the development of socio psychological functions of the person.

It is because of this that it becomes interesting and contributes to the field of well-being research to describe and understand the meanings that children and adolescents have of being well, of being satisfied or dissatisfied, as well as describing and understanding the expectations and aspirations they have for their life contexts, and the significance of the things that make them feel good. This, above all, in the context of advancing and improving the understanding of how these meanings allow us to think of ways to address and promote the potential of this group and their life satisfaction.

Thus, based on this background, we wonder: What are the cultural meanings that mediate the assessment of satisfaction and dissatisfaction in the lives of Chilean children and adolescents, aged 10–14 years in the areas of school, family, friends, neighborhood and themselves?

7.2 Method

7.2.1 *Methodological Approach*

This present study is a qualitative (Denman & Haro, 2002), descriptive and exploratory study, designed to study the meanings regarding subjective production, which occurs in everyday conditions. The study is part of the notion of “subjective sense” (González Rey, 2008), understood as the inseparable unity of emotions and symbolic processes, which are set around intersubjectively produced cultural spaces. Defining, in this way, the cultural meanings as the unit of analysis that integrates opinions, evaluations, assessments, and perceptions regarding everyday life experiences which, in the case of this research, mediate the relationship between cognitive processes of individuals (children and adolescents) relative to the experience of being well, of satisfaction or dissatisfaction, while at the same time, forming an integral part and circulating as legitimate components accepted in the sociocultural contexts of belonging. For the study of these cultural meanings, an open, unstructured and emerging research strategy that integrates the topics, issues and arising contents during the information production process was favored (Mella, 1998).

7.2.2 *Participants*

This article responds to a larger study of the meaning of well-being in Chilean children and adolescents, in which participants included 77 children and adolescents, aged between 10 and 14 years. An intentional sampling strategy was used (Patton, 1990), in which the selected participants represented all groups studied. Among the selection criteria, socioeconomic status (SES) was considered, which was determined by the vulnerability criteria defined by the IVE-SINAE,¹ and almost equal participation of boys and girls.

Of the total sample, 39 were children in the 10–12 year age group and 38 were part of the 13–14 year age group, of whom 41 were female and 36 were male. Regarding the socioeconomic and cultural levels, 34 children and adolescents corresponded to a low SES (high IVE); 31 children and adolescents corresponded to medium SES (medium IVE) and 12 to a high SES (low IVE).

7.2.3 *Instruments*

As techniques, we used group conversation and open semi-structured interviews as a means of production with respect to the meanings and assessments constructed by the children and adolescents related to well-being in their overall life, family environment, their school life, and life in their neighborhood.

As a data production technique a methodological tool that incorporates drawing and group performances in order to facilitate the expression of children and adolescents was designed (Crivello et al., 2009). Through individual interviews we sought to produce the meanings of experience mediators of satisfaction and dissatisfaction in the family and respect to oneself, triggering the conversation through drawings of themselves and of their family, and from there, to talk about what they like, dislike, what seems important or not in each of these areas.

For its part, through group interviews we sought to produce the mediator meanings of satisfaction and dissatisfaction regarding their neighborhood life, deepening their perceptions, practices and experiences with public space and its contribution to well-being, and also investigating their perceptions of satisfaction and dissatisfaction in the school environment. To generate the conversation about their life in their neighborhood, drawings were used as a stimulus, and to enter their school experience we used group representations to learn about situations regarding what they most and least like about their school experience, as research techniques.

¹It is a methodology for measuring the vulnerability of students from municipal and subsidized private schools, which is built with inputs from different sources of information for each student, resulting in a score calculated by the National Board of Student Aid and scholarships (JUNAEB, 2005).

7.2.4 Procedures

We contacted and conducted the fieldwork in five schools considering the SES criteria, promoting differentiation into geographical areas of the country, inserting ourselves in three schools in the Metropolitan Region, a school in the north of the country (Coquimbo Region) and a school in the Valparaiso region.

In each school establishment we made a brief presentation of the research team and the objectives of the study to all children attending sixth and eighth grade of elementary school, the school grade level according to the age criteria of the study. After this presentation, the participation of volunteers for individual and group interviews were requested, provided that informed parental consent was given.

The letter of consent given to parents and informed assent for the children were approved by the Ethics Committee of the Universidad Central de Chile, and conversed with each of the participants.

7.2.5 Data Analysis Procedures

Data analysis was performed according to the method of “thematic analysis”, whose epistemological and methodological framework is the social phenomenology of Schutz (Mieles-Barrera, Tonon, & Alvarado, 2012), where it is understood that people living in the world of everyday life (children and adolescents in the case of this study) are able to attribute meaning to a situation. Thus, the subject of study constitutes the cultural meanings of the participants in the experience of satisfaction and dissatisfaction with aspects of their daily lives.

According to Braun and Clarke (2006), and Mieles-Barrera et al., (2012), the analysis was carried out in five phases: (1) the first phase corresponded to the familiarization of the data, which allowed researchers to write down ideas and to get a general sense of the text; (2) then, initial encodings allowed us to organize information into groups of the same significance, specifically associated with areas traditionally studied and performed by subjective well-being, and particularly from the notion of life satisfaction; (3) in the third phase we conducted theme-category searches that allowed us to generate information about the research questions; (4) in a fourth phase we re-codified and built new categories with the final definitions, (5) ending with the development of descriptive accounts of the central emerged categories/themes.

7.3 Results

7.3.1 Mediator Meanings of Satisfaction with School

Regarding the cultural mediator meanings of satisfaction and dissatisfaction with school, in children and adolescents, there are five main categories: (1) The emotional bonds of support and care from teachers; (2) the value of meeting with peers; (3) the value of unity and respect; (4) entertaining and interactive learning; (5) the satisfaction of individual and family expectations.

7.3.1.1 Emotional Bonds of Support and Care from Teachers

Regarding the material from interviews and focus groups, satisfaction with school is associated with the value that children assign to the affective relationship established with teachers and the possibility of being supported whenever they need. This is expressed as follows:

I have a lot of affection towards my teachers because whenever I need something they always help me and have always been there because they have been in the school for a long time. (Group interview, age group 13 to 14 years).

Likewise, it is satisfactory that teachers support them both in the learning tasks, and other needs that may arise while they are in school, as seen in the following quote:

Teachers should be important because they are not only those who teach us but also that sometimes wait for us at recess, they look after us, somehow they support you, they help you study, obviously. And they become like our second parents in life. (Group interview, age group 13 to 14 years).

In this sense, the value of being looked after and cared for by teachers when a child suffers an accident, is highlighted as follows:

They always walk in the schoolyard watching everything going on at recess, if someone falls they will see it, cure it and all that ... (Group interview, age group 13 to 14 years).

7.3.1.2 The Value of Meeting with Peers

For children the school is a place of satisfaction in relation to the possibility of meeting with friends and, in turn, to meet new children to have fun with. As it is noted in the following quote:

I like the part that you meet new people, you make new friends and have new experiences and you have a good time. (Group interview, age group 13 to 14 years).

Thus, in the group interview they mentioned that the most important part of staying in school is when they can spend time with their peers and play with them, as mentioned here:

... in recess ... there we play tag. Because we can spend time together (Group interview, age group 10 to 12 years).

7.3.1.3 The Value of Unity and Respect

As expressed in the group interview, an important value of life at school is the existence of union between classmates, allowing them to have fun together and spend time with each other, as indicated:

Instead, here I saw a united class, it's like when someone says a joke, everyone laughs, everyone shares, however other classes are more divided, there are more arguments and more fights, and organizing something to do together is not really a goal for them. (Group interview, 13–14 age group).

And likewise the friendly relationships between classmates are valued as indicated here:

I love kindness, I like that they are kind. (Group interview, 13–14 age group).

By contrast, dissatisfaction of life at school is associated with hostile and disrespectful peer relationships, in which they bother or push each other without consideration of one another:

... during recess some people push you and even tell you, “Oh, sorry, sorry, I didn't mean it” (Group interview, age group 13–14 years old).

Similarly, dissatisfaction is associated with conflicting relationships based on jealousy and speaking badly of others. In this regard a distinction between genders is made, as noted:

Sometimes it is better to join boys because among boys they don't speak badly of others, because among girls, however much they are united, there will always be jealousy, or they watch to see if you dress badly, watch to see if you are with him or how you dress... (Group interview, 13–14 age group).

7.3.1.4 The Value of Entertaining and Interactive Learning

Satisfaction at school is associated with entertaining and participatory teaching practices that allow them to speak in class, laugh, and also to leave the classroom space. In this regard they mention:

Because (the teacher) made us laugh, he made us participate, made us dance. He taught us things, not like in English where they only make us write what they write on the blackboard. He made us talk and explain things orally and made us laugh ... He even taught us to dance and we went for a walk. (Group interview, age group 10–12 years).

7.3.1.5 The Satisfaction of Individual and Family Expectations

As stated by an 11-year-old girl, satisfaction with school is associated with the opportunity to learn everything necessary so that when she is older she will be able to achieve her goals. As follows:

As you have to learn to take care of the body, learning that one has to learn more of what is for afterwards, when you grow up, you can have many accomplishments (girl, 11 years).

Similarly, a significant value of life at school is that it gives the possibility of compliance to family expectations:

It's just that my grandmother wants me to be a college student, to have a good career and with these grades, I can't have that, because after school I will not be ready, because of that I would like to improve my grades (child, 13 years).

7.3.2 Mediator Meanings of Satisfaction with Family

From the children's account, three main categories emerge as mediator meanings of satisfaction and dissatisfaction in the family: (1) the unconditional reciprocal emotional bond; (2) the family unit; and (3) support for the personal life plan.

7.3.2.1 The Unconditional Reciprocal Emotional Bond

For the children and adolescents participating in the study, well-being and satisfaction in the context of the family means the presence of an unconditional reciprocal emotional bond.

My family? ... For me would be that I love them, they are the people I love the most ... (girl, 10 years).

... I can trust them and I can explain things that happen to me every day ... (child, 11 years).

For children, the significant others of the family are members of the nuclear and the extended family, the stepfamily or composite family, and also pets. The mother, followed by the father are leading figures. However, other members of the family are important links, as well as, valuable parent surrogates.

7.3.2.2 The Family Unit

For children and adolescents, the family unit means security of belonging and the recognition they need. And at the same time, disunity, distance and absence, as well as the lack of harmony and understanding, generate discomfort in children, and make them fear family disintegration.

... it's just that my dad and my mom are separated ... I would like us to be all together to be in a family ... (Child, 11 years).

Thus, children and adolescents highly value occasions of family meetings such as birthdays, Christmas, New Year and Independence Day, in which the extended family meet in a positive attitude, allowing children to feel the family unit.

... I like to be with my family for New Year, Christmas, for my birthday, for someone's birthday ... (girl, 10 years).

All activities that allow sharing with all the family, children would like to be much more frequent.

At the same time, anything that threatens the unity of the family generates discomfort in children, such as fights, arguments, aggressions and scolding, both between parents or other family members, and between themselves and others.

... I think it's not good to see your parents arguing over silly things, and
... sometimes I've gone over, in extreme situations, to calm them down because they start to fight ... (Child, 11 years).

... to not be so grumpy ... I don't know, he gets angry about everything ... he goes to the street to fight ... and. ... that's what I don't like about him (stepfather), that's what I would like to change ... (Boy, 13 years).

7.3.2.3 Support for the Personal Life Plan

The meaning of well-being in the context of the family is also mediated by children's perceived support for the development of their life plan. This is how children and adolescents express dreams associated with values and the support received in their families. Their projects are linked to the value of effort, study and work, considering that the possession of material assets is not the most important thing, placing it at a lower priority level.

... family are those who are with you, who teach you and inculcate you for the rest of your life ... (Group interview, age group 13–15 years).

... they have always supported me when I play, when I play sports ... (child, 13 years).

It is through family support that personal dreams are achieved.

... before I did not know much about school, and they (parents) came to school 1 day and spent the whole day with me ... and in the future they will help me with university ... with my work and all that ... (Boy, 13 years).

... because if we achieve our dreams, say, my brother who wants to be a doctor, he has to study more and my dad would help him to be a doctor ... so that the family achieves their dreams ... (Girl, 12 years).

7.3.3 Mediator Meanings of Satisfaction with Friends

Regarding the meanings from which children and adolescents give value to their experiences of satisfaction and dissatisfaction with their friends, two main categories emerge: (1) fun, enjoyment and entertainment; and (2) deep bonds and trust.

7.3.3.1 Fun, Enjoyment and Entertainment

For children, satisfaction with friendship is meant as fun, where this dimension generates well-being with friends, as we see in the following quotes:

I: What do you do with your friends?

C: more than anything we play, when we're all together, nothing else is important but playing. Video games, we also play when we have the console or here at school, we invent games. (Boy, 11 years).

... things that I like. I like going outside ... I like going outside with my friends. (Girl, 13 years).

7.3.3.2 Deep Bonds and Trust

Secondly, from the stories that emerge in interviews and groups, satisfaction with friendship is mediated by the value of the depth of the bond and trust of the communication, as we see in the next quote:

When you can tell your friends the most important things. Things that you can't tell your family. (Group interview, age group 13 to 14 years).

At the same time dissatisfaction is linked with distrust, as we see in the following quote where the lack of truth in the friendship generates dissatisfaction with friends:

But ... I don't like false promises from friends. That is, in class, at school. (Girl, 13 years).

Trust is what creates the experience of satisfaction with friendship.

yes, the truth is, I like my brother's class, they are more trustworthy, they are different than most people, and I like them. And I say it as a joke, 'Oh, I like your class, they are more enjoyable. (Girl, 13 years).

7.3.4 Mediator Meanings of Satisfaction with the Neighborhood

Regarding the mediator meanings of satisfaction and dissatisfaction with the neighborhood, three main categories emerge: (1) The value of natural space and freedom; (2) union and collaboration in the neighborhood; (3) fear and risk related to physical safety.

7.3.4.1 The Value of Natural Space and Freedom

As expressed by a 12-year-old girl in the group interview, the main reason that she likes her neighborhood has to do with the presence of nature and the ability to access large and beautiful spaces, as a dimension of being well, or happy, in the neighborhood, as seen in the following two quotes:

... we like it ... it's better to be outdoors than to be locked up, because if we are locked up, or going to watch TV or we'll be glued to the phone, however, if we are outdoors, we have fun. (Girl, 12 years).

Similarly, the dissatisfaction of neighborhood life is associated with the lack of available space and the limits on what can be done without disturbing others.

the problem of living in a condominium is that you can't be the same as when you're on the street, I mean everyone gets bothered by everything you do. They complain because they say we scream a lot and all that. People get annoyed because we are supposed to live in a condominium, we are supposed to live in peace, so they get annoyed when they hear voices outside, not like on the street, because the street is not like inside the condominium. (Group interview, age group 13–14 years).

7.3.4.2 Unity and Collaboration in the Neighborhood

For children and adolescents, unity and collaboration in the neighborhood emerges as a value, and main criterion that mediates the satisfaction they experience, as we see in the following two quotations from an individual and a group interview:

I: If you could characterize this neighborhood in relation to what you like, what would you say about your neighborhood?

C: That it's good... I've made friends ... that there are no fights between neighbors, nothing (Child, 14 years).

I do not like the hostility between the two neighborhoods, if we see next doors' faces every day. Because people are suffering, because there are many children that cannot go outside... there are a lot of people and families that suffer because of the hostility between neighborhoods... (Group interview, age group 13–14 years).

In a complementary manner, as seen in the following quotation, the unity and support among neighbors is valued and emphasized.

My little sister, for example, was 1 or 2 years old, she had a fever and turned purple, and neither my mother nor my stepfather knew what to do, and my stepfather went out to the street asking for help, I don't know, it was about 5 am or 3, and all the neighbors came and helped, a neighbor took them to the hospital. (Group interview, age group 13–14 years).

7.3.4.3 Fear and Risk Related to Physical Safety

For children and adolescents dissatisfaction with the neighborhood is meant from the sense of insecurity, fear, such as what we see in the following two quotations from interviews of different locations. The first refers to the fear that the risk of assault or theft creates and the second is in relation to the risk of getting run over.

In a dark alley near my house, where my sister and me were robbed. Two guys came and asked us for our backpacks, but my sister hit one and we ran away ... that's what I don't like, I get scared, so we don't walk down the alleys in the neighborhood anymore. (Boy, 11 years).

It is because I live in a small street, but people do not think that it's a street. People think it is a highway. Last year we were playing in the street and a small child was riding a bicycle and a car came and ran him over. He cut his leg, he had to put on an artificial leg and that's what worries me, because they don't measure the speed and they don't see that it is a small neighborhood street. And it is very dangerous for children. (Group interview, age group 10–12 years).

Thus it is the fear and the experience of risk that mediates the satisfaction with the neighborhood, and this is an element that transforms the satisfactory neighborhood to unsatisfactory, as we see in the next quote:

ok, what I like is the view, which is a super big, super beautiful view and the children play happily, obviously, being watched over by their parents, because at night there are ... how can I say it, thugs, they start to steal, kill people and things like that ... and in the same squares, in the darkest places, they smoke marijuana, and it's like that all this beautiful view that they have is ruined (group interview, group age 13 to 14).

7.3.5 Mediator Meanings of Satisfaction with Oneself

Regarding the mediator meanings of satisfaction and dissatisfaction of children and adolescents regarding the image of themselves and their projection, three main categories emerge: (1) affective recognition of the family; (2) having autonomy; (3) status and positive body image.

7.3.5.1 Affective Recognition of the Family

By feeling loved and listened to, mainly by the family group, is highly valued by children and adolescents after, for example, achieving goals. This is expressed as follows by one of the girl participants of the research:

Yes, because if you're not loved by anyone you feel alone, and that goes right to suicide. Because you've heard when kids say that nobody loves them, everybody hates them and they start to hang themselves and start killing themselves. So if I have love I can accomplish many things. I can't get to the point of suicide, I can live well, I can feed myself, I can have love (Girl, 11 years).

7.3.5.2 Having Autonomy

It also appears to be satisfactory to recognize the ability of expressing opinions without fear of consequences. For children and adolescents, demonstrating autonomy is linked to being competent especially in relation to their families, which they highly value.

I want to be more independent. Like that... in my family, it would be like to show them that I can be independent (girl, 13 years).

When, for example, I discuss with my dad or my mom and I say things, I don't mind if they get angry or not (child, 13 years).

Having autonomy to carry out their plans is an element assessed as being satisfactory, as expressed in the following quote:

I: Do you like your personality? Why?

C: because sometimes they tell me to go in front of the class, or tell stories, I don't get embarrassed, nothing, of going to the front. (Girl, 13 years).

7.3.5.3 Status and Positive Body Image

Belonging to certain peer groups that assures a better social position is valued, and appears to be strongly linked to the way people dress.

For example, the guy who was using wide clothes, was old-fashioned or with kind of ugly things, he is going down to a lower social level... And the guy who was fashionable, he was the one going up, to an upper social level... (child, 13 years).

Finally, satisfaction is observed with respect to certain physical characteristics, which, in their words, would be socially undesirable, namely:

It's just I'm a little chubby ... (Child, 11 years).

And I would like to be skinnier because I like to wear short t-shirts. I like that. But sometimes, you can't (girl, 13 years).

7.4 Conclusions and Discussion

This study aimed to describe the main cultural meanings that mediate the assessment of satisfaction and dissatisfaction that Chilean children and adolescents aged 10–14 years has in the areas of school, family, friends, neighborhoods and their

relationship with themselves. When referring to the meanings that mediate life satisfaction in different areas, on the one hand, it allows for the identify of opinions, evaluations, assessments, and perceptions regarding the experiences of everyday life, and in turn, it refers to the legitimate and accepted cultural systems in the contexts that children belong to.

For children and adolescents, school mainly represents a social and emotional space in which satisfaction is associated with the value assigned to having fun and spending time among peers; and in turn it is associated with the existence of nourishing emotional bonds, to the extent that they feel cared for, respected and supported by teachers. Moreover, the school is recognized as the space that allows children to learn what is necessary to achieve the proposed goals and thus satisfy personal, family and social expectations to succeed in life.

The family is the social and emotional space that allows them to feel safe and confident, in which satisfaction is mediated by the existence of relationships of unconditional support among its members, where personal appreciation and love is highly valued by children and adolescents. Within its expectations to feel and be well, they favor one type of family in which everyone lives under the same roof (traditional family model). And in turn, they recognize that it is this social group that gives them the sense of emotional and instrumental support needed to construct their future life plan.

Friendships gain meaning from experiences and expectations such as the existence of close emotional bonds and trust with others (peers) and, in turn, children value that with these relationships they can share common interests and have fun.

Satisfaction with neighborhood life is associated with the value of clean and nice open spaces that allow children to have contact with nature and, thus, they value good relationships between neighbors, where unity, collaboration and support among neighbors prevails, which is an important element of social support. By contrast, dissatisfaction is associated with the perception of feeling unsafe and fears at the possibility of suffering – either themselves or others – an incident or attack on their physical integrity.

As for their self-image, satisfaction is given by feeling loved, recognized and valued in their autonomy, especially by their family. This emotional support drives them towards achieving their goals. Therefore, great value is assigned to take actions and make decisions autonomously, that makes them look competent in front of their family and peers.

Considering these analyzes and emerging contents from the production of Chilean children and adolescent participants, well-being and satisfaction/dissatisfaction, regarding subjective production, could be anchored on four basic cross-cultural meanings:

Firstly, it is structured in relation to the primacy of bonds with others, which are meant as satisfactory to the extent that they allow them to feel recognized both with their interests and their needs, where love and support is required to generate actions that encourage their autonomy. In this aspect, relationships with parents and other family members, teachers and friends are particularly relevant.

In turn, they are meant as satisfactory relationships with others when focused on unity and cooperation, which is especially valued in relationships with their classmates and with their neighbors, as opposed to hostile relationships and ill-treatment. A special case is the importance assigned to family unity. Conversely, children seem to feel under threat of family disintegration. Moreover, it is in the link with others where they experience pleasure, as it is with others with whom they have fun spending time together playing fun games, walking or talking.

Secondly, the cultural meaning that organizes the experience of satisfaction/dissatisfaction among Chilean children and adolescents assigns priority to safety, contact with nature and feeling free in everyday spaces. In this sense, it becomes relevant to freely, spontaneously access well ornate and nice open spaces, enabling them to enjoy nature in a contemplative manner, but also favoring them to play and share with family and friends without any kind of risk to their safety, either for themselves or their close ones.

Thirdly, the cultural meaning that organizes satisfaction/dissatisfaction relates to the value of achievement expectations of obtaining personal development projects according to social and family standards. Regarding children and adolescents, they value their membership in a social group of reference, which generates satisfaction by feeling recognized and accepted. In turn, from these same places, children have certain challenges that mobilize them, transforming their short lives into plans that they want to achieve, mainly related to future occupations or professional success, that will give them economic security.

Thus, subjective well-being could be mediated primarily by: the value of close bonds and mutual respect with others; the value of security, contact with nature and freedom in everyday spaces; the value of achieving the proposed goals of personal development projects, according to social and family standards.

In other words, these cultural meanings are subjective configurations that play a role in the organization of children and adolescents' experience with satisfaction/dissatisfaction. From the approach of González Rey (2008), these meanings are subjective senses that organize, structure and give sense to the assessments, judgments and emotions, which form part of the experience of satisfaction/dissatisfaction, and which are expressed by cultural systems from which these experiences are produced in the children and adolescents studied, expressing – simultaneously – contextual relationships and social bonds, where they circulate and from which they are part of.

While it is not possible to make extensive comparisons, it is relevant to mention the presence of common and shared topics between our study and those related to the notion of children's well-being in different cultures, considering the studies of Crivello et al. (2009), Camfield et al. (2009) and Thoilliez (2011). Topics such as the value assigned to being cared for and loved by parents and caregivers; the value attributed to the ability to feel autonomous and to make decisions freely while being supported by adults; the value of having goals in life and ability to achieve them; the value of being recognized and accepted by peers; the value assigned to recreation and leisure in open spaces; and the value of both feeling safe in interpersonal rela-

tionships and in physical integrity. Each of these topics are explained and take on special meaning in their particular socio-economic and cultural contexts.

In this sense, it becomes more important to advance systematically in the study of the meaning of children and adolescents' well-being that belong to different cultural contexts, establishing the common and different meanings between groups within different cultural contexts. And it also seems important to move towards the analysis of these cultural frameworks from which the cultural meanings emerge, considering links with the social conditions of collectives, which allowed us to make a systematic comparison of meanings depending on socio-economic groups. This study shows the need to move towards the research of mediator meanings of well-being, studying different contexts and social belonging of children and adolescents, more integrally and holistically, including parents and social agents, as well as teachers and neighborhood contexts, public organism discourse, among others.

Finally, entering the world of meanings, and especially those of children, creates challenges and requires us to think about methodologies by adapting and facilitating children's expression from their own way of symbolizing, giving value and expressing their experiences, which is important to discuss and resolve.

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Chapter 8

School and Neighborhood: Influences of Subjective Well-Being in Chilean Children

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8.1 Introduction

At the international level, the civil society and governments are interested in the well-being of children and adolescents, which has led to proposals for its evaluation in this age group since the late twentieth century, incipiently introducing children's and adolescents' voices as legal subjects and active players in society.

Several studies show that the relationship between the cognitive component of subjective well-being (i.e. life satisfaction) and sociodemographic variables, such as age, sex, and socioeconomic status, is weak or that the contribution to their prediction is modest (Gilman & Huebner, 2003; Huebner et al., 2005; Proctor, Linley & Maltby, 2009). Moreover, the percentage of variance, explained by these variables, ranges from 5 to 10% (Bradshaw et al., 2011; Rees et al., 2012). Thus, it is assumed that sociodemographic variables are not capable of explaining the variation of subjective well-being on their own (Goswami, 2013; Newland et al. 2014; Rees et al., 2012).

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One way to increase the explanatory capacity of well-being in children and adolescents is to consider variables from the closest living contexts, such as Gilman and Huebner (2003). In addition, Proctor et al. (2009) point out that, in order to advance this goal, it is crucial not to study positive relationships in only one social setting, but rather to include supportive relationships from the home, school, community, and other social settings. Similarly, Jiang, Huebner, and Hills (2013) argue that interpersonal and environmental variables are the strongest predictors of adolescent life satisfaction. On the other hand, Newland et al. (2014) point out that an ecological perspective, which represents several interactive characteristics within and across contexts, improves the understanding of child well-being predictors, although this perspective needs more empirical evidence.

In the ecological perspective, natural environments are the main source of influence on human behavior, recognizing that the interaction is bidirectional with the environment. Interactions between children and the environment are discussed at various hierarchical levels (Bronfenbrenner, 1987). One of the hierarchical levels is the microsystem, which is defined as “a pattern of activities, roles and interpersonal relationships that the developing person experiences in a given environment, with particular physical and material characteristics. An environment is a place where people can easily interact face to face, such as the home, nursery, playground, among others. The factors of activity, role and interpersonal relationships constitute the elements or components of the microsystem” (Bronfenbrenner, 1987, p. 41). Over time, children develop cognitive, social, emotional, psychological and behavioral skills, which allow them to assume more complicated social roles, in addition to establishing relationships with caregivers or parents and other family members. Each of these experiences influences the perception of the environment and future interactions (Garbarino, 2014).

In order to explain child-youth subjective well-being, quality-of-life researchers must consider ecological factors and study their influence interactively or simultaneously (Sirgy, 2012) and consider how the concept of child well-being can fit within an ecological perspective (Garbarino, 2014). The lives of children and adolescents transit through different microsystems, each with a specific influence on their well-being. During the period of childhood and adolescence, the family, along with the school and neighborhood, are the microsystems in which the youngest people spend most of their daily lives. Particularly, the school and neighborhood are secondary socialization environments, where the youngest children begin to interact with people who are not from their family.

8.1.1 The School Microsystem

The school plays an important role in the development and well-being of children and adolescents, promoting their socialization and learning rules and limits. The school environment offers not only cognitive and instrumental learning, but also emotional, through children’s and adolescents’ relationships with teachers and

peers. Thus, a relevant dimension of well-being in childhood and adolescence is everything related to the passage through educational institutions (Bradshaw & Richardson 2009; Casas, Sarriera, Abs et al., 2012; Casas, Sarriera, Alfaro et al. 2012; Hur & Testerman, 2012).

Dinisman and Rees (2014) analyzed the results of the International Survey on Children's Well-Being (ISCWeB) project, involving about 34,500 children aged from 8 to 12 years, from 14 countries. The report shows that students aged 10 and 12 felt quite satisfied with school-related topics (average of 8 points on a scale of 0–10). The item with the greatest satisfaction was «The school you go to», and the one with the least satisfaction was «Your school marks».

Regarding predictors of school satisfaction on subjective well-being, positive relationships and attitudes with teachers have been identified, among others (Gilman & Huebner, 2003; Jutras & Lepage, 2006). Moreover, other research with American students showed that 41% of the school satisfaction variance was explained by the combination of school climate measurements and cognitive contexts (personal academic beliefs and school attachment) (Suldo, Shaffer & Riley, 2008).

The school relationships that children and adolescents establish with their peers and teachers are an important component of school life. Several studies have shown how this type of relationship is associated with life and school satisfaction. A meta-analysis of 246 studies showed that support from teachers and other school personnel had the strongest associations with child and adolescent well-being (3–20 years old), compared to family, friends, and other types of support. Moreover, it was shown that the association between well-being and social support increased with age in young people (Chu, Saucier, & Hafner, 2010).

8.1.2 The Neighborhood Microsystem

Neighborhoods are understood as ecological contexts based on their geography. Neighborhood interaction is important for child and adolescent well-being, due to the spatial opportunities and limitations that this imposes on their daily activity patterns (Sampson, Morenoff, & Gannon-Rowley, 2002). The neighborhood is a social construction that, through multi-sensorial productions between people that interact with each other, creates shared experiences, narratives and cultural practices (Benson & Jackson, 2013). This perspective of place of residence is aligned with that of sense of community (Kee & Nam, 2016).

The neighborhood microsystem is understood in the present study as a physical context that integrates public areas that are more accessible for children, and which is also made up of psychological, social and cultural contexts where younger children interact with adults (neighbors) and with peers on a daily basis. For children and adolescents, the neighborhood can be perceived and assessed in relation to the components of the physical context, and satisfaction with people and areas.

Homel and Burns (1987, 1989) found differences in children and adolescents according to the physical and social characteristics of the neighborhood and their

satisfaction with life. Homel and Burns (1989) showed that Australian children and pre-adolescents living in commercial areas, particularly in central neighborhoods with extensive social problems, showed less life satisfaction than those living in residential areas. In an earlier study, Homel and Burns (1987) found that parks were positively evaluated by children who showed that their preferences were not correlated with geographic, socioeconomic or housing variations in the suburbs of Sydney, Australia, where they lived.

Studies show that children from Spain, Brazil, Colombia, Argentina and Chile have a high level of neighborhood satisfaction (an average of 7 out of 11 points), although this is lower than school satisfaction (Casas & Bello, 2012; Oyanedel, Alfaro, Varela & Torres, 2014; Sarriera et al., 2014; Tonon, Mikkelsen, Rodriguez de la Vega, Toscano, 2016).

Neighborhood relationships are linked to child and adolescent life satisfaction. Community integration and intergenerational support with adults from the neighborhood are associated with improved well-being (Paxton et al., 2006). Goswami (2013) found that the connection with adults in the neighborhood contributed to the well-being of children and adolescents aged between 8 and 15 years in England. However, the neighborhood's predictive capacity for subjective well-being was not as strong as social relationships with family and friends.

Elvas and Moniz (2010) examined the relationship between sense of community and level of life satisfaction of 30 Portuguese children aged from 7 to 15 years, living in two neighborhoods in the city of Lisbon (Alfama and Propietario). The findings of the study showed that in Alfama there was a greater sense of belonging to the neighborhood and a higher level of life satisfaction compared to the Propietario neighborhood, which pointed to the importance of the environment in young people's lives.

Our review of the literature has shown that few studies analyze the contribution of neighborhood satisfaction on the subjective well-being of children and adolescents. Abreu et al. (2016) found with multiple regressions that the sense of community, followed by satisfaction with the personal and material environment, were the variables that were most associated with child and adolescent life satisfaction in urban and rural areas of seven municipalities of Ceará, Brazil.

In another study, Sarriera, Moura, Ximenes, and Rodrigues (2016) showed through a regression analysis with two factors of the community sense scale that both were predictive of personal well-being, with 18.4% of the variance explained. The positive linkage factor with the community showed greater predictive capacity than community relationships in a sample of children from the State of Rio Grande do Sul. Both studies identified the sense of community as an important variable associated with the subjective well-being of the studied population in Brazil.

8.1.3 *Contributions of Different Microsystems to Subjective Well-Being*

Several studies have analyzed the relationship between ecological factors and subjective well-being in children and adolescents. Newland et al. (2014) report that the strongest predictors of life satisfaction are family relationships, school satisfaction, peer relationships, teacher relationships, and life stress in a sample of 12–14 year old children from the United States of America. Lee and Yoo (2015), in a comparative study of 11 countries, found that school, family, and community are important predictors of subjective well-being, even after controlling for cultural and contextual factors in each country. Family factors accounted for about 40% of the variation in subjective well-being, school environment factors accounted for an additional 9%, and, finally, community factors accounted for another 7%.

In the Ibero-American context, Bedin, Sarriera, Casas, Ramos, and González (2015) found that family relationships have a greater contribution to the prediction of well-being (40% of explained variance) of Spanish and Brazilian children aged between 11 and 14 years, regarding interpersonal relationships in school and with friends. Sarriera, Schütz, Calza, and Strelhow (2013) showed that for children aged between 9 and 13 years in Rio Grande do Sul, Brazil, in the area of family satisfaction, the item that most predicted said satisfaction was «family life», followed by satisfaction with interpersonal relationships «their friends»; and regarding satisfaction with school, this was predicted by the item «school experience».

According to the literature, to date, there are very few studies that aim to jointly analyze the relationship between school and neighborhood microsystems and child-youth subjective well-being, particularly in Chile, which is a developing country. In Chile, the area of subjective well-being in childhood and adolescence dates back 10 years, therefore the present study provides novel knowledge in a poorly studied area in this country and in Latin America. With the intention of filling the void, this research examines how both microsystems jointly influence subjective well-being in childhood and adolescence. Specifically, we address this study's guiding question: What is the relationship of school and neighborhood microsystems with the subjective well-being of Chilean children and adolescents?

8.2 Method

8.2.1 *Participants*

By means of stratified sampling by clusters, data collection was performed, the unit being schools, and the strata, the regions of the country studied, and the type of administrative dependency of the school. There were 1392 participants, 637 of these were girls and 755 were boys, whose ages ranged from 10 to 13 years, with a mean age of 11.5 years ($SD = 1.15$). In addition, children were residents of Chile's

Valparaíso ($n = 435$), Metropolitan ($n = 379$), and Biobío ($n = 560$) regions. Schools attended by the students were municipal ($n = 705$), subsidized ($n = 552$) and private ($n = 135$), and students were in fifth ($n = 641$) and seventh ($n = 751$) grades of primary school.

8.2.2 Instruments

Overall Life Satisfaction (OLS) This scale originates from the approaches of Campbell, Converse, and Rodgers (1976), cited in Casas, Sarriera, Abs et al. (2012). It is a measure that asks: «How satisfied are you with your life as a whole, in general?» The responses range from Totally Unsatisfied (0) to Totally Satisfied (10). This scale has been used in studies of Spanish-speaking children and adolescent well-being (Casas, Sarriera, Alfaro et al. et al., 2012).

Overall Happiness Scale (OHS) This scale originates from the approaches of Campbell et al. (1976), cited in Casas, Sarriera, Abs et al. (2012). It is a measure that asks: «Overall, how happy have you been feeling during the last two weeks?» The answer is scored on a scale of 0–10 points, from Completely Unhappy (0) to Completely Happy (10).

General Domain Satisfaction Index (GSDI) Developed by Casas, Bello, Gonzalez and Aligue (2013). It includes 29 items, grouped into eight areas of satisfaction with: family and home, material things, interpersonal relationships, neighborhood or area where you live, health, organization of time, school or institute, and personal satisfaction. The index showed a Cronbach's α of .89 in a study with samples from 11 countries (Lee & Yoo, 2015). In the present study, as indicators of school satisfaction, we used the items whose heading is as follows: To what extent are you satisfied with...?: «Your school experience», «Your school marks», «Other children in your class», and «The school you go to». The indicators of neighborhood satisfaction used are items of satisfaction with «People in your area», «The area where you live, in general», and «The outdoor areas children can use in your area». The response range is from Totally Unsatisfied (0) to Totally Satisfied (10).

ISCWeB Questionnaire This integrates questions for children on sociodemographic data and life aspects. The items are answered with satisfaction, agreement, and frequency response scales (Dinisman & Rees, 2014). The present study uses two items from the school and two items from the neighborhood or area where you live from the version of the ISCWeB questionnaire for 10 and 12 year olds. These items' heading is: To what extent do you agree or disagree with each of these statements?: «My teachers treat me fairly», «I feel safe at school», «In my area there are enough places to play or to have a good time» and «I feel safe when I walk in the area I live in», and the possible answers are presented in a range of 0 = Strongly Disagree to 4 = Strongly Agree.

8.2.3 Procedure

The study procedure included the request for access to the International Survey on Children's Well-Being [ISCWeB] database through the website (<http://www.isci-web.org/?CategoryID=191>). The missing data from the psychometric scales were replaced by regression using IBM-SPSS v23 following the recommendations of Byrne (2012). In this study, the ethical protocols that guide national scientific research were met (Lira, 2008).

8.2.4 Analysis Plan

Exploratory factorial and reliability analyzes of the items that integrate school and neighborhood microsystems with the IBM-SPSS 23 software were carried out. For the structural equation model (SEM), AMOS v23 was used. SEM were assessed with adjustment indexes such as Chi-Square (χ^2 , Kaplan, 2008); degrees of freedom (df) in the Chi-Square distribution; Comparative Fit Index (CFI; Bentler, 1990), whose values are considered as acceptable when above .90 and optimal above .95 (Hu & Bentler, 1999); Root Mean Square Error of Approximation (RMSEA) and Standardized Root Mean Square Residual (SRMR), whose values are considered as acceptable when they are equal to or less than .08 and optimal if they are equal to or less than .05 (Byrne, 2012).

8.3 Results

An exploratory factorial analysis (EFA) with items of the overall satisfaction index by area and with the already mentioned items of the ISCWeB questionnaire, referring to school and neighborhood, which do not form a psychometric scale as previously theoretically defined, but which are similar from the semantic point of view. The principal EFA factors with varimax rotation show that the school microsystem items are grouped into a single component that accounts for 45.55% of the variance (KMO = .810; Bartlett sphericity test = 1747.413 $p < .001$). Factorial loads fluctuate between .765 and .536. The alpha is .718 (Table 8.1).

The neighborhood microsystem items are also grouped into a single component that explains 63.93% of the variance (KMO = .795; Bartlett sphericity test = 1601.795 $p < .001$). The alpha is .733 (Table 8.1).

With a SEM we tested the hypothesis that school and neighborhood microsystems jointly influence the subjective well-being of primary school students in Chile. The model is constructed by including the four items of school satisfaction with the GDSI and two items already mentioned in the school-related ISCWeB questionnaire related to a latent variable (school microsystem). The neighborhood

Table 8.1 Analysis of major factors with varimax rotation

Item	Factor	Communality
School microsystem $\alpha = .718$		
The school you go to	.765	.585
Other children in your class	.678	.460
Your school marks	.536	.287
Your school experience	.728	.530
My teachers treat me fairly	.664	.441
I feel safe at school	.656	.430
Neighborhood microsystem $\alpha = .733$		
The area where you live, in general	.794	.631
The people in your area	.682	.465
The outdoor areas that children can use in your area	.794	.630
In my area there are enough places to play or to have a good time	.579	.335
I feel safe when I walk in the area I live in	.712	.508

Table 8.2 Model fit indices

Model	X ²	df	P	CFI	RMSEA (I.C.)	SRMR
Microsystems	258.335	61	.000	.952	.048 (.042–.054)	.032
Satisfaction + Happiness						

microsystem is the second latent variable, which is related to three items of neighborhood satisfaction with the GDSI and the two items already mentioned in the ISCWeB questionnaire referring to the neighborhood. The observed variables are the single items of the overall life satisfaction (OLS) and overall happiness (OHS) scales, which correlate with each other.

Table 8.2 shows that the model fit is suitable: CFI ($> .95$), RMSEA and SRMR ($< .05$). In the model, overall life satisfaction and happiness show an explained variance, reflected by the respective squared multiple correlations (SMC), of 16% and 14%, respectively.

Figure 8.1 shows a significant and low correlation of .20 between both single item scales. The Model shows differential predictors of the cognitive component (overall life satisfaction) and affective (happiness) of subjective well-being. In the Model, overall life satisfaction is significantly and positively influenced by school (.270) and neighborhood (.193) microsystems. Moreover, happiness is significantly and positively influenced by school (.260) and neighborhood (.163) microsystems.

In the Model the items contribute with standardized factor loads ranging between .710 and .450 for the school microsystem, and between .757 and .449 for the neighborhood microsystem. The item “satisfaction with the school you go to” in the case of the school microsystem, and the item “satisfaction with the area where you live, in general” in the neighborhood microsystem, are the ones that show higher loads, respectively (Fig. 8.1).

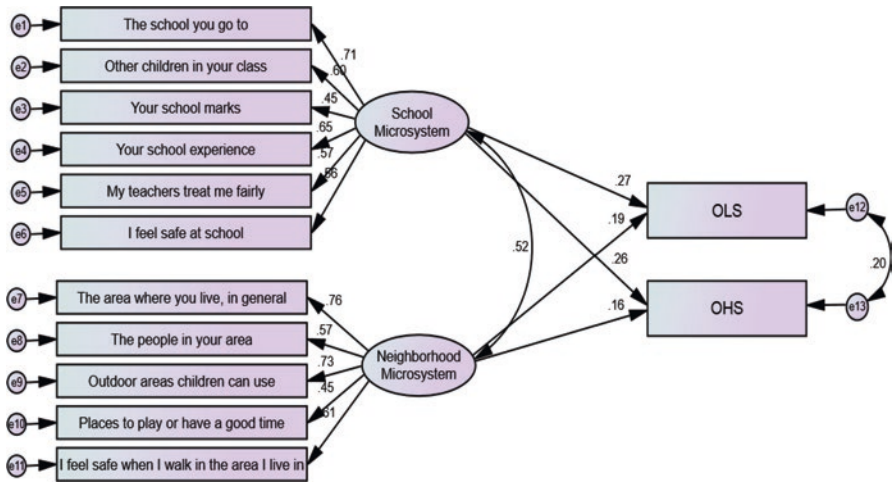


Fig. 8.1 Microsystem model of school and neighborhood that influence satisfaction and happiness

Table 8.3 shows the estimated parameters of each item to the Model’s microsystems, with the upper and lower confidence intervals and bootstrap estimation for the whole sample.

8.4 Discussion

The present study, in the first place, verified the psychometric properties of the items used as indicators of school and neighborhood microsystems, evidencing that they are valid and reliable measures. Regarding the aim of the research – to analyze the influence of school and neighborhood microsystems on the subjective well-being of Chilean children and adolescents – the results suggest that both exert a direct and joint relationship on overall life satisfaction, as well as happiness.

For Chilean students the school microsystem, and particularly the item «satisfaction with the school you go to», contributes significantly and positively to life satisfaction and happiness. In the neighborhood microsystem, the item «satisfaction with the neighborhood where you live, in general» is the one that most influences both well-being measures. These results draw attention, since the school and the neighborhood as larger physical and material environments contribute more to the explanation of subjective well-being than other components related to self-perception and the interpersonal relationships that occur in these microsystems.

The literature on the subjective well-being of young people provides evidence of school satisfaction as a major contributor to overall life satisfaction (Casas et al., 2014; Huebner & Gilman, 2004; Newland et al. 2014), as evidenced in the present study. The neighborhood microsystem also shows a direct influence on life satisfaction.

Table 8.3 Model with standardized estimations

Bootstrap ML. 95% Confidence Interval			Estimate	Lower	Upper	<i>p</i>
Samples: 500						
School Satisfaction	<←	School microsystem	.709	.662	.757	.003
Satisfaction with school marks	<←	School microsystem	.445	.387	.512	.002
Satisfaction with other children in your class	<←	School microsystem	.599	.546	.657	.004
Satisfaction with school experience	<←	School microsystem	.646	.597	.705	.003
Teachers treat me fairly	<←	School microsystem	.570	.498	.629	.007
School safety	<←	School microsystem	.556	.495	.621	.004
Satisfaction with area where I live	<←	Neighborhood microsystem	.757	.718	.794	.003
Satisfaction with people in my neighborhood	<←	Neighborhood microsystem	.570	.515	.621	.003
Satisfaction with free space	<←	Neighborhood microsystem	.731	.684	.773	.004
Places to play in my area	<←	Neighborhood microsystem	.449	.398	.501	.004
Safe to walk in my area	<←	Neighborhood microsystem	.609	.566	.660	.003
Overall life satisfaction	<←	School microsystem	.270	.185	.367	.002
Happiness	<←	School microsystem	.260	.178	.356	.003
Overall life satisfaction	<←	Neighborhood microsystem	.193	.108	.275	.007
Happiness	<←	Neighborhood microsystem	.165	.076	.236	.008

This study contributes – since it conjointly analyzes the influences of two microsystems on subjective well-being – unlike most of the reviewed studies that analyze school and neighborhood factors separately, or in conjunction with the family and familiar relationship factors.

The results of this research must be interpreted with caution in the context of some limitations. Particularly, the sample is located in the three regions with the highest concentration of urban populations in the country; therefore it is not representative of children and adolescents living in rural areas in Chile. In addition, the results refer to children of primary education, regardless of their ethnic origin (mapuche, aymara, among others); special educational needs; physical or mental health problems; or other individual or sociocultural conditions.

Regarding the pattern of influence of the school and neighborhood on subjective well-being, it is not possible to say whether it will persist in later years, since the research is cross-sectional. It is suggested to carry out longitudinal investigations with repeated measures, during different periods of time, to verify if this pattern of influence is maintained or not in these Chilean students.

Future research should use transcultural designs to continue studying the influences of microsystems on the subjective well-being of children and adolescents. In this way, it would be possible to compare the results obtained using this national sample with other cultural contexts and to analyze the variations between countries. In relation to this type of study, there has been an advancement, since the instruments used to measure subjective well-being have been validated in child-youth populations of different countries (Casas et al., 2014).

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Chapter 9

Fatherhood in Adolescence: A Qualitative Study on the Experience of Being an Adolescent Father

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9.1 Teenage Fatherhood: A Phenomenon to Be Discovered

Teenage pregnancy is an extremely complex phenomenon, since it is related to human development, social and gender issues fairly diverse. There is not, therefore, a unicity of this phenomenon. In addition, its configuration as a social and health problem is permeated by a number of ideologies. Two of which are: the reduction of the fertility rate in the general population, while there is an increase in the youth population, in relationships outside of a stable union; and expectations of increased schooling, to which fatherhood would be a complicating aspect in the development (Heilborn, 2006).

According to the World Health Organization (WHO), adolescence is the period of ages between 10 and 19 years old (Fortes & Ferreira, 2011; Santos, Tassitano, Birth, Petribu, Cabral, 2011), being characterized as a critical stage in the formation of the individual and having as its attributes physical, psychological and social instabilities (Fortes, Almeida, & Ferreira, 2012; Siervogel et al. 2003). In this period,

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sexuality plays an important role in the youths' health and quality of life, and teenage pregnancy is a recurring phenomenon and considered an important social and public health problem (Beers & Hollo, 2009; Brandão & Heilborn, 2006).

In terms of health, the biomedical discourse has been precursor, highlighting the risks to maternal and child health. There's also the psychologizing perspective, which turns out to have a moral connotation in terms of the conditions of the teenagers to bring up their children and the emotional repercussions of the phenomenon. Finally, the conception that teenage pregnancy is a social problem associates it with poverty, lack of information, low educational level, job instability and, possibly, marginality (Heilborn, 2006).

In the social representations about teenage pregnancy, both parents are seen as irresponsible, ignorant and deviant from the social norm. Adolescent mothers are typically viewed as vulnerable, lonely and morally suspicious. Adolescent fathers are regarded as absent, jobless and socially excluded (Lau Clayton, 2016). They are labeled as having a detrimental behavior towards their own lives and collective well-being (Heilborn, 2006).

As a result of the complexity of this phenomenon, due to the heterogeneity in which it manifests itself, teenage pregnancy may be regarded by many young people as a process of learning, liberation, and of building something for themselves (Heilborn et al., 2002; Pantoja, 2003). Contrary to what is generally assumed, it is not something that happens by chance. Pregnancy, in many cases, is desired and planned by both girls and boys (Beers & Hollo, 2009). Thus, it is important that one be able to relativize the argument that young girls get pregnant because they lack information (Gigante et al., 2008; Sousa & Gomes, 2009; Villela & Doreto, 2006).

In case it was only a matter of information, intervention actions would be simpler: imparting information on how to avoid pregnancy would be enough to prevent it from happening so frequently. However, what can be observed in current reality, is that adolescents have an active sex life, which increasingly starts earlier and earlier, and many of them perceive pregnancy as a way out of their parents' house and a way to build a life for themselves, regardless the original family, besides the fact of being respected in the community. Therefore, claiming themselves as autonomous and individualized identities (Faler, Câmara, Aerts, & Beria, 2013). For some families and communities, inclusive, teenage pregnancy can be seen as a normative or positive life event (Beers & Hollo, 2009).

The change in appearance in the body of a pregnant girl, despite being the most visible, is not the only one that presents itself in a pregnancy during adolescence. There is a range of concerns and uncertainties in the minds of teenage parents, mainly about their future, as they are inexperienced and end up facing crucial responsibilities to the child's growth and development. Taking care of a child represents a significant change to anyone and it may have a specific impact on the lifestyle of adolescents, especially in their relations with friends and peers. Moreover, teenage parents need to focus their attention and availability on someone else, all that while in a period of life in which they are also focused on their own development process (Beers & Hollo, 2009).

Literature has shown that, if taken into consideration as a psychosocial phenomenon, teenage pregnancy can be better understood in the interlacing of the gender and social class concepts (Dadoorian, 2003; Dias & Teixeira, 2010; Gonçalves & Knauth, 2006; Heilborn et al., 2002; Loss & Sapiro, 2005). In relation to gender issues, the boys commonly deny their responsibility for the effects of sexual intercourse and, if the girl becomes pregnant, they are suspicious of fatherhood (Heilborn et al., 2002). The use of condom is greatly rejected, especially especially among boys, and it seems to be an important gender issue, since they perceive contraception as a women's issue and believe that the routine use of condoms is more associated with extramarital adventures than to the protection and prevention of pregnancy (Madureira & Trentini, 2008).

In terms of social class, in the middle class, the assumption of fatherhood appears much more as a moral question than as a financial one, since families financially support children and grandchildren. Among the low-income families, there is a shortage of financial resources, because jobs are underpaid and unstable, as there are no financial reserves or possibility of credit in the face of emergencies. However, these are families that have an extended support network, which is worth more than their actual salary. Having family members and friends who contribute with gifts and loans is an essential factor in teenage fatherhood (Saleh & Hilton, 2011).

Although teenage pregnancy is widely studied when it comes to girls, there are few studies that address the fathers of these teenage mothers' children (Hollman & Alderman, 2008; Lau Clayton, 2016; Tuffin, Rouch & Frewin, 2010). Even though they may be older than the mothers, there are also many teenagers among them. Some studies show that the fathers tend to be around 2.6–3.4 years older than the mothers (Beers & Hollo, 2009). Studies conducted in Australia and the United Kingdom consider young fathers, those under the age of 24 (Ayton & Hansen, 2016) or 25 years old (Fatherhood Institute, 2013), respectively, although, similarly to teenage motherhood, fatherhood at that stage of life is more untimely and frequent in the least developed countries (Marín, Coyle, Gardner, & Cummings, 2007; Singh & Darroch, 2000). In Brazil, teenage pregnancy is also more frequent in low income social classes (Faler et al., 2013).

Most studies about adolescent fatherhood approaches the subject of the involvement of the father with the son and the son's mother (Fatherhood Institute, 2013; Saleh & Hilton, 2011). This conception has contributed to a process of stereotyping adolescent parents as absent and little involved with the child. Bordignon, Meincke, Soares, Schwartz, Barlem and Lunardi (2014) evaluate that this approach in the scientific field, anchored in social representations, may be an influential factor for the alienation of the father from the child and the child's mother. In addition, the authors point out that, in adolescent pregnancy, besides the emotional, cultural and religious aspects, there are also family and community influences that traverse the relationships between father, mother and child. An important issue is the influence of the child's grandparents, especially maternal grandparents, who evaluate the parents according to their own financial standards which are not compatible with adolescent father's reality (Beers & Hollo, 2009; Saleh & Hilton, 2011).

As for the changes in the lives of teenage parents, among those who have taken on paternity, the impact on school or professional life has emerged as much smaller than among girls (Heilborn et al., 2002). However, some studies show that, in many circumstances, the course of life for adolescent fathers may not be substantially different from the adolescents who are not fathers in the same socio-economic level (Beers & Hollo, 2009). In the popular classes, young men have already shown an erratic school trajectory before fatherhood, being more focused on work and financially providing for the household, which becomes aggravated with the arrival of a child (Bordignon et al., 2014; Lau Clayton, 2016). With regard to social classes, when comparing popular classes and the middle class, two distinct models of projects and life trajectories are found. The point of divergence seems to be on the adolescents' relationship with the school trajectory as a way of building a psychosocial and professional identity (Dadoorian, 2003; Heilborn et al., 2002). Adolescents originating from popular classes do not perceive school as an effective agent for the development of a professional life, and when they do realize it, they see the academic path as such a distant possibility making it difficult to articulate it with their reality, resembling a hardly achievable dream. In this sense, pregnancy represents a means of personal fulfilment (Brandão & Heilborn, 2006).

Similarly to what happens to teenage mothers, the assumption of paternity seems to have the young men a sense of transition to adult life, since it fosters a more responsible attitude towards their family and livelihood (Cabral, 2003). Fatherhood is culturally associated with the role of financial provision and, for young men from lower social classes, the path to their social recognition goes through this experience, as many of them constitute a family, drop out studies and enter the labour market in order to be able to assume the responsibilities brought on by paternity (Cabral, 2003; Hollman & Alderman, 2008). Thereby, this event ends up reducing their chances of getting a better insertion in the labour market, forasmuch as their schooling is lesser, which consequently affects their quality of life and that of their family (Aquino, Almeida Araújo, & Menezes, 2006).

In the study of Bordignon et al. (2014) the adolescent parents interviewed revealed that, before the news of fatherhood, the first reaction was to think about financial support for the child and the fear of not being able to handle that responsibility, since there is an urgent need for survival. Other studies with adolescent parents have shown their desire to participate in their children's lives (Fatherhood Institute, 2013; Hollman & Alderman, 2008).

In general, the theme of adolescent fatherhood has been neglected in comparison with motherhood (Hollman & Alderman, 2008; Lau Clayton, 2016; Tuffin et al., 2010). There are not studies that comprise the life trajectory of the parents. A hindrance for that is the difficult access to these young men due to, in many cases, the fact that the mothers are reluctant to having them involved in the process of pregnancy, especially if that is not planned (Lau Clayton, 2016).

Given the difficulty of having access to this population, most studies are of a qualitative approach (Bordignon et al., 2014; Tuffin et al., 2010). In Northern England, a longitudinal qualitative study was conducted with 10 young parents, for 18 months, in which their prospects for the future and their life opportunities were

investigated (Finney, Morton, Neale, & Clayton, 2010). In Brazil, a longitudinal study was conducted in three phases: up to 40 days after the baby's birth; sixth month of the baby's life and a year of the infant's life, including three adolescent parents from popular classes in order to evaluate their perception of fatherhood (Jager & Dias, 2015). Given the predominance of qualitative studies, these contribute to the understanding of the phenomenon, but are restricted to specific realities. In this sense, drawing a profile of the adolescent parent, especially in the Brazilian reality, remains a difficult task. In addition, in terms of delineation, studies that establish a pairing between adolescent parents and those who are not parents are scarce.

Similarly, due to the phenomenon configuration, it is difficult to establish if the risk of adolescent pregnancy, for both boys and girls, is related simply to the age of the parents or to other conditions of life, such as socio-economic status and other familial, communitarian and environmental factors (Beers & Hollo, 2009). Due to the relevance of the topic, this study was developed with the aim of apprehending the phenomenon of adolescent fatherhood through the trajectory of the parents, their perceptions and experience, as well as their life projects compared with those adolescents who are not parents, aged between 14 and 20 years, residents of Porto Alegre/RS in 2009 and 2010.

9.2 Method

This is a descriptive case series study with a qualitative approach. This study is part of a larger project called "Study of factors associated with pregnancy in adolescence: a study of cases and control groups with young people at the ages of 14 to 16 years old in Porto Alegre, RS".

Data collection was carried out between 2009 and 2010 and used the Live Births Information System (SINASC) in Porto Alegre in the year 2009 to identify children born to mothers aged 14–16 years old in that year. The mothers were asked in the interview to report the name of the newborn's father. In those cases which the girl informed the father's name, only parents aged between 14 and 20 years were selected. As the babies had been born between 2009 and 2010, at the time of the interviews the children were not older than 1 year of age. For each case selected, another young man at the same age who was not a parent was sought in the same neighborhood. Therefore, 30 adolescent parents and other 30 young men who were not parents, from the same neighborhood and at the same age group, were selected.

After identifying the 30 adolescent fathers, those were visited and interviewed, as well as the 30 adolescents who were not fathers. In order to present the participants' statements, the groups were designated F (fathers) and NF (non-fathers) and, in each group, participants were numbered from 1 (one) to 30 (thirty).

The meetings had approximate duration of 1 h. The data collection instrument consisted of closed questions about: (1) socio-demographic characteristics (age, race/color, schooling level, interruption of studies, occupational situation, household financial responsibility, who the adolescent lives with, and if the adolescent father

lives with the child); and (2) economic classification – Brazil Economic Classification criterion. The questionnaire consists of 10 questions, containing questions about the ownership of items and the schooling level of the head of household (ABEP, 2010). A semi-structured interview addressed the following areas of interest: sex life, adolescent pregnancy, meaning of fatherhood during adolescence, experience of fatherhood in adolescence, life projects before and after fatherhood and message to other adolescents who are not fathers. The interviews were recorded and later transcribed.

With regard to socio-demographic issues (including economic classification), a descriptive analysis of the data was carried out, with those data typed and presented in tabular form. The qualitative data were typed in the Word software, enabling the use of the technique of thematic content analysis. Such technique allows the identification of the speech meaning nuclei and the analysis of text meaning units. For this purpose, the pre-analysis, the exploration of the material and the processing of results were carried out (Minayo, 2008). In the initial phase, pre-analysis, the material was organized in line with the objectives of the study, in order to make it operational and systematize initial ideas. On the exploration of the material, the raw data were systematically transformed and aggregated in units, which allow a description of the contents expressed in the text. This categorization is the passing from raw data to organized data. The elements of the speech were grouped together for having common characteristics. For the treatment of the data, the information provided by the analysis were rescanned to allow data presentation.

The larger project was approved by the Research Ethics Committee of the Lutheran University of Brazil-CEP-ULBRA (2008-095H) and the Municipal Health Board of Porto Alegre-SMS/PMPA (001.017587.09.3). The participants consented to being interviewed and their parents/guardians were aware of and approved data collection by signing a clarified Consent Form, presented at the moment of the interview.

9.3 Findings and Considerations

The results have been grouped into seven categories: (1) characterization of the adolescents, (2) sex life of the adolescents; (3) pregnancy-related aspects, (4) meaning of fatherhood in adolescence, (5) experience of fatherhood, (6) projects of life before and after the fatherhood; and (7) message for adolescents who are not fathers.

9.3.1 *Characterization of the Adolescents*

Among the young fathers who were interviewed, the average age was of 18.6 years of age, higher than the 17.6 years age, found among the non-fathers. It should be noted, however, that three boys (10%) were already parents at the age of 15 years old (Table 9.1), old enough for early fatherhood, because adolescents themselves

Table 9.1 Demographic characteristics of the adolescent fathers (n = 30) e Non-father adolescents (n = 30). Porto Alegre/RS, 2010

Socio-demographic characteristics	Adolescent fathersn (%)	Non-father adolescent n (%)
Age		
14 years old	–	2(6,6)
15 years old	3(10,0)	2(6,6)
16 years old	2(6,6)	5(16,6)
17 years old	1(3,3)	4(13,3)
18 years old	6(20,0)	7(23,3)
19 years old	8(26,6)	5(16,6)
20 years old	10(33,3)	5(16,6)
Race/skin color		
Caucasian	17(56,6)	14(46,6)
Non-caucasian	13(43,6)	16(53,3)
Economic classification		
D e E	30(100)	30(100)
Schooling		
1st to 4th grades elementary school	0	3(10,0)
5th to 8th grades elementary school	14(46,6)	14(46,6)
1st grade high-school	9(30,0)	8(26,6)
2nd grade high-school	5(16,6)	2(6,6)
3rd grade high-school	1(3,3)	1(3,3)
High-school graduate	1(3,3)	2(6,6)
Interruption of studies		
Yes	22(73,3) (5 due to fatherhood)	7(23,4)
No	8(26,6)	23(76,6)
Occupational situation		
Employed	22(73,3)	9(30,0)
Unemployed	8(26,6)	21(70,0)
Household financial responsibility		
Adolescent's father	–	17(56,6)
Adolescent's mother	–	7(23,4)
Adolescent father	16(53,3)	–
Adolescent mother	2(6,6)	–
Paternal grandparents	10(33,3)	–
Maternal grandparents	1(3,3)	–
Relatives	1(3,3)	6(20,0)
Who adolescent lives with		
One or both parents	5(16,6)	22(73,4)
Child's mother	22(73,3)	–
Adolescent's grandparents	2(6,6)	5(16,6)
Relatives	–	3(10,0)
Alone	1(3,3)	–
Lives with the child		
Yes	27(90,0)	–
No	3(30,0)	–

consider that would be the age to enjoy life, performing activities proper to their age (Jager & Dias, 2015). The age of these adolescent fathers is similar to is similar to another study conducted in 2012; in that study adolescents from a city in the South of Brazil, were aged between 17 and 18 years old, being only one with 14 years old and another 16 years old (Bueno, Meincke, Schwartz, Soares, & Corrêa, 2012).

Regarding skin color, 31 (51.6%) are self-proclaimed caucasian (17 fathers and 14 non-fathers), and 29 non-caucasian (13 fathers and 16 non-fathers). This information is also similar to that found in the study of Bueno et al. (2012), in which caucasians predominated. This feature can be related to the peculiarity of southern Brazil, which has strong influence of European colonization. In studies from other countries, adolescent fatherhood is more common in some ethnic minority communities; however, age is considered more important than ethnicity when it comes to pregnancy during adolescence (Fatherhood Institute, 2013).

With regard to schooling, only three adolescents had graduated from high school. Among the others, 22 (73.3%) out of the 30 fathers, and seven (23.4%) out of the 30 non-fathers had not interrupted their studies. There is a significant difference between both groups; however, in the group of fathers, only five young men stated having interrupted studies due to fatherhood. Studies suggest that the detriment brought on by the pregnancy is lower among boys compared to girls. Social class seems to be the strongest determinant for the interruption of studies among the boys (Beers & Hollo, 2009). Thus, it is difficult to establish the causal link between fatherhood and interruption of studies.

All participants from both groups belonged to social classes D and E, which are the lowest economic classes. As well as in maternity, low income and low academic achievement are associated with parenting in adolescence (Hollman & Alderman, 2008). In the present study, however, this has not been a differentiator between the groups, especially because both case and control groups, besides being in the same economic class, shared the same community values in relation to teen pregnancy.

A relevant aspect refers to the insertion in the job. Although literature suggests that low-income teens enter the labor market early (Bordignon et al., 2014; Lau Clayton, 2016), in this study 22 parents claimed to be working at the time of the interview, 16 of them being the main providers for the family. With respect to the non-fathers, only nine worked at the time of the interview. These data allow us to infer that fatherhood is an important aspect for insertion at work, especially in the case of young people who are family providers. Among the non-father adolescents, besides the fact that only a few are working, they are not responsible for sustaining the household.

It is possible that this insertion in the labor market is related to fatherhood since the vast majority of the adolescent fathers at the time of the interview was living with the child's mother and accepting responsibility for the provision of the family, in part or totally. Studies with teenage parents have pointed out that this insertion in labor market is one of the main changes that occurred during the paternity in this stage of life, because these boys believe that the work is fundamental to the fulfillment of paternal responsibilities (Bueno et al., 2012; Cabral, 2002). This fact confirms the dominant thinking that links work to male identity and motherhood with

the responsibilities with the housework (Zamberlin, 2008). Establishing a new family and providing for the family were issues present in the interviews of teenage parents. Therefore, it is possible that the child's birth motivate conjugality of the young parents. However, it does not necessarily mean autonomy of the couple in relation to their families of origin (Dias & Aquino, 2006).

Twenty two (73.3%) out of the thirty fathers came to live with the baby's mother after its birth, five (16.6%) remained living with their parents and one (3.3%) lived alone. Nevertheless, five fathers, even though not cohabitating, spent time with the child. Thus, 27 fathers (90%) have involvement with the child, which is a pretty high percentage, considering that, in comparison with fathers of other age groups, adolescents exhibit lower rates of engagement (Saleh & Hilton, 2011). In the study of Ramos, Mata and Araújo (2011), the results also showed high involvement between the adolescent fathers and their children, which opposes the general concept of lack of commitment.

9.3.2 Adolescent Fathers' and Non-father Adolescents' Sexual Life

Ten out of the thirty adolescent fathers who were interviewed (33.3%) claimed to have started their sex life before the age of 14, eight (26.6%) at 14, six (20%) at 15 and only six (20%) after 15, which shows the precocity of this activity. With concern to the non-father adolescents, only five (16.6%) had started their sex life before the age of 14 years old, nine (30%) at 14, seven (23.4%) at 15 and the remainder (30%) after this age. Even though there is no big difference in the early onset of active sexual life, since 80% of the adolescent fathers and 70% no-fathers adolescents started it before the age of 15, it is observed that whereas 10 adolescent fathers started it before the age of 14, only five of the non-father adolescents started at this age. This reinforces the fact that the earlier the start of the sex life, the greater the chance of pregnancy (Bozon & Heilborn, 2006). This precociousness of early sexual life in boys is associated with the socially constructed image of men, which in addition to stimulating this early onset, encourages an intense sex life (Gubert & Madureira 2008).

Sexuality is an issue which is unevenly treated in relation to boys and girls, as the former are encouraged to have sex early, demonstrating virility and male potency. The boys suffer considerable pressure to have sexual intercourse with someone of the opposite sex, and as early as possible. The girls, however, continue being encouraged to delay the most their first sexual intercourse. These differences show the importance of using the gender approach to understand the issues related to sexuality and the beginning of sexual life for boys and girls (Gubert & Madureira, 2008; Zamberlin, 2008).

The beginning of sexual activity of the parents studied in this research is earlier than the average age for first sexual intercourse in Brazil, which is 15 years of age (Borges & Schor, 2005; Gubert & Madureira, 2008). This has been pointed out as a

biographical element present in the stories of teenage fathers and mothers (Dias & Teixeira, 2010). This study reinforces these findings and supports the idea that the earlier start, the greater the chance of pregnancy in adolescence. In research on teen pregnancy (GRAVAD), men reported that sexual activity does not require much of a choice, mainly because “sexual relations is a matter of honor”, so it can be with anyone, because according to them, the sexual intercourse is the only thing that changes their body (Heilborn et al. 2008). In addition, young men who experience early parenthood are often valued for being able to attract and keep a girl, what can represent high status in their communities (Fatherhood Institute, 2013).

Regarding the use of condoms, the percentage of non-fathers who used it was much higher (73.3%) than within the fathers group (60%), which points to a possible for greater care of those boys with the prevention of pregnancy. Among the reasons given for its use, 11 fathers and 14 non-fathers claimed to be in order to avoid diseases and/or pregnancy, especially AIDS. F1 said it is “to prevent against HIV and other diseases” and NF1 added “... I use a condom to avoid being infected with diseases and more importantly to not have children”. Eight fathers 14 non-fathers mentioned only as a way of avoiding pregnancy. Among the 23.3% fathers and 8.3% non-fathers who did not use a condom, the reasons reported by the fathers were “... because I don't know how to use it ...” (F6). F7 stated “... I only used it after I was 13 years old, I didn't think it was going to happen...”. Among the non-fathers, NF18 said that he does not use it because he doesn't like it and thinks it is not nice; NF18 also stated “... at the moment of the sex sometimes I don't have a condom, then it's done. It happens anyway”. It has been observed in other studies that there is a trend among teens of not using condoms, in particular when they start their sexual life very early, which is a problem as they have more chances of getting pregnant or contracting sexually transmitted diseases (Luz & Berni, 2010). Especially among the boys the use of condom has great rejection, because they believe that pregnancy is a problem of the girls and it's up to them to prevent it (Madureira & Trentini, 2008).

The referred use of condoms in this study is finds correspondence in another research that investigated the sexual practices of adolescents in Brazil. The percentage of adolescent boys who reported using condoms in all sexual relations was 72.5% (Gubert & Madureira, 2008). The index found in the current study is lower (70.8%) to that found by those authors, especially by non-fathers adolescents.

In relation to how often they used a condom, 18 fathers claimed to use it all the time (60%) and five (16.6%) stated that they never use it, which indicates that, apparently, they continued underestimating the risk of pregnancy or not worrying about it. Regarding the non-fathers, only one admitted never using condoms. The remainder used it either sporadically or always by the time of the interview (96.7%). It is observed that despite the adolescent fathers claims of using condoms in all relationships, this did not happen, since the girls became pregnant.

For those who reported using a condom, one of the reasons given is the double protection: against pregnancy and STDs and AIDS. Among the adolescents who did not use it, the rationale was being in a hurry to have sexual, the girl being on the

birth control pill, and the fact they don't like to use it. Only one subject stated not knowing how to use a condom. These findings are consistent with the literature regarding the reasons why adolescents do not use condoms during sexual intercourse (Borges & Schor, 2005; Gubert & Madureira, 2008).

The lack of information does not appear as a significant problem. That reason appears only once in this investigation, while in the study of Gubert and Madureira (2008) it was not present at all. On the other hand, the rush to have sex is a widely mentioned reason in studies, proving to be a characteristic of adolescent sexuality. A gender identity element found in both researches was that the responsibility of avoiding pregnancy and STDs and AIDS belongs to the woman. Finally, another common element was the statement of not using a condom because they don't like it. There is a widespread belief among the male population that the use of condom decreases or inhibits the pleasure during intercourse. It is very likely that the absorption of that belief by teenagers is influencing the non-adherence to this practice (Gubert & Madureira, 2008).

Curiosity, the feeling of omnipotence and the search for the new, foment in the adolescents a false idea that they are safe and can risk having sexual intercourse without a condom and that nothing will happen, which makes them completely vulnerable (Hill, Duggan & Lapsley, 2012; Lapsley & Hill, 2010). The social, economic and cultural inequalities influence health relations and hinder the effectiveness of prevention, leaving young people exposed to early pregnancy, STDs and AIDS (Malta et al., 2011).

Among the 30 fathers, 27 (90%) reported that the care with contraception is a sole responsibility of the girls. For them, the girls don't take care of themselves because they don't want to. According to F5, "...it is stupid, they know and do not care about it..." F7 stated that "... the girls don't think, they're nuts." F23 said that "... the girls are influenced by their boyfriends" and F15 said that "girls can't impose themselves". Only three young men pointed out the need to taking on responsibility for the prevention of pregnancy. Among the 30 non-father adolescents, the percentage of boys who refrained from the responsibility of pregnancy was also high (26 boys-86.6%). In addition to not feeling responsible for measures to prevent pregnancy, they still reported that should watch out, as in the lines: "girls don't take care of themselves" (NF12); "The girls are whores" (NF 17); "Girls don't have sex education" (NF27); "The girls are afraid of losing the boyfriend" (NF 14); and "the girls do as they want" (NF2). The high frequency of young people who assign responsibility for contraception solely to girls represents an important gender issue, which, to some extent, explains the occasional use of condoms, which is crucial in preventing teenage pregnancy (Cabral, 2003; Dias & Teixeira, 2010; Heilborn et al., 2002). This event seems to be related to the fact that issues related to conception, pregnancy and baby care are the sole responsibility of women. Men can contribute to the care, through company, help and especially financial assistance, but other responsibilities do not concern them (Heilborn et al., 2002, Madureira & Trentini, 2008).

9.3.3 *Adolescent Pregnancy Related Aspects Concerning Adolescent Fathers*

With regards to the planning of gestation, six fathers reported having planned pregnancy, along with the baby's mother. The reasons were varied: "the pregnancy was more or less planned. We wanted a son and stopped avoiding pregnancy. Then I got unemployed and she got pregnant. At the time I didn't want it anymore, it wasn't a good time, but then it was super cool" (F21); "We wanted a son, we had been dating for two years. We decided to have a baby" (F3). "Let's have a son to see how it goes" (F10). For those who planned the pregnancy, the reaction was of joy. F21 stated that "... despite being a difficult time because I was unemployed, I liked the pregnancy, that's what we wanted". F8 commented that he got very nervous with the responsibility of becoming responsible for family at an uncommon moment in life for that. Although they had planned, he felt he would have to work harder and give more support to his girlfriend. Among the 24 fathers who didn't plan the pregnancy, are those who did not use a condom in all sexual intercourse, even though many referred to always using it, which is proved false by the pregnancy.

Planning for pregnancy in adolescence has been pointed as representing a strong component in the formation of the adult identity, especially in popular classes, where this situation is more common (Dadoorian, 2003; Heilborn et al., 2002; Pantoja, 2003). There is a gap in studies aimed at teenage parents to investigate if the identity construction of adult male is also related to a project of fatherhood. Among parents surveyed in this study, six (20%) reported having planned pregnancy along with the girl and 22 (73.3%) reported that the child brought him greater sense of responsibility, since he started to get busy with the household provision and with the care of the child. This study does not allow us to say, as with the girls, that teenage pregnancy is being used by the boys as a strategy for acquisition of male identity. However, it is possible to suggest that fatherhood has provoked such an effect, since they started working to help with domestic income. That can be observed mainly from the moment they assumed the paternity (90% of adolescent fathers) and the responsibilities of sustenance of the new family (73.3%). The perception of increased responsibility and the need for reorganization in the lifestyle into a more mature attitude can be noticed since their first reactions to pregnancy. Many young men from less privileged social classes seem to believe that their social recognition goes through the financial provision for the family; therefore, entering the labor market to take on the responsibilities that paternity inflicts (Cabral, 2003; Hollman & Alderman, 2008).

When it comes to the reaction to the pregnancy, many said it was a surprise: "Oh! It was a surprise; I can't compare it to anything... I was like 'Oh!'" (F12); "Oh, man! I was surprised, you know! A guy will never expect something like that. To be a father at this age!!" (F13). F12 realized that the girl was pregnant when she said that her period was late. "... Then we learned she was pregnant. We waited for people to realize her belly growing. First her mother noticed it and then she told my mom. It was in her house that it all happened (the sexual intercourse), a few times,

without a condom.” (F12); “It was a real fright!. At first we didn’t tell anyone. After a while, I started wondering what it would be like to be a father so young, out of work.” (F14); “I was nervous, scared because I didn’t know what was going to happen. Life would change, I would have to have more responsibility.” (F15).

The reactions of the fathers, which surpass the surprise with the event, point to the need for a more responsible life organization and focused on the new family. Such reactions appeared as a sign of the assumption of the child project, project which matures throughout the pregnancy and is accomplished, in most cases studied, with these adolescents starting up a family of their own. Most of the boys started cohabitating with the mother and the child. The image of man as provider and caregiver, as pointed to by Cabral (2003) appears as the basic element in building the identity of being an adult. This assumption has great importance and seems to be based on moral precepts of accountability, care and need for sustenance of the new family, which appears with the refusal of these teenagers in opting for abortion (Heilborn et al., 2002).

Among all the 30 fathers interviewed, only four thought of abortion, and yet decided for keeping the baby. The reasons reported were “... .. God punishes. (F7) and F14 reported ”... I thought of abortion, but my mother found out and said no”. The influence of the child’s grandparents is great, which becomes evident with their interference in future of the pregnancy and with cares for the newborn (Dias & Aquino, 2006; Saleh & Hilton, 2011).

The moral imperative associated with the social representation of a man was very present among the boys who thought of abortion, but didn’t carry out the idea. That refers to the image of the one who assumes his responsibilities: children and family. These young men’s statements are in accordance with other studies that point identity aspects related to gender and social class (Cabral, 2003; Dias & Teixeira, 2010; Heilborn et al., 2002). The group studied presents a high rate of participation in the household provision, in comparison with what was found by Gonçalves e Knauth (2006) in relation to middle class young men, what appears to be a common feature to popular classes (Cabral, 2003).

9.3.4 Significance of Fatherhood in Adolescence

Table 9.2 presents the meanings of fatherhood for the participants.

The meanings (significances) of fatherhood in adolescence do not differ greatly between the two groups, probably on the basis of the community values that both share. However, for adolescent fathers, the maturity and learning experience of fatherhood can be observed. They experience the need to be present in the child’s life and recognize the positive aspects of that experience. Similar meanings were found among the fathers interviewed in the study of Jager and Dias (2015). The authors state that there is a social-historical representation of what it is to be a father. The birth of the child and the formation of a family force the father to mature and

Table 9.2 Significance of fatherhood in adolescence for adolescent fathers (n = 30) and non-father adolescents (n = 30). Porto Alegre/RS, 2010

Significances	
Adolescent fathers	Responsibility
	Constituting a family
	Someone to give love to
	Becoming a role model
	Maturity
	Child provision
	Education
	Being present
	Being a friend who gives advice
	Learning how to become a father
	Discovery
	Care
Non-father adolescents	Responsibility
	Becoming a role model
	Child provision
	Teaching values
	Monitoring school progress
	Impose limits
	No idea

take on greater responsibilities, which requires a readjustment of his adolescent projects and lifestyles.

9.3.5 *Experience of Paternity in Adolescence*

Table 9.3 presents the evaluation of the paternity experience.

Regarding the experience of being a father in the adolescence, three categories of answer were obtained: negative, neutral or ambiguous and positive. It was possible to identify more negative aspects, followed by ambiguous and positive. Although some of the meanings are positive, the experience deals with the daily life of the paternity, which has complicating factors. In this sense, 14 (46,6%) referred to it as a negative experience, as they find it very complicated to have to be responsible for a child, since they are very young. This fact changed their lives, considering that before the event they didn't have to deal with financial matters, which started to be a priority after the birth of the child. F6 reinforced the necessity of being careful in order to avoid pregnancy, "... because life gets much more difficult seeing that it is a lot of responsibility!". The adolescents value the process as difficult and very bad. They consider it "stupidity".

They value as difficult their grandparents influence and the fact they need them for financial support. The family of origin has been pointed as an important net of

Table 9.3 Experience of paternity in adolescence for adolescent fathers (n = 30). Porto Alegre/RS, 2010

Evaluation	
Negative experience	Very difficult experience
	Very bad experience
	Interference of the family of origin (financial support)
	“Stupidity”
	Deprivation of activities
	Increase of responsibility
	Having someone who depends on them
Neutral or ambiguous experience	Good and bad experience at the same time
	It depends on the situation and the person (father)
	It depends on the father’s mindset
	Regardless of age
	“Normal”
Positive experience	Positive experience
	Positive experience when one has a good mindset
	Learning due to increased responsibility

psychological and financial support (Bueno et al., 2012; Dias & Aquino, 2006); however, that interference is not always experienced as positive. In the study of Jager and Dias (2015), one of the participants reported the fragility of the relations with the family of origin, especially with that of his companion. Moreover, they find the increase of the responsibility negative, in the sense of having someone who depends on them, and the deprivation of activities that they could enjoy before. It is exactly the withdrawal from their peers company and the change in the way of life, which prevents them from keeping on doing the same activities they used to do taking on the responsibility for the child and/or family that seems to be the biggest loss reported by the fathers in the present study. Such evaluation of the experience also was found in the study of Jager and Dias (2015), in which the adolescent fathers reported that the adolescence is a period to enjoy life.

The experience was rated as ambiguous for the statements of it being “normal”, or that it is “good and bad at the same time”, because they do not allow a better understanding of the experience of fatherhood by these adolescents. For some of them, there is a notion that the experience of the fatherhood is stipulated by the situation in which it takes place and for the maturity of the father, which does not depend on the age, after all “it is possible to be a good father at 17 and a bad one at 40” (F12). These evaluations, in particular, oscillate between the difficulties faced by the adolescent father and the experience of living with the child. The same evaluations are also possibly related to the process of understanding the situation, seeing that at the moment of the interviews the paternity was a relatively new event. According to Almeida and Hardy (2007), this type of perception can be understood as a vulnerability in terms of the gender socialization related to fatherhood, which

implicates in the incorporation of the role of masculine domination without the proper concern with self-care.

The 11 adolescents, who refer to fatherhood as a positive experience, also affirmed it is an experience of much responsibility. At the moment of the interview, 14 fathers stated to be happy with the arrival of the child and all of those who lived with the child said that it is a very good experience: “I participate of all tasks; I take care of the baby at night while the mother works. On weekends I gather the family, I like playing with my daughter and seeing how she learns so many things each day” (F9); “I get so happy when I arrive at home and can kiss him and play with him! It is good, it has helped me to become responsible and to value my parents” (F23); “I play with her at night, and I am not in a hurry to go to work... I give little help with bath and stuff because I don’t stay at home much” (F21). The evaluation of the experience as positive is not very well explained by the fathers. They only mention it is good when one has a good mindset to deal with the situation and that the increase of the responsibility is a factor that a apprenticeship. In the study of Almeida and Hardy (2007), after the child’s birth, the fathers experienced satisfaction. The authors believe that the fatherhood contributes to their insertion in the world as an adult, reinforcing their masculinity, in accordance with the attributions of gender socialization.

The qualification of the experience of the fatherhood as negative, ambiguous or positive brings up answers that draw attention to the aspects of the responsibility with the child, discussing topics such as the need for assumption, liking the girl, the precocious age to have children and the new responsibilities with work. The answers of these adolescents point to the personal growth, which places them in the position of providers for the family and removing them from the role of children. The increase of maturity is also noticeable in their realization of the necessity of taking preventive measures in order to avoid unplanned pregnancy. Such awareness has been pointed as a *contraceptive trajectory*, in view that, only after the first pregnancy, the adolescents started to think about taking responsibility for the prevention of gestation (Heilborn et al., 2002). The fact that 76,6% of the fathers use condoms after the birth of the baby seems to indicate the concern of these adolescents with the avoidance of the pregnancy.

9.3.6 *Life Projects and Fatherhood in the Adolescence*

Table 9.4 presents the life projects of participants before and after the fatherhood.

The life project is a way of making relating past, present and future in terms of an action that is articulated towards the future. In this sense, it is the future that gives concrete meaning to present and past. In order to understand an individual’s choices, it is necessary to understand their context and its meaning for that individual. The processes of planning of life projects are related to social and psychological aspects (Guichard, 1995). Generally, among adolescents, life projects usually comprise academic, professional and familial aspects. However, it is important to consider the

Table 9.4 Life projects before and after fatherhood in the adolescence for adolescent fathers (n = 30). Porto Alegre/RS, 2010

Life projects	
Before	To enjoy life
	To go to college
	To set up own business
	Nothing planned
	To be happy
	To have a better house
	To work / study
After	To have a house
	To raise the daughter
	To save money
	To work / study
	To improve their life

influence of social class and socio-economic conditions as intervening factors in the adolescent’s plans regarding the future (Souza, Trinity, Coutinho, & Menandro, 2007).

The adolescent fathers reported their plans for before and after the fatherhood. Some of these plans remained same, as it is the case of working and studying and having a house. It is important to take into consideration that most of the adolescent fathers had already dropped out school and large number of them was already inserted in the labor market, which is a compatible reality not only with the economical class to which they belong, but also to the fatherhood. However, before the fatherhood there were projects such as “enjoy life” and being happy, which are typical of the adolescent reality, as well as not having plans at all. Besides, there is the project of going to university and setting up their own business. These plans meet the findings of Jager and Dias (2015), that the adolescence is a period designed for amusement and personal and professional development.

Those plans are modified after fatherhood, when the preoccupation with raising child and the improvement of the economic situation take place, probably due to the urgency of providing for the child. Therefore, there is a sensitive change in the projects of these young men. That is related to the adolescents’ own perception of fatherhood, and that it somehow interrupts the adolescence in terms of their activities and opportunities (Jager & Dias, 2015).

9.3.7 Message to the Non-father Adolescents

Table 9.5 presents the message from adolescent fathers to non-father adolescents about fatherhood.

In the same sense as of the experience of fatherhood and projects for the future, when asked about the message they would like to leave for non-father adolescents,

Table 9.5 Message from adolescent fathers to non-father adolescents about fatherhood (n = 30). Porto Alegre/RS, 2010

Message	
Avoid having children	Not to have children early, it's a lot of responsibility
	Enjoy life before having children
	Mistake, "stupidity"
	Achieve financial Independence before fatherhood
Positive experience	Rewarding experience
	It's good but brings much responsibility
	Give their best to the child
Find the right woman to have children with	

again, most of the adolescent fathers' responses was to avoid having children. Their responses are based on difficulties brought by the experience, such as the choice of the girl with whom they will have the child and the responsibility of supporting the family.

Even those who mention the experience as positive do not fail to mention the responsibility and cares for the child. The young men rate the experience as rewarding, but not enough to be recommended.

9.4 Final Considerations

The profile of the adolescent fathers who participated in this study is of young men originated from popular class, with low education and high school truancy, although in only five cases they relate that to fatherhood. In most cases, they are financially responsible for the family they started and live with the baby's mother and child. Although it is important to look at adolescent pregnancy in a less normative way (Heilborn, 2006), it is necessary to consider its strong association with precarious conditions of life (Hollman & Alderman, 2008). That allows the thought of pregnancy and fatherhood in the adolescence not only as a social problem, but also as a symptom of a society that offers little opportunity to certain social strata which establish their own culture in terms of values (Faler et al., 2013).

Another issue to be demystified is the little parental involvement. Studies show that most adolescent fathers would like to get more involved with their children (Fatherhood Institute, 2013). Many are prevented from doing so by the child's mother, her family and by the social stigma itself associated with adolescent fatherhood (Beers & Hollo, 2009).

They had early onset of sexual life and most referred to regular use of condoms, even if it is not compliant with fatherhood. The early onset of sexual life is a strong predictor of pregnancy or repeated pregnancies in adolescence, both for boys as for girls (Bozon & Heilborn, 2006). In the case of the boys, it is important to consider

the social pressure to which they are subjected in order to start their sex lives as soon as possible, with someone of the opposite sex, thus reaffirming their masculinity (Almeida & Hardy, 2007).

Condom use is a rather controversial aspect on the results of this study. There seems to be an incongruity between intention and behavior, because it is clear that the adolescent fathers don't use condoms regularly. In this sense, it is possible to infer that teens respond according to the information they have about contraception. That is, they know about the importance of its use. But that information does not match their practices (Chinazzo, Câmara, & Frantz, 2017). The reason stated for the use of condoms was to avoid diseases and pregnancy, and, in some cases, pregnancy was more feared than sexually transmitted diseases (STDs). Such responses, taken into consideration as a whole, can be considered in terms of social desirability when young people answered what they considered to be correct.

Furthermore, the answers of five of the fathers, who even after the fatherhood still do not use condoms, stand out. The reason given for that is not having the condom handy at the moment of the sexual intercourse, not liking to use it and the girlfriend was on the pill. The fact of not having a condom and, even so, exposing themselves to the risk of STDs and pregnancy, demonstrates, in a certain way, a characteristic of the adolescence, which is to consider only the present moment, without considering future consequences, which, invariably, exposes them to risks (Heilborn et al., 2002). Likewise, it is necessary to consider the illusion of invulnerability or illusory optimism, which makes them underestimate the risks (Hill et al., 2012; Lapsley & Hill, 2010).

The matter of not liking to use a condom, among adolescents of a generation that grew up learning that its use was the only form of prevention against STDs/AIDS, refers us to transgenerational aspects that have been reproduced. With the institution of the condom as the most efficient strategy for prevention against STDs/AIDS, many young men experienced changes in their sexual practices, which was interpreted as negative (Madureira & Trentini, 2008). Possibly, this perception has been passed on to the next generations, in a way that the current adolescents reproduce this representation.

Besides, there is a general idea that the responsibility for contraception is exclusive of the girls. That seems to be a crucial point regarding the adolescent fatherhood. The adolescent fathers in the present study, however having taken on responsibility for their children to the point of having moved in with the mother of the child, still reproduce the stereotyped gender relations found in both common sense scientific studies. There is a devaluation of the woman, as if pregnancy had been her individual decision or due to the girl's lack of character. The statements about responsibility for contraception as well as the use of contraceptive methods, demonstrate an extremely sexist context, which typifies clearly the current gender socialization in the society (Zamberlin, 2008).

However, six parents report that the pregnancy was planned. In these cases, the idea was of trying something new or consolidating the relationship. These experiences can be seen as life projects, in the sense of producing something that makes sense for the parents and, somehow, turns them into autonomous, responsible and

adult identities (Beers & Hollo, 2009). For these fathers the reaction to the news of the pregnancy was of joy. For the others it was of surprise or fright, which demonstrates the lack of connection between behavior and consequences (Chinazzo, Câmara, & Frantz, 2017). In most of the cases, however, the first feeling was of responsibility, indicating that the adolescent fathers show involvement with the pregnancy (Beers & Hollo, 2009; Fatherhood Institute, 2013).

Although some of them thought of the possibility of abortion, they did not go forward with the idea due to intervention of the grandparents, responsibility, fear of risks for the mother and the baby or for religious motives. Taking on responsibility for the pregnancy and taking it to term is a process that involves not only the couple, but also their respective families (Aquino et al., 2006). An essential point is that abortion is illegal in Brazil, which makes its practice become socially condemned and, inevitably, underestimated. In a comparative study with the cities of the Rio de Janeiro and Salvador, Porto Alegre comes up as the city with the least incidence abortion (Aquino et al., 2006); however, this fact can be interpreted under the light of the findings of Leal and Lewgoy (1998), which identified, in Porto Alegre, the use of abortive practices were deemed only as a way of making their menstrual period “come faster”. The religious motives are also important, since they are associated to the beliefs on the beginning of life and to the guilt (Checa, Erbaro, & Schwartzman, 2008).

As for the meaning of fatherhood, the sense of responsibility, discovery and apprenticeship in an affective perspective oriented to the education of the child stand out. Inevitably, while answering the questionnaire, the fathers bore in mind their children, which contributed to a certain deal of affection in their answers. These are in agreement with studies that demonstrate the interest of the adolescent fathers in becoming more involved with their children, regardless of the relationship with the mothers (Fatherhood Institute, 2013).

The experience of the fatherhood, however, is valued predominantly in a negative way. The fathers refer to it as a mistake which brought on them deprivation of activities of the adolescent life due to the new responsibilities. Although the social representation of fatherhood is very strong and present in the society, so is the representation youthfulness. In this sense, there seems to be an evaluation of adolescent life aspects that the young fathers are missing out because of assuming the responsibility for a child and, very often, for a family, when they could be concerned only about themselves and activities that would bring them pleasure or academic and professional growth (Beers & Hollo, 2009). In some cases, the experience is valued as ambiguous, as if conditioned to the individual's characteristics. In cases which the evaluation is positive, the increase of responsibility is seen as an apprenticeship (Almeida & Hardy, 2007).

The relation between life projects and fatherhood is not very clear, considering that this conception is strongly marked by the social reality in which people are inserted. With regard to the participant fathers in the study, it is possible to notice a change in relation to life projects before and after the fatherhood; a change from

adolescent projects into projects linked to an adult's status of provider for a family. Such aspects, as well as the experience of fatherhood are, reflected in the messages that the adolescent fathers left for non-father adolescents, in the sense that the latter should avoid pregnancy, since it is a mistake and brings in much responsibility. It is necessary to enjoy life and to have financial independence before having children. Even the fathers who left a positive message do not fail to alert the increase of the responsibility as an aspect to be carefully considered.

As for the non-father adolescents, they belong to the same economic class as the fathers, but school truancy rate is lower, they are not financially responsible for the house and they live with their families. As for the sex life, important differences are not observed in relation to the adolescent fathers, though the beginning of the sex life is later. Similarly to the adolescent fathers, the non-father adolescents place the responsibility for contraception, primarily, on the girls, dealing with the subject in a rather stereotypical manner in terms of gender.

Fatherhood refers a construction that takes place out of different interactions established among people. In the adolescence, several transformations can happen, which help the young men in the search of a new identity that represents better this role of being a father, built and rebuilt at each step of the way (Jager & Dias, 2015). It is, very often, seen as a negative event in the life of the young men, since it represents risk factor in a healthy life (Heilborn, 2006). However, the social representations on fatherhood are much more negative than those noticed in the experiences of young men. Though, at first, they may rate the experience as negative, in fact, it is accompanied by social aspects relative to the lowest economic class and that of lowest schooling level, the involvement and responsibility these boys take on is noticeable, converting the phenomenon of pregnancy in the adolescence not only exclusively feminine.

It is important to mention as limiting factors of the present study; the initial difficulty in obtaining data from the adolescent fathers, since many of the girls had interrupted relations with them; the difficulty in carrying out the interviews, because in addition to the problems finding correct addresses, the answers of these boys were quite succinct, which made it difficult, even for experienced interviewers, to extract many feelings and reflections out of those responses. Another aspect relative to the selection of the participants is that, in most of the cases, the adolescents fathers lived with the child's mother, which can represent a differentiated sample, in terms of commitment with child and family. Finally, it is considered an important limitation the impossibility of following up with these fathers, since the experience captured in the interviews was very recent regarding the birth of the child, and it may possibly have been altered in the course of time.

In terms of implications for the practice, this study points out the following aspects: the necessity of taking the adolescent fathers into consideration for a better understanding of the phenomenon of pregnancy in the adolescence; the development of strategies, in schools and health care centers, for the modification of the current gender socialization values; and the insertion of follow-up programs to adolescent fathers in the health centers, as it already happens in other countries (Beers & Hollo, 2009; Fatherhood Institute, 2013).

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Part II
Intervention on Children Psychosocial
Well-Being

Chapter 10

Psychosocial Well-Being of Children and Adolescents: Intervention Effect and Impact Evaluation

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10.1 Introduction

During the last decades, several authors have been trying to identify what aspects influence well-being. More recently, there are growing efforts to identify subjective indicators specifically in childhood and adolescence (Ben-Arieh, 2008; Montserrat, Dinisman, Baltatescu, Grigoras & Casas, 2015; Sarriera et al., 2014c). Although some studies show evidence that the implementation of intervention programs in childhood and adolescence contributes to a healthy development, there are only a few studies focusing on empirically validated interventions aimed at increasing the well-being of this population (Shoshani & Steinmetz, 2014). This limitation is even greater when considering the Latin American context. Investing in well-being interventions provides opportunities for children's well-being improvement from research and practice.

The current chapter presents the implementation and evaluation of an intervention program regarding adolescents' well-being, based on theory and research with five modules that represent important domains of children's well-being. The selection of indicators, the design and the effect and impact evaluation of the intervention are described. Finally, the challenges and opportunities regarding the intervention are discussed. In the following chapters (11, 12, 13, 14 and 15) each intervention module will be presented, as well as the process evaluation.

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10.1.1 Psychosocial Well-Being Intervention in Childhood and Adolescence

Psychosocial intervention has been an area of interest for the Research Group on Community Psychology – Federal University of Rio Grande do Sul (GPPC, UFRGS, Brazil), which seeks to develop projects for insertion and promotion of health. For example, from the research “Youth unemployment: psychosocial and health aspects” (1993–2001), an Insertion Program was developed, which included three modules: occupational project, social skills and knowledge and attitudes related to work (Sarriera, Câmara, & Berlim, 2000). The program was implemented in three groups of adolescent aged 14–17 years, volunteers enrolled in the SINE/Adolescent Program of the Foundation for Labour and Social Assistance in the State of Rio Grande do Sul (FGTAS). From this program a guide for training and occupational guidance for young people was created (Sarriera, Câmara, & Berlim, 2006).

Also, from the research “Leisure in Adolescence as a Health Promotion” (2002–2007), a program with intervention on leisure and free time was developed in 2008. The program started from the conception of the importance of free time and leisure as promoters of health in adolescence, and it was developed with the purpose of making adolescents aware of the importance of free time for their development and personal fulfilment. The intervention was carried out in modules in which, for example, the adolescents could reflect on their life project and the protagonism in the organization of time, as well as the recognition of available resources in the community (Sarriera & Paradiso, 2012). The accomplishment of these two programs reflected the interest of the GPPC in proposing alternatives for health promotion and prevention of risk behaviours in adolescents, choosing the path of social strengthening through well-being interventions during adolescence.

In the same way, continuing the studies on well-being in childhood and adolescence, the GPPC proposed a psychosocial intervention that focused on the subjective well-being of that population. Intervention projects that seek to promote well-being are fundamental and can serve as useful tools to inform health and human sciences professionals interested in investigating or acting in the area (Remor & Amorós, 2013).

Intervention studies have already indicated that such practices can promote subjective well-being. For example, in a meta-analysis with 51 interventions on well-being, Sin and Lyubomirsky (2009) concluded that the interventions have significantly improved well-being as well as decreased depressive symptoms. Most of the studies found by the authors were carried out with adults. However, recent studies show evidence that the implementation of intervention programs in well-being in childhood and adolescence contribute to healthy development (Bird & Markle, 2012; Ferrer-Wreder, 2014; Shoshani & Steinmetz, 2014).

10.1.2 Intervention Evaluation: Process, Effect and Impact

A key element in an intervention process is the evaluation. It is understood that evaluation must be present in all steps of the intervention process: from needs assessment, feasibility, training and impact. The evaluation process must come from planning and from the choice of indicators and strategies to be used, in order to allow a critical assessment of intervention results, making improvement possible (Sarriera, 2009).

In the context of intervention projects, assessing means and values are important to make decisions. In case the evaluation occurs during the intervention execution, this is called *process evaluation*. Its objective is to evaluate whether execution is being conducted according to the initial proposal in terms of organization, procedures and used resources (Cohen & Franco, 2012; Reboloso, Fernández-Ramirez, & Cantón, 2008). The main function of process evaluation is to improve intervention while it is executed (Stufflebeam & Shinkfield, 2007).

The evaluation carried out after the project has the objective of evaluating results and is called *effect evaluation*. This kind of evaluation reveals the achievement of the project objectives or, in other words, whether the program presents the effects (changes) in the expected direction and the magnitude of that change. The purpose of this kind of evaluation is to make decisions about the continuity of the project. In turn, *impact evaluation* aims to demonstrate that results were obtained as a function of the project and allows verifying that they did not occur spontaneously or for reasons unrelated to the intervention (Cohen & Franco, 2012). Therefore, it is recommended that the results of the group that participated in the project (experimental group) should be compared to a group that did not participate (control group). As the difference between the two groups is the participation (or not) in the program, the differences in outcomes between groups after the program are attributed to the presence of this variable (participation in the project) and not due to any other (Cohen & Franco, 2012; Reboloso et al., 2008).

The evaluation of an intervention program must be accurate, reliable and, above all, valid, in order to identify the relationship between the initial situation, the pre-intervention needs, and the resulting situation at the moment of conclusion of the intervention, as well as some time after implementation of the program (Fernández-Ballesteros, 1996). The ability to plan, conduct and evaluate the course of intervention as well as evaluate its outcome is essential to understand the processes that have taken place in the course of the intervention and its transformations (Sarriera, 2009).

10.1.3 Indicators of Well-Being

A basic step to initiate any intervention is developing indicators. Without indicators we walk blindly in a non-scientific terrain, calling intervention any action that, without the need for planning and evaluation, can illusorily lead to believe about

achievement through poorly reasoned criteria. The studies on subjective well-being are based fundamentally on the survey of subjective and objective indicators, associated with domains and contexts of well-being, researched with the intervention target populations.

An indicator is a variable capable of synthesizing, representing or meaning what one wants to evaluate. Measuring indicators means identifying information that is important to better understand the situation being evaluated, and the objective is to verify the possibilities of intervening in a problem situation (Tanaka & Melo, 2001).

In the last decade, several authors have been working to identify which indicators contribute to well-being (Cummins & Lau, 2005; Seligman & Csikzentmihalyi, 2000). Currently, indicators of subjective well-being are considered important components for monitoring aspects such as quality of life, health, public health, social services, families and the environment. They can be used to assess the needs of different policies and interventions, as well as to evaluate results (Diener, 2006).

More recently, there has been growing interest in the identification of well-being indicators in childhood and adolescence, which are shown to be promoters of healthy development (Ben-Arieh, 2008; Montserrat et al., 2015; Sarriera et al., 2014c). Child well-being is considered a multidimensional construct that incorporates multiple domains, selected from theoretical perspectives and data availability, and it is the focus of public policies. For Lee (2014), child well-being indicators “are statistical measures that represent the level of well-being within the respective domains” (p. 2800). Knowledge of these indicators is essential to reflect on proposals for intervention programs (Montserrat et al., 2015).

Research on subjective indicators of well-being in childhood and adolescence are linked to the emergence of a theoretical-conceptual normative framework, as well as methodological aspects about how to access this population’s opinions and perceptions about their subjective well-being (Ben-Arieh, 2008). Within this framework, the following stand out: (a) the United Nation’s *Convention on the Rights of the Child* (CRC) of 1989, from which children were conceived as citizens of rights, who must be heard and who can freely express their opinion and participate in the decisions that affect them; (b) the search for *subjective indicators*, which represent the opinion and evaluation of each person on different aspects of their life, instead of just seeking objective data such as child mortality rate and literacy rate; (c) change *from negative to positive*, with a search for positive indicators, protection, strengths and capacities; (d) change *from well-becoming to well-being*, concerning for the current well-being of children and adolescents, not only in a future perspective, for their well-being as adults.

In this sense, recent studies on indicators of child and adolescent well-being have sought to have these subjects as main research informants, with assessments from their own viewpoints (Ben-Arieh, 2008; Montserrat et al., 2015; Sarriera et al., 2014c). Children and adolescents can and should be key informants of their own well-being, as well as in designing policies, plans and intervention programs to improve their well-being. Their participation, besides being a child’s right, is essential to ensure effective and quality programs and policies (Casas & Bello, 2012).

10.2 Psychosocial Well-Being Intervention in Adolescence: Indicators Survey

With the objective of constructing a psychosocial intervention to promote well-being among adolescents, the review of indicators associated with well-being, and relevant to our population, was initially carried out. The indicators of well-being were accessed from two sources: previous data from field research of the Research Group on Community Psychology of the Federal University of Rio Grande do Sul (GPPC/UFRGS, <http://www.ufrgs.br/gppc>), and scientific publications in relevant sources during the last years. The data from the GPPC research were compared with the empirical literature, observing the convergence between the indicators obtained and those highlighted by other authors. From this procedure, the preparation of the Psychosocial Intervention Program for Well-Being in Adolescence was carried out, according to the two-step stages presented next.

10.2.1 *Step I – Data from Previous Research of GPPC*

The Research Group on Community Psychology (GPPC) has been conducting research on subjective well-being in childhood and adolescence since 2008. Research based on this perspective has considered both the qualitative methodology, with the use of focus groups about the attributed meanings to the well-being in adolescence, as the quantitative methodology, with the application of questionnaires on the topic.

In 2009 and 2010, the group collected data on well-being and related aspects in a sample of 1588 adolescents from the State of Rio Grande do Sul (Brazil). Participants aged from 12 to 18 years old answered questions about subjective well-being, self-concept and use of free time and technologies. From this research, partnerships with research groups from Spain, Chile and Argentina were established. In the qualitative phase with focus groups, 72 adolescents of both sexes, aged from 14 to 16 years old, from public and private schools of five cities of Rio Grande do Sul participated.

In 2011, GPPC began the research “Child Well-Being and Associated Psychosocial Factors” developed in partnership with the International Society for Child Indicators (ISCI). The first wave of the survey was conducted in 14 countries, with about 3000 children in each participating country, with ages from eight to 12 years old (ISCWeB, Children’s Worlds, the International Survey of Children’s Well-Being, <http://www.isciweb.org>). The main objective was to collect representative data about children’s lives, such as their own perceptions and assessments of their well-being and various aspects of their lives.

With the results of these studies in hand, it was possible to identify indicators of well-being for children and adolescents. Many results of these studies have been published in national and international articles (e.g., Bedin & Sarriera, 2014; Casas

et al., 2015; Sarriera et al., 2013; Sarriera et al., 2014a; Sarriera et al., 2014b) and in the reports that were given to participating schools. However, based on these data, the GPPC sought to continue this work, proposing the development of the well-being intervention with children and adolescents. The data obtained were used to discriminate between children with higher and lower well-being, and to select the main indicators to be used in the intervention.

10.2.1.1 Method: Analysis of Well-Being Discriminant Indicators in the Brazilian Sample

The survey of indicators in this stage was carried out in order to discriminate which items in the ISCIWeB survey questionnaire would be able to better identify the children with higher and lower well-being in the Brazilian sample. The method and results of this step are presented next.

Participants

Participants were 3328 Brazilian children students from 59 schools located in Porto Alegre and Metropolitan Area, and other inner cities. The ages ranged from 8 to 13 years old ($M = 10.18$, $SD = 1.49$), and 54% of them were girls. The participants from private schools represented 38.8% of the sample and those of public schools represent 61.2%.

Instruments

Children answered a questionnaire, composed of well-being scales and various items that evaluate satisfaction with different aspects of life: family and home, material resources, interpersonal relationships, neighbourhood, school, use of free time and technologies and personal aspects (Sarriera et al., 2014c; <http://www.isci-web.org>). Well-being scales are:

The *Personal Wellbeing Index* (PWI) developed by Cummins, Eckersley, Pallant, Van Vugt, and Misajon (2003) assesses the satisfaction with seven domains related to satisfaction with health, with the standard of life, the things one have achieved, the safety, security about the future, with relationships with other people and with the groups one is part of. For this study the scale was adapted for an 11-point scale, ranging from *completely dissatisfied* (0) to *completely satisfied* (10). In a validation study for Brazil, the PWI presented good internal consistency for both the adolescent sample ($\alpha = 0.764$) and the adult sample ($\alpha = 0.799$) (Bedin & Sarriera, 2014).

The *Overall Life Satisfaction* (OLS) is a single item scale of overall satisfaction with life. The response range from 0 (completely dissatisfied) to 10 (completely satisfied) considering the question “Currently, to what extent are you satisfied with your life, considered globally?” Campbell, Converse and Rodgers (1976) reported the benefits of using a single item in the assessment of subjective well-being.

Data Analysis

As the mean for well-being is usually high in samples of children and adolescents (in the current study sample, 50% of the children had a mean of well-being between 8.71 and 9.79), and the objective of an intervention is to generate change in a group that is in a different situation from another, it was a challenge to think about how to increase the well-being of children who already have high well-being. In this sense, it was decided to divide the sample of children into quartiles from the means of the two well-being scales and we analysed two groups considering the children with lower well-being (first quartile, means between 0 and 8.7, $n = 734$) and the children with higher well-being (fourth quartile, means between 9.8 and 10, $n = 804$) among the 3328 study participants.

Thus, the analyses were performed with 50% of the total sample, and the proportions of the total sample were maintained in relation to the distribution by sex, age, city and type of school. In order to verify which items made the most difference between the two groups, a Discriminant Analysis was used, with the well-being group as the dependent variable (low or high) and as independent variables the items of each domain of life.

10.2.1.2 Results: Analysis of Well-Being Discriminant Indicators in the Brazilian Sample

The multivariate analysis called Discriminant Analysis aims to maximize the differences between groups (low and high well-being), identifying the independent variables that form a discriminant profile associated with well-being. Discriminant items related to family and home, explained 32% of the well-being variance, especially mutual learning, good living and family interaction and feeling the family as a safe space. Material resources items explained only 1% of the variance associated with the lack of computer and Internet.

The perception of children rights explains the 21% of the well-being variance, highlighted by the items of knowledge and awareness of rights. Friends has a well-being variance of 20%, with the perception of the amount of friends and acceptance by them. The school explains well-being better (24% of variance), first because the variable safety in school, but also because of teachers who listen to them and treat them well, and not having colleagues who exclude them.

Other variables related to free time and leisure explain differences in well-being (22%) related to those who do household tasks and also perform physical exercise

and sports activities. The item ‘not having anything to do’ is more important in the low-well-being group. As for the differences regarding the neighbourhood and the sense of community, there is a good discriminant percentage obtained between the two groups, 25% of variance, highlighting the satisfaction of the children with their social identity (“I feel at home in this neighbourhood”), and the positive perception in the resolution of neighbourhood problems among neighbours. With regards to the environment, the association with well-being is also high, 27%, emphasizing environmental attitudes and specific behaviours of care related to sustainability.

A specific group of variables is related to spirituality and religious coping. In this sense, religiosity explains 16% of the well-being between groups, emphasizing the perception of spiritual support, of becoming better, and trust in a protective God that helps to feel better. Negative religious coping, on the other hand, accounts for little or no difference in well-being (3.3%), emphasizing feelings of punishment. When checking the items related to faith and religious practice, they explain the differences in well-being in a 5%, emphasizing the importance of faith and prayer, followed by activities related to religion (conversations, readings, meetings).

The variables analysed that had greater differential effect comparing the groups of higher well-being and lower well-being were chosen as possibly more effective indicators for the Intervention Program that aimed to promote the well-being, especially for children with lower well-being. The selected variables were grouped from 10 to five thematic dimensions: (1) material resources and rights; (2) environment and sense of community; (3) free time, leisure and technologies; (4) interpersonal relationships; (5) spirituality and self-concept.

10.2.2 Step II – Literature Review

The second step for the subjective well-being indicators survey consists in a review of scientific studies. The objective was to relate the results of the discriminant analysis, performed in step I, with those of the review. Based on the topics defined in step I, the research was conducted in scientific databases regarding relationship of well-being and the five specific topics. The research were carried out using keywords representing the topics of each block and combined with the terms “subjective well-being” and “adolescence” or “childhood”. The empirical articles were analysed according to their objective, variables evaluated, the instruments used and the results obtained.

The study resulted in well-being indicators related to each theme. These were related to the indicators found in step I, obtaining the following indicators:

1. Well-being indicators associated with material resources and rights:
 - *Knowledge/awareness about rights*: knowledge of children’s rights and ways of ensuring that they are respected (Furlani & Bomfim, 2010; Jiang, Kosher, Ben-Arieh, & Huebner, 2014; Sarriera et al., 2014c; Wagner, Sarriera & Casas, 2009).

- *Good living conditions and access to essential material resources*: children who indicated more than one housing problems (e.g. accommodation too dark, no bath or shower, leaking roof) have less overall life satisfaction (Bradshaw, Keung, Rees, & Goswami, 2011), also access to essential material resources is associated with better subjective well-being (Katz, Chaffin, Alon & Ager, 2014; Sarriera et al., 2014a).
 - *Equal income*: the economic deprivation of children has a significant relationship with the low level of child well-being (Ozawa Joo, & Kim, 2004).
 - *Child participation and protagonism*: children can understand their rights and responsibilities in ways that are meaningful to their everyday behaviour. It is essential to understand children's point of view and promote their citizenship (Ben-Arieh, McDonnell, & Attar-Schwartz, 2009; Covell, Howe, & McNeil, 2008; Decoene & DeCock, 1996; Furlani & Bomfim, 2010).
2. Well-being indicators associated with environment and community:
- *Presence of places to play and practice*: recreational and leisure spaces in the neighbourhood, as well as access to services in the neighbourhood (health, transportation and education) (Rogers, 2012).
 - *Community relations*: good relationships in the community (Sarriera, Moura Jr., Rodrigues & Ximenes, 2016), social support in the neighbourhood (Rogers, 2012), presence of other children in the neighbourhood (McAuley, McKeown, & Merriman, 2012) and feeling of belonging to the community (Elvas & Monis, 2010; Sarriera et al., 2016).
 - *Nature preserved in the neighbourhood and contact with nature*: the importance of having contact and preserve the nature (Evans, 2006; Rogers, 2012; Wells & Evans, 2003).
3. Well-being indicators associated with free time, leisure and use of technologies:
- *Social support*: social interaction, being with friends and recognizing and offering support to friends (Sarriera, Abs, Casas, & Bedin, 2012; Sarriera et al., 2013; Sarriera et al., 2014b).
 - *Organization of time*: Refers to the organization, administration, use, autonomy and decision-making, instructional leisure activities and multitasking organization (Formiga, Bonato, & Sarriera, 2011; Pea et al., 2012; Sarriera et al., 2013; Sarriera et al., 2007a; Sarriera, Zadonai, Hermel, Mousquer, & Coelho, 2007b).
 - *Entertaining*: includes pleasurable play activities, active leisure, use of technologies as a form of playfulness and interaction with friends (Holder, Coleman, & Sehn, 2009; Malo, Navarro & Casas, 2012; Sarriera et al., 2014c; Sarriera et al., 2012).
4. Well-being indicators associated with spirituality and self-concept:
- *Self-concept*: it is strongly related to self-esteem, self-efficacy and well-being of adolescents (Amparo, Galvão, Alves, Brasil, & Koller, 2008; Freire &

Tavares, 2011; Veltro, Ialenti, Iannone, Bonanni, & García, 2014; Weber, Ruch, Littman-Ovadia, Lavy, & Gai, 2013).

- *Gratitude*: contributes significantly to subjective well-being and life satisfaction (Datu & Mateo, 2014; Wood, Froh, & Geraghty, 2010).
- *Purpose of life*: purpose or meaning in life is a fundamental dimension of psychological well-being (Ryff, 1989) and also presents significant relationship with life satisfaction (Datu & Mateo, 2014).

5. Well-being indicators associated with interpersonal relationships:

- *Respect/empathy/accepting differences among adolescents*: it includes behaviours that express respect for different opinion, physical and behavioural characteristics of colleagues (Gray, Chamratrithirong, Pattaravanich, & Prasartkul, 2013; Puhl, Peterson, & Luedicke, 2013).
- *Positive relationships with colleagues*: refers to conflict resolution, joint accomplishment of tasks in harmony and inclusion in the group (Oliveira, Camilo & Assunção, 2003; Ottova et al., 2011; Santos, Calza, Schütz & Sarriera, 2013).
- *Positive relationship with the teachers*: refers to behaviours that demonstrate a relationship of trust, mutual respect, perception of social support and positive expectations of the teacher in relation to the student's abilities (Lamas, Freitas, & Barbosa, 2013; Simões et al., 2012; Troop-Gordon & Koop, 2011; Wilmes & Andresen, 2015).

Drawing from theory and research on promoting children's well-being, and based on the results of the previous studies presented, we developed a Psychosocial Intervention Program in Well-being in Adolescence. The intervention was designed with five modules that represent important domains of children's well-being based on the previous indicators presented: (1) environment/community; (2) children's rights; (3) leisure/technologies; (4) self-concept; and (5) interpersonal relationships.

10.3 Developing and Evaluating the Intervention: Method and Results

10.3.1 Intervention Method

10.3.1.1 Intervention Design and Participants

The intervention was carried out using a quasi-experimental design, with a pre-test 1-week before the intervention and two post-tests, the first immediately after the intervention (post-test); and the second 30 days after (follow up). The intervention design is presented in Table 10.1, containing the number of participants of the experimental and control groups in each application of the questionnaire.

Table 10.1 Research design and number of participants

Number of participants	Time 1	Intervention participation	Time 2	Time 3
	Pre-test		Post-test	Follow up
	(1 week before)		(Immediately after)	(1 month later)
Experimental group (Low well-being)	48	48	40	38
Control group (High well-being)	52	–	37	35
Total	100	48	77	73

Participants were 100 adolescent students from two public schools (39 participants from School 1 and 61 from School 2) of a south Brazilian city, aged from 10 to 14 years old ($M = 12.18$, $SD = 1.39$), 50.7% of which boys. One school is located in the city centre (School 1), and the other in the suburbs (School 2). The students in both schools belong to the middle or lower middle income class. After the pre-test, the participants were divided in two groups according to the PWI results, adolescents with lower levels of well-being were assigned to the experimental group ($n = 48$; of which 19 participants from School 1 and 29 from School 2) and those with higher levels of well-being were assigned to the control group ($n = 52$; of which 20 participants from School 1 and 32 from School 2). The division was made so that each group was composed of half of adolescents from the same class, and it was confidential, no one but the researchers knew the criteria to form groups, so there would be no bias in completing the post-test and the follow up. Twenty seven participants who completed the pre-test did not finish both post-tests, resulting in a total of 73 participants who finished all surveys.

10.3.1.2 Instruments

The instrument used was a questionnaire composed of sociodemographic questions (gender, age, and school year), a scale of well-being and questions related to the five modules of the intervention. The instrument was tested before its use in the intervention, in order to verify the understanding of the meaning of the items proposed by adolescents between the ages of 10 and 14 about, as well as their completion. The scales and items used are:

- (a) *Personal Wellbeing Index* (PWI) by Cummins et al. (2003); see section 2.1.1.
- (b) Indicators items for each module: Specifically for the intervention, 75 questions related to the indicators of each module were developed. The items will not be presented in this chapter, as each module is presented in the following chapters, with Chap. 11 dedicated to environment and community; Chapter 12 to children's rights; Chapter 13 to leisure and technologies; Chapter 14 to interpersonal relationships and Chap. 15 to self-concept.

10.3.1.3 Intervention and Ethic Procedures

We made contact with the two participating schools and, once we obtained the Term of Institutional Agreement all adolescents from the sixth year of elementary school, aged from 10 to 14 years old were invited to participate. The objectives and procedures of the intervention were clarified and those who agreed to participate had to hand in a consent term, as well as the permission signed by their parents or guardians. The project was approved by the Ethics Committee of the Institute of Psychology/UFRGS, and the procedures meet the ethics criteria in research with human beings, according to Resolution N° 466/12 of the Brazilian National Health Council.

We developed the intervention with the five modules that represent important domains of children's well-being: (1) environment and community; (2) children's rights; (3) leisure and technologies; (4) interpersonal relations; and (5) self-concept. The objectives, activities and results of each module are presented in Chaps. 11, 12, 13, 14 and 15 of this book.

One week before the intervention, the participants answered the pre-test questionnaire. According to the results obtained in the subjective well-being scale (PWI), the participants were divided into the experimental (low well-being) and the control group (high well-being). Before the intervention, prior contact was made with the schools with the objective of gathering information necessary for conducting two of the five modules (rights and environment /neighbourhood). In this first contact, we sought to understand which are the topics related to the rights of the child and the adolescent that the schools considered more important to work with the age group participating in the intervention (for example: inclusion, security, agencies and services of protection of rights, etc.). For the environment, neighbourhood and community module, a survey was made in the neighbourhoods in which the participants live and where the schools are located: public services available, community services, leisure centres, parks, courses/workshops and events that occur in the region.

The intervention was performed with the experimental group, during the school period, throughout 1 week (from Monday to Friday, throughout 5 days), with 1 day for each module, lasting about 5 h each day in each school. The intervention was also carried out with adolescents of the control group 5 months later, in order to ensure that they had access to the same benefits provided to the experimental group.

10.3.1.4 Data Analysis Strategy

Data from pre-test, post-test and follow up were tabulated in the statistical software SPSS version 21. In addition to SPSS, the statistical software Stata/SE 12.0 was also used in the data analysis. To evaluate the *intervention effect*, it is important to verify if it has the effect (changes) in the desired direction once it is finished. Therefore, analysis of variance for repeated-measures (ANOVA-RM) within the groups were performed to assess the effect of the intervention, assessing whether there was

significant increase in participants well-being in experimental group, using the measure of the PWI mean as dependent variable.

To evaluate the *intervention impact*, it is necessary to demonstrate that results were obtained due only to the intervention itself, testing whether they occurred spontaneously or for reasons beyond intervention. Therefore, the results of the experimental group should be compared to a control group. In this study, the experimental group and the control group are defined *a priori* from the high or low levels of well-being (PWI). That is, groups are organized according to the pre-intervention test values. In this case, the design of regression discontinuity (RD) is the best fit, since the nature of the group selection process is known.

The regression discontinuity (RD) data design is a quasi-experimental evaluation design first introduced by Thistlethwaite and Campbell (1960) as an alternative approach to evaluating social programmes. This design is characterized by a treatment assignment or selection rule, which involves the use of a known cut-off point with respect to a continuous variable generating a discontinuity in the probability of treatment receipt at that point. Under certain comparability conditions, a comparison of average outcomes for observations just left and right of the cut-off can be used to estimate a meaningful causal impact (Cattaneo, Frandsen, & Titiunik, 2015; Van Der Klaauw, 2010). Thus, regression discontinuity will be used to verify the differences between the experimental and the control group and to assess changes in the well-being indicators between the two groups.

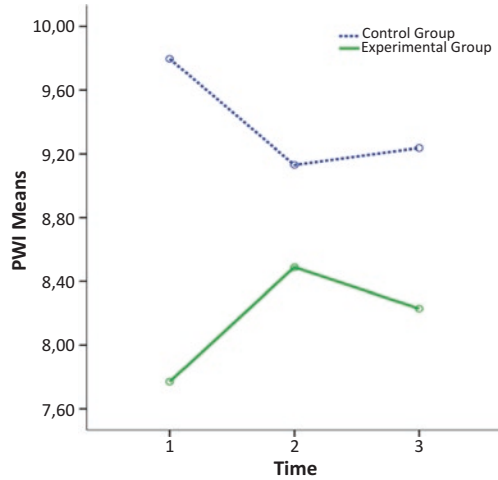
10.3.2 Intervention Results: Effect and Impact Evaluation

In the pre-test application 100 adolescents participated. However, for data analysis, children who were not present on the post-test or follow-up application, as well as those children in the experimental group who missed two or more days of intervention were not considered. Thus, 27 adolescents dropped out of the sample (see Table 10.1). Therefore, the data used for the analyses refer to the remaining 73 adolescents, 38 in the experimental group (22 boys and 16 girls) and 35 in the control group (15 boys and 20 girls).

10.3.2.1 Analysis of the Intervention Program Effect

Analyses of variance for repeated-measures (ANOVA-MR) were performed to verify the effect of the intervention program in the three points in time, using the PWI mean to measure well-being. Analyses were performed separately considering: (a) groups (experimental and control), (b) sex (male and female) and (c) participating schools (School 1 and School 2). The statistical test used to verify if the differences are significant was the Wilks' Lambda (λ), which considers that the variables that show a lower error with respect to total variability (and consequently a smaller λ) will be significant, differentiating between groups.

Fig. 10.1 Means of the PWI in three points in times for each group (Note: Time: 1 pre-test, 2 post-test, 3 follow up)



- (a) *Means of PWI in three points in time for each group: Experimental ($n = 38$) and Control ($n = 35$):* The results show significant differences for the PWI means in the three times, both for the experimental group ($\lambda_{Exp} = 0.660$, $F = 9.272$, $p < 0.01$), and also for the control group ($\lambda_{Cont} = 0.623$, $F = 9.976$, $p < 0.01$). As it is possible to observe in Fig. 10.1, the mean for the experimental group increased from the pre-test ($M_{Exp.time1} = 7.77$, $SD = 1.21$) to the post-test ($M_{Exp.time2} = 8.48$, $SD = 1.21$) and decreased in the follow up ($M_{Exp.time3} = 8.22$, $SD = 1.37$). In the control group, the means decreased from the pre-test ($M_{Cont.time1} = 9.79$, $SD = 0.24$) to the post-test ($M_{Cont.time2} = 9.13$, $SD = 0.97$), followed by a small increase ($M_{Cont.time3} = 9.23$, $SD = 0.91$).
- (b) *Means of the PWI in three points in time for each group by sex: Boys ($n = 37$) and Girls ($n = 36$):* The results show no significant differences considering sex in both the experimental group ($\lambda_{Exp} = 0.965$, $F = 0.638$, $p < 0.534$) and the control group ($\lambda_{Cont} = 0.948$, $F = 0.871$, $p < 0.428$). As can be seen in Fig. 10.2, boys and girls have close means of the PWI over the three times.
- (c) *Means of the PWI in three points in time for each group by School: School 1 ($n = 37$) and School 2 ($n = 36$):* The results indicate no significant differences considering the school in both the experimental group ($\lambda_{Exp} = 0.878$; $F = 2.422$; $p = 0.104$) and the control group ($\lambda_{Cont} = 0.991$, $F = 0.139$, $p < 0.871$). The means by school are shown in Fig. 10.3.

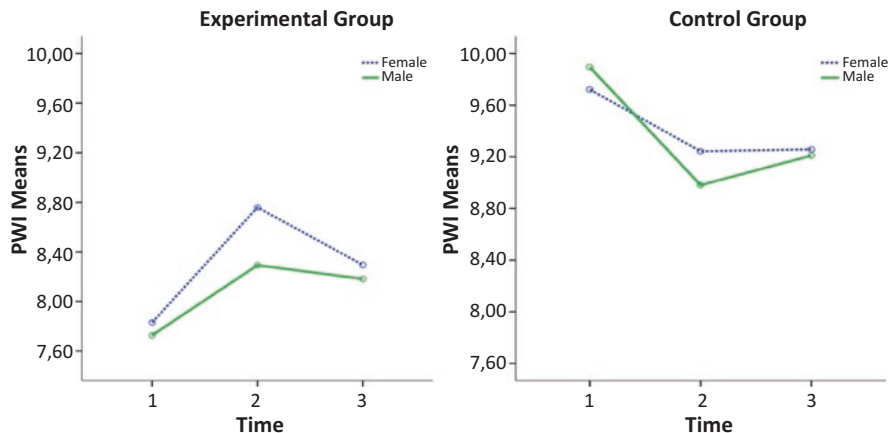


Fig. 10.2 Means PWI in three points in time for Experimental and Control Group by sex (Note: Time: 1 pre-test, 2 post-test, 3 follow up)

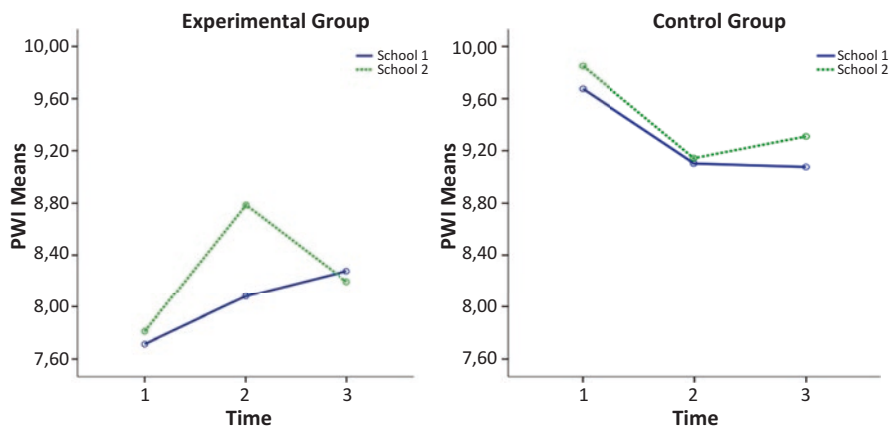


Fig. 10.3 Means of the PWI in three points in time for Experimental and Control Group by School (Note: Time: 1 pre-test, 2 post-test, 3 follow up)

10.3.2.2 Analysis of the Intervention Program Impact

The regression discontinuity (RD) data design is a quasi-experimental evaluation design, which involves the use of a known cut-off point in a continuous variable, generating a discontinuity in the probability of being treated at that point. For the following analysis, the cut-off point for participation in the intervention was of 9.15 for the PWI mean, which was the value that divided the initial sample of participants by 50%. That is, adolescents with a mean PWI pre-test below 9.15 were included in the experimental group and participated in the intervention, while adolescents with a PWI mean above 9.15 were included in the control group and did not participate in the intervention. For the discontinuous regression model, the data was laid out so

Table 10.2 Regression discontinuity: PWI Post-test, immediately after the intervention

Independent variables	Coefficient	Standard error	Sig.
Program impact (Wald local)	0.76	(0.44)	*
Sex (1 = female)	-0.69	(0.23)	***
Age	-1.70	(0.63)	***
School (1 = School 1)	-0.24	(0.33)	

Significance: *90%, **95%, ***99%

that each student is one unit of analysis, and for each three variables representing the PWI mean pre-test (1 week before the intervention), the PWI mean post-test (immediately after the intervention) and the PWI mean follow up (1 month after the intervention). In this discontinuous regression, only 65 of the 73 adolescents were included, since there were 8 outliers who had unexpected differences above 2.5 points between the baseline PWI and the post-intervention PWI (immediately or 1 month after). The discontinuous regression model was estimated with the “rd” (regression discontinuity) package of the statistical software Stata/SE 12.0.

The variable “ $d = 9.15 - PWI\ pre\text{-}test$ ” was calculated. This variable is necessary to estimate the discontinuous regression with the “rd” package and indicates that participants with positive or zero “ d ” received treatment and participants with negative “ d ” did not receive treatment. One issue that should be emphasized is that adolescents with PWI pre-test maximum (equal to 10) cannot improve their outcome, which may affect estimates, since all other adolescents may improve.

Using the post-test dependent PWI variable, we calculated the impact of the intervention with different bandwidths for inclusion in the discontinuous regression (maximum distance between observation and cut-off point). For example, using a bandwidth of 0.5, the regression would only include pre-test PWI observations between 8.65 and 9.65 (i.e., 0.5 below and above the cut-off point). For the present study, the bandwidth of 2.0 points below and above the PWI cut-off point was assumed.

(a) *Impact between PWI Pre-test and PWI Post-test (immediately after the intervention).*

Using the bandwidth of 2.0 points below and above the cut-off point of the baseline PWI, the estimated coefficient for the program impact was 0.76, with statistical significance at a confidence level of 90%. In other words, adolescents who participated in the intervention had an improvement of 0.76 points in their PWI immediately after the intervention (Table 10.2). Other control variables reveal that male adolescents and younger adolescents have PWI pre-test higher than the female and older adolescents among the participants who are within the selected bandwidth.

Figure 10.4 shows the dispersion of the pre-test PWI (on the horizontal axis) and the post-test PWI after the intervention (on the vertical axis). If there were no PWI changes between the pre-test and the post-test, all points would be on a 45° line from the origin. As there were many changes in the PWI of the adolescents, points above a 45° line would indicate that the adolescent improved his PWI, while points below this 45° line indicate that the adolescent worsened his PWI.

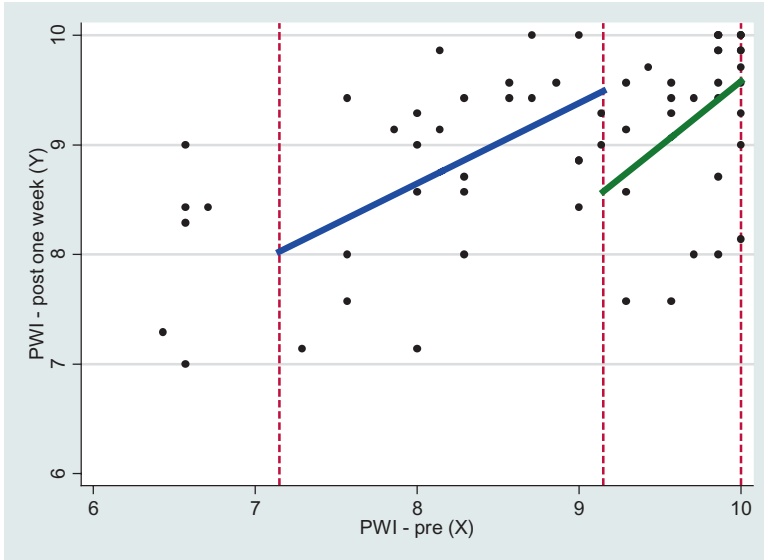


Fig. 10.4 Post-test regression adjustment lines

Table 10.3 Regression discontinuity: PWI Follow up, 1 month

Independent variables	Coefficient	Standard error	Sig.
Program impact (Wald local)	0,14	(0.45)	
Sex (1 = female)	-0.69	(0.23)	***
Age	-1.70	(0.63)	***
School (1 = School 1)	-0.24	(0.33)	

Significance: *90%, **95%, ***99%

Using the bandwidth of 2.0 points below and above the cut-off point, Fig. 10.4 shows the local regression adjustment lines for the adolescents who participated in the intervention (experimental group – blue line) and for those who did not participate in the intervention (control group – green line). We observe a discontinuity between these two lines, which graphically confirms that the intervention had a positive impact immediately after the intervention.

(b) *Impact between PWI Pre-test and PWI Follow up (1 month after).*

Estimation for the effect of the intervention at the follow up (1 month after the intervention) was calculated compared to the pre-test. The same bandwidth from the previous analysis was used (2.0 points below and above the cut-off point of 9.15 for the PWI mean).

The results of the regression reveal that after 1 month the program did not have an impact statistically different from zero, and that on average the estimated program impact was 0.14 points after 1 month (Table 10.3). Other control variables reveal

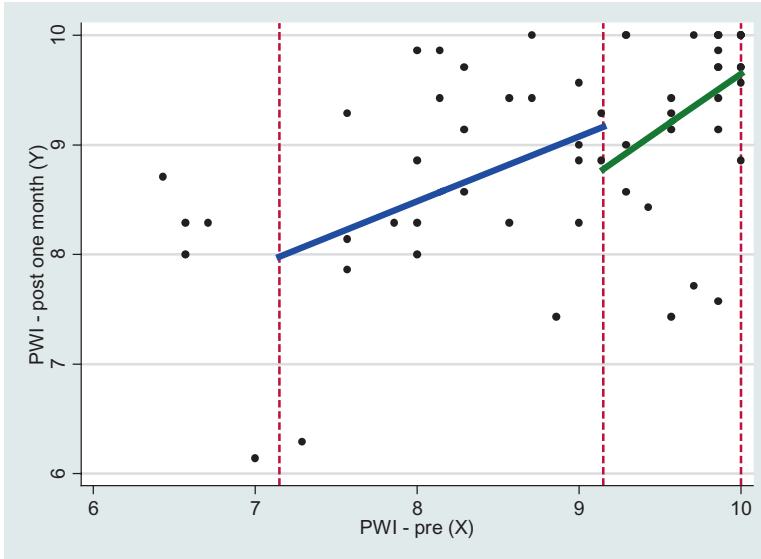


Fig. 10.5 Follow up regression adjustment lines

that male adolescents and younger adolescents have PWI pre-test higher than female and older adolescents among the participants who are within the selected bandwidth.

Figure 10.5 shows the dispersion of PWI pre-test results and the PWI follow-up with the 2.0 point bandwidth. The adjustment line shows the discontinuity among adolescents who participated or not in the intervention, which shows a much smaller discontinuity than that estimated with the model using the PWI post-test immediately after the intervention.

10.4 Discussion

The topic of well-being in childhood and adolescence has been the focus of several researchers (Bedin & Sarriera, 2014; Ben-Arieh, 2008; Casas et al., 2015) and has made the development of interventions possible (Bird & Markle, 2012; Sin & Lyubomirsky, 2009). This chapter presents the implementation and evaluation of an intervention program about adolescents' well-being.

Well-being is considered a multidimensional construct, and it is related to multiple factors. The knowledge of these factors makes the identification of the groups that have lower well-being possible, as well as promoting interventions that can improve it. The identification of indicators related to well-being was an essential step for the development of the current intervention. Especially because it was

carried out using children's own perception, as well as based on existing scientific literature. The study of well-being in young populations is still a developing field, especially in Latin America, where few published studies are available (Sarriera et al., 2013; Sarriera et al., 2014c).

Results indicate that there was an increase in subjective well-being in children in the experimental group during the post-test, resulting in a positive effect of the intervention. However, the means of the PWI return to similar values of the pre-test in the follow up assessment. The regression discontinuity analysis showed significant differences between the control and experimental groups in the pre and post-test, revealing a positive impact of the intervention. Nevertheless, there were no differences between the pre and follow up assessments, revealing no effect or impact of the intervention in the long term.

The results allow us to evaluate the intervention critically, in order to understand it and to look for ways to change it and improve it (Sarriera, 2009). One important aspect to be considered is the intervention process. The current intervention was carried out in only five meetings during the same week, with one encounter for each module. Longer interventions may produce better results, as showed by Sin and Lyubomirsky (2009). Similarly, another possible form of intervention would be to include the topics in the curriculum in a cross-section. Therefore, it would be possible to extend the content, and develop the selected indicators over a semester or even a school year. When it is possible to construct a dialogical space between the contents of life and the school curriculum, the learning becomes more meaningful. Thus, changes in health behaviours, improved quality of life and development of psychosocial skills become more effective (Alves, Aerts & Câmara, 2015).

The quasi-experimental design is a positive feature of this study. It is a rigorous method, which allows hypotheses testing, since it makes the comparison with a control group possible. At the same time, there are some difficulties in its evaluation that need to be considered. For example, the researchers cannot control all the external variables that can interfere in the results. Some situational effects may interact with the effects of treatment, or successes external to treatment may affect the dependent variable, as well as characteristics of participants may interact with dependent variables (Pascual, García, & Frías, 1994).

Some difficulties can also be pointed out in relation to the sample, since both the total sample and the sample of each group (control and experimental) at the end of the study were reduced. It is known that participant dropout throughout the study is a limiting factor when it is proposed to evaluate at different times, but in this case the number of absences during the intervention process and the subsequent evaluations resulted in almost 30% of participant dropout.

It is also observed that the division of adolescents between control and experimental groups was made considering the pre-test results of the PWI mean, so that each group was composed of half of adolescents from the same class. However, as already reported in previous studies (Sarriera et al., 2014c) the average well-being in this instrument in general is quite high, which also occurred with the sample of this study. Thus, the cut-off point for separating the experimental and control groups was high (9.15). The results of the intervention effect indicated that in the post-test

evaluation, while the experimental group had an increase in the PWI mean, the control group had a reduction in the mean of the PWI.

The return of the PWI averages to near the baseline in the follow up assessment can be understood through the homeostasis theory, as pointed out by Cummins (2014). The author proposes that the subjective well-being homeostasis maintain a normally positive sense of well-being, and reflects the deep, stable and positive mood which homeostasis seeks to defend. Furthermore, it is known that extreme scores usually approximate to the mean in the post-test regardless of treatment (Fife-Schaw, 2010). This effect is reduced by the use of measures that demonstrate to be more stable in test/retest. The PWI demonstrates good test-retest reliability in previous studies (Lau & Cummins, 2005; Yousefi, Alipour, & Sharif, 2011). Another possibility that may be considered is that in some cases the participants in control groups feel inferior because they did not participate in the intervention, which can also cause a decrease in their results. In the present research, the students selected for the control group were informed that they would do the same intervention process in a second moment in order to ensure that they had access to the same benefits provided to the experimental group.

In general, the results of the intervention are considered satisfactory, since they achieved an expected positive result considering the pre-test and the post-test, although this difference did not remain significant in the follow-up. It is known that this result is specific to this sample and cannot be generalized beyond the situation studied. However, it shows the potential that interventions for the promotion of well-being can achieve. Especially the results point out that the indicators selected for the elaboration of the present intervention are promising. Investing in topics of community and neighbourhood relations, children's rights, free time and use of technologies, interpersonal relationships and self-concept, may reflect positively in the well-being of adolescents.

It is noteworthy that for a better understanding of the extent of intervention a qualitative evaluation of the developed process is needed. This allows a more in-depth look at the effect of the intervention process on the group, and allows an identification of gains not revealed by the quantitative analyses. Qualitative analyses will be presented in the following chapters, with an emphasis on each of the modules developed.

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Chapter 11

Promoting Child Wellbeing: Community and Nature Connections

Francielli Galli, Ângela Carina Paradiso, and Camila Bolzan de Campos

11.1 Introduction

The relationship with the surroundings where you live contributes to subjective wellbeing. Knowledge and use of neighbourhood resources and the relationship with the neighbourhood, as well as contact with nature and attitudes favourable to the environment, are factors associated with wellbeing in childhood and adolescence. The focus of this chapter is to present an intervention that combines activities involving these environmental and community elements in order to promote wellbeing. The first part of the text contextualises the topic and leads to the definition of indicators that guided the construction of the intervention. Afterwards, the intervention is presented: the activities and the assessment of the processes and results.

11.1.1 *The Importance of the Environment for Children's Wellbeing*

The Convention on the Rights of the Child (1989) emphasises the need to provide children with protection, health care, education, family life, access to new technologies and means of communication and the possibility of participation in regards

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to citizenship. The document also draws attention to avoiding situations of poverty, social exclusion and other risks.

Research on childhood wellbeing often prioritises some dimensions that exert great influence on the lives of children and adolescents. The relationships with family and friends, school experience, and rights of children and adolescents are examples of the recurring themes in leading studies in the field (Ben-Arieh, 2010; Casas & Bello, 2012). Therefore, environmental issues (the relationship with nature and the physical space of home surroundings, the sense of community and neighbourhood) are not among the main variables investigated in relation to child wellbeing (Galli, 2014).

Although environmental factors are typically not mentioned directly in relation to childhood wellbeing, they are transversal to the research area because they are related to the main dimensions studied: school and family experience influences environmental attitudes (Galli, Sarriera & Bedin, 2016); citizenship and the rights of children directly influence children's participation in the choices related to public spaces dedicated to this age group (Casas, González & Navarro, 2014); and access to health care is also influenced by the place of residence (Evans, 2006; Rogers, 2012).

11.1.2 Neighbourhood and Home Surroundings

Homel & Burns (1987, 1989) were some of the first to investigate how the physical surroundings influence childhood wellbeing. Studies conducted in Sydney, Australia, investigated aspects of housing neighbourhoods and how they were perceived and assessed by children aged 9–11 years old. These studies have drawn attention to the dissatisfaction of living near industrial areas. These regions of the city tend to be more isolated, more polluted and characterised by a lack of spaces where children can play (such as parks), and the intense presence of noise, dirt and traffic. Children were satisfied in their neighbourhoods especially when they perceived the presence of places and other children to play with. Quiet places were perceived positively, because they allowed children to play in the streets, specifically playing ball and riding bicycles.

Resources of the housing neighbourhood, such as the quality of public services (health, education and transport) and trade in the region, and the possibility of recreation, including natural environments, are relevant to the cognitive, emotional and social development of children (Evans, 2006), as well as to their wellbeing (Depeau, 2016). The quality of the physical space is associated with social factors, especially scarce economic conditions (poverty), more often affecting low-income children, exposure to high noise levels, overcrowded spaces and precarious residential environments (Evans, 2006). Furthermore, conflicting relationships in the neighbourhood and high crime and violence rates prevents positive feelings towards their surroundings (Rogers, 2012).

This type of information is relevant to understand wellbeing in childhood because it is precisely between the ages of 7–12 years old that children often make more use of their home surroundings. In this age group, children “colonise” the neighbourhood in a broader, more diverse and essentially different manner than people of other age groups (Rogers, 2012). In urban areas, outdoor public spaces are especially important for children, since they are often common places of choice for leisure activities at this age (Legendre & Gómez Herrera, 2011).

11.1.3 Community Relationships and Childhood Wellbeing

Community experience may be a predictor of children’s subjective wellbeing (Sarriera, 2015). Although there is no consensus on the definition of community, this chapter uses the definition of Montero, (2004) that the community must be understood as a territorial space consisting of physical, social, cultural and psychological dimensions.

The concept of sense of community, however, is defined as a feeling that members have of belonging to the community, that a person is important to others and to the group, and a belief that the commitment of community members with the group may help resolve individual needs (McMillan & Chavis, 1986). The sense of community is important to assess the relationship between an individual and their community (Sarriera, Moura, Ximenez & Rodriguez, 2016).

In a study to adapt scale of sense of community for a sample of children from southern Brazil, Sarriera et al., (2016) found that the instrument has a two-factor solution: positive connection with the community and community relationships between neighbours. In this sense, other studies (Galli, Borges, Santos, Aroni & Sarriera, 2014; Rogers, 2012) point out that for the subjective wellbeing of children it is important to have other people in the same age group living close to their place of residence. Social relationships, especially friendships, are essential to satisfaction with their neighbourhood.

Farias & Pinheiro, (2013) called “*live neighbourhoods*” the relationships of socialisation, intimacy, cooperation, the use of nearby spaces and local institutions, as well as local symbols. In these “*live neighbourhoods*” relationships would be facilitated by familiarity, by rooting factors, by spatial contact and cultural heritage. In this context of neighbourhood, the emotional dimension is highlighted by the generation of feelings of cohesion, security and attachment to the place.

11.1.4 Preferred Environments and Contact with Nature

Studies indicate that children prefer outdoor places that allow contact with nature (Chawla & Cushing, 2007; Elali, 2003; Wells & Evans, 2003). In addition to the fact that natural environments are preferred, they also have therapeutic effects to

alleviate the adverse effects of stressful events. These studies support the Biophilia hypothesis of Kellert, (2002) that there is an innate love for nature and for living beings that provide wellbeing to human beings (Ulrich, 1993). Furthermore, they indirectly allow the development of motor skills and social interaction (Evans, 2006).

The literature describes certain separation from outdoor activities in childhood. Louv, (2008) argues that children have played less in natural spaces than previous generations. Among the reasons for this separation from nature is the urbanisation of the last decades (Kellert, 2002), urban areas with reduced green spaces (Turner, Nakamura & Dinetti, 2004), extreme weather (Ergler, Kearns & Witten, 2013), the heavy flow of vehicles, and parents' perception of risk often causing them to prohibit children from using public spaces (Cheng & Monroe, 2012).

Among the benefits of contact with nature for wellbeing, literature refers to stress reduction (Corraliza, Collado & Bethelmy, 2012), environmental awareness (Olivos-Jara, Aragonés & Navarro Carrascal, 2013), emotional support for the developmental process of adolescence (Kellert, 2002) and improved physical and mental health in children (Louv, 2008). Wells & Evans, (2003) found in their North American study that the contact with nature in places with abundant vegetation contributes to cognitive function, wellbeing and social interaction with other communities.

The connection and the relationship pattern of children with space, whether natural or urban, potentiate a series of abilities in their development: Myers, (2012) emphasises mobility and independence. Furthermore, other elements are considered when children appropriate this space in the neighbourhood. Flouri, Midouhas and Joshi, (2014) highlight the role of green spaces in children's emotional aspects such as resilience. The study examined the relationship between the presence of green spaces in the neighbourhood, family emotional problems and risk factors in childhood. The results show that neighbourhoods with more green spaces can promote emotional wellbeing in urban children from early childhood.

11.1.5 Care for Environmental Preservation and Wellbeing in Childhood

The basis for the attitudes of care and preservation of nature are developed in childhood. The experiences in nature at this stage of the life cycle have great influence on future environmental attitudes (Chawla & Cushing, 2007; Hinds & Sparks, 2008), mainly due to the connection humans develop for natural elements while being in touch with them (Hart, 1995).

According to Pol & Castrechini, (2013), children are perfectly aware of what behaviours are considered environmentally correct, however, in adolescence there is a decrease in this index. The authors mention that environmental education is a practice that has grown in recent years, although few programs are focused on it. In other words, few programs use methodologies that promote knowledge through

exploration and encourage critical analysis and reflection of their surroundings. In addition to the active and experiential learning, environmental education should include critical reflection. The critical paradigm should focus on empowerment and action, not only on scientific knowledge about the ecological crisis.

One must consider the sociocultural context to develop environmental education, since some factors of this context may prevent the care for nature (Pol & Castrechini, 2013). Therefore, Sandoval, (2012) and Guevara, (2002) suggest that environmental intervention projects can go beyond the school and present a community character. Thus, an analysis of cultural practices would take place in order to develop a program that respects the environment. Furthermore, being aware of behavioural patterns, habits and customs of a given population would increase the chances of formulating projects that actually lead to change.

11.2 Intervention in Wellbeing: Relationship with the Environment and the Community

The intervention presented in this chapter is part of a larger project (described in Chap. 10) developed by the Research Group on Community Psychology (GPPC) of the Federal University of Rio Grande do Sul (UFRGS, Brazil) in order to promote wellbeing in child participants. The complete intervention program consists of five modules in total. This chapter is an introduction to and focuses on the environment and community.

A total of 100 children from two public schools of a south Brazilian city aged 10–14 years old ($M = 12.18$, $SD = 1.39$) participated. 50.7% of the individuals were male. Participants were divided into two groups according to the pre-test results: children with lower wellbeing rates were placed in the experimental (intervention) group ($n = 48$) and those with higher wellbeing rates in the control group ($n = 52$). The modules were conducted by a team of psychologists and researchers of the GPPC. At every meeting there was a mediator coordinating the intervention with at least four additional team members.

The aim of this intervention module was to promote wellbeing in children through the appropriation of space where they live, contact with nature in home and school surroundings, and the sense of community. The indicators for the construction of this module were defined based on literature review and on the research conducted by the GPPC on wellbeing in childhood (Sarriera et al., 2014). Specific objectives and activities of the intervention were defined from the indicators, as shown in Table 11.1. Table 11.1 also includes the sources of evaluation that will indicate if the objectives defined for the module were met and to what extent. The following section describes the activities and the analysis strategies used in this study.

Table 11.1 Indicators, specific objectives, activities and sources of module evaluation

Wellbeing indicators	Specific objectives	Activities	Evaluation
1. Presence of recreational and leisure spaces, and access to services in the neighbourhood (health, transport and education)	1.1. Identifying neighbourhood resources: location, purpose and access	Individual maps;	Questionnaire (open-ended question; items);
		Virtual maps;	Field diary;
		Collective maps	Collective maps
2. Presence of other children in the neighbourhood and connection to the community	2.1. Identifying classmates who are part of the neighbourhood	Virtual maps; Battleship;	Questionnaire (items);
		Human Neighbourhood map;	Field diary;
		Collective maps	Battleship; Collective maps
3. Natural environments and contact with nature	3.1. Identifying places with the presence of nature in home and school surroundings	Virtual maps; Nature preserve;	Questionnaire (items);
	3.2. Encouraging contact with nature in these places	Collective maps	Field diary; Nature activity; Collective maps
4. Preserved nature in the neighbourhood	4.1. Discussing how they can help preserve nature in the neighbourhood	Nature preserve	Questionnaire (items);
			Field diary

11.3 Description of Activities and Qualitative Analysis

Different activities were created in order to meet the objectives set for this module. Each activity is described briefly according to the order in which it was carried out in the intervention. Afterwards, information on the development of the activities and on the qualitative analysis of what was produced and discussed by the participants about each of them is presented. Qualitative analyses were performed by means of categorical and content analysis (Bardin, 1977/2011). We analysed the field diary (Frizzo, 2008) kept during the interventions at each school as well as the materials produced by the participants (such as Individual and Collective maps).

Before describing the activities, the preparation of these activities is briefly described, as well as how the intervention was introduced. Such clarification is necessary as the module on environment and community takes place on the first day the team meets the participants.

11.3.1 Preparation for the Module Activities

The topics proposed in this module require prior knowledge of the participants' school and residential regions. Therefore, the GPPC team sought information in advance with the coordinators of both schools and the community representatives in order to prepare the activities.

The coordinators of both schools informed the participants' home addresses, which were essential for the development of the Virtual Maps and identification of the neighbour proximity where the participants reside. Afterwards, the GPPC team sought to study the region and its resources: important public spaces for communities, main public and private health services, social care, education, sports, culture and recreational places. In order to do this, we carried out internet searches and met with regional social care professionals.

11.3.2 Introduction to the Intervention

As this is the first module of the intervention, the team began its activities by introducing the team members, the participants and the intervention program (the topics of the five modules). Furthermore, a contract was created collaboratively with the group for the smooth running of activities throughout the week. The description, development and qualitative analysis of the activities are described below.

11.3.2.1 Individual Map

- (a) Description: Participants were given an A4 size sheet of paper and colouring pencils. The mediator asked participants to represent where they lived by making a drawing or a map in 15–20 mins. This activity was adapted from a study by Kevin Lynch, (1960/1997), which investigated the mental image that people have of the cities they live in, through cognitive maps. Participants were encouraged to represent the neighbourhood, region, community and/or environment in their drawing, and not the house they live in, in order to show someone who is not familiar with area where they live. We stressed that it was important for the map to show places and locations that they considered relevant in the surrounding area of their homes.
- (b) Development of the activity and qualitative analysis: As reported in the field diary, participants were generally engaged in the activities. Specific questions were addressed by the team members, who were walking around the classroom. Fig. 11.1 shows an example of an individual map drawn by one of the participants.

The first step in analysing the individual maps was the initial examination of the elements. The main analysis criterion was the presence or absence of reference

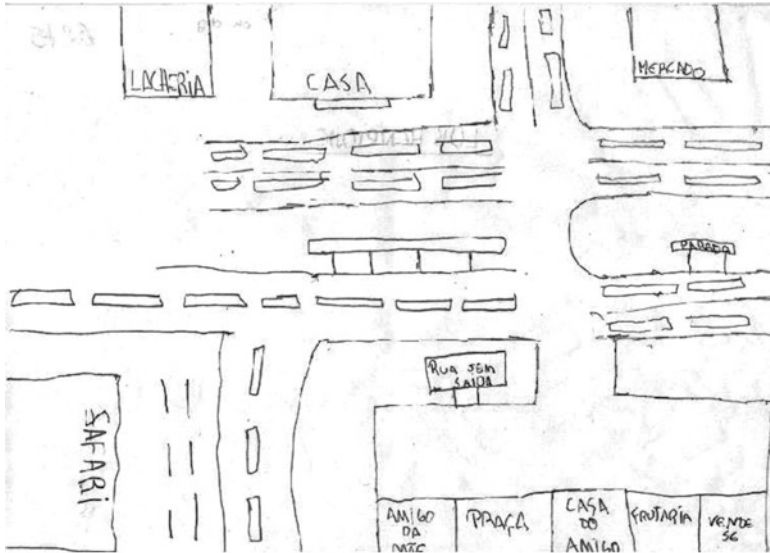


Fig. 11.1 Individual map drawn by a participant from School 2 (In a clockwise direction, starting with the first representation on the upper left side of the page: snack bar, house, market, bus stop, “for sale”, greengrocer’s, friend’s house, square, mother’s friend, dead-end street and “Zaffari”, a local supermarket).

points around their home surroundings. Participants who drew their home without representing any other reference points in their surroundings were not taken into account for the assessment of the activity, because this does not allow one to identify the mental representation of the participants about their neighbourhood or home surroundings.

The reference points represented in the individual maps were squares and parks (with recreational and sports equipment), religious institutions (Spiritist house, church), educational institutions (school, football school), sports institutions (football stadium), business establishments (supermarket, bar, restaurant, butcher shop, snack bar, bakery, greengrocer’s, laundry, barbershop, pet shop, furniture restoration services), public services (Department of Urban Sanitation), bus stop and the headquarters of a social action project. Something that drew our attention was that the maps that showed a large number of homes. Participants identified many of them as “my friend/classmate/friend/neighbour’s house”, indicating emotional and/or neighbourhood relationships through the map.

In addition to the exploratory analysis, the maps were analysed from what Lynch, (1960/1997) calls physical elements present in the representation of the images of cities: paths, edges, districts, nodes and landmarks. In the case of the individual maps made in this module, the element district was not considered in analysis, as it refers to their neighbourhood, and thus was the object of what the map represented.

Eight of the nineteen maps (42.1%) of School 1 and 15 of the 23 maps (65.2%) of School 2 included paths. According to Lynch, (1960/1997, p. 52) “*paths are channels of circulation along which the observer moves around in the usual, eventual and potential manner*”. The other physical elements were less prevalent in the representation of home or neighbourhood surroundings. The football stadium of an important city team, which is located in the same neighbourhood as the school, was represented in two maps of School 2 participants. The stadium may be considered a landmark, defined as a “*reference point (...) something unique and memorable in this context*”. (Lynch, 1960/1997, p. 53).

Edges were another element found on some of the maps. In one of the drawings, in addition to home surroundings, one participant represented an expressway and the lake that flows through the city, both present in the landscape of the neighbourhood. For Lynch, (1960/1997, p. 52) “*the edges are linear elements not used or understood as paths by the observer. (...) For many people these limitrophe elements are important organisational characteristics (...)*”. In this case, both the expressway and the lakeshore represent the edges of the neighbourhood and the city itself.

11.3.2.2 Examination of the Neighbourhood Through Virtual Maps

- (a) Description: Through the projection of the virtual map of the region where the school is located, the mediator identified the school, the school neighbourhood and the nearby neighbourhoods where participants live (information gathered prior to the intervention). Then, participants were asked to pinpoint the location of at least one location represented in the individual map, explaining to others about this place and the reason for choosing it.

The next step was to identify the street where participants lived, although we respected their wish to voluntarily pinpoint where they live. Therefore, it was possible to observe neighbour proximity between them, starting with those who live closer to the school and then to those who live in more remote regions/streets.

Finally, the mediator identified locations (previously defined) that were not mentioned by participants, from the region’s parks and squares to cultural, sports or business centres, non-governmental organisations (NGOs), to public health and social care services. This activity lasted approximately 40 mins.

- (b) Development of the activity and qualitative analysis: Field diary records showed that most participants who volunteered to identify any location of their individual map also chose to show their homes. We found that many of the children were quite humble and lived in peripheral and poor regions of the city. In addition to their homes, participants pinpointed the places in their neighbourhoods they visited regularly, such as squares, shops, and places to practice sports.

This activity also allowed identifying neighbours, as participants began to identify classmates who lived close to one another. In School 1, for example, as one

child showed his favourite square near his home, another boy said he lived nearby. The two talked about the square, the activities they were used to doing there, the neighbourhood and their homes. School 2 participants demonstrated being aware of the classmates who lived near their homes.

In the second part of the activity the mediator presented other locations (previously defined) close to those identified by participants in the virtual map. Participants who knew these places were encouraged to provide information about them in order to provide knowledge exchange among classmates. When asked about the conditions of the squares and parks in their neighbourhoods, many participants complained that the playground equipment is always broken, while others expressed the unwelcome presence of drug users or men who could potentially sexually harass women. Few children are aware of the social services offered in the region, while most of them said they had already attended the community health clinic.

In School 2, as we showed some locations in the areas where the children live, especially squares, the headquarters of a NGO and the football stadium, we found that these places were not positively assessed by the participants. In the case of the squares, they said that in general they were already quite different from the pictures the research team had taken, full of garbage, treeless and poorly cared for, as well as mentioning the lack of safety at these places. Only one square stood out as the most beautiful and participants explained that it is in better condition because residents of the neighbourhood look after it.

They also explained about activities of social organisations that take place near the school, such as capoeira, music, computer science, and many of them said they had never participated. One reason would be the bureaucratic difficulties regarding enrolment. As to the football stadium, they said they did not see any benefits, because it interferes with the internet and mobile phone signal on match days (by the large number of people using the network), making communication difficult within the neighbourhood. The only advantage pointed out was that some residents can earn extra money looking after cars on match days.

In comparison to the first school, School 2 participants live in the same neighbourhood of or in those closer to the school surroundings. Thus, it was possible to show more places that are common to most students. When neighbourhood resources were presented, children would very often shout “this place is next to my house”, or “my house is right in front of this square”.

The mediator also presented the main social care, health and transport services in the region. Most participants say they are aware of these services, and some reported experiences they had in these places.

11.3.2.3 Nature Preserve

- (a) Description: The third activity of the module aimed to address participants' contact with nature close to where they live or study. They were given 5 min to individually answer the following questions: *Where do I find nature close to where I live? Where do I find nature close to where I study? Where do I find*

nature in places, routes and in my daily travels? Where can I go to have contact with nature? After completing the task, participants were asked to share their answers, especially about the places close to school. We attempted to collectively discuss about actions that could contribute to the preservation of nature.

- (b) Development of the activity and qualitative analysis: Field diary reports pointed out that, when they shared the places they had written down with classmates, participants mainly cited squares, parks, and outdoor places to practise sports. As regards places where there is nature, but it is not preserved, School 1 participants cited the square in front of the school. They talked about the “street people” and “potheads” who are regularly at the square, and one of children even reported the presence of “prostitutes.” Another complaint about the square was the lack of lighting, which is an aspect that makes the location more dangerous.

In relation to actions to preserve nature, some School 1 participants commented on the joint efforts that have taken place recently to clean and organise the school. The group was encouraged to think of other ways of preserving nature in the spaces where they regularly visit.

In School 2, participants once again mentioned the lack of care for the squares and safety. In fact, they mentioned the squares were vandalised by members of the community. In general, the answers to the questions made by the mediator were superficial, without further reflection by the participants on what actions they might take to preserve nature. Finally, the group also suggested a joint effort as a means to improve the preservation of the nature of the neighbourhood, especially one to clean and care for the streets and squares of the region.

The categorical analysis of the written answers indicated that the total number of responses to question 1 (the main places where participants find nature close to where they live) are: in squares or playgrounds (26% of the responses) or at home (in front of or close to it) (26%). As for the responses to question 2, participants reported that they can find nature near where they study in squares or playgrounds (45%). The fact that the school itself represented 32% of the responses drew our attention.

Regarding question 3, participants reported that in their daily travels, they find nature in squares, parks and on the streets (20% of responses for each of these locations, respectively). In relation to the places they can go to have contact with nature, most of the answers were parks (47%) and squares or playgrounds (21%).

11.3.2.4 Battleship

- (a) Description: In this question-and-answer activity, inspired by the board game Battleship, participants were arranged in a circle. Going around the circle in order, each participant chose a letter (A through F) and a number (between 1 and 10), and answered the question that corresponded to this combination. If the participant did not want to answer, another classmate could voluntarily give

their answer. The approximate duration of the activity was 35 min. A total of 56 questions were formulated (which were repeated considering the 70 possible letter/number combinations). Some examples of the questions are shown below, which relate to:

- (i) City/neighbourhood of residence: favourite/most appreciated place; existence of something that they really like, but is underused or not used at all; opinion of the neighbourhood as a place of residence for people of the same age; if they were to travel and go away for a few months, what would they miss most;
 - (ii) Community and relationships with the neighbourhood: if the community where you live was known by any characteristic, what would it be; what could you and your neighbours do to make the community a better place to live; if any problems were to happen to you or your home and you needed to seek help from a neighbour, whom you would count on;
 - (iii) School where participants study: what place within the school premises do you like to hang out most and why; if you could change anything within the school environment (building, rooms, yard...), what would it be.
- (b) Development of the activity and qualitative analysis: Field diary records showed that most participants answered their question. As the number of questions was greater than the number of participants, there were questions that were not answered.

Regarding the content of the answers, some aspects had already been worked in previous activities (for example: favourite places and those most thought of or known in the neighbourhood where they live). Therefore, we do not know if the same answers given by the participants indicate that these are indeed the most important places in the neighbourhood or if they answered according to what they remembered from previous activities. Another aspect that drew our attention was that while participants criticised the neighbourhood, especially regarding cleanliness and safety, the answers to questions such as “what would miss most in your neighbourhood” showed that participants affectionately relate to the places where they live, denoting a strong connection with them.

11.3.2.5 Neighbourhood Human Map

- a) Description: It was explained to the participants that the team identified the proximity between them from the information (on students’ addresses) previously informed by the school coordinators. Thus, a map is projected with the school’s location (as a reference point) and where all the participants live.

Children observed the drawing and identified where their classmates live and those who live near their homes. Afterwards, an object (or a team member) is used to represent the school, and then participants were to allocate themselves around the school with help of the mediators, according to their place of residence, starting

with those who live closer to the school. At the end of the activity, the group should be spread around the room according to the map projected on the board. Finally, the participants are grouped according to their proximity in order to carry out the following activity.

- b) Development of the activity and qualitative analysis: Participants were interested in observing where their name was on the map, who lived next to whom, and where classmates reside. For School 1, due to the fact that some participants lived in more distant neighbourhoods, it was necessary to project more than one map.

11.3.2.6 Collective Map

- (a) Description: The participants were divided into groups of three to six people considering their proximity in the neighbourhood, which was identified by the previous activity. Five groups were formed in School 1 and six groups in School 2. The groups were given a sheet of paper (1 m × 60 cm), colouring pencils and markers. They were asked to draw up a map similar to that of activity 1 (Individual map), but this time with the group. Over the course of 30 mins, group members talked and decided as a group about what the map would look like, which places would be part of it, and then the group drew it. Once the activity was done, participants were encouraged to present their collective map to the others. The map was exhibited in the room throughout the week of the intervention.
- (b) Development of the activity and qualitative analysis: In the same way as with the individual maps, analysis of the collective maps underwent an initial examination to identify reference points that were represented. The making of these maps included the representation of their residences (houses and buildings), religious institutions (Spiritualist house), educational institutions (the school itself, day care centre, football school), shops (supermarket, market and mini-market, pizzeria, bar, snack bar, bakery, greengrocer's, butcher shop, car dealership, petrol station, thrift shop, pet shop) and public services (health clinic, Department of Urban Sanitation), squares, playgrounds and a football pitch. Maps of the School 2 group showed greater diversity in terms of reference points, including residences, squares (with recreational equipment), educational institutions and business establishments.

The content of the collective maps was also analysed based on the physical elements present in them (Lynch, 1960/1997), as mentioned in the assessment of the individual maps. In this case, once again there was predominant presence of paths, in relation to other elements. Streets or larger roads are represented in every collective map of School 1, while they are shown in only half of the maps of School 2. The only other element identified in the maps was the edges, which was represented through neighbourhood that borders the neighbourhood of School 1.

11.3.3 Questionnaire Analysis

Questionnaires were completed both by the intervention group and the group that did not participate in the intervention (control) at three time points: pre-intervention, post-intervention and follow-up (30 days after). Participants answered one open-ended question and rating scales (complete explanation in Chap. 10).

11.3.3.1 Categorical Analysis

Participants responded in writing to the question “What are the places where people my age can have fun in my neighbourhood?”. We analysed the answers of the groups that participated in the intervention. The answers were organised into four categories: *Outdoor spaces*; *Neighbourhood resources*; *Relationships with the neighbourhood*; and *Dissatisfaction with the neighbourhood*.

In the category of *Outdoor spaces*, answers that mentioned squares, parks, the area in front of their house and places to practise sports (such as football pitches and skateboard ramps) were grouped. Answers related to this category were present in both schools and at the different evaluation time points. In School 2, what drew our attention was that almost all of the children mentioned the neighbourhood squares and many of them mentioned the football pitches, which seem to play an important role in the identity of the inhabitants of the region: “There is a football pitch in the square in front of my house, where every evening people play”. One participant mentioned “Places in harmony with nature” at follow-up.

In the category of *Neighbourhood resources*, answers related to different services available in the home surroundings were grouped, such as shopping centre, cinema, amusement park, gym, snack bar, internet cafe and social organisations (which some of the children attend before or after school).

The category of *Relationships with the neighbours* was made up of the answers in which participants mentioned going to friends’ houses. Participants who reside in buildings mentioned the common areas of the building and those who live in houses mentioned the area in front of the house. School 2 participants mentioned neighbourhood festivities, which were also grouped in this category, because such events provide coexistence with other residents of the community. This category is related to the first one, because some of the outdoor activities are done in the company of neighbours, as in the example in which one participant said that in the evenings he usually plays football in the square with “lads”.

As much as the question did not encompass dissatisfaction with the neighbourhood, some children made complaints in their answers, which were grouped in the category of *Dissatisfaction with the neighbourhood*. The children’s discontent was mainly with regard to the lack of options the neighbourhood had to offer in terms of entertainment, for example: “There are only playgrounds in my neighbourhood”. There were also complaints mentioned during the intervention activities regarding the lack of safety (for example: “There are dealers and pickpockets everywhere”)

and the vandalising of public places destined for leisure activities (for example: “They destroyed the playground”). This category was composed of responses of participants of both schools at the three time points, although most of the dissatisfactions were mentioned by students of School 2. Even at the post-intervention evaluation, one of the School 2 participants mentioned “I think my neighbourhood is bad for children”.

11.4 Quantitative Analysis

From the scale questionnaires, statistical analyses were carried out with the objective of evaluating the impact of the intervention (program impact), considering the two schools, the different evaluation time points and the differences between the intervention group (experimental group) and the group without intervention (control group). To evaluate the *effect of the intervention*, it is important to verify if the changes occurred in the desired direction. Therefore, analysis of variance for repeated-measures (ANOVA-RM) was carried out within the experimental group to assess the effect of the intervention, examining if there was significant increase in the wellbeing of participants.

The results are shown in Table 11.2. We noted that some items varied according to what was expected, that is, the averages increased after intervention in items 1, 2, 3, 4 and 5. However, others, such as items 6, 7 and 8 showed decreased averages

Table 11.2 Descriptive statistics and multivariate tests

Neighbourhood and nature items	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' lambda	F
	Pre	Post	Follow-up		
What are the places to have fun in the neighbourhood	2.37 (1.85)	3.00 (1.72)	2.63 (1.92)	.906	1.858
I know the services provided in my neighbourhood well	6.74 (3.21)	7.61 (2.81)	7.84 (2.40)	.920	1.556
There are cool places in my neighbourhood that I want to visit	4.58 (4.38)	4.66 (4.05)	5.37 (4.02)	.951	0.928
I know my neighbours and relate to them	7.21 (3.42)	7.79 (3.14)	7.68 (3.18)	.953	0.878
I know of places in my neighbourhood where I can go to have contact with nature	6.76 (3.60)	7.29 (3.51)	6.92 (3.47)	.978	0.403
I go to places in my neighbourhood where I have contact with nature	6.84 (3.36)	6.76 (3.68)	6.82 (3.36)	.999	0.007
I help preserve nature in my neighbourhood	7.05 (3.40)	5.84 (3.68)	5.62 (3.32)	.854	3.079
I am a good example to others on how to preserve nature in my neighbourhood	5.95 (3.78)	4.42 (3.70)	5.26 (3.88)	.760	5.690 **

** $p < 0.01$

Table 11.3 Difference in differences regression

Independent variables	Coefficient	Standard error	Sig.
Program Impact (1 week)	-0.20	(0.82)	
Program Impact (1 month)	-0.24	(0.81)	
Time (1 week)	0.18	(0.62)	
Time (1 month)	0.36	(0.58)	
Intervention group	-0.49	(0.57)	
School	0.34	(0.35)	
Sex	-0.29	(0.34)	
Age	0.08	(0.11)	
Constant	6.21	(1.68)	**
Participants	73		
Observations	219		
R ²	0.04		

Dependent Variable: Neighbourhood mean. Significance: 99%**

after the intervention. The only item that showed a significant difference at the three time points was item 8 (“*I am a good example to others on how to preserve nature in my neighbourhood*”), with decreased average at post-intervention and increased average at follow-up.

We also carried out difference in differences regression in order to assess the impact of intervention on participants of the experimental group compared with the control group. Difference in differences regression is the most widely used model for impact assessment. The model presumes that participants who were part of the intervention were randomly chosen. The criteria used in this study to choose students to participate in the intervention is based on the average of the subgroups of the Personal Wellbeing Index (PWI), but this average is not the direct criterion used as the cut-off point. Stata/SE 12.0 statistical software was used.

In estimating the model, data were organised in a table with observations for every child at each time point. We included the binary independent variables *time one week* (with value 1 for the observations post immediately after the intervention and 0 for observations at pre or follow-up), *time one month* (with value 1 for observations in the follow-up), *intervention group* (1 for intervention participant – experimental group), *program impact after a week* (1 for intervention participant at post-intervention), *program impact after a month* (1 for intervention participant at follow-up), *sex* (1 for male) and *school* (1 for School 1). The only non-binary independent variable is age. The dependent variable is the subgroup average for the items Neighbourhood and Nature.

The results are shown in Table 11.3 and indicate that there was no statistical significance in the analyses. Nevertheless, we found that the program impact at different times (1 week and 1 month) estimates that the intervention decreased satisfaction with the neighbourhood of the children in the experimental group in -0.20 and -0.24 points in items neighbourhood and nature after a week and after a month, respectively.

The variables time (1 week) and time (1 month) show, everything else constant, that the averages of satisfaction with the neighbourhood after the intervention were 0.18 and 0.36 above those at baseline. That is, if there were no intervention, we would expect the average of all children to be 0.18 (1 week) and 0.36 (1 month) points higher, due to factors that would have affected everyone equally.

The variable intervention group shows that the average of satisfaction with the neighbourhood for the group with intervention was -0.49 points below that of the control group at baseline. R^2 indicates the variance explained by the independent variables in the course of the averages of satisfaction with the neighbourhood at pre, post and follow-up, which is 4% in this case. However, all these coefficients were not statistically significant, and neither were the variables gender, age and school.

11.5 Discussion

The purpose of this chapter is to present the introductory module of an intervention with children aiming to promote wellbeing through the appropriation of the space where they live, the contact with nature in home and school surroundings, and the sense of community. The structure of the discussion is based on each indicator of wellbeing, their specific objectives and activities related to them, as well as the items of the questionnaire (Table 11.1).

11.5.1 Presence of Recreational and Leisure Spaces and Access to Neighbourhood Services

Exploratory analysis of individual and collective maps showed that participants were able to identify various points of reference, which suggests knowledge of neighbourhood resources (Lynch, 1960/1997). This idea was reinforced by the predominance of paths in individual and collective maps. The presence of paths suggests both knowledge of the region where they reside and an attempt to organise reference points around their homes or the neighbourhood through this representation. The command of the reference points of a given region has an important emotional significance, as it provides security for moving around without the fear of feeling lost or not knowing the correct direction of a given location (Lynch, 1960/1997).

It is noteworthy that in one of the collective maps of School 1, specifically the map of participants who live in two different neighbourhoods (distant from each other), there is a well-established connection between them. One can assume that the daily commute back and forth from home to school allows them to learn more about the city and its streets and avenues than those who live near the school.

Among the set of reference points found in individual and collective maps, resources such as public services were little represented. The scarce references to health services, for example, does not necessarily mean unawareness of the existence of this type of service in the region, since most participants (both in School 1 and School 2) said they know of and/or have been to the neighbourhood health clinic. The analysis of the open-ended question points out, through the category of *Outdoor spaces*, which parks, squares and places destined for the practice of sports are quite thought of by participants for their enjoyment, and thus perhaps this is also why they are often represented in the maps. As stated in the open-ended question of a participant: “In my opinion children should play in the square”.

These results support the relevance of such places have for children, which has already been pointed out in the literature on wellbeing and home surroundings (Homel & Burns, 1987, 1989; Legendre & Gómez Herrera, 2011), as well as confirming the idea that these types of places is among children’ favourites (Chawla, 2002; Elali, 2003; Wells & Evans, 2003). In the open-ended question of *Neighbourhood resources*, other places to have fun were thought of, although often significantly lower than those classified in *Outdoor spaces*, which allows us to suppose that these places are less visited by the participants.

From a quantitative point of view, the ANOVA-RM results for items that assess participants’ knowledge of neighbourhood resources and the existence of cool places in their neighbourhood that they want to visit had higher averages after a week and a month of the intervention. Although not statistically significant, these results suggest that the intervention helped participants obtain more knowledge and information about existing resources in the neighbourhood. In addition, the intervention contributed to the exchange of information and views on the resources of the neighbourhood. Thus, the specific purpose for which these activities were formulated achieved satisfactory results.

In spite of this, there are other issues on neighbourhood resources that drew our attention and deserve to be discussed. Although the football stadium, which is near School 2, is a recent and imposing building, it did not appear to be incorporated into the image of the neighbourhood from the perspective of the participants of the intervention group. Its representation, interpreted as a landmark (Lynch, 1960/1997), was present in only two individual maps. One possible explanation for this near invisibility may lie in the negative references made about the stadium.

Another aspect that deserves attention is the participants’ critical remarks concerning the lack of maintenance, safety and cleanliness of neighbourhood resources. The answer “I think the neighbourhood is bad for children” suggests that these aspects impair the participants’ perception of these places and prevents them from visiting the streets, squares and parks. This reality reinforces the idea that the quality of available physical space is directly associated with social issues (Evans, 2006) and safety (Rogers, 2012), as the participants (especially those of School 2) live in peripheral neighbourhoods and mostly come from low-income families. Adverse conditions may contribute to the separation from outdoor activities (Ergler et al., 2013; Louv, 2008), and using their own house or a friend’s house as a safer place, as illustrated by the response “Children can only play in front of their house”.

11.5.2 Presence of Other Children in the Neighbourhood and Connection to the Community

From the beginning of activities, participants, even without being encouraged to talk about their relationships with peers, often referred to existing friends in the vicinity of their homes. In the analysis of the open-ended question at pre-intervention, friend's house was cited as one of the options for a place for entertainment. Similarly, the average of the item *I know my neighbours and I relate to them* had the highest average at pre-intervention compared to the averages of the other items. These data suggest the importance of the presence and interaction with peers and reinforces the importance of existing friendships in the neighbourhood (Rogers, 2012).

The Virtual map activity allowed the identification of classmates in their home surroundings. This became quite clear in the School 1 group when two participants found out they lived in the same neighbourhood and regularly visited the same square, while proximity allowed the School 2 group to exchange more impressions and opinions about different places in the neighbourhood. Therefore, the context of the intervention promoted interactions potentially favourable to building a sense of community (Sarriera et al., 2016) and is consistent with the idea of “*live neighbourhoods*” (Farias & Pinheiro, 2013).

Although several problems regarding safety and cleanliness were mentioned, we observed that School 2 participants proudly spoke of the villages (sub-regions of the neighbourhoods) where they live, which denotes an affective relationship with the place they live in and the people they live with. In the open-ended question, School 2 participants mentioned that one of the opportunities to have fun are the neighbourhood festivities, which take place in one of the squares. Therefore, considering the development of the module as a whole, it is possible to notice the sense of community of the School 2 participants, as discussed above, and this sense seems stronger and better developed. Living close to their classmates and participating in collective activities in their neighbourhood may possibly contribute to this.

Quantitative analysis through ANOVA-RM of the item *I know my neighbours and I relate to them* showed that although the differences between the averages were not statistically significant, post-intervention averages increased for this item and remained the highest among the evaluation items of the module immediately after the intervention. At follow-up we observed a decrease, but the average remained higher than at pre-intervention. Considering the qualitative analysis of the activities and the quantitative results of the item that evaluated the knowledge and the relationship with the neighbours, it is possible to state that the module objectives, especially identifying classmates who are part of the neighbourhood, have been achieved.

11.5.3 *Natural Environments and Contact with Nature*

In relation to this indicator, it should be noted that the most important and preferred environments of the home and school surroundings are those that provide contact with nature. In the open-ended question participants were asked to answer which places of the neighbourhood people their age could have fun and the most frequent response was “squares.” One answer to the question did not even refer to a specific place, but mentioned “places in harmony with nature.”

This data is corroborated in literature (Luz, Raymundo & Kuhnen, 2010) that shows natural environments are preferred by children. In addition to acting as a stress moderator (Corraliza & Collado, 2011), these natural environments provide opportunities for playing a variety of games, doing physical activities (Legendre & Gomez-Herrera, 2011) and meeting friends (Ghanbari-Azarneir, Anbari, Hosseini Yazdanfar, 2015). However, the response of one participant “There are only squares in my neighbourhood” conveys criticism and leads to the question: Were the squares the most cited place because they really are fun or because there are no other options available to children in the region?

Another contradiction involving this issue is that, although most participants demonstrated that there are enough places where it is possible for one to have contact with nature in their home and school surroundings, it is common for this to be associated with what was categorised as *Dissatisfaction with the neighbourhood*. Therefore, although these places exist and are known, they are not necessarily regularly visited, which was also observed in the quantitative analysis. Although the results of the ANOVA-RM were not statistically significant, there was an increase after intervention in the averages of the item *I know of places in my neighbourhood where I can go to have contact with nature*, which indicates that the virtual map activity may have aided in expanding the repertoire of places with the presence of nature. On the other hand, there was a small decrease in the averages after the intervention for the item *I go to places in my neighbourhood where I have contact with nature*. The expansion of the repertoire regarding these places may also have contributed to the children realising they do not usually visit some spaces (perhaps they did not even remember these places at pre-intervention).

School was cited as a fun place in the neighbourhood and in the nature activity it represented 32% of the responses (School 1) about where to find nature in the neighbourhood. Studies on contact with nature at school (Arbogast, Kane, Kirwan & Hertel, 2009; Raymundo, Kuhnen & Soares, 2011) show green areas in the school environment increase student concentration and contribute directly to emotional maturity and social relationships. Restorative environments at school that promote comfort and pleasant sensations, also contribute to promote emotional connections with the place and, consequently, environmental care. In contexts where the intervention was carried out, considering the lack of resources and urban violence, it would be even more important to have the school as a restorative place for students.

Therefore, it can be said that the intervention achieved the objective of identifying areas with the presence of nature in home and school surroundings. However, the objective of stimulating the contact with nature in these places was not fully achieved, due to social barriers (lack of safety, lack of resources and depredation of public property) and intervention limitations, such as not including field trips, which could facilitate the achievement of this objective.

11.5.4 Preserved Nature in the Neighbourhood

The specific objective of this indicator involved discussions with the participants about how they could help preserve the nature of the neighbourhood. However, the children showed little interest and difficulties in producing a more reflective and constructive conversation on the subject. Field diary reports show that similarly to previous studies (Galli, Campos, Bedin & Castellá-Sarriera, 2013), participants reported being aware of environmentally sound procedures. However, researchers (García-Mira & Dumitru, 2015; Suárez, 2015) argue that valid environmental education should not be centred on individual practices.

Therefore, the most interesting qualitative data were reported in the field diary and mentioned in both schools. The mediators sought to foster critical reflection for environmental education (Pol & Castrechini, 2013) contextualised to the sociocultural environment. Thus, in School 1, a child presented the idea of a school task force, which even had already been systematically organised by the school for the cleaning and caring for the yard, but with little student support. And in School 2, one participant suggested a community task force to clean the streets of the neighbourhood as a possible intervention. The proposed joint actions represent both empowerment (Pol & Castrechini, 2013) and connection (Hart, 1995) required for environmental practices.

It is important to consider that sociocultural factors can hinder the care for nature (Pol & Castrechini, 2013). It is recommended that environmental interventions can go beyond school and become community-based (Guevara, 2002; Sandoval, 2012). Although the module activities in the school environment were carried out indoors, researchers used reflections in order to go beyond school walls, which seem to have been achieved in terms of reflection with the idea of community effort. Still in relation to sociocultural obstacles regarding environmental practices, we can examine the contents the category of *Dissatisfaction with the neighbourhood*. Children's encouragement to help preserve the environment is certainly impaired by the precariousness of public spaces in their neighbourhoods.

Also, being aware of what is environmentally correct does not mean that people in fact behave accordingly. Therefore, the quantitative results are interesting. We observed through ANOVA-RM that there was a decrease in the averages of items *I help preserve existing nature in my neighbourhood* and *I'm a good example to other people on how to preserve nature in my neighbourhood* after the intervention and the difference was significant in the latter item. The results indicate that children

were more cautious in answering the questions, thus decreasing the averages. That is, the intervention may have caused a necessary reflection in order for participants to realise that can be more active in relation to preservation.

11.6 Final Considerations

The intervention described in this chapter is relevant because it presents a proposal and assesses an intervention that highlights the importance of environmental and community relationships to wellbeing in childhood and adolescence, which is still an underdeveloped issue. Therefore, although quantitative results were modest, with no statistical significance in terms of program impact and results different to those expected in relation to effect, we did find some interesting qualitative results.

It is somewhat paradoxical that the intervention intended to stimulate wellbeing and on the contrary caused discomfort, especially when participants came into contact with the dissatisfactions in their home and school surroundings. However, this feeling was undone when participants experienced small situations of great importance, such as being enthusiastic to show their classmates their places of residence (even if they live humble houses and neighbourhoods) or when they went from a passive role (e.g., expecting the city to clean their neighbourhood squares) to a more active role (e.g., joint effort to take care of the square).

Some of the module limitations once again stress the social issues regarding the schools examined in this study. For example, it was difficult to locate the houses of some participants residing in more remote and poor regions, due to the fact that some addresses were not included on maps. Furthermore, there were important differences in the contexts of the two schools. For instance, in School 1, although the school surroundings had more resources, participants lived in more distant neighbourhoods from one another, which impaired the development of the intervention, especially in relation to community issues.

Regarding future interventions, it would be relevant to further explore the school environment, as it is a routine space for children and can promote restoration, environmental education and good community relationships. Some suggested practises would be to decorate the school or the classroom (where the intervention is developed) and to care for the schoolyard (cleaning and gardening). We would recommend teachers and school coordinators, as well as families and communities, to be involved in stimulating reflections and engaging in appropriate attempts to change the singularity of the context. It is also suggested that in future interventions activities be done not only indoors, but also outdoors, in the school environment (outside the classroom) and through the streets and important neighbourhood locations (e.g., field trips, walks around the school surroundings), as well as activities that promote contact with nature.

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Chapter 12

Rights and Material Resources as Indicators of Child Well-Being: The Challenge to Promote Protagonism

Luciana Cassarino-Perez and Tiago Zanatta Calza

12.1 Introduction

The issue concerning the rights of the children and adolescents usually corresponds to the social representations regarding this population. For centuries, children and adolescents were seen by Western society as “non-adults”, that is, in a position not only different but also inferior to adults (Casas & Saporiti, 2005). When considering the history of humanity, only in the last century was a movement initiated to change the status of this population (from being considered property, a non-entity, with no rights at all) to being considered a human being (Jiang, Kosher, Ben-Arieh, & Huebner, 2014). Based on emblematic cases of maltreatment (Mary Ellen, in the United States), in 1874 the Society for the Prevention of Cruelty to Children was established in the United States (Day et al., 2003) with the objective to protect this population. This movement culminated in the “Universal Declaration of the Rights of the Child” proclaimed by the United Nations General Assembly in 1959 (Martins & Jorge, 2009).

Even though only at the end of the nineteenth century was a movement initiated to favor the rights of the child and adolescent, the twentieth century is considered the century of the child due to the emergence of greater concern for the rights of children, bringing up the problem of violence (Delfino, Biasoli-Alves, Sagim, & Venturini, 2005). Only at the end of the 1970s was a search initiated with the goal of acquiring concrete data regarding the rights of the child from the perspective of children (Casas & Saporiti, 2005). Additionally, the well-being of children became a concern in different countries, especially in Europe, from the second half of the twentieth century onwards. This new focus went through not only protection in

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situations of vulnerability, but also through laws that ensured education, health and safety for this population (Doek, 2016).

A new view was then developed regarding the rights of children, in which basic rights of survival were no longer considered sufficient. After approval of the Convention on the Rights of the Child – CRC (UN, 1989), which was agreed to and signed by 193 countries, members of the United Nations (UN), a greater concern for the guarantee of the rights of children and adolescents was observed (Calza, Dell’Aglia, & Sarriera, 2016). In addition to ensuring rights and protecting the child and adolescent, the convention also highlighted the importance of children and adolescents being heard in regard to all subjects of their interest (Lansdown, Jimerson, & Shahroozi, 2014).

In Brazil, the landmark legislation ensuring protection of this population is the Statute of the Child and Adolescent (1990). Supported by Law No. 8069 from July 13th 1990, this Statute provided full protection to Brazilian children and adolescents, ensuring key aspects such as health conditions, dignity, freedom, and participation as citizens and active subjects of society. Article 3, for instance provides that children and adolescents enjoy all fundamental rights inherent to human beings, ensuring they have opportunity and access to physical, mental, moral, spiritual and social development with freedom and under dignified conditions. Article 16 provides participation in the family, community and political life without discrimination. Article 12 of the Convention of the Rights of the Child, for instance, establishes that the participation of children is both a civil right and a matter for research (Nolas, 2011).

Documents such as the Convention on the Rights of the Child (CRC) and the Statute of Child and Adolescent (ECA) provide a normative landmark to understand well-being, legitimating parameters that contribute to improving it (Bradshaw, Hoelscher, & Richardson, 2007; Rizzini, Thapliyal, & Pereira, 2007). Ben-Arieh (2006, 2010) also suggests changes in academic research that started addressing aspects beyond survival, giving priority not only to indicators of survival but also aspects considered to be “positive,” such as satisfaction and well-being indicators.

In this direction, knowledge on the part of children and adolescents concerning what these parameters are and how to ensure they are respected is essential when the objective is to promote well-being. Research in the field, however, in general reveals that children and adolescents have little knowledge about what their rights are (Alves & Siqueira, 2014; Rizzini et al., 2007; Saravalli, 1999; Sarriera, Schutz, Galli, Bedin, Strelhow, & Calza, 2014), indicating there is a need to implement interventions clarifying this subject with them.

Among a large set of rights established in the aforementioned documents, some studies have focused on the right to material resources and on the economic situation of children and adolescents. There is no consensus, however, about the impact of these factors on well-being. According to a study conducted by Sarriera, Schutz et al. (2014), with participants from eight countries, well-being scores were significantly related to the possession of material resources among children and adolescents of all nationalities. Countries such as Uganda and Algeria, where people have less access to clothing, computers, the Internet or mobile phones, presented the strongest relationship between lack of resources and worse well-being. Reporting

similar findings, other studies suggest that low monthly income worsens well-being (Katz, Chaffin, Alon & Ager, 2014), as do a lack of durable consumer goods, poor living conditions (Bradshaw, Keung, Rees. & Goswami, 2011), and the percentage of children living below the poverty line, along with income inequality (Ozawa, Joo, & Kim, 2004).

The material and socioeconomic situation of the adolescents who participated in the intervention was clearly established by a series of contextual factors that go beyond the objective and scope of this intervention. Nonetheless, the establishment of knowledge and awareness among children and adolescents about their rights enables them to identify situations in which their rights are being violated and help them use coping strategies and to improve their well-being.

Studies have addressed the participation of children in decision-making that concerns their daily lives (Moreira & Biasoli-Alves, 2008). Additionally, the right to participation has been a priority in various international treaties and laws (Viviers & Lombard, 2012). Brazilian authors indicate that there has been a “serious effort to consolidate the view in which children are citizens, creative subjects, social individuals, who produce culture and history” (Kramer, 2002, p. 43), but still demand care and attention. Souza and Koller (2013), in turn, stress the importance of children and adolescents taking part in decisions that influence their lives in the various microsystems to which they belong.

Data collected by the study *Bem-Estar na Infância e Fatores Psicossociais Associados* [Well-being during Childhood and Associated Psychosocial Factors] (Sarriera, Schutz et al., 2014) indicate that 21% of the total variance in the well-being of children was explained by knowledge and awareness of their rights. Other studies on the subject indicate that the guarantee of rights is directly related to the well-being of children and adolescents (Bradshaw et al., 2007; Rizzini et al., 2007).

Finally, according to Furlani and Bomfim (2010), children and adolescents should be protagonists and be encouraged to establish peer groups in which they can share their social and community experiences, so they can use their potential to mobilize and reflect on their circumstances in order to seek better alternatives in life. In this way, the general objective of this module was to contribute to the subjective well-being of adolescents, by providing an opportunity for them to participate as active subjects and construct knowledge regarding their rights.

12.2 Method

12.2.1 Indicators

The following indicators of well-being associated with rights were identified in the results of research addressing well-being conducted by the Community Psychology Research Group (GPPC), as well as other scientific studies: (1) knowledge/awareness concerning rights (Furlani & Bomfim, 2010; Jiang, Kosher, Ben-Arieh, & Huebner, 2014; Sarriera, Schutz et al., 2014; Sarriera, Casas et al., 2014; Wagner, Sarriera &

Casas, 2009); (2) good living conditions (Bradshaw et al., 2011) and access to essential material resources (Katz et al., 2014; Sarriera, Schutz, Galli, Bedin, Strelhow, & Calza, 2014); (3) income equality (Ozawa, Joo, & Kim, 2004); and (4) children's social participation and protagonism (Ben-Arieh, McDonell, & Attar-Schwartz, 2009; Covell, Howe, & McNeil, 2008; Decoene & DeCock, 1996; Furlani & Bomfim, 2010).

12.2.2 Goals and Objectives

The issue of rights was explored by using different activities with specific objectives: (1) to promote contact with Statute of the Child and Adolescent (ECA) as an instrument to ensure rights; (2) to favor awareness regarding situations in which rights are violated; (3) to enable a collective construction of alternatives to cope with situations in which rights are violated; and (4) to encourage the dissemination of knowledge to family members, promoting changes beyond the school context.

As goals to be achieved at the end of the module, the participants were supposed to: (1) be aware of the existence of the ECA and the main rights provided by it; (2) to recognize situations in which rights are violated; (3) to present a repertoire of knowledge that enables resolving situations in which rights are violated; and (4) to inspire fathers, mothers, and family members to reflect upon the ECA's existence and its content.

12.2.3 Activities

In order to accomplish the first three objectives, the adolescents were initially invited to express the knowledge they already had concerning their rights by using collage and drawing techniques. The material produced was used by the facilitators to explore the main points addressed by the ECA, emphasizing the rights, which in a prior survey the schools indicated as being the most relevant for these groups. Afterwards, the adolescents were invited to solve fictitious dilemmas, jointly constructing alternatives and solutions for situations in which rights are violated. To end the module and contemplate the fourth objective, the adolescents received an illustrated ECA copy to be used at home and work on a task with their families.

12.2.4 Assessment

Quantitative and qualitative instruments were used to assess the effect, process and impact of the module addressing rights. Twelve items concerning the indicators addressed in the module were part of the questionnaire, applied pre-test (1 week

before the intervention), a posttest (immediately after the intervention) and a follow up (one month after the intervention). The adolescents were supposed to answer the items on a Likert scale ranging from totally disagree (zero) to totally agree (ten). Two open questions addressing the topic were also included in the questionnaire: “What do you know about the Statute of the Child and Adolescent?” and “Would you please list some rights of children and adolescents?” In addition to the questionnaire, the material that resulted from the activities conducted in the module (collages, drawings and homework) was also used to assess the intervention process. Finally, a qualitative instrument, a field diary produced by one of the team members during the process, was also used.

In regard to the quantitative analysis, descriptive statistics was used, as well as analysis of variance of repetitive measures, to verify differences in the experimental group between the three different points in time. Additionally, differences-in-differences regression analysis was performed to verify the potential impact of the module as a whole between the experimental and control groups.

The topics that emerged from the data and were identified in the qualitative analysis were organized into four main categories, presented and discussed as follows: knowledge concerning rights; differentiation between rights and duties; more emphasized rights and the less emphasized ones; and family and community participation.

Table 12.1 presents the goals, activities and assessment for each of the module’s objectives. Both qualitative and quantitative data are included in the assessment. Table 12.2, included in the Results and Discussion section, presents all the items concerning the assessment’s qualitative stage.

Table 12.1 Summary of the module addressing the rights of children and adolescents

Objectives	Goals	Activities	Assessment
To promote a contact with the ECA as an instrument to ensure rights	Acquire knowledge concerning the existence of the ECA	Collage	Open questions: What do you know about the ECA?
	Acquire knowledge concerning the main rights	Interactive presentation of the ECA	Drawings and collages
To favor awareness regarding the violation of rights	Recognize situations in which rights are violated	Discussion of dilemma situations in small groups	Multiple choice items:
			Do parents have the right to monitor their children’s mobile phones?
			Should children with special needs attend the same school of children without special needs?
To develop alternatives to face situations in which rights are violated	New repertoire to resolve situations in which rights are violated	Collective development and representation of solutions through role play	Field diary

Table 12.2 Descriptive statistics and multivariate tests

Items	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' lambda	F
	Pre	Post	Follow-up		
What do you know about the Statute of the Child and Adolescent	0.11 (0.43)	1.42 (1.91)	1.37 (2.08)	.567	13.725**
List some rights of children and adolescents	2.47 (3.39)	6.11 (2.58)	4.63 (3.05)	.474	19.971**
A child or adolescent should be able to give her/his opinion about where s/he wants to spend vacations	7.18 (3.10)	7.37 (3.04)	7.47 (2.91)	.986	0.259
Parents (or legal guardians) have the right to monitor their children's mobile phones	4.00 (4.30)	4.39 (3.84)	4.08 (3.96)	.989	0.200
In a emergency, children and adolescents should always be the first to receive assistance	7.95 (2.59)	9.42 (1.30)	8.87 (2.26)	.626	10.766**
A child or adolescent can choose a religion even if different from the parents' religion	6.87 (4.07)	7.79 (3.43)	7.97 (3.01)	.927	1.422
Children and adolescents can complain about the grade obtained on an test whenever they find it unfair	4.92 (3.79)	5.58 (4.00)	5.66 (3.76)	.969	0.571
Adolescents older than 16 years old can work as long as the job does not harm academic studies	8.55 (2.68)	8.32 (3.18)	9.05 (2.24)	.930	1.345
When parents split, the child can be heard about which parent s/he prefers to live with	8.05 (3.08)	9.24 (2.31)	8.74 (2.76)	.819	3.989*
Children and adolescents with special needs should attend the same school as any other children	6.50 (3.88)	8.66 (2.38)	7.26 (3.41)	.682	8.395**
If the parents of a child need help at work, the child can miss school once in a while to help them	5.29 (4.10)	4.71 (4.05)	3.89 (3.97)	.840	3.416*
The tutelary council is supposed to protect children	9.39 (1.63)	9.66 (1.16)	9.32 (2.01)	.889	2.255
We have already discussed the rights of the child and adolescents at home	4.45 (4.23)	4.68 (4.02)	5.76 (3.70)	.892	2.174
My parents or legal guardians are aware of the rights of the child and adolescent	8.58 (2.17)	8.00 (3.05)	8.50 (2.22)	.963	0.686

* $p < 0.05$. ** $p < 0.01$

12.3 Results and Discussion

12.3.1 *Module's Experience*

An intervention was performed to promote the well-being of adolescents attending two public schools in Porto Alegre, RS, Brazil. The intervention lasted 1 week in each school and included five modules. More detailed information regarding this intervention is presented in Chap. 10.

The module addressing the rights of children and adolescents was implemented on the second day of the intervention. The fact it was implemented on the second day conferred upon it some peculiar characteristics. On the one hand, the mediator team, objectives and format were not a novelty for the participants, but at the same time, they were very curious and excited for what would be presented, since the day before was a Monday that differed from what they usually experienced in the school's routine. These features considerably favored the flow of the activities presented in the module addressing rights, with the active participation of adolescents and diverse and interesting considerations, as presented below.

In general, adolescents were more focused on individual activities involving skills such as drawing, collage and painting and, as a consequence, these were activities that provided the most elements for discussion and reflection in the large group. The material produced in the module's first activity generated abundant and rich content that could be further explored in discussions regarding the Statute of the Child and the Adolescent and differences between rights and duties. Activities performed in small groups, however, contrary to expectations, were not very productive. The characteristics of the age group and the school context may have influenced the performance observed in the different activity formats.

It is especially important to pay attention to the context in the case of this specific module. Differences among schools, neighborhoods, communities, social status, ethnicities, etc. directly influence the way the rights of children and adolescents are understood. In the experience of this intervention's pilot assessment, the application took place in two different schools. Even though both were public schools and were located in the same city, the groups were different in regard to what aspects more urgently required work within the topic of rights.

In addition to the sociodemographic characteristics of the different groups, practical aspects (such as differences in the routine and organization of both schools) also interfered in the way the module was developed. For instance, the school with longer working hours enabled more time and experienced more tranquility in addressing the rights provided by the ECA. While in the school in which the classes were smaller, we could establish closer bonds, being able to more closely identify the conception of each participant regarding their rights.

An important challenge was faced during the application of the module in addition to the differences between schools. This aspect is likely to appear in other contexts and needs to be taken into account to assess the program. Issues such as

dignity, respect, family and community living, and inclusion, among other aspects addressed in this module, raised personal questions among some participants:

“One of the students mentions he is experiencing a judicial issue involving the tutelary council. He is not living with his biological parents. The tutelary council visited his current home and the situation is being analyzed by the court”. Field diary, school 1, April 5th 2016.

The team had to be skillful in welcoming the participants’ sharing of their personal dilemmas and at the same time preserve the adolescents. In these cases, there was special care in making sure the adolescents were being assisted and had their specific needs met, even after the intervention was finished.

12.3.2 Quantitative Analysis

Quantitative analysis was performed by applying the scales at three different points in time (Pretest, Posttest, and Follow-up). Hence, to assess the effects of the intervention, it is important to verify whether there was an effect (changes) in the desired direction after the intervention ceased. For that, analysis of variance for repeated measures (ANOVA-RM) was performed within groups (Table 12.2) to verify whether there was significant increase in the means of the items concerning the rights of the participants in the experimental group immediately and after one month of the intervention.

It is worth noting that for items 1 and 2, weighted scores were used, since they appear in the questionnaires as open questions. A weight was assigned for each statement regarding ECA (question 1) or right mentioned (question 2) to analyze them as numerical questions.

Six of the 14 items assessed presented statistically significant differences indicating changes in the knowledge of the participants after the intervention. As expected for an occasional intervention, the items presenting significant differences were those asking about knowledge regarding rights, more so than about behaviors related to the subject. That is, while items such as *“What do you know about the Statute of the Child and Adolescent?”* and *“Would you list some rights of the child and adolescent?”* presented significant differences, items concerning behaviors or that involved other people, such as *“We have already discussed about the rights of the child and adolescent at home”* or *“My parents or legal guardians are aware of the rights of the child and adolescent,”* did not present significant differences. Likewise, items that indicated some conflict with authority figures, such as *“The child or adolescent has the right to chose a religion even if different from the parents’ religion”* or *“Children and adolescents can complain of the grade obtained on a test if they consider it unfair,”* were not significant.

In order to better illustrate the effects of the intervention, a graph (Fig. 12.1) presents the means of the items at the three different points in time (Pretest, Posttest and Follow-Up). Only the items presenting statistical significance were included in the figure.

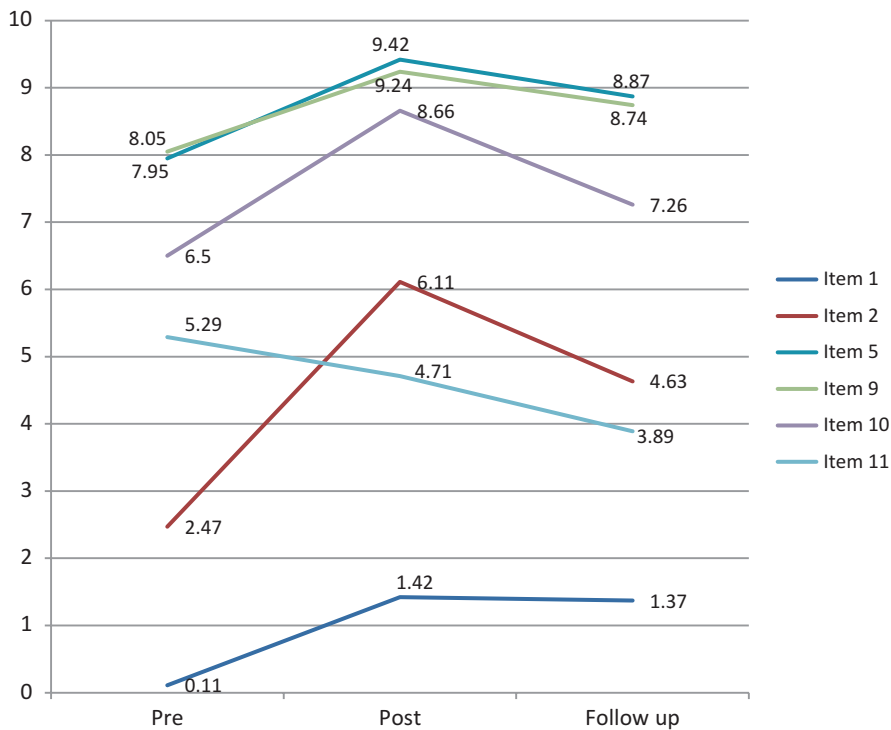


Fig. 12.1 Means of items at 3 different points in time

The graph shows that **items 2, 5, 9 and 10** presented a similar variation at the three points in time: they showed a significant increase in the Posttest and a slight decrease in the Follow-up. The follow-up means, however, remained well above the pretest means.

Item 1 (*What do you know about the Statute of the Child and Adolescent?*) remained stable in the Follow-up in relation to the Posttest. That is, the increase in the mean obtained in the Pretest was kept for 1 month after the intervention. Finally, **item 11** (*If the parents of a child need help at work, the child can miss school once in a while to help them*) was the only item the mean of which was lower in the posttest and even lower in the follow-up. Because it is an inverted item, a decrease was expected in the posttest, though the mean in the follow-up decreased even more, indicating there was a continued effect even after the intervention. In turn, even items that were not statistically significant tended to present a variation similar to **items 2, 5, 9 and 10**; that is, increased in the posttest and slightly decreased in the follow-up. Perhaps with a larger number of participants, such differences would be statistically significant.

Differences-in-differences regression was also performed, just like the one conducted for the module addressing environment and community (Chap. 11), and the

Table 12.3 Differences-in-differences regression

Independent Variables	Coefficient	Standard Error	Sig.
Intervention's Impact (1 week)	0.29	(0.40)	
Intervention's Impact (1 month)	-0.07	(0.42)	
Time (1 week)	0.50	(0.32)	
Time (1 month)	0.65	(0.32)	*
Intervention Group	-0.12	(0.31)	
School	-0.20	(0.18)	
Sex	-0.11	(0.18)	
Age	0.07	(0.07)	
Constant	5.83	(1.00)	**
Participants	73		
Observations	219		
R-square	0.08		

Dependent variable: Children's Rights mean. Significance: 95%*, 99%**

results are showed in Table 12.3. The objective of this analysis was to assess the impact of the intervention among the participants of the experimental group when compared to the control group (differences among the Pretest, Posttest and Follow-up).

The variables **program's impact** at the different points in time (**1 week** and **1 month**) estimate that the intervention increased the score of items concerning the Rights of adolescents in the experimental group at the 1 week by 0.29 points, but decreased by -0.07 points on the Rights scale after 1 month, though not with statistical significance.

The variables **time (1 week)** and **time (1 month)** show that, everything else being constant, the means of the Rights items after intervention were 0.50 and 0.65 above the measure of the Rights items at the baseline. That is, if there were no intervention, the mean of all adolescents was expected to be 0.50 (1 week) and 0.65 (1 month) points greater due to factors that would have affected them all equally. The variable **group with intervention** shows that the mean of the Rights items in the intervention group was -0.12 points below that of the control group at the baseline.

R^2 indicates the variance explained by the independent variables over the course of the means of the Rights items in the pretest, posttest and follow-up, in this case 8% of variance. None of these coefficients, however, presented statistical significance nor did the variables sex, age or school, with the exception of time (1 month).

When a robust analysis is performed and a lack of statistical significance is found, it indicates there are various factors to be considered: the number of participants, as well as the different conditions in which the intervention was implemented in both contexts, may have influenced the results. Additionally, we should take into account the extent to which the items classified together were actually capable of showing potential differences.

Even though the differences-in-differences regression did not present statistically significant differences for the module as a whole, when we focus on the experimental

group only, significant differences are found in various items. That is, when we analyze the items individually, marked differences are found in the group after the intervention. We believe the quantitative analysis suggests that some aspects were more sensitive to the intervention than others. Therefore, these aspects, as well as other aspects not reached by this methodology, can be better understood through qualitative analysis, presented as follow.

12.3.3 *Qualitative Analysis*

12.3.3.1 Knowledge About Rights

“I don’t know, I don’t care, have never read it and didn’t even know it existed, it isn’t part of my life” Participant from School 1.

The above statement was written by one of the adolescents when asked, through an open question applied in the pretest, what he knew of the rights of the child and adolescent. Even though most participants, 82% in one school and 87% in the other, answered this question in the pretest with a mere “I don’t know”, the above unique answer reveals something that became apparent during the implementation of the module. Many of the children and adolescents taking part in the study in fact understood that the subject was not of their concern. Rizzini et al., (2007) consider that this position of children and adolescents is explained by a lack of opportunities and mechanisms in schools, opportunities and mechanisms through which they otherwise could actively participate in society. Without the possibility of taking part in such discussions, the adolescents end up assuming a passive posture in regarding to their rights.

Starting with empty answers provided in the pretest questionnaire, the module unrolled in the direction of providing an opportunity for the participants to recognize their rights gradually, which in reality, they were aware of. Immediately in the first activity proposed, when we had only revealed the topic to be worked with, the overwhelming majority of “I don’t know” answers gave place to a representation of the most diverse rights. Through drawings, collages of magazines and newspapers, the adolescents started constructing their representations and expressing various rights that were categorized as shown in Table 12.4.

Figure 12.2 presents some examples produced by the adolescents in the module’s first activity. The variety of rights represented drew our attention, especially because most had stated in the questionnaire and at the beginning of the module that they did not know anything or very little about the ECA or their rights. The initial objective to universally transmit knowledge about the module’s topic expanded as the activities took place to the extent they were offered opportunities to share their social and community experiences. According to Furlani and Bomfim (2010), children and adolescents have the potential to mobilize, reflect upon, and overcome adversity, so that educators and different professionals should encourage the establishment of peer groups to enable sharing and exchange.

Table 12.4 The rights most frequently represented by the adolescents

Rights	School 1	School 2
Education	12	12
Leisure	10	19
Protection/non-violence	2	6
Health	0	5
Freedom	5	0
Food	0	6
Respect	4	0
Love/affection	0	4
Material resources	2	4
Work	2	3
Family/community living	2	4
Being happy	2	2
Dignity	1	0
Culture	0	2
Housing	1	1
Sports	1	0
Others	0	11

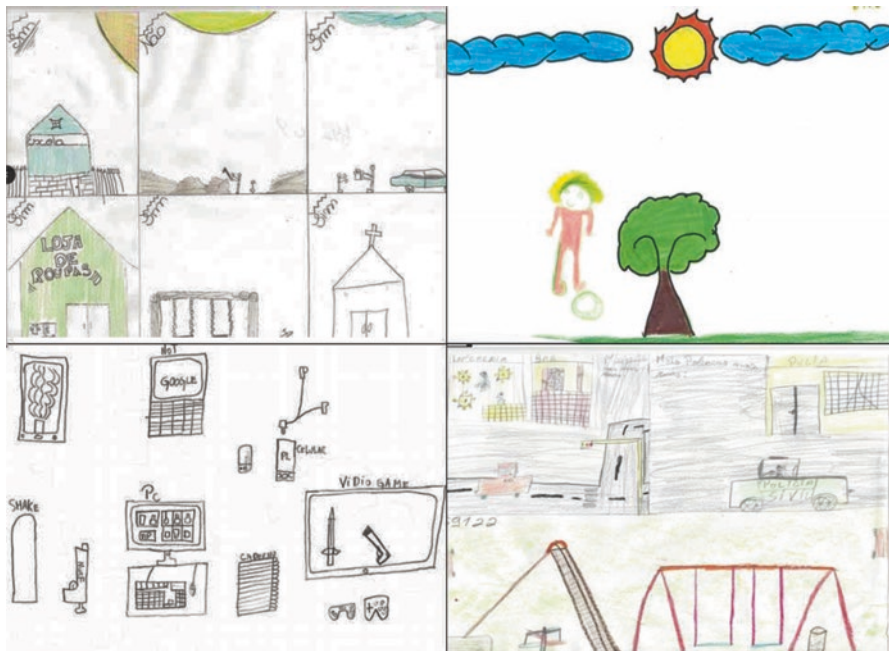


Fig. 12.2 Representation of rights (activity 1)

12.3.3.2 Differences Between Rights and Duties

If on the one hand, the module showed that the participants were aware of most rights provided by ECA, on the other hand, it also revealed some confusion concerning what would be the rights of children and adolescents and the duties they are supposed to fulfill. These misconceptions also reflect a lack of opportunities for social participation and to discuss these issues.

A difficulty differentiating rights from duties was apparent in answers such as “*children have no right to fail school*”; “*have the right to help the mom at home*”; “*being respectful to people*”; “*to obey*”; “*to wash the plate you have eaten on*”; “*do homework*”; “*right to recycle*”. Even though all the reports somehow reveal the knowledge of these children regarding their rights, there was also a concern to point out the differences, since reflecting upon rights and duties also contributes to the adolescents recognizing situations in which their rights are violated.

One of the situations that reveal this relationship is recorded in the module’s field diary concerning school 2:

“They start listing some situations of violence to which they are accustomed, such as robberies. In all these situations, they seem to believe that the victim is somewhat guilty because he/she was ‘showing off’ valuable items such as expensive mobile phones” Field diary, school 2, April 26th 2016.

The group reflection upon who should be blamed for the robbery showed the participants’ difficulty in discriminating rights and duties in a context of everyday life. It shows once again that the mere transmission of knowledge regarding the topic does not effectively contribute to empowering these individuals and, consequently, does not improve their well-being.

Note that because this observation was recorded in the second school, the team had already had a chance to reflect on the participants’ difficulty in differentiating rights and duties, a difficulty also manifested by school 1’s participants. For this reason, the module’s second version aggregated more strategies to more deeply elaborate on these issues. Using differentiation games, audiovisual resources, and fictitious situations, the participants could experience daily life situations and reflect upon knowledge that would be applicable in the routine of different children and adolescents.

This part of the module also enabled exploring the importance of fulfilling duties in order for others to have their rights respected. Much resistance was observed in regard to empathy: “*In general, the group shows immense difficulty in putting themselves in someone else’s place (...) The students seem to believe they have no responsibility for the violation of the rights of others*”. (Field Diary, school 2, April 26th 2016). According to Covell and Howe (2001), children who participate in educational programs addressing rights have higher self-esteem and perceived social support but also start encouraging and promoting the rights of their peers.

Still in regard to differentiation within the topic of rights, one aspect that drew attention in both groups was the distinction some participants made between what would be the rights of children and those of adolescents. Their reports seemed to reveal that, from their perspective, the first would have more rights related to leisure

and education, while the latter would have more rights and duties concerning adult life. Answers to the questionnaire provide some examples: “*children have the right to play, adolescents have the right to go to school*”; “*children have the right to pay half the price in the movies, adolescents have the right to respect their parents*”; “*children have the right to play and study, adolescents have the right to do the dishes at home and use a mobile*”.

This conception may be associated with developmental tasks concerning the period of adolescence, which involves a search for autonomy and consequently greater demands on the part of adults compared to children. It is not a characteristic of Brazilian adolescents only. A survey conducted in 2010 in the European Union addressing the opinion of children and adolescents regarding their rights reveals that those aspects of being an adolescent considered to be less positive included: a hurry to grow; pressure to be successful; the fact adults do not trust them; little freedom to make decisions about their own lives (Comissão Europeia, 2010).

Another potential explanation for the differentiation between adolescents’ and children’ rights and duties may be associated with the reality the participants experience in the Brazilian context. Even though adolescents have the same rights as children, in practice they are less protected. According to Lopes et al. (2008), the vulnerability to which Brazilian adolescents and youths are exposed is notorious. The social imagery does not always portray adolescents as victims; rather, these individuals are seen as victimizers, especially when they belong to poorer groups. Minayo and Ramos (2003) highlight numerous data that reveal the greater vulnerability of adolescents and youths in Brazil, indicating this is an important public health problem since violence has been the primary cause of death in this population.

Proposing reflection upon alternatives to overcome situations in which rights are violated was not an easy task, considering the particularly vulnerable context in which the children and adolescents who participated in this intervention live. Various excerpts in the field diary exemplify this difficulty: “*When the team asks what can be done to ensure their rights are respected, they unanimously state there is nothing one can do (...) it seems the participants constantly chose immediate solutions for complex problems, somewhat resisting thinking more deeply in regard to situations*”. (Field Diary, school 2, April 26th 2016). Because the adolescents themselves saw few alternatives, we provided some suggestions for dealing with situations in which rights are violated, enabling them to give their opinions on how these ideas could become a reality.

In the stage of the module in which most alternatives were discussed, we focused on fictitious cases that reproduced situations addressing those rights teachers and school staff had reported as being central to those participants. Even though when the program was developed this specific activity was meant to be a central one, the fact that adolescents dedicated themselves more to the individual tasks not contribute to those aspects to be explored more deeply. Hence, we suggest considering better ways to enable individuals to reflect upon situations in which rights are violated and alternatives to overcome such situations, taking into account that much of what makes this population so vulnerable is not within their reach to change.

12.3.3.3 More Emphasized and Less Emphasized Rights

Education and leisure were given priority in the projects performed by most of the adolescents in both schools. Under the topic education, the adolescents represented children seated on chairs, reading books, receiving school supplies, and listening to a teacher (Fig. 12.3). In regard to leisure, they represented children playing in public spaces, artistic expressions (painting and drawing), electronic games, TVs and computers. The study conducted by Alves and Siqueira (2014) in the south of Brazil, also reports that the rights most frequently mentioned by the adolescents were those related to education and leisure.

Many aspects were observed in regard to the fulfillment of rights during data collection and implementation of the intervention. The schools' infrastructure is very poor, with problems ranging from roofs and building structure requiring maintenance, to lack of space in classrooms, and lack of electronic equipment and teaching materials. One of the schools was understaffed, with fewer teachers than necessary and had no pedagogical advisor. The country's political situation at the time of the intervention directly interfered in the right to education, with proposals to reduce the salary of teachers or even pay salaries in installments, with consequent stoppages and strikes needed to demand and achieve better working conditions.

The position of these adolescents in the face of this context was quite passive. News regarding lack of material, insufficient staff or potential strikes seems to be incorporated into their routines and were not even mentioned or questioned when



Fig. 12.3 Drawings used by adolescents to illustrate right to education

violations of rights were discussed. Once again, the participants remain passive in regard to the violation of their rights. This is a concern because, as stated by Cury (2002), the fact rights are provided by law and the Constitution does not ensure they are effectively respected. The law by itself is not a mechanical instrument of concretization of social rights. The author states that for rights to be put into practice, it is essential for the law to be accompanied by a process in which citizenship is promoted, and recalls the dimension of social fight involved in all situations in which equal opportunities and social conditions were accomplished in the context of education.

In regard to leisure, as we were inside the school walls, we could not clearly observe how leisure took place in the lives of children. Their reports, however, revealed that the right to leisure, especially playing and hanging around with friends in public spaces, was frequently violated. In contrast with education, a lack of appropriate spaces, insecurity experienced in public areas and a lack of the material resources needed to acquire leisure products and services, was frequently mentioned and discussed by the adolescents.

In the adolescents' reflections, issues of insecurity and violence were frequently linked to violation of the right to leisure, as a lack of safety impeded them from playing, hanging out with peers, and freely coming and going around the community. The right to protection and non-violence was frequently mentioned, especially by the adolescents in school 2; not coincidentally, the school was located in an area with high rates of homicide, drug trafficking and rape according to the Map of Public Safety and Human Rights in Porto Alegre (Kopttike & Bassani, 2014). As if the adolescents' numerous reports concerning situations of violence experienced outside school were not enough, less than a month after the intervention, local newspapers reported the death a 10-year old child killed by a bullet when playing ball with his father and other friends in a park a few meters from the school. The shooting was motivated by a dispute between rival drug trafficking gangs in the region.

This violent daily routine is not exclusive to the streets. Many violent manifestations took place in both schools during the time the module was being implemented, reflecting the constant contact with violence and insecurity in the city's streets, and in many cases, inside homes. The following excerpt reveals the difficulties the team faced mediating situations of aggressiveness and confrontation among adolescents:

"Two students are constantly teased by another two and they threaten to physically assault each other (...) they attack with punches. (...) the class leaves for recess. Then, they come back very agitated and the boys had a hard time controlling themselves and not attacking each other, despite the insistency of the team. (...) The boys hardly contain an impulse to aggressively react to their peers' provocations, no matter how the team intervened". Field Diary, school 2, April 26th 16

If on the one hand, the right to protection/non-violence was frequently mentioned, possibly because this is a right far from being effective, other violations that take place within the classroom were not frequently mentioned or represented in their works. Provocations were constant not only in the module addressing rights

but during the entire intervention. Physical characteristics, learning problems, socioeconomic situation, and sexual orientation were some of the topics exhaustively used to tease each other. At various times, we had to draw their attention to the fact that situations in which rights were being violated were taking place right there, such as violation of someone else's dignity, freedom, respect and inclusion. They seemed not to understand clearly the type of violation that they directly participated in, especially when we compared their understanding regarding rights such as to education, health and security, the responsibility of which was in somebody else's hands (the State, family, neighbors...).

12.3.3.4 Family and Community Participation

Based on previously searched indicators, the fourth specific objective established for this module was that reflections and knowledge acquired during the intervention would be transmitted beyond the schools' walls. Hence, at the end of the module the adolescents were asked to choose at least one adult (family member, friend, neighbor, etc.) to talk with about the subject. The task had well-established parameters and the participants should return it by the end of the week. The task was optional in the first school and only one participant did it, though the team encouraged them everyday. The second school had the same parameters to follow but it was a mandatory task; 14 out of the 33 participants did the homework.

Even though few participants did the homework, the activity revealed interesting aspects. Most children (6) chose to talk about rights with their mothers, four chose to talk to their fathers, and another five talked with other significant adults (grandmother, uncle, siblings, educator of an extracurricular project). Similarities were observed among the rights most frequently emphasized by the adults. In general, most (10) mentioned protection as the main right of children and adolescents and main function of the Statute of the Child and Adolescent. The conception of protection appeared linked to the State such as in "*Where is the lighting of parks and streets? In fact, where is our mayor? Where is the police? What about our safety and that of our children?*" as well as linked to the families and community "*The families do not respect the rights of children, we always have to listen children first*".

The parents, as well as other adults interviewed by the adolescents, frequently mentioned the right to formal education, health, food and leisure. On the other hand, aspects related to the family and community, freedom, dignity, and respect were not so frequently present in the discourse of family members. The exception was the answer of the educator, who stated "*Children and adolescents have their rights ensured by law 8069/1990. For instance, the articles talk about the community, family and society and article 15 talks about freedom, respect and dignity.*" Clearly, there are differences between the discourse of this adult and those of the family members, possibly because his profession and background offered him opportunities to learn and reflect on the rights of children and adolescents.

More generic answers provided by some of the adults regarding what they knew about the rights of children and adolescents also drew attention, given the vague conception they presented. Reports such as “*Every child and adolescent has the right to do whatever s/he wants*” and “*It is known there’s a lot to do regarding this subject because many children suffer*” are some of the examples of how this topic can be discussed and more deeply explored with families and members of the community.

The importance of adults recognizing and encouraging the rights of children and adolescents is indisputable. Nonetheless, studies such as the one conducted by Rizzini et al., (2007) reports there is a gap between what adults and children understand about rights. This discrepancy is also observed in the responses presented by the adolescents who did the homework. A boy who chose his grandmother to talk about rights reported “*I told [her] about my right to privacy. She basically cursed at me.*” Results such as this and others found by studies indicate the need to reflect upon and promote rights in a less individualized and more contextualized manner (Rizzini et al., 2007).

The well-being promotion program of which this module was part took place in a school context during school hours, which hindered access of the families and the community. The low adherence of the participants to the proposed task, which was intended to encourage the families to reflect upon the subject, limited the dissemination of the program. Two aspects should be considered in this case: one involves the integration of the different microsystems to which children belong (school, family, and community), and the other refers to the role of the intervention program as a facilitator in the articulation between these contexts.

During the introduction of the program and data collection in one of the schools, we could observe difficulties faced by both parts (family and school) establishing a connection. In a meeting with the parents at the beginning of the school year, in which the intervention project was presented and consent was asked of the parents, the team witnessed parents complaining about the time scheduled for the meeting (which coincided with working hours), how long the meeting was, and disorganization of the school. On the other hand, the teachers and team commented about the parents’ lack of commitment to their children’s education, mentioning that the parents had attended the school meeting only because it was a condition for their children to receive the textbooks.

According to Melton, Limber and Teague (2000), the interaction between family and school has recently become an object of study, not only as an important indicator of school performance but also as an indicator of the overall well-being of children and an important factor of preventing maltreatment. Additionally, a strong connection between school and family improves children’s social bonds and establishes more cohesive communities, better insuring the rights and well-being of children (Ben-Arieh et al., 2009).

That there might be little interaction among the microsystems to which the adolescents belong was an aspect the team had already considered when developing the intervention program. The literature and the GPPC’s previous studies show the importance of the family and community being aware of the rights of children and

adolescents to ensure these are respected. Hence, a strategy was considered to expand opportunities to reflect upon rights beyond the school walls. The activity, however, presented limitations and there was little return on the part of the adolescents, while those who did work on the task did not further elaborate on it.

It is believed that one of the aspects that can contribute to overcoming difficulties integrating school, family and community, especially in regard to the topics addressed in the intervention, is the possibility that the teachers and educators implement the modules themselves. Providing schools with tools to actively promote the well-being of students is among this program's goals, so that we will be aligned with the most current perspectives of well-being, using participatory approaches to improve the living conditions of poor communities, and actively involve children, families and communities (Bradshaw et al., 2007).

12.3.4 Joint Analysis of Quantitative and Qualitative Data

Qualitative and quantitative analyses enabled assessing the intervention from various perspectives, such as verifying the module's effect and impact on rights. Some of the results are especially important because they appear more than once in the different material collected, using different methods of analysis. Triangulation was used not only to confer robustness and validity on the assessment, but also to provide a more complete and holistic report of the intervention process (Paul, 1996). The following results complement each other in progressing toward the achievement of objectives.

The adolescents answered the questionnaire's open questions showing little or no knowledge of their rights before taking part in the intervention. When they answered the questionnaire immediately after the intervention and then 1 month later, they presented a greater amount of knowledge regarding the topic. Quantitative data also revealed that their knowledge regarding rights improved between before and after the intervention. The questionnaire and its open and closed questions indicate we achieved the objective of improving the knowledge of adolescents concerning the subject. Assessing other sources of data, however, such as their drawings, from the beginning of the module, and the field diary, we verified that the adolescents had actually more previous knowledge about their rights than the questionnaire showed. This important observation allows us to understand that the changes that took place between pre- and post-intervention (quantitative or qualitative changes) are not only related to the transmission of knowledge provided by the module, but also to the opportunities adolescents had to reflect upon the subject and empowerment the activities enabled.

Another important aspect revealed by the triangulation refers to items of the questionnaire that presented significant increase between the posttest at two different points in time. Note that these items referred to the rights the adolescents less frequently represented in the activities performed during the module. These results indicate that there was an increase in knowledge and also that they had the

possibility to reflect upon rights concerning which they knew little or did not think much about. Specifically in regard to the right to inclusion (respect of differences), which presented the highest improvement, this topic was deeply addressed in an activity in which fictitious dilemmas were discussed within small groups. Even though it was not the activity most appreciated by participants, the significant improvement observed indicated it was effective. Note that the rights chosen to be discussed in the fictitious cases were suggested by the schools themselves as the most urgent aspects to be worked with the students.

The questionnaire's item that referred to the knowledge of parents regarding the rights of children and adolescents (*My parents or legal guardians are aware of the rights of children and adolescents*) presented a decreased score in the posttest and follow-up, though with no significant difference. This decrease may be explained by the fact that some of the adolescents chose to perform the homework with their parents and talk about their rights. The gap verified between the discourse of some adolescents and their families, as well as some vague answers provided by parents regarding the rights of their children, reinforce this explanation of the decrease verified in the quantitative data. Likewise, the slight increase, also not significant, of the item "*We have already discussed the rights of children and adolescents at home*" is possibly explained by the low adherence of adolescents to the task that proposed discussing content with their parents.

Finally, the results concerning a slight and non-significant increase in the impact of the program 1 week after the intervention and also slight and non-significant decrease after 1 month also were complemented by qualitative data. Aspects observed in the process, such as the limited time to work on items in more detail, difficulty integrating microsystems to which children belong, and challenges faced in conducting some of the planned activities, indicate possibilities to improve the program in order to impact the results of the regression discontinuity.

12.4 Conclusion

"The right to participate is important not just for moral reasons, it also has direct impact on children's well-being" (Jiang et al., 2014).

Throughout this chapter we reviewed the results of the implementation of a program intended to promote the well-being of adolescents, specifically in regard to the module addressing their rights. In general, the improved indicators show the program was efficacious in what it was intended to intervene and in achieving most of its goals and objectives. Nevertheless, beyond all data collected and analysis conducted, we believe that the importance of this program resides in the political act it represents. When we intervene with children in regard to their rights, we legitimate their discourses, and consequently legitimate them as citizens, who have views to express and should be heard. We reinforce the conception that the way researchers perceive childhood, as well as the status of children in society, influences the way children are understood (Punch, 2002).

In addition to providing an opportunity for children to reflect upon their rights, we believe that the module, as a proposal of civil education, also prevented various types of violence against this population. We give credence to the idea that children and adolescents who are aware of their rights are more capable of identifying situations in which rights are violated and such empowerment is a tool to protect them (Alves & Siqueira, 2014; Covell & Howe, 2001; Furlani & Bomfim, 2010).

Among the limitations, we highlight the differences between the two schools, both in regard to the time available for the intervention, as well as in regard to how they are structured, so that various activities were differently adapted between schools. Another difficulty involves the poor adherence of the participants to the activity in which they were supposed to talk with adults about their rights, which made us consider the extent the intervention influenced the lives of the adolescents outside the school context.

In regard to the module reaching beyond the schools' walls, we suggest that future interventions seek more efficacious alternatives to link the different micro-systems to which adolescents belong. According to Lansdown et al. (2014), adults can only act to protect children if they are informed as to what is happening in children's lives – and often, it is only the child him/herself who can provide that information. In this sense, the next step in the program is to enable the schools to actively promote the well-being of their students, which can certainly facilitate integration and connection with families and communities.

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Chapter 13

Time Planning, Leisure and Technology as Tools to Promote Child Well-Being

Fabiane Friedrich Schütz and Juliana Cardoso Stum

13.1 Introduction

The importance of leisure as a formative element of the human being was officially established in the Universal Declaration of Human Rights (United Nations, 1948), which states the right to rest, leisure and holidays. Munné and Codina (1996, 2002) understand idleness as a way of behaving in time and that it relates to activities that can be an advantage personally or collectively. According to Codina (1999, 2002) idleness experienced in the context of free time can expand the self-fulfillment capacity, self-esteem, self-concept and self-image of the adolescent through the activities carried out at this time.

Once idleness can be experienced with intelligence, children have the opportunity to learn to develop in their free time. Understanding that leisure time is important for personal and professional empowerment allows children to emancipate themselves personally and professionally and to make better choices regarding their occupation. As a result, they may be able to plan not only their present time, but a life project (Neiva-Silva, 2003; Sarriera, & Verdin, 1996; Sarriera & Teixeira, 1997).

Time is a dimension of life that must comply with the requirements of society. Since the social setting requires participatory, associative, solidarity and democratic postures, it is necessary for people to be able to organize their time in order to adapt their lives to those demands. In addition to the available time, the way people distribute their activities throughout their days, as well as the social demands, require certain attitudes and skills for optimal control of time, and for acceptable negotiation with others and with themselves (Codina, 2011).

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Munné and Codina (2002) hypothesize that time can be divided according to the type of activity performed. The authors describe four time categories: (1) psychological – in which people perform physiological and mental activities (2) socio-economic – regarding work activities (3) sociocultural – which refers to the activities in the social sphere and (4) idleness – for personal and collective leisure activities. Although they may seem to be similar terms (Aquino & Martins, 2007) it is important to point out that leisure time is not the same as free time. In free time choices are essential, but the leisure activities cannot always be considered a choice. To be considered free time, leisure should be an expression of human freedom, according to self-determined choices (Munné & Codina, 1998).

Cross and Walton (2005) differentiate the free time from working or caring for others, and Sarriera, Zandonai, Hermel, Mousquer and Coelho (2007) state that the leisure activities can be divided in self and hetero conditioned. The first concerns individual choices and the second activities for obligation or need. Therefore, for a certain amount of time to be considered free, activities should be self-conditioned. However, the choices made during free time have an influence on its overall perception. Studies indicate that the contributing factor of improving quality of life is not the amount of free time, but planning what to do at this time (Wang, Kao, Huan & Wu, 2010).

In research previously conducted by the Research Group on Community Psychology (GPPC), authors found that the activities performed by adolescents in free time were predominantly unstructured, that they had little capacity for self-organization of time, and that there was a shortage of options for leisure and recreation. This results indicate passivity and vulnerability to risky behavior (Sarriera, Paradiso, Mousquer, Marques, Hermel, & Coelho, 2007; Sarriera, Tatim, Coelho & Búcker, 2007).

13.1.1 Free Time, Leisure, Well-Being and Adolescence

Leisure is one of the ways to use free time. Research indicates that, depending on the activity that is carried out in free time, there are greater or lesser impacts on well-being (Sarriera, Casas, Bedin, Paradiso, Abs & Gonzalez, 2014). Besides the perception of freedom, the leisure activities positively impact well-being by being associated with intrinsic motivation (Kuykendall, Tay, Ng & Dolores, 2015). According to the study of Mingo and Montecolle (2013), which analyzed the leisure activities and the levels of satisfaction with free time, the dimensions of leisure can be classified into: negative/positive perceptions, selfishness/solidarity, individualistic/socializing, and relaxation/play. The choice of these activities is a result of the contextual conditions. According to the study of Mingo and Montecolle (2013), those individuals who cannot choose what they would like in their leisure time because of social, economic and cultural constraints, have more sense of dissatisfaction with leisure and consequently with well-being.

The activities that young people choose in their spare time are important for its impact on their mental and social development. These activities promote greater satisfaction, psychological development and psychosocial well-being compared to the activities they choose not to do (Codina, Pestana, Castillo & Balaguer, 2016). Several studies show information about the activities children and adolescents perform in their free time (Bonato, Sarriera, & Wagner, 2012; Marques, Dell’Aglia, & Sarriera, 2009; Sales-Nobre, Jornada-Krebs, & Valentini 2009; Sarriera et al., 2007). Of these activities, Brazilian studies –of how free time relates with the subjective well-being of adolescents – point out that to be connected to the Internet is one of the activities that promotes greater satisfaction (Sarriera, Paradiso, Fiuza, Abs, Soares & Silva, 2013).

Some of the leisure activities can be planned with the intention of just filling the time. The lack of planning, however, might be one of the causes of boredom (Hickerson & Beggs, 2007; Wang et al., 2010). According to McCormick and Lee (2004), both leisure and tedious activities are predictors of well-being. Other authors, though, associate boredom with decreased development potential, delinquency and drug use (Sharp, Caldwell, Graham & Ridenour, 2006).

13.1.2 Technologies, Leisure, Social Support and Well-Being

One of the current leisure practices regards the use of technology. The prevalence and importance of technology use has changed over time. Throughout the twentieth century, electronics have been incorporated as a way to enjoy free time, and are presently in the daily routine of children. Therefore the relationship between technology and its users became a target of research. Studies on relationships with technology went from being primarily focused on the user’s relationship with TV to the current study of the rise of computers and the internet (Sarriera, Abs, Casas & Bedin, 2012), electronic games, video games (Santaella & Feitoza, 2009), and more recently, smartphones (Santaella, 2007).

The use of these new technologies has been diversifying how people use their free time. Mokhtari, Reichard, and Gardner (2009) state that the use of the internet has caused a change in the allocation of time. The popularization of smartphones and other mobile devices that facilitate the connection to the internet bring distraction and entertainment options for much of the population. Children, who are included early in this new configuration of social relationships and time management, are the major consumers of these technologies.

The technologies also have a role in the maintenance of relationships, which are crucial to the identity of children (Connolly, Furman, & Konarski, 2000; Montgomery, 2005), influencing their well-being. In adolescence, the importance of sharing their routine, preferences and intentions is a form of interaction within their groups, and might be associated with the perception of social support. Therefore, children and adolescent interact constantly and significantly with others, which might indicate the human need for belonging. For Baumeister and Leary (1995),

there is a natural human tendency to form and maintain relationships with others through minimal, positive, meaningful and lasting relationships. One of the main motivations described in the literature for the use of communication technologies is related to the need to belong (Greenwood, Long, & Dal Cin, 2013).

Nevertheless, the effects of technology's social support might also be negative. Users often end up exposing themselves in a harmful way on social networks, which can lead young people to isolation from their peers, interfering with their well-being. Educate these users of the problems that exposure in social networks can cause is a way to prevent embarrassing and risky situations.

Also, perceived social support from peers who might have gone through embarrassing online situations strengthen relationships amongst them, increasing the feeling of social support. The online social support is a way to promote well-being through social networks (Amichai-Hamburger, Kingsbury, & Schneider, 2013; Sarriera et al., 2012). Studies with young people, their relationship with the family, and the use of instant messaging on mobile phones and the internet have sought to investigate the influence of the use of these technologies in the behavior of young people and in their motivation to use technologies (Crosswhite, Riceb, & Asayb, 2014; Malo, 2008; Harrison & Gilmore, 2012; Skierkowski & Wood, 2012). One of the explanations to children's involvement with technology could be the perception of social presence, which can be defined as a psychological state in which virtual objects representing social actors are experienced as real objects and, therefore, could be related to the use of instant messaging (Ogara, Koh & Prybutok, 2014) and social networks in general.

As a result, leisure time is considered to be an important aspect of children's lives and an essential context to promote well-being. Therefore, the subject was included in an intervention that was designed to promote subjective well-being of children and adolescents aged 11–14 years-old. The intervention was divided into modules, one regarding leisure time. This module proposed stimulating the organization of time, encouraging choice strategies that are sources of fun and to think of the use of technology as a way of obtaining social support. This chapter intends to present the results of this module and look for effects and impacts of this module in the intervention.

13.2 Method

An intervention was performed in two public schools in Porto Alegre, city in southern Brazil. For five days, researchers of the GPPC conducted activities with children and adolescents of 6th grade from two schools, in their regular classes. Participants were 100 adolescents, aged from 10 to 14 years ($M = 12,18$, $SD = 1,39$), 50.7% boys. They were divided into two groups according to the pre-test results: adolescents with lower well-being means were allocated in the experimental group ($n = 48$), and those with higher well-being means in the control group ($n = 52$). The intervention consisted of five modules, including Leisure and Technologies,

described in this chapter, held on the third day of intervention, in both schools. Chapter 10 presents a complete description of working modules and the whole intervention.

This chapter used a mixed method approach, through the use of qualitative data to evaluate the process of intervention, and quantitative data to verify differences in children's well-being, and the effect of the intervention on them. The importance of obtaining mixed data supports the premise that knowledge is socially constructed through interactions humans have with the world. Thus, this methodological strategy allows the access to a more complex reality, intending to increase the validity of the constructs to compare them across different heterogeneous sources (Gray, 2016).

13.2.1 Indicators

Through searches carried out in databases, research findings, and interventions previously carried out by the GPPC, three main indicators of the relationship between time and well-being arose:

1. Social support: includes aspects about social interaction, to be with friends and to understand and offer support to friends (Sarriera et al., 2012, 2013, 2014).
2. Organization time: refers to the planning, management, use, autonomy and ability to make decisions, the instructive leisure activities and the organization of multi-tasking (Bonato, Formiga & Sarriera, 2011; Pea et al., 2012; Sarriera et al., 2013; 2014; Sarriera, Paradiso, et al., 2007; Sarriera et al., 2013; Sarriera, Zandonai, et al., 2007)
3. Fun: pleasurable recreational activities, active leisure, the use of technology as way of playfulness and interaction with friends (Bonato, et al., 2012; Holder, Coleman, & Sehn, 2009; Malo, Navarro, Casas & Ferran, 2012; Sarriera et al., 2012, 2014).

13.2.2 Specific Goals

The specific goals of this module were:

- (a) to assist in the description of how children spend their time, with whom, and the well-being one might get through these activities;
- (b) to stimulate the organization and planning of free time;
- (c) to encourage thinking on the use of technologies, explore possibilities to request and be a source of social support;
- (d) to describe possible consequences of online behavior and provide tools to be used in crisis situations;
- (e) to encourage the realization of recreational leisure activities in their free time.

We expected that, after activities, children and adolescents could reflect on how much time they spend on each of the activities of their daily lives, as well as being able to describe how much well-being these activities bring them. They should also be able to plan time according to their ability to choose, the amount of fun that activities bring them and to recognize situations through which they can offer and receive support through the technologies they use.

13.2.3 Activities

To achieve this module's goals, participants carried out individual and collective activities to map what they usually do in their free/leisure time. The tasks consisted of completing a graph of time usage and a graph line of activities and well-being, in which they should locate the activities they already carry out in accordance with the amount of well-being perceived. In addition, there were collages, drawings and group discussions about real situations and possible reactions of the participants. In Table 13.1 the activities are described according to the indicators and specific objectives of the modules.

13.2.4 Instruments

The instruments 1, 2 and 3 have been applied in three stages, pre-test (one week before the intervention), post-test (immediately after the intervention) and follow up (one month after the intervention), as described in Chap. 10.

1. *Satisfaction with Free time*: 11 items on satisfaction of children in relation to the activities they perform in their free time through a 11 point scale, ranging from 0 (totally dissatisfied) to 10 (completely satisfied) to the question "How satisfied are you with each of the following activities you carry out?" Each item corresponds to an activity (e.g. Go to the movies).
2. *Time Organization*: 5 items in 11 point scale, ranging from 0 (strongly disagree) 10 (totally agree) on the phrase "Check how much you agree or disagree with the following statements." Items can be checked in Table 13.2 (items 1,2,3,4 and 5).
3. *Technologies and social support*: 4 items in 11 point scale, which can be answered from 0 (strongly disagree) 10 (totally agree) from the statement "How much do you agree or disagree with the following statements." The items consist of affirmations about the use of social networks and instant communicators. They can be checked in Table 13.2 (items 6,7,8 and 9).
4. *Field Diary*: The field diary is a record for the researcher's main observations. The notes reflect the dialectic interaction process of researcher and participants. These records are descriptive of environmental characteristics and translate events and thoughts of the researcher (Frizzo, 2010; VÍctora, Knauth, & Hassen,

Table 13.1 Description of activities, according to indicators and goals

Indicator	Specific goals	Activity
Organization of time	Assist in describing how they spend their time, with whom they do it, and the well-being they get from these activities;	Line of activities and well-being: line with 5 emoticons ranging from a sad face to a smiling face. Children should write the activities they perform close to the emoticons, according to how much well-being they perceived in these activities.
	Stimulate organization and planning of free time;	<p>Graph of time: Chart with 24 parts representing the hours of the day, where children should paint with different colors the activities they perform in their routine, putting a subtitle next to the chart with their color and activity performed.</p> <p>Puzzle: Children received a paper sheet with an empty square representing one day, and a few pieces of different sizes to fill that square. They should write in pieces only activities they enjoy performing, and should write in larger pieces the activities that bring them greater well-being and in small ones those activities that bring less well-being. The available parts would not fit in the square, that is, they should choose between the pieces of the puzzle which activities were essential to their well-being, as if they were “planning” a day.</p> <p>Ideal Free Time: children should represent through collage and drawings the activities they would like to do in their free time, if they would be able to, including things that adults do not let them do. Magazines and materials to color were available. Then there was a discussion of the chosen activities.</p>
Social support	Encourage reflection on the use of technologies, explore possibilities to request and be source of social support;	Social network’s profile: we created a profile of an alleged child of the same age of the students on a popular social network. We discussed with children ways to protect themselves in the virtual environment, online privacy, and reported cases of malicious people.
	Describe possible consequences of online behavior and provide tools to be used in crisis situations;	<p>Videos: We presented public videos of a campaign of Unicef, “Internet sem vacilo” (Internet without “mistakes”) on the importance of not overexposing themselves in the virtual environment, highlighting some negative consequences of such exposure.</p> <p>Dilemmas: Some real stories about situations where people felt uncomfortable or harmed in the virtual environment. These dilemmas were presented through the victim’s perspective and emphasized how they’ve received support from the other people. There was a discussion about what participants would do if such a situation of exposure or bullying happened to them or one of their friends and how to provide and ask for support in the case of need.</p>
Fun	Encourage leisure activities in free time.	Board games: Propose constructive and challenging activities that they can do in their free time, to have fun and interact with friends.

Table 13.2 Analysis of variance of repeated measures within the experimental group

Items	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' Lambda	F
	Pre	Post	Followup		
1. I organize my time very well	7.11 (3.63)	7.45 (3.09)	7.42 (3.03)	.982	0.332
2. I have time to spare	6.82 (3.40)	7.53 (3.10)	6.84 (3.45)	.956	0.828
3. I choose the activities I do in my free time	7.84 (3.31)	9.03 (1.70)	8.18 (2.90)	.796	4.607*
4. I can do everything I want in my free time	5.89 (3.63)	6.79 (3.53)	6.63 (3.40)	.929	1.372
5. I am satisfied with my leisure activities	7.50 (3.39)	8.53 (2.50)	8.34 (2.69)	.867	2.769
6. When using social networks (Facebook, Instagram, Twitter, ...) I can support and be supported by my friends	6.92 (3.57)	8.13 (2.65)	8.05 (2.50)	.874	2.584
7. Using instant messaging (Whatsapp, Snapchat) I can support and be supported by my friends	6.39 (3.70)	7.84 (2.76)	7.66 (2.86)	.846	3.268*
8. The use of instant messaging (Facebook, Instagram, Twitter, ...) has been positive for me	6.08 (3.65)	7.61 (3.34)	7.39 (3.53)	.790	4.782*
9. The use of social networks has been positive for me	6.76 (3.55)	7.61 (3.43)	7.63 (3.27)	.937	1.207

* $p < 0.05$

2000). The field diary was produced by a staff member who interacted with the participants, but was not actively responsible for any of the activities included in that module.

5. *Materials produced in the activities:* The materials resulting from the tasks itself, such as Graph of Time, Line of Activities and Well-being, collages and written reports on the reflections of dilemmas.

13.2.5 Data Analysis

Data from the instrument “Satisfaction with Free Time” and ANOVA by sex are presented, to verify the satisfaction of children with the activities they perform in their free time. To check the effect of the intervention, an analysis of repeated measures variance within the experimental group was carried out. And, to check the impact of the intervention, a difference in differences regression analysis between the control and experimental groups was performed, as presented in Chap. 11. For both analyzes, we used the organization of time scale (5 items) and technology and social support items (4 items).

To evaluate the intervention process, we conducted a content analysis, as proposed by Bardin (1977/2006), analyzing the field diaries and materials produced in the activities. Then, we performed the triangulation of the data, which consisted of using a complex process over a methodological strategy for the purpose of comparing the methods and enhancing the validity of the results (Flick, 2013).

13.3 Results

13.3.1 Quantitative Analysis

13.3.1.1 Descriptive Analysis

Regarding satisfaction with the activities they perform, children have greater means for talking ($M = 9.14$; $SD = 2.23$), followed by listening to music ($M = 8.94$; $SD = 2.28$), using social networks ($M = 8.93$; $SD = 2.14$) and playing video games. Activities with which children are less satisfied are reading books ($M = 7.60$; $SD = 3.85$) and magazines ($M = 7.81$; $SD = 3.65$). Regarding the experimental group, there was no statistically significant sex differences in the pretest, posttest or follow up, which also occurred in the control group except for going to the movies, in which the girls had higher and statistically significant mean differences in pretest ($F = 8.05$; $p < 0.01$).

13.3.1.2 Inferential Analysis

ANOVA of repeated measures within the experimental group

We performed an ANOVA of repeated measures with the 38 participants in the experimental group in the pre, post, and follow-up times, with the items on organization of time and technology and social support, using as dependent variables, the items of time organization (5 items), and technology and social support (4 items). Descriptive data is presented in Table 13.2.

Regarding the difference between means in the three times, it is possible to verify that the posttest means were higher than pretest means in all items, followed by a small decrease in means at follow-up in almost all items, except for the item regarding the use of social networks, that has increased in follow up. However, the differences in the three times were only statistically significant in “I choose the activities I do in my free time”, “When using instant messaging I can support and be supported by friends”, and “the use of instant messaging has been positive for me”. It is noteworthy that the item regarding the choice of activities in free time had the highest mean in post-test, as shown in Table 13.2.

Table 13.3 Differences in differences regression

Independent variable	Coefficient	SE	Sig.
Impact of Intervention (posttest)	1.57	(0.60)	**
Impact of Intervention (follow up)	0.91	(0.59)	
Time (posttest)	-0.55	(0.38)	
Time (follow up)	-0.15	(0.33)	
Intervention Group	-2.26	(0.40)	**
School	0.36	(0.27)	
Sex	0.08	(0.25)	
Age	0.02	(0.09)	
Constant	8.17	(1.44)	**
Participants	73		
Observations	219		
R-square	0.17		

Dependent Variable: Free Time mean. Significance: 99%**

13.3.1.3 Difference in Differences Regression Analysis

Using the means of nine items of organization of time and technology and social support, we performed a difference in differences regression analysis, to assess the impact of the intervention in the experimental group compared with the control group (difference between three times: pretest, posttest and follow up). Participated in the analysis 73 adolescents, considering as experimental group only the participants who were present in at least 4 days of intervention. Table 13.3 shows the difference in differences regression analysis.

The variable impact of the intervention at different times (posttest and follow up) estimates that the intervention increased the score of satisfaction with free time of children in the experimental group immediately after the intervention in 1.57 points and 0.91 points after one month and it was significant in the posttest.

The variable time (posttest) and time (follow-up) showed that, all else constant, the means of free time items after the intervention were -0.55 and -0.15 below the measurement of Free Time items at baseline. That is, if there were no intervention, it would be expected that the means of all adolescents were -0.55 (posttest) and -0.15 (follow-up) points less, due to factors that would have affected everyone equally. However, the parameters for these variables are not statistically significant.

The variable intervention group shows that the means of free time items of the intervention group was -2.26 points below that of the control group at baseline. This variable, as expected, is significant, i.e. the mean of free time of the students participating in the program is smaller. The R^2 denotes the variance explained by the independent variables during the means of free time items pre, post and follow-up, in this case 17% of variance. The variable time coefficients were not statistically significant, as well as sex, age and school.

13.3.2 Qualitative Analysis: Content Analysis

In order to perform the qualitative analysis, we used the materials produced by children of both schools, as cited in the instruments section. As a data analysis strategy, we performed content analysis as proposed by Bardin (1977/2006), using the Atlas.ti qualitative data analysis software. According to the author, this analysis is a set of techniques by which, through systematic procedures and available content presentation objectives, some indicators are elaborated to make inference and interpretations possible, concerning the condition of this content.

Initially, the data was organized according to activities with which they belonged. The materials produced in each activity were organization of time (emoticons line, graph of time, and puzzle, described in Table 13.1) organized by school and codified in meaningful unities that were classified into context unities.

13.3.2.1 Organization of Time

Regarding of the way they organize their time, the children were asked to indicate which activities they do in their daily lives and what activities they would like to do if they were able to choose. In Fig. 13.1, the results regarding this organization and time planning are presented.

In the columns on the left, we present the activities that the children performed before the intervention, by schools. In the columns on the right are the activities that children would like to do, per school. In the middle column, we present the activities that children already do and would like to carry on doing. It is observed that in school 2, most activities are represented in the middle column, which may indicate that children would like to continue to carry out most of the activities they already do.

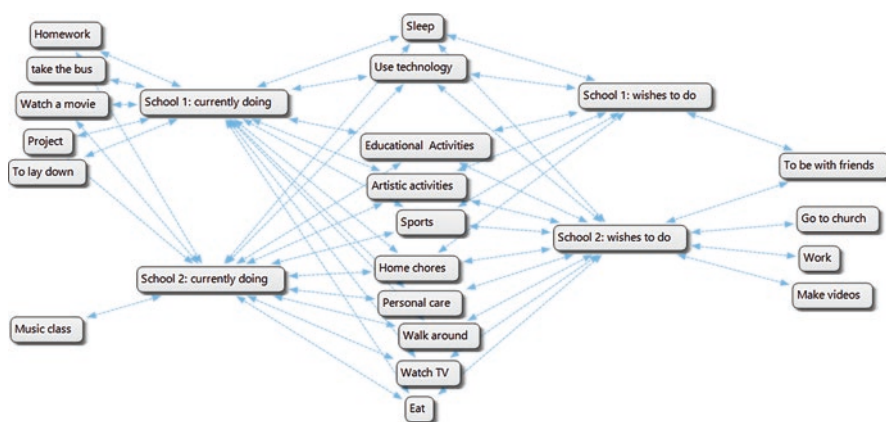


Fig. 13.1 Activities that they do and would like to do

At school 1, children report that currently they watch movies, do homework, take the bus, participate in an extracurricular and non-school related project¹ and lay down. The participants did not repeat any of these activities when planning their free time. When they can choose, they would like to spend time with friends.

At school 2, the only activity that was indicated only at the present time, was music class. Amongst the activities they already do and would like to continue, they reported walk, watch TV, eat, and maintain personal care (bathing, “grooming”). As for what they would like to do, they list go to church, work and record videos.

In both schools, children gave a diversity of options to what they do and would like to continue doing. They are listed as follows: sleep, use technologies (such as using and playing on smartphone, computer and video games), educational activities (such as going to school and study), artistic activities (such as drawing, reading, writing, going to the movies), practicing and watching sports (swimming, football, table tennis, running, cycling, skateboarding, gymnastics) and perform household chores (such as cooking, cleaning the house, washing, ironing, and storing clothes).

13.3.2.2 Time and Well-Being

One of the activities carried out in the intervention involved the categorization made by children themselves, about which of the activities they perform are associated with greater well-being. The activities that were presented as higher well-being sources, associated with emoticons that indicated joy, were categorized and are presented below.

- *Technology*: activities related to technologies such as video games and computer activities and watching television.
- *Physical activities*: playing football, playing volleyball, skateboarding and cycling were also activities that adolescents have listed as bringing greater well-being.
- *Social activities*: go shopping, go out/be with family, hanging out with friends, travel and play in the street, were cited as pleasurable activities. Being with friends and family demonstrates the willingness of these young people to be in groups, share ideas and seek support.
- *Domestic chores*: cooking, sweeping, washing and drying dishes, washing and folding clothes.

Ideal Free Time Activities

In addition to time-planning activities, the children were asked to produce drawings or collages (Fig. 13.2) about what they would like to do in their free time, in an ideal perspective, without necessarily considering the resources and possibilities they have. The results of the collages were grouped into the following categories:

¹This Project concerns activities children engage in, when they are not in school, and that are not school-related. They take place at a non-governmental organization at the community and aim to promote healthier psychosocial development and adjustment.



Fig. 13.2 Drawings of the ideal free time

- *Activities of contact with nature*: in this category are the answers of children concerning the desire to spend more time enjoying nature, “seeing the plants”.
- *Travel*: This category includes the travel directions they would like to make and destinations they would like to know such as Rio de Janeiro and the United States.
- *Sports practices*: related to sports activities that they would like to practice like running, playing football, Olympic gymnastics, cycling.
- *Socialization*: referring to spending time with family and friends in different contexts, such as mall activities.
- *Autonomous activities of adolescence*: choices for more social activities away from adult supervision, such as going to the mall, or more typical activities of adolescence like dating. Some girls mentioned using makeup and short clothing.
- *Use of technologies*: indicate the preference for activities focused on using technologies, such as being a *youtuber* and producing videos, using social networks, cell phones and tablets.
- *Playful*: referring to the imagination of children, indicating questions of hope and capacity for dreams and games, in certain situations, more typical of childhood, such as playing, eating many sweets, being a ninja and winning an Oscar for best screenwriter.
- *Consumables*: indication for the use of material goods as if they were free-time activities. They are cutting-edge phones, cars, homes, computers, clothing and accessories.

13.3.3 *Field Diaries*

Regarding the observations made by the team members, some categories emerged from the field diaries and are described below:

- *Abstract thinking abilities*: the researchers had the impression that the teenagers had some difficulty understanding the tasks, and that they needed to be explained several times. Adolescents described operational activities as more pleasurable. Thus, assembling objects, creating collages, and coloring graphics, are strategies that require more reflection. This information is important to be considered, especially when considering the attractiveness of school activities and the fun possibilities that present themselves.
- *Entertainment*: collages, drawings, and board games that researchers presented to adolescents are important sources of fun, reinforcing the notion that the recreational leisure can contribute to the satisfaction of adolescents in their free time
- *Interest in technology*: the interest in technology appears in the descriptions of researchers in both schools. Teenagers talked a lot about video games with researchers and showed much interest in the cell phone type that researchers had. We observed that adolescents report having experienced different conflictive situations regarding the use of technology, especially with regard to violence, and victims of organized actions on the internet. It was significant that the teenagers were able to find various solutions to the problems raised in discussions involving the use of technologies, which indicated a difference in relation to the perception of social support which can be accessed through social networks.
- *Meaning of free time*: The concept that young people have about free time merges ideas as freedom to do what you want with activities that they perform more routinely, such as the use of technology and their rest time.

“When asked about what free time is, some events appear, especially comments about what you do in free time” playing video games; play PC; to sleep... “A teenager says that free time is the one in which “no one bosses you around”
Field Diary, School 1, 06/04/2016.

13.3.4 *Triangulation of Methods*

In order to integrate the data used, we present a triangulation of methods of analysis. We used a methodological triangulation perspective, using different data and collection strategies and data analysis. The intervention accessed data through self-reporting instruments, drawings, paintings, lists and field diaries. Flick (2009) hypothesizes that in order to conduct a systematic triangulation of perspectives, it is essential that researchers can access data to understand the subjective meaning and a description of practices and social contexts. In addition, an interpretative analysis of reality should be able to access data from a reconstructive perspective in an attempt to extrapolate the views of a specific situation for the phenomenon. In

Table 13.4 we observe the results, according to the well-being indicators that have guided the realization of the intervention module.

13.4 Discussion

Free time is an important dimension of adolescents participating in this intervention. It was found that the intervention was responsible for 17% of the variance in perception of free time of adolescents in the pre and posttest means. This result indicates that the intervention had an impact on the free time of adolescents as a whole, which may indicate differences in relation to well-being indicators in the free time in general. Thus, it can be argued that the results of this intervention indicate that the promotion of the time organization, fun and social support through technology can influence how teens perceive and are satisfied with their time.

The reflection held in intervention on the organization, the possibility of developing fun activities and reflection on the use of social networks as source of support appears to have impacted the teen reflection on the activities that are most enjoyable. In an Intervention program previously carried out by GPPC with teenagers, with the objective of educating to free time, it was found that after the intervention, adolescents showed an increase in their perception of leadership and leading of free time (Sarriera & Paradiso, 2012). Therefore, it is believed that interventions with this population can influence their perception of free time and their choices and management of that time.

The literature suggests that the perception of use of time and the ability to well organize it influence the well-being of adolescents (Sarriera et al., 2013; Wang et al., 2010). Therefore, the lack of choice of the free time could negatively affect their well-being. Through joint analysis of data considering content analysis and verification of statistically significant differences in the ANOVA ($F = 4.607, p < 0.05$), it was found that adolescents of this intervention understood that their choice of activities is important to their well-being. In a context of free choice, especially one in which adolescents are not supervised and can interact with their peers freely, they are more likely to develop activities through which they engage in healthier development and behave in more adjusted way (McHale, Crouter, & Tucker, 2001).

Furthermore, the activities that young people choose to do in their free time promote greater satisfaction, psychological development and psychosocial well-being when compared to those they do not choose to do (Codina et al., 2016). Among the activities that teens have chosen in the planning of their time, are recreational, physical, educational, and social activities, and domestic chores. This result may be a reflection of the choices available for these adolescents. The playful activities for which they opt, as well as the sports they report to practice are related to the options they have, which can be influenced by the context in which they are immersed.

Contreras, Esguerra and Londoño (2005) report that to reduce the incidence of risky behaviors and promote health strategies, it is necessary for the teenagers to develop the ability to be active in their choices, recognizing responsibility for the

Table 13.4 Triangulation of results by indicators

Indicator	Main results of quantitative analysis	Main results of qualitative analysis	Implications
Organization of time	1. Statistically significant differences in the ANOVA for repeated measures within the experimental group in “I choose the activities I do in my spare time”	1. Teenagers would like to continue many of the activities already undertaken	1. Participants believed that choosing is important for their well-being
	2. Results of Differences in differences Regression: the free time of the experimental group was lower before the intervention, when compared to adolescents in the control group and compared the pretest to posttest	2. Indication that physical activities are sources of well-being	2. Organizational tasks seem to have helped with reflection on the management capacity of the most pleasurable activities
		3. Participants indicated they would like to keep the household chores they perform and that domestic chores are also sources of well-being	3. In the differences in differences regression, it is indicated that participants had lower organization of time skills at first. However, on qualitative analysis we noticed the choice for many activities they already perform. Considering the differences of results when comparing the evaluation times (pretest, posttest and follow up), it is possible to think that reflecting on free time planning had an impact on the participants’ free time
			4. Physical activities indicated by adolescents as well-being sources can take place both in schools and in the community where they live. More structured sports like soccer and volleyball contribute to socialization and the establishment of rules
			5. The choice for domestic chores and repetition of activities they do and would like to carry on doing might indicate a perception of lack of choice of activities they do
Fun	It is perceived by descriptive statistics satisfaction of adolescents with activities like playing video games associated with fun	1. Reports from the field diary indicate fun and pleasure associated with coloring tasks and board games	Participants had the chance to get in touch with different board games that provided social interaction and the establishment of rules. According to the field diary, it is possible to see that adolescents reported to having fun with board games and coloring tasks

(continued)

Table 13.4 (continued)

Indicator	Main results of quantitative analysis	Main results of qualitative analysis	Implications
		2. Activities they already do and would like to continue doing are fun technology-based activities as video games	In the most pleasurable activities, participants mentioned their preference for being away from adult supervision, indicating desire for autonomy
Social support	1. Statistically significant differences in the ANOVA for repeated measures within the experimental group in the items using instant messaging can support and be supported by friends “and the use of instant messaging has been positive for me”	1. Report from the field diary mentions solutions found for participants to dilemmas; and how to solve their problems through social networks	1. Differences in social support group, in the three intervention times, and compared with the control group, show the impact and effect of the intervention on the well-being of children
	2. The highest means of satisfaction within the activities they perform in their free time involve interaction, and how to talk to people online and access social networks		2. Issues related to solving social friction situations with violence were cited
			3. It is noticed that many of the participants who had access to social networks did not know the resources available for their protection. The notion of the importance of online privacy has been stimulated
			4. Activities that were associated with well-being and field diary suggest that technology-based activities combine two ways to achieve satisfaction. The first is through internet access that provides the opportunity to socialize and interact with others, strengthening social ties. The second indicates that computers and mobile phones are a way to access various games, stimulating playfulness and imagination

decisions that effectively promote their health and well-being. The authors also stress the importance of working with families within their social context, because it is in adolescence that one acquires and consolidates health related behaviors. The results of this study also point to the importance of activities in which significant personal relationships can be developed.

The results of this study also indicate flexibility and creativity from the participants, which is typical for their developmental stage; the same participant that reports the desire to win an award for best film screenwriting also wants to be a soccer player. Experimentation and development of identities are possible aspects to be developed in free time, as well as social integration. Therefore, in general, free time also appears as a space that allows children and adolescents ownership of themselves, their originality and creativity (Sarriera, Paradiso, et al., 2007). Their ability to extrapolate possibilities for the future, considering actual and recreational issues simultaneously is noticed. However, the choice for activities that could be of help for the realization of future projects is little considered by the participants. One of the results indicate that boys, who want to be football players, do not devote their free time to practice the sport, or to get involved with it.

Not all activities that young people hold in their routine are results of free choices. The participants report performance of compulsory activities in their leisure time, such as housework, chores, and studying. However, participants emphasized that these activities are not directly linked to dissatisfaction. The results indicate that the domestic chores that young people perform daily were also recognized as pleasurable. Perhaps, because these teenagers are responsible to themselves while parents work, they are obliged to perform activities such as cooking and cleaning the house.

Regarding the physical activities in which children engage, there is a preference for more structured rather than unstructured activities, such as sports with rules. Studies indicate that the performance of structured leisure activities such as hobbies and sports is related to the adjustment of children and adolescents (McHale et al., 2001). The participants of this research indicate preference for activities like table tennis, soccer and skateboarding, all with defined rules. Playing outside, and at socio-educational project were also reported as significant.

The relationships they develop also seem to be connected to well-being in free time. Participants stated pleasure in going to the mall with friends, and without adult supervision. Socialization has been identified as a crucial element for their ideal free time, where the primacy of satisfaction would be through the possibility to choose who to hang out with and when. Peer relationships allow teenagers to exercise social bonds that are not restrained to family, but that are based on their individual preferences. In this manner, to be close to peers is also to be close to fulfilling a need for belonging. Baumeister and Leary (1995) hypothesized that the feeling of belonging requires relationships with meaning and durability, but mostly that these relationships are not sources of conflict and negative affect. Besides, the perception of bond (through affective concern for others, stability and idea of continuity of the relationship) is essential for meeting the need of belonging.

This study also verified that these children want the means to invest in their free time and time planning, indicated by their willingness to go to shopping malls as a place of recreation, and through their choices for top-of-the-line smartphones and games. For Codina and Pestana (2010) these choices are linked to socio-cultural aspects. Furthermore, the appropriation of a shopping mall as a leisure site brings children in vulnerable and disadvantaged financial conditions close to those who experience a reality of less deprivation. This approximation might help to diminish the stigma of exclusion. Codina and Pestana (2010) reported that ownership, sharing personal experiences, and identification with place and time, make the shopping mall a viable and satisfactory choice as leisure space.

Regarding perceived social support, participants reported satisfaction in spending time with friends, but also with family. Hanging out with family was associated with positive perceptions of well-being, as well as being with friends. Having a good relationship with the family is a protective factor for risky behaviors (DeVore & Ginsburg, 2005).

Some of the activities reported by adolescents indicate preference for the use of communication technologies such as mobile phones. The use of them may be related to the perception of social presence, as has been reported in the literature (Ogara et al., 2014). Social presence can contribute to the perception that adolescents are not alone and that someone is willing to be source of support and, simultaneously, to be able to support the other. Thus, it corroborates previous findings that state that the use of technology may be related to subjective well-being, when presenting the possibility of social interaction (Sarriera et al., 2012).

The use of social networks was appointed by adolescents as one of the main reasons for the use of smartphones and computers, as can be seen in the content analysis. Social networks can serve as a source of support for those who use them, strengthening friendship and belonging ties. They use social networks to interact with their groups, express ideas, and maintain social relationships. Previous studies positively associated social support, sense of belonging and well-being (Jung, Song & Vorderer, 2012).

Similarly, the use of technology for entertainment was also indicated by adolescents through the use of video games and online games. The use of online games, with different characters and different rules, can also serve as an important space for experimentation. The choice of avatars within the games for this purpose has been discussed in the literature (Cruz, 2012).

However, excessive and expository use of social networks can put these adolescents at risk, resulting in negative physical and psychological integrity. Conflicts of real life can be translated into the virtual environment, making retaliation public and difficult to turn humiliating content offline. One of these situations is cyberbullying, which is a form of aggression in the virtual environment (Bayraktar, Machackova, Dedkova, Cerna, & Ševčíková, 2015). Some of the intervention tasks were carried out with the purpose to discuss that the use of social networks involved consequences, and that quick responses – those answered with very short time for consideration – might seem easier, but the consequences of those must be taken into

consideration, and possible substitutes for the use of aggressive retaliation considered.

It is noted that projects where children report participation could be opportunities for education for peace, as the school cannot do this role. If this practice were established, the adolescents could be multipliers of peace-promoting practices and role models of citizenship with their families and the neighborhood, in their free time.

13.5 Final Considerations

According to the results mentioned, it is believed that free time of quality, through planned, fun, and encouraging social interaction activities, may influence adolescent's well-being. The promotion of these indicators resulted in increased awareness of good organization of time in adolescents who participated in the intervention. In addition, part of the intervention has also presented a change and contribution to the perception of free time. Given these considerations, it is important that future research continues to explore variables that promote health and well-being through the free time (Codina, 1999; Munné, 1985; Pavia, Gerlero & Apendiro, 1995; Puig & Trilla, 2000). However, it is also important to consider that the development of each intervention should take into account the specific context in which participants are included, such as leisure options they have available (urban space, sports projects, arcades, malls, etc.) and which they would choose to do, if their options were not restricted.

Regarding organization of time, it is clear that adolescents are seldom encouraged to develop free time activities that could benefit their life planning projects, or that reflect on time devoted to leisure or for personal and social investment. We realized with the intervention that schools are entrusted with much of the responsibility to encourage young people to reflect on their actions and aspirations. Therefore, interventions in the school context might provide professionals with tools to work in a more playful way in their free time.

Interventions that promote free time must take into account the ability of adolescents to plan their time so that, gradually, they'll be able to think of long term goals. In addition, education for free time should extend to both school and family. Both institutions must offer teenagers the possibility of a decent future, using educational tools to question the choices they make on their use of their time.

Nevertheless, the perspective that considers children and adolescents as citizens must be remembered. What they are at the present, their experiences and well-being, is just as important as what they will become in the future. So, an intervention on their present might impact them now and in the future.

We would like to point out, the differences in motivation to perform various tasks, as well as personality differences, posed limitations in this module. While some of the participants loved to paint and draw, others disliked it. Likewise, the children's limited abilities to reflect on certain subjects and to carry on more elaborate discussions might have impacted the results, and social desirability. So, we

would recommend for future interventions, tasks and activity options that consider individual differences and preferences. We also had a limitation regarding the use of technologies due to lack of resources. Future researchers could use videogames as an activity to promote social support, imagination and fun.

It is important to emphasize that the context in which these young people are placed favors aggression as a problem-solving strategy. One possible tool to reduce violent interactions could be more exploration of problem-solving activities to reflect on the consequences of their actions. However, this would have to be a systematic program, with duration greater than a week. Structured games could also be a way to develop assertive solving skills, considering they are also enjoyable for most children.

Our intervention proposes that education for free time should take into consideration the input of children and adolescents, who should not be seen only as candidates to assume adult roles. In addition, material and cultural conditions of youth determine differences in their way of being and living (UNESCO, 2004). So, it is crucial to search for individual and collective strategies to promote well-being through psychosocial and educational actions for free time. Interventions should promote autonomy, creativity and self-protection, and seek to overcome the stereotype that young people are simply recipients of intervention programs, while recognizing them as subjects of rights and strategic development actors.

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Chapter 14

Subjective Well-Being Intervention: Focus on Children's Interpersonal Relationships Through Social and Emotional Learning

Bibiana Ramos dos Santos and Francielli Galli

14.1 Introduction

Some cognitive and social skills develop only from relationships and contribute to moral and emotional development. Positive interpersonal relationships promote security and emotional, instrumental and material support. This is associated to well-being in childhood and adolescence.

This chapter examines an intervention developed with pre-adolescents in order to promote well-being through the qualification of interpersonal relationships with the use of emotional learning. Thus, the module on interpersonal relationships of the intervention on well-being in childhood and adolescence seen in Chap. 10 is also described here. The initial part of the chapter contextualises the topic by explaining the importance of interpersonal relationships on well-being and leading to the definition of indicators that guided the undertaking of the intervention. Subsequently, it presents the intervention with the description of the activities and the assessment of the results and processes.

14.1.1 *Subjective Well-Being in Childhood*

Childhood well-being is a concept that has been studied from different perspectives over time. Initially the researchers focused on studying the well-being of children at risk, or those facing some kind of limitation (illness or low income, for example), comparing their lives with what was considered normative. Specific aspects of

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children's lives were considered, such as family income, mortality rates and place of residence, for example. At the time, the efforts of researchers and other professionals working in the area of childhood were centred on increasing the well-being of the most vulnerable groups of the population, aiming to help overcome the main difficulties and external factors that affected them.

As the studies progressed, the perspective has evolved to understand the children's perceptions of their own well-being, using subjective indicators that involve the opinion and assessment of the children themselves. Thus, important changes have occurred in studies on childhood well-being, which go beyond an adult-centred view and broaden the focus to promote the well-being of all children, not only of those at risk and in vulnerable situations (Casas, 2011).

The study presented in this chapter uses subjective well-being as a fundamental concept. This term is used to describe a person's well-being from their own perception and not from external parameters (Diener & Ryan, 2009). Subjective well-being is composed of an emotional part (presence of positive affect and the absence of negative affect), and a cognitive part (assessing satisfaction with one's own life) (Diener, 2012).

Subjective well-being can be assessed in relation to life as a whole or in specific domains, which represent different aspects and dimensions, such as intellectual ability, physical, mental, emotional and behavioural well-being, identity, spirituality, personal skills, as well as family relationships, social relationships and peer relationships (Lee, 2014). Among the numerous indicators of subjective well-being found in the literature, the ones related to the domain of interpersonal relationships are emphasised here (Lee, 2014).

14.1.2 Interpersonal Relationships

Studies highlight the satisfaction with interpersonal relationships as the domain that contributes most to the overall satisfaction with the lives of children and adolescents, empirically proving its influence on well-being in this age group (Chaplin, 2009; Holfve-Sabel, 2014; Liu & Lau, 2012; Yucel & Yuan, 2015). Although such studies have been conducted in different cultural and social contexts, the results converge on the importance of interpersonal relationships for children and adolescents.

From an early age children are introduced into contexts that involve relationships: first within the family, and progressively expanding to school and community spheres. The quality of these relationships influences the child's life in different ways, contributing to their expectations, self-referential beliefs, social problem resolution, and other social-cognitive processes that develop in relationships (Thompson, 2014). Furthermore, relationships with family and friends can provide social support, emotional encouragement, advice, information and help in acquiring social skills (Korkiamäki, 2011).

Relationships also teach responsiveness or reciprocity, when children learn to help someone who has done the same for them. The affection that permeates the relationships between parents and children is recognised as the main influence on the quality of these relationships, as well as acceptance, which contributes to the formation of self-esteem and self-concept (Thompson, 2014). In general, interpersonal relationships significantly contribute to the development of children and adolescents. They allow the development of social and relational skills through interactions, which is essential to well-being. However, every relationship contributes differently, because it depends on the characteristics of the people involved, such as age, gender, beliefs, opinions, and the place or context in which these relationships occur.

The interpersonal relationships children have with their family are responsible for early socialization, and serve as a reference for all subsequent relationships and influence their well-being (Ballesteros, Medina, & Caycedo, 2006; Diniz & Salomão, 2010; Gray, Chamratrithirong, Pattaravanich, & Prasartkul, 2013; Ottova et al., 2011). These significant relationships have great influence on childhood development and the impacts extend throughout their lives (Schütz, Calza, Rodrigues, & Sarriera, 2013). Peer relationships help in assigning meaning to everyday situations and experiences, and the interaction among children helps build their subjectivity and personality (Oliveira, Camilo, & Assumption, 2003).

In our society, children and adolescents spend much of their time in school, interacting with other children and adults, and many friendships can develop in this context (Santos, Calza, Schütz, & Sarriera, 2013). Through interaction and exchange with peers, one can learn and improve impulse control and conflict resolution, besides internalising moral values and developing cognitive and social skills. The relationship with classmates can be positive and evolve into friendship, but it can also bring discomfort, being a risk factor when the child is victimised by other children and suffers violence (Lisboa, 2005). This abuse often goes unnoticed by adults, which reduces the chances of the victim to protect themselves or ask for help, further impacting their self-esteem and self-concept.

Therefore, the school environment should be a place that promotes positive interpersonal relationships, regardless of the presence of dysfunctional relationships. All relationships provoke emotions in the people involved, and one of the ways to promote positive interpersonal relationships and well-being is using emotional learning (Santos et al., 2013).

14.1.3 Recognising Emotions and Emotional Learning

Emotions influence behaviour and all interpersonal relationships that the individual establishes. Learning to understand and regulate emotions helps in establishing empathy and social skills necessary to relate to others (Duarte, 2014). Learning is a relational process permeated by emotion and its influence (Bisquerra, 2011).

According to Lazarus (1991) three types of knowledge are necessary for a mature emotional process: recognising what causes positive or negative feelings and how they are expressed; knowing the rules and the limits of expressing emotions; how to deal with emotions. The learning of this knowledge happens throughout the child's development, in the interpersonal relationships the child has since birth, varying according to each culture. The way parents react to baby care needs determines the pattern of stimuli that the child will adopt as "normal", and how they should deal with their feelings (Gerhardt, 2017). Therefore, learning to identify and control of feelings is initially dependent on someone other than the child from whom they can learn and afterwards do it by themselves.

When formal education somehow disappoints and the student fails at school, several negative emotions are generated, which can cause isolation, dropping out of school and even self-destructive behaviours. The lack of control and knowledge of their own emotions can cause relationship problems and risk behaviours, thus demonstrating emotional illiteracy (Bisquerra, 2011).

Psychoeducation (through emotional learning) aims to increase awareness of one's emotions, understanding how these emotions influence them and others, and to manage their own emotions, improving communication and assertiveness in relationships. Psychoeducation acts as prevention of dysfunctions and vulnerability while it increases personal and social potential. This approach emphasises the development of emotional and relational skills that contribute to developing personality and improving interpersonal relationships (Bisquerra, 2003).

Therefore, an intervention that develops or enhances emotional learning by discussing emotions and behaviours and their effect on relationships can improve the quality and assertiveness of interpersonal relationships and promote well-being. The mastery of emotional competence, defined as the set of knowledge, skills, abilities and attitudes necessary to properly understand, express and regulate emotional phenomena, is considered essential for balance and maturity in relationships (Bisquerra, 2003).

14.2 Well-Being Intervention: Interpersonal Relationships Based on Emotional Learning

Considering the influence of emotions on behaviour and the difficulty most people have in identifying their own emotions, the intervention in interpersonal relationships was organised based on emotional learning. It aimed to help participants identify their emotions and the influence emotions have on their relationships in order to develop more assertive forms of communication and positive interpersonal relationships that promote well-being. Given the magnitude of this topic, we decided to focus on intervention in the interpersonal relationships developed in the school environment, seeking to extend the discussions to relationships with family and friends whenever possible.

This intervention is part of a larger project focusing on well-being, conducted by the Research Group on Community Psychology from Federal University of Rio Grande do Sul – GPPC/UFRGS, previously mentioned in Chap. 10. The intervention consists of five modules in total, each performed in one time period (morning or afternoon) of each day of the week. Considering the more intimate nature of the content of this module, we chose to apply it after three meetings, when there was a bond between participants and researchers. The intervention in interpersonal relationships was applied in two different groups, both from public schools of the city of Porto Alegre (Brazil). A total of 42 students aged 10 to 14 years old participated in the study (17 children in School 1 and 25 in School 2). The module coordinator and 4 team members were present on the days of the interventions.

Indicators were identified and used in constructing this intervention based on the review of similar studies and research results of the GPPC on well-being in childhood and adolescence (Sarriera et al., 2014). The indicators are: (1) Respect, empathy, accepting differences; (2) Capacity for assertive dialogue; (3) Availability and willingness to help; (4) Participating and cooperating in the classroom; (5) Establishing and maintaining positive relationships with classmates; (6) Positive relationship with the teacher. A specific goal was set for each indicator, from which activities were prepared and forms of assessment defined.

The overall objective of the module was to promote well-being while developing positive relationships and to increase the children's satisfaction with their relationships. The specific objectives were to assist children in identifying positive and negative relationships within the school and family (refers to the indicator 1); Developing knowledge of emotions and empathy to improve communication in relationships, thus making them more assertive (indicator 2); Encouraging behaviours of cooperation and friendship among the participants (indicators 3 and 4); Promoting behaviours of positive interaction in school environments and extend them to the family environment (indicators 5 and 6).

14.2.1 Presentation of the Activities

The following activities are described in the same order in which they were applied during the intervention.

14.2.1.1 Relational Field Map

The activity was built from the Five Field Map adapted by Samuelsson, Thernlund and Ringström (1996). Each participant received a sheet with five concentric circles of different sizes constituting a relationship map. The five fields map had six circles divided into five levels of proximity, each relating to one of the fields: family, relatives, formal contacts, school, and friends/neighbours. The version applied in

this intervention has been adapted to address the school context and the main relationships directly or indirectly associated to this context.

The intervention coordinator initiated the activity saying that every relationship experienced in life provokes feelings and emotions to those who experience it. To facilitate the explanation of the activity, a relational field map was projected onto a whiteboard in the room. It was explained that each participant should write their name or nickname in the smallest and centremost circle. The fields of the map represented groups of people with whom they interact: friends, family, classmates, and peers from outside of school, teachers and other representatives of the school community (such as a librarian). In each group there are both close people (with whom they can rely on) and more distant ones.

Participants were asked to complete their maps with the names of people who are part of their lives and represent these groups; the closest people should have their names written closer to where the actual participant was indicated. Other people should be represented in the (more distant) circles that followed until the last circle, where the participant should indicate the most distant people. Once finished, participants were asked to reflect briefly on their map and the proximity of their relationships. Afterwards, they were asked to think of a person, the feelings provoked by them, and to write down the feelings along with the person's name. This task should be repeated for the greatest number of people on the map.

It was mentioned that one person can cause different feelings, good and bad, and all of these feelings could be placed on the map. The coordinator explained that feelings can increase or decrease well-being and asked the participants to cite the feelings they knew, which were listed on the whiteboard of the classroom. Afterwards, participants were asked to mention people who might cause them to feel those emotions. Finally, the coordinator asked the group about what happens to cause feelings that increase and decrease well-being. The activity lasted approximately 30 mins.

14.2.1.2 Table of Feelings

Adapted from the *Emotions: causes and consequences* activity from Bisquerra (2011), in which different emotions are mentioned and, for each emotion, one must fill out what caused it, what was felt in the body (physiological response) and what was their reaction (behavioural response). This activity was introduced in the intervention with the presentation of the film *Inside out* (2015), which addresses emotions and their influence on behaviour. Afterwards, there was a presentation on the basic emotions (joy, fear, anger, sadness and disgust) with an explanation of each one: its purpose (e.g. protection); what sensations it triggers; what reactions are perceived in the body; and expected behavioural responses. For emotions such as fear, anger and sadness, were also presented ways to deal with them. This presentation lasted 10 mins.

Afterwards, each participant received a sheet of paper with the following questions: *What emotion did I feel? What happened to make me feel this way? What*

happened in my body when I felt it? What did I do when I felt this way? In order to explain how the children should fill out the activity sheet, the coordinator exemplified the answers using an emotion mentioned by one of the participants and everyone answered together. At that point, everyone should individually complete their activity sheet by writing down the largest number of emotions that they could remember. Afterwards, the participants mentioned the chosen emotions and the coordinator stimulated collective reflection on the other questions (feelings and reactions).

As in the previous activity, we also used a projection to help explain how to fill out the activity sheet. Average duration of the activity: 35 mins.

We analysed 35 tables of the participants of the two schools, totalling 81 cited feelings. Only 60.5% of the feelings cited participated in the analysis, the others did not complete all the fields (body and behavioural reactions) or gave answers that could not be classified, such as making a drawing, writing "I smiled" or "I didn't do it". This activity allowed access participants' responses to feelings, and the strategies used to cope with negative feelings.

14.2.1.3 Role-Play Activity – Interpersonal Relationships in the School Context

This role-play activity consisted of classroom situations. Initially, we asked for participants to volunteer; the volunteer was asked to leave the room with a team member to receive instructions about the activity: he or she should play the role of a teacher and teach the rest of the group. While they were out of the room, the other classmates were given roles to play: different behaviours that students typically present in the classroom, both collaborating and participating, as well as ignoring and disrupting the class. Everyone should keep this information secret, without telling the others what their role would be. After everyone was given their roles, the group role played the situation.

The situation began when the "teacher" came into the room. The seating arrangement replicated the classic format of a classroom. The coordinator kept the situation going on long enough so that participants could recognise one another's roles. After the role-play activity the group should identify the role matching each participant. Afterwards, the children were asked about how they thought the teacher had felt and then the student who played the role of the teacher was asked to report how she felt. We also asked the other participants about how they felt during the activity and whether there was anything in common with the way they typically behave in class.

It was then time for reflection, where participants were reminded that many of the tasks and activities they have to do in class or at home do not correspond to what they are willing to do at the time. The group was reminded that, regardless of where they are, behaviour causes reactions and emotions in other people, as they had seen in the previous activities. We asked participants what they could do to make people feel better when they interacted with them at school, at home and with friends. This activity lasted 30 mins.

14.2.1.4 Group Activity on Empathy

Each participant was given a small piece of paper, where they should write down an action or activity to be done by the classmate next to them. They were instructed to write it down and fold the paper. When everyone finished, the coordinator said that instead of the classmate doing what had been written down on paper, the person who had written it would have to do it.

Participants reacted with surprise, denial and some erased what they had written down. When asked if they would like to do what they had planned for their classmate, they responded negatively. Each participant was asked to read what they had written down. Then they were asked as to what they would have written down if they knew they had to do it themselves. If they would have written the same thing and if they thought about how their classmate would feel about the task they had written down. Finally, there was a discussion about putting yourself in someone's shoes (empathy), and how this could change behaviours and relationships. This lasted approximately 15 mins.

14.3 Results

14.3.1 *Results of the Qualitative and Quantitative Questionnaires*

The assessment of the module was done based on the results (analysed qualitatively and quantitatively) and on the process (analysed qualitatively). The data for analysis originated from three different major sources: the questionnaires, the materials used in different intervention activities and field diary. The questionnaires were applied at three time points (pre-intervention, post-intervention and 30-day follow-up), as described in Chap. 10, and presented both scale and open-ended questions.

The materials used in the activities and completed by the participants were the relational maps and Table of Feelings. Finally, the field diaries were prepared by GPPC team members who were present throughout the module in the interventions at both schools (Frizzo, 2008). Qualitative analyses were performed using content analysis (Minayo, 2010). We also used categorical analysis (Bardin, 1977/2011) for qualitative and quantitative analysis, relational field maps and Table of Feelings, for which the frequencies of the data were also considered.

14.3.1.1 Content Analysis of the Open-Ended Questions of the Questionnaire

Participants were asked to answer the following questionnaire questions: *List some important characteristics for you to have a good relationship with your classmates* and *List what you can do to have a good relationship with your teacher*. Answers were analysed qualitatively (through content analysis) and quantitatively (from the number aspects mentioned). This is shown in the quantitative analysis subsection.

Content analysis was carried out from the grouping of participants' responses into categories and subcategories. Regarding the question *List some important characteristics for you to have a good relationship with your classmates*, two categories were identified: *Characteristics and behaviours expected for a good relationship* and *behaviours to avoid*.

In *characteristics and behaviours expected for a good relationship*, the children mentioned aspects seen as socially important: friendship, respect, camaraderie, togetherness, generosity, solidarity, joy, affection, loyalty, honesty, trust, kindness, politeness, sincerity, being nice, not being ashamed, and being funny. They also mentioned behaviours such as helping, interacting, playing, talking, listening, laughing, being a counsellor and following advice given by other, and accepting other people's opinions. Furthermore, other behaviours were reported that can be applied to more specific situations, such as apologising when you do something wrong, speaking your mind while respecting other people, asking why your classmate is sad. In this subcategory expected behaviours specific to the school context were also mentioned, such as working together, copying assignments for a classmate and lending your notebook to another classmate.

As for the category *Behaviours to avoid*, children mentioned fighting (no hitting, no harming, no hurting, no swearing), being impolite, bullying (no swearing, no name calling, no speaking ill of a classmate's family), gossiping, lying and showing off. Additionally, some aspects related specifically to the school context were mentioned, such as disrupting when a classmate is paying attention and yelling in the classroom.

In the following question, the students answered *what they should do to have a good relationship with the teacher*. Responses were grouped into the following categories: *Focus on the teacher* and *Focus on the Student* (subdivided into: *Duties as a student*, *Desirable behaviours* and *Behaviours that disrupt and should be avoided*).

Focus on the teacher: responses holding the teacher responsible for good relationship with students were grouped in this category, although the question was directed to the students. Participants mentioned it is important that the teacher is a good teacher, knows how to deal with students, helps with the assignments, and is nice and doesn't yell. Students' responses considering the reciprocity of the relationship, i.e., how teachers behave influences their behaviour: "*The teacher should be polite to me and so I will be polite to them*"; "*I have to respect the teachers and they should respect me too*".

In the category *Focus on student* responses were grouped concerning their collaboration as students and which influence the relationship with the teacher. It was

divided into three subcategories. In *Duties as a student* responses that consider respect for the teacher's authority were grouped: respecting and obeying the teacher, being polite, behaving well, being a good student, studying, doing the assignments, answering questions asked by the teacher, asking for help when you need it, paying attention during class, listening to teachers when they are speaking, waiting for their turn to speak, copying what is written on the blackboard and remaining in one's seat during class.

In the subcategory *Desirable behaviours* responses regarding what is socially desirable as to classroom behaviour and the relationship with the teacher were grouped: being kind, being smart, being happy, getting good grades, influencing other classmates to study and helping the teacher to explain the content. Additionally, responses that show a concern for the relationship with the teacher (in addition to the hierarchical relationship) were also grouped in this subcategory. For example "*being friends with them (teachers)*". Participants also mentioned giving gifts and sweets to teachers and "*saying hi when the teacher arrives and goodbye when they leave*".

Finally, in the subcategory *Behaviours that disrupt and should be avoided*, responses mentioning what should not be done to the teacher were grouped: speaking ill of the teacher, swearing, disrupting, arguing, fighting, disturbing, asking questions incessantly and throwing paper balls. Also grouped in this subcategory were behaviours that may indirectly influence the progress of the class, and thus weakens the relationship with the teacher: messing around, yelling, talking during class, swearing, standing in the classroom, playing with the one's phone, writing on the table and stealing.

14.3.1.2 Quantitative Analyses

In the questionnaires, in addition to the open-ended questions mentioned above, participants answered the assessment tools at three time points: pre-intervention, post-intervention and 30 day follow-up.

In the beginning, we carried out analysis of variance for repeated-measures (ANOVA-RM) within the groups to assess the effect of the intervention, verifying if there was significant increase in the well-being of the participants in the experimental group for each time of assessment. Table 14.1 shows the data for interpersonal relationships, comparing the responses at the three time points of assessment. There were differences for all the items, although significant in only one. Some items (1, 2, 3 and 4) showed higher average after the intervention. However, the opposite occurred in other items (5, 6 and 7, as shown in Table 14.1), with the decreasing averages every time the questionnaire was applied. Among these items, *I can wait my turn to do the assignments*, showed statistically significant differences.

Table 14.2 presents the data from ANOVA-RM concerning items on emotional learning, where, again there was variation over time for all items, while differences were significant only in a few of them.

Table 14.1 Descriptive statistics and multivariate tests – interpersonal relationships

Items (Interpersonal relationship)	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' lambda	F
	Pre	Post	Follow-up		
I like to help my classmates	2.21 (1.31)	2.55 (1.00)	2.71 (0.95)	.875	2.560
I ask for help when I need it	2.50 (1.22)	2.66 (1.04)	2.47 (1.05)	.976	0.442
I thank people when they help me	3.24 (1.05)	3.47 (0.86)	3.32 (0.90)	.949	0.960
I like to do group activities in class	2.79 (1.47)	3.03 (1.24)	2.95 (1.16)	.977	0.426
I can wait my turn to do the assignments	3.05 (1.18)	2.87 (1.11)	2.58 (1.17)	.830	3.676*
I apologise when I know I did something wrong	3.34 (0.96)	3.24 (1.10)	3.16 (1.10)	.956	0.838
I say "excuse me" when someone is in the way	3.24 (1.10)	3.18 (1.03)	3.00 (1.16)	.969	0.574

* $p < 0.05$ **Table 14.2** Descriptive statistics and multivariate tests – emotional learning

Emotional learning items	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' lambda	F
	Pre	Post	Follow-up		
I can identify my feelings	8.03 (2.78)	7.26 (3.51)	7.37 (2.92)	.910	1.773
I explain to my friends how I feel	6.05 (3.82)	5.13 (4.14)	5.26 (3.83)	.925	1.451
I explain to my family how I feel	6.92 (3.80)	6.42 (3.58)	6.13 (3.72)	.962	0.703
After a fight I think about how to resolve the situation	6.76 (3.34)	6.95 (3.48)	6.82 (3.75)	.998	0.044
When I get angry, I wait for the anger to pass to make a decision	5.55 (3.88)	5.08 (3.94)	4.18 (3.82)	.903	1.937
I accept a classmate's opinion, even if it's different from mine	6.92 (3.35)	6.79 (3.33)	6.87 (3.53)	.999	0.016
I can imagine how my classmate feels when others fight with him/her	6.29 (3.56)	6.87 (3.59)	7.34 (3.41)	.919	1.584
I can imagine how my classmate feels when he/she receives a compliment	7.29 (3.42)	7.84 (3.16)	8.32 (2.51)	.892	2.173
List some important characteristics for you to have a good relationship with your classmates	3.11 (2.96)	5.26 (3.39)	3.42 (2.70)	.735	6.496**
List what you can do to have a good relationship with your teacher	2.95 (2.78)	5.21 (3.43)	3.32 (2.51)	.728	6.726**

* $p < 0.05$, ** $p < 0.01$

Table 14.3 Difference in differences regression – interpersonal relationships

Independent variables:	Coefficient	Standard error	Sig.
Program Impact (1 week)	0.19	(0.24)	
Program Impact (1 month)	0.03	(0.24)	
Time (1 week)	-0.10	(0.16)	
Time (1 month)	-0.06	(0.16)	
Intervention Group	-0.26	(0.17)	
School	0.30	(0.10)	**
Sex	0.00	(0.10)	
Age	0.02	(0.03)	
Constant	2.42	(0.44)	**
Participants	73		
Observations	219		
R ²	0.07		

Dependent Variable: Interpersonal relationships. Significance: 95%*, 99%**

Table 14.4 Difference in differences regression – emotional learning

Independent variables:	Coefficient	Standard error	Sig.
Program Impact (1 week)	0.10	(0.52)	
Program Impact (1 month)	0.02	(0.58)	
Time (1 week)	0.22	(0.34)	
Time (1 month)	-0.10	(0.38)	
Intervention Group	-1.02	(0.40)	*
School	0.00	(0.23)	
Sex	-0.74	(0.23)	**
Age	-0.03	(0.08)	
Constant	8.56	(1.11)	**
Participants	73		
Observations	219		
R ²	0.15		

Dependent Variable: Emotional learning. Significance: 95%*, 99%**

Items 1, 2, 3, 5 and 6 show a reduction in the averages of the post-intervention follow-up compared to the initial averages. On the other hand, we observed increased averages in the other items after the intervention, and averages were higher after the intervention in items 4, 8, 9 and 10. We should mention the last two items have statistically significant differences and relate to the open-ended questions that were analysed in the previous subsection. For quantitative analysis we counted the number of answers given by the participants to list what is necessary for a good relationship with their classmates and teachers.

We carried out regression of differences in differences (further explained in Chap. 11) in order to assess the impact of the intervention. The analyses search for differences between groups considering different variables (intervention group and control group without intervention, school, pre and post intervention, program impact, sex and age) as shown in Tables 14.3 and 14.4.

Table 14.3 presents the results of interpersonal relationships. The variable **program impact** at different times (**1 week and 1 month**) estimated that the intervention increased children's scores of Interpersonal Relationships in 0.19 points after a week and 0.03 points after a month, although not statistically significant. The variable **time (1 week) and time (1 month)** show that the average of the interpersonal relationship items after the intervention were -0.10 and -0.06 below the measure of interpersonal relationship items at baseline. Namely, if there were no intervention, we would expect the average of all the children to be -0.10 (1 week) and -0.06 (1 month) points lower, due to factors that would have affected everyone equally. However, the parameters are not statistically significant.

The variable **intervention group** shows that the average of the interpersonal relationship items of this group was -0.26 points below that of the control group (no intervention) at baseline. Although not statistically significant, this result means that the average of the interpersonal relationships items of the students participating in the program is lower. **R² indicates the variance explained** by the independent variables in the course of the averages of the interpersonal relationship items in pre-intervention, post-intervention and 30-day follow-up, which is 7% in this case. Only the variable *school* is statistically significant, for School 1. The other variables are not significant.

Table 14.4 shows the *difference in differences regression* for the items related to emotional learning. The variable **program impact** at different times (**1 week and 1 month**) estimates that the intervention increased the children's emotional learning scores in 0.10 points after week and 0.02 points after a month, although not statistically significant.

The variables **time (1 week) and time (1 month)** show that more consistently the averages of the emotional learning items after the intervention were 0.22 points above and -0.10 points below the measure of the emotional learning items at baseline. That is, if there were no intervention, we would expect the average of all the children to be 0.22 points higher (1 week) and -0.10 points lower (1 month), due to factors that would have affected everyone equally. However, the parameters of these variables are not significantly different from zero.

The variable **intervention group** shows that the average of the emotional learning items of this group with intervention was -1.02 points below that of the control group at baseline. This variable is significant (as expected), that is, the average emotional learning of the children participating in the program is lower. **R² indicates the variance explained** by the independent variables in the course of the averages of the emotional learning items in pre-intervention, post-intervention and 30-day follow-up, which is 15% in this case. Only the variable *sex* is statistically significant, for girls. The other variables are not significant.

14.4 Discussion

14.4.1 *Identifying Feelings*

Most participants demonstrated difficulty in identifying and naming feelings. Despite the discussions before the activities, we found that “hunger,” “friendship,” “crying” and “exciting” were cited as feelings. Furthermore, there was little variation in the feelings mentioned. These difficulties may indicate a lack of vocabulary due to lack of incentive towards dialogue, reading or cultural activities, but also lack of basic emotional education.

The naming of feelings, differentiating between them and perceiving them in themselves and others are skills that must be learned and trained just as they learn motor and cognitive skills (Gerhardt, 2017). This learning can start with the family in the early stages of development and be continued thoroughly in school. However, in order to do this parents and teachers should be aware of the different emotions and the importance of these emotions for relationships, explaining them according to the child’s development stage (Bisquerra, 2011).

14.4.2 *Family Relationships*

We mapped relationships through the relational field maps, identifying the people and the feelings associated with them. The most populated region of the map, for all participants, was related to family. Overall, the most mentioned people were siblings, mother and father, followed by unspecified people (names placed on the map without explanation of kinship), grandparents, aunts, uncles, and cousins. Regarding the levels of proximity, the mother was the most mentioned in level 1, the father in level 2, and the siblings in levels 3 and 4. The other family members were mainly cited in levels 3 and 4. We should point out that some participants cited their pets as family members they can rely on.

Therefore, the results highlight the family as the primary support network, with the mother and the father as the closest people in terms of affection and those who provide the most support. This was verified in most maps, regardless of the family configuration. This data confirms the findings of Thompson (2014), who places the parents as the main sources of universal support, besides acting as guardians by regulating children’s access to activities, contexts and people.

Despite both parents being cited, the mothers were associated only to positive feelings, while the fathers were associated to both positive and negative feelings. In the current Brazilian context, it is quite common that the mother is almost exclusively responsible for the raising of children, including learning about emotional aspects, especially in families of lower socioeconomic status (Alves, Arpini, &

Cunico, 2015). In addition to this is the fact that women are mainly perceived as providers of support, facilitating the development of intimacy and trust, provoking positive feelings (Helgeson, 2003).

Siblings were cited more often than the parents, which may be a result of larger families. Furthermore, some participants commented on their family during the activity, and we observed the absence of a parent due to death or family abandonment. These data are unclear on the maps, and suggested by distance or absence of parents in the levels of proximity, which may also have contributed to lower mentioning of the parents compared to siblings.

Levels 3 and 4 had the siblings as most cited family members, followed by grandparents and aunts/uncles. Despite these observations, literature on interpersonal relationships shows the relationship with siblings as one of the most important for development. The characteristics of siblings and the quality of the relationship between them influence socio-emotional development and well-being (Yucel & Yuan, 2015), strengthening their self-confidence (Liu & Lau, 2012) and contributing to their overall development (Harper, Padilla-Walker, & Jensen, 2014).

In families where there are many children, the eldest are expected to help in the care of younger siblings, especially when both parents have to work and there is no other adult who can be responsible for the children. In such cases the relationships between siblings can acquire other characteristics, contributing to increased trust between them and well-being, regardless of giving or receiving care (Schütz, Bedin, Santos, & Sarriera, 2016).

The mention of other family members such as aunts/uncles and grandparents in the relational maps shows the daily interaction with the extended family and their presence in the family, which is common in families living on the outskirts of large cities (Rabinovich, Moreira, & Franco, 2012), where most of the participants of this study live (see Chap. 11). These family members contribute to the raising and care of the children, some of whom cohabit and others who just provide assistance.

The interaction with other adults enriches the children's relationship network, providing different role models and expanding their repertoire of attitudes and their support network, as well as contributing to the development of empathy by living with people of different characteristics (Carvalho, Moreira, & Rabinovich, 2010). In the study by McAuley, McKeown and Merriman (2012), the children themselves stated that living with their grandparents provided a sense of security and contributed to their well-being.

In addition to the family members, some participants included their pets in the fields intended for the family. These pets were mentioned as family members and a source of support and affection, as pointed out in other studies (Gabhainn & Sixsmith, 2006; Galli, Calza, & Sarriera, 2014). This indicates that children's relationship with pets helps to develop the interpretation of body language and the development of empathy (Samfira & Petroman, 2001), as well as contributing to well-being (Chaplin, 2009).

14.4.3 Proximity Levels with Family Members

We found that family members were allocated in different ways into the two groups participating in the intervention as regards the levels of proximity. Participants of School 1 mostly cited parents, while participants of School 2 cited siblings. Based on the fact that both schools are public and located in the same city, one can consider the difference in their locations as contributing factors to these results.

School 1 is located in a more central area of the city, and its students seem to have family relationships typical of large urban areas, where there is greater interaction with the nuclear family. This restriction helps to strengthen the bonds between family members and the establishment of rules and limits, as well as hierarchical differences between parents and children. These participants seem closer to their parents, and their comments demonstrate that they recognise parents as authority figures, respecting them by following their rules, even if they do not agree with them.

School 2 is located on the outskirts of the city and according to the comments and materials produced by the participants throughout the intervention, their families have a closer relationship with grandparents, aunts, uncles, and cousins. The presence of several adults contributes to the children's support network, but the differences in views and opinions among adults may hinder the establishment and understanding of standards and limits to be followed. The absence of an established expected standard of conduct may hinder the understanding of limits (Barbosa & Wagner, 2014).

Furthermore, the presence of several adults as caregivers and closer relationships to siblings rather than the parents may make it difficult for children to recognise parents as authority figures. Thus, there would be no hierarchy or differences between adults and children or between parents and children. This horizontality can offer more freedom, but simultaneously causing insecurity and the feeling of being unprotected or on their own (Headey, Muffels, & Wagner, 2014). Consequently, there is no need to obey an adult, as adults would have no authority over children and should be treated as equals. This behaviour seems to be extended to teachers, school staff and even the research team during the intervention.

14.4.4 Feelings Associated to the Family

Regarding the feelings associated to the family, participants mainly cited positive feelings such as "love", "happiness" and "joy", with little mention of the negative feelings (Fig. 14.1). We should mention that "affection" was cited as often as "security." Although it is not a feeling, we decided to maintain security due to it having been cited repeatedly. Considering the other fields of the map, with the exception of the one for family, we found that there was a predominance of positive feelings, but there was an increase in citation of the negative feelings. This differentiation

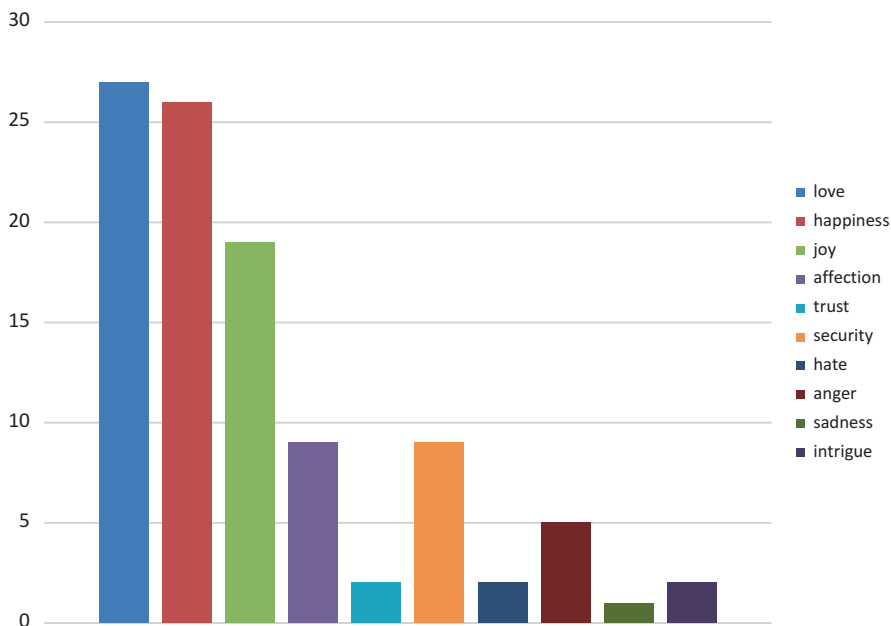


Fig. 14.1 Feelings associated to family

between the types of feelings suggests more personal relationships with family compared to all other relationships.

The groups once again showed different results. School 1 participants more often mentioned “love”, even though they were less numerous, and focused on the positive feelings, while School 2 participants mentioned mainly “happiness” and “joy”, followed by “security” and lastly “love”. This group showed greater variability of negative feelings, even if the citation rate was low compared to the positive citation rate.

The literature on well-being shows the importance of feeling safe for development and well-being, especially in childhood and adolescence (Lee & Yoo, 2015; McAuley et al. 2012). Security is provided mainly by the parents as they filter children’s stimuli and interpret stimuli either by sensations in the child’s own body or by expressions of violence and intolerance from the external environment (Harel-Fisch et al., 2010).

Proximity and trust in parents should be built early on, from the first months of life. A baby’s caregivers, typically parents, would be the people to identify the child’s feelings and help them manage these feelings, teaching the child to express what they feel in their behaviour and to notice the effect that these behaviours have on their relationships. They exercise the regulatory function of the child’s feelings (Gerhardt, 2017). When this bond is weak, there is no trust and the learning about feelings is impaired, harming emotional learning.

14.4.5 Relationships with Teachers

Relationships with teachers were explored through the relational map, role play activity, an open-ended question about their relationship with the teacher, and some items on the questionnaire. Considering the field of the relational map for teachers, only three participants did not fill out any level. Most participants filled out at least up to the third level and some filled out all the levels of the field. In total, 103 people were mentioned. The main feelings mentioned were “happiness” and “joy”, but the third most mentioned feeling was “sadness”, followed by “affection” and “fear”.

School 1 participants cited feelings “happiness” and “joy” more often and mentioned only two negative feelings related to teachers. We should note the fact that the school principal was mentioned in two maps, being related to positive feelings; research team members participating in the intervention were also mentioned in this field by two participants, despite not associating any feelings to them. In School 2, the main feelings related to teachers were “joy” and “happiness”, followed by “sadness” and “fear”. Research team members were mentioned in the maps of 7 participants with some variations, ranging from one level of the field to the whole field.

We observed ambiguity of the teacher-student relationship both in the role play activity as in the open-ended questions of the questionnaire. In the role play activity of one of the schools, the participant who played the role of teacher while attempting to teach, yelled at students due to the disorderly behaviour in the classroom and also mentioned her fatigue and discontent with statements such as “*I’m not here by chance, I worked and studied a lot to be here*”. During the period of reflection after the activity, the same participant showed empathy towards teachers when she mentioned the feeling of insignificance that she experienced while attempting to teach a difficult class (inattentive students, talking and walking around the room), she said she felt like an “unhappy and insignificant” teacher.

After the activity participants were also asked what could be done to improve the school environment. Just as in the answers to the open-ended questions about what could be done to have a good relationship with teachers, children emphasised some behaviours they should have, i.e., focusing on the student (example: *being quiet*) and others that teachers should have, i.e., focusing on the teacher (for example: *teachers should impose themselves*). In the category *Focus on the Student*, of the open-ended questions, participants showed they were aware of their *duties as students*, *desirable behaviours* and *behaviours that disrupt and should be avoided* for a good teacher-student relationship. However, being aware of what should be done does not mean that, in fact, students behave in such manner.

The relationship established with the teacher has effects on learning and on the child’s peer relationships in the classroom, being associated with their level of acceptance or rejection in the class (Troop-Gordon & Koop, 2011). Proximity, respect and trust increase students’ well-being (Simões et al., 2012) and contribute to their physical and mental health (Lindberg & Swanberg, 2012). The fact that the principal was mentioned in some maps of School 1 suggests that she has a close relationship with the students, being a respected and trusted authority figure. This

proximity suggests the existence of a bond established between the principal and the students, which goes beyond the scope of the job, and may be perceived as personal, and in some cases providing care and security lacking in their relationships with family adults.

Furthermore, students not only mentioned the need to respect teachers in their answers to the open-ended questions, which denotes an understanding on maintaining the hierarchy, but also mentioned that trying to be friends with the teachers is desirable to the relationship. The affectivity of this relationship contributes to the student's attachment to school, and positively affects their mental health and well-being (Lamas, Freitas, & Barbosa, 2013).

Some characteristics of the school context may contribute to this attachment. School 1 is slightly smaller and participants study in smaller classes, which may provide more frequent and longer periods of interaction with the teachers and the principal. Positive interaction contributes to the child's development as a whole, even aiding in the development of emotional skills.

On the other hand, School 2 participants attend a larger school with larger classes and also remain there for longer periods compared to School 1. Thus, the relationships appear to be more distant, seemingly guided by disrespect among students and constant testing of limits with authority figures such as teachers, coordinators and the principal. Interaction seems limited to the class period, and the difficulty in communicating and maintaining respect for school rules may have contributed to the citations of feelings of "sadness" and "fear" in relation to teachers. Without caring relationships with teachers and with little bonding with them, students may end up devaluing the school environment, as well as presenting poor performance by not perceiving faculty support (Wilmes & Andresen, 2015).

The absence of bonding coupled to the feeling of not being valued by the teachers or being rejected by them may reflect on the relationship with peers and generate isolation and reduced well-being (Moses, 2010), as well as influencing satisfaction with school life, as the teacher-student relationship is the factor that contributes most (Kim & Kim, 2013).

14.4.6 Relationship with Peers

The relationship with peers was explored through two fields of the relational map, one directed to peers and friends of the school environment and another to peers outside of this context. In addition to the map, this relationship was also worked on in the activity regarding empathy and evaluated from some of the questionnaire items and an open-ended question about relationships with peers. The field related to friends within the school aimed to verify the support network among peers at school. In the relational map, 161 people were cited in this field. The main feelings were related to joy and happiness, followed by anger, love, affection and sadness.

In this field School 1 participants showed greater variability of feelings, with a predominance of positive feelings, but a greater number of negative feelings

compared to those mentioned by School 2 participants. This result suggests relationships provide support, but also generate disagreements. These relationships offer the opportunity to develop social skills with the negotiation of impasses and conflict resolution (Thompson, 2014). School 1 participants also cited more complex feelings like hope, comfort and complicity.

School 2 participants predominantly cited positive feelings, but with less variation, and negative feelings were much less cited. When there is a risk of ending a friendship or insecurity about the continuity of the relationship, children may deny the existence of conflicts, mentioning only the positive aspects of the relationship, which demonstrates the fragility of these bonds (Rogers, 2012). Ignoring troublesome aspects may lead to ending the friendship or to relationships where one of the friends exerts power over the other, possibly triggering abusive relationships such as bullying (Puhl, Peterson, & Luedicke, 2013).

The field relating to friends from outside of school aimed to map the support network of children outside of the school environment (friendships from extracurricular activities and the neighbourhood, for example). A total of 144 people were mentioned. The most cited feelings were happiness and joy, followed by love and anger, which were mentioned a similar number of times. Less cited feelings were affection, anger, sadness and hope, and the last three were mentioned only once among all evaluated maps. Negative feelings were mentioned more often in the School 2 group. In this field participants associated the terms “friendship” and “I love (him/her)” to some of the people mentioned, as if these were feelings.

School 1 participants mentioned positive feelings more often and negative feelings less often in this field compared to friends within the school. On the other hand, School 2 participants had the opposite result to that of Group 1, suggesting that the school environment provides more opportunity for positive and close relationships compared to other environments outside of school.

These data highlight the importance of school as an environment conducive to cognitive, social and emotional development, providing formal learning as well as being a safe, welcoming and accepting place (Liu & Lau, 2012). Although there is resistance to following the school rules, the data in this field suggest that this may be the children’s healthiest environment, and it stands out as a place conducive to promoting positive relationships and well-being.

The activity that focused on empathy was interesting in order to reflect on the relationship with peers. After the children had written down various activities for their peers to perform (for example: licking the floor, putting their finger in their nose and then in their mouth, imitating animals or characters that might cause embarrassment), they were dismayed to find that they would have to do them. However, when they were finally told that no one would need to do any of the activities proposed, participants made interesting reflections and talked about “putting yourself in one’s shoes”, “seeing the other person’s point of view”, “thinking about other people’s feelings in order to build a friendship.”

Content analysis of the open-ended questions showed that participants are well aware of *characteristics and behaviours expected for a good relationship*, as well as *behaviours to be avoided*. The fact that the children mentioned elements that made

up this classification since the pre-intervention stage indicates that knowing what is important and what should be done does not actually mean they will act upon it. This was observed by the way they behaved throughout the process and during the activity on empathy.

However, after the intervention the answers to the question about *what is important for a good peer relationship* were more elaborate than before the intervention. Furthermore, this item showed significant difference in ANOVA-RM considering the time points of assessment in favour of post-intervention, that is, the children showed to have a more defined idea of what is important for maintaining a good peer relationship after the intervention (followed by the 30-day follow-up). This data shows that the intervention provided participants with the development of their repertoire, at least cognitively, as to what they can do in the search for high quality interpersonal relationships with peers.

This analysis is supported by the results of ANOVA-RM, in which items *I can imagine how my classmate feels when they fight with him/her*, *I can imagine how my classmate feels when he/she receives a compliment* and *I like to help my classmates* had higher averages in follow-up than in pre-intervention and post-intervention. It is inferred that participants are more aware of empathy and the importance of social support in the school context because of the intervention. Thus, they have increasingly valued acts of putting themselves in one's shoes and helping their classmates.

14.4.7 Strategies Used to Deal with Feelings

Having mapped the children's relationship networks and feelings caused by these relationships, we sought to explore how they manage these feelings. Through the Table of Feelings, we found the participants' perceptions about situations or events that trigger their feelings and the strategies used to deal with these feelings (especially the negative ones). These data allowed us to investigate their emotional maturity.

Some responses indicated in the Table of Feelings suggest low tolerance for frustration (citing the loss of internet connection as the cause of anger), which suggests short-sighted behaviour. The difficulty in waiting may be related to emotional fragility, in which there is a lack of awareness about their own feelings, and sensations or negative feelings seem to impede reasoning and the search for alternatives to solve problems (Bisquerra, 2011).

We found that most of the behaviours identified as responses to negative feelings are aggressive and considered exaggerated for the situation. Two answers illustrate this: (1) Feeling love caused fear and a desire to scream; as a reaction the participant reported having broken their mobile phone. (2) Feeling angry because they had been made fun of, causing the body to shake; as a reaction the participant reported having hit the person who was making fun of them until the person was on the ground.

However, it is not possible state that behaviours cited during the activity were in fact carried out or if the participants expressed what they would like to have done.

Strategies used to deal with stressful situations may be called coping, theoretically divided between emotion-oriented and problem-oriented (Antoniazzi, Dell'Aglio, & Banner, 1998). Although most of the behaviours cited in the answers were impulsive and focused on emotion, some participants presented resolution strategies focused on the problem. This was the case of a participant who mentioned that when he felt anger towards a person who betrayed his confidence he attempted to talk to them and succeeded in overcoming anger caused by the betrayal.

Behaviours that seek problem resolution demonstrate some control over their emotions, which are more resolute strategies. These types of strategies demonstrate maturity and emotional competence, contributing to the development of social skills and positive relationships (Bisquerra, 2003). However, not every strategy that is problem-oriented follows the rules of social life or what we consider correct, even if it is resolute. Therefore, resolute responses that express the use of violence and aggression, which are rather common among participants (not only based on the answers given during the activities, but also from what was observed during the intervention process), may favour the continuity of conflict.

14.4.8 Impact and Effect of the Intervention

Quantitatively, the impact of the intervention, analysed through differences in differences regressions, although not statistically significant, was according to our expectations.

It is estimated that the intervention increased the score of interpersonal relationship and emotional learning items in the experimental group after a week and after a month. The analyses also allowed us to verify that the average of the interpersonal relationship (-0.26) and emotional learning (-1.02) items of the groups that participated in the intervention were below the average of the control group at baseline. That is, these results corroborate with the indicators of this module in that interpersonal relationships and emotional learning are associated with well-being and that children with greater loss in subjective well-being are also harmed emotionally and in their relationships.

As for interpersonal relations, we observed that the variable school is statistically significant in favour of School 1, which corroborates what was discussed in different topics above. The School 1 group seemed to have advantages in regards to positive emotions associated with family and teachers. This group also seems to have safer and more balanced relationships with their peers, as they mentioned both positive and negative feelings, suggesting they understand that conflicts are part of relationships. As for emotional learning, the variable gender was statistically significant in favour of the girls. This corroborates with the literature, which indicates greater expression of the girls' feelings in their relationships, suggesting greater sensitivity and knowledge about them (MacEvoy & Asher, 2012).

The effect of the intervention was verified by means of ANOVA-RM, indicating that some items (for example: *I thank people when someone helps me* and *I can identify my feelings*) presented higher averages after the intervention, and although the averages decreased 30 days later, they were higher than those prior to the intervention. The same variation occurred for items *List some important characteristics for you to a good relationship with classmates* and *List what you can do to have a good relationship with your teacher*, and the differences for these items were statistically significant. This indicates that the intervention achieved important results, especially considering that the moment immediately after the intervention is when we expect to observe more differences in relation to the pre-intervention for these aspects. In addition, the items, where significant differences were observed between post and pre, remained constant over time even with increasing responses.

Other items showed different variations, with lower averages after the intervention (for example: *I can wait my turn to do the assignments*), which showed a significant difference. One possible explanation for these results is that the intervention caused children to reflect more about the issues and thus they realised they do not practice behaviours as they would previously, without reflection.

14.5 Final Considerations

We believe the proposed objectives have been achieved. The results of the assessments show that the participants developed knowledge of their emotions and those of others, learning to identify them and act accordingly. They identified their main relationships and the feelings provoked by them, and some participants discussed these relationships with the group, receiving suggestions from others on strategies to improve them.

We noticed some changes in the interactions between participants, which indicate increased communication and cooperation between them, such as less aggressive behaviour and more acceptance of peers (for example: one of the groups welcomed a child who interacted very little at the beginning of the intervention). The teachers' reports at the end of the intervention confirmed that peer acceptance occurred in the classroom and during breaks, and continued even after the end of the study. Thus, we believe that there was improvement in the interactions at school, as well as increased cooperation and empathy, and that these changes can be extended to their other relationships.

Although this intervention focused on emotional and behavioural aspects that influence interpersonal relationships and sought to help develop self-awareness, social skills and empathy, we understand that its effects are limited. The amount of interaction between the research team and participants was short and the bonds established were superficial compared to their everyday relationships. Furthermore, the complexity of the subject does not allow further investigation without trust between the participants and module coordinator, and among the participants themselves.

Even with all the issues raised, several important contents were explored. In addition to these factors, we should point out that the module on interpersonal relationships was preceded by three different modules. It should also be considered that participants may have learned about interpersonal relationships in every module, because team members emphasised issues of social skills, mutual respect and help during the intervention; as well as intervening in conflict situations involving participants. Furthermore, the manner in which the research team members interacted with one other may have served as a model for the children.

It is important to consider that social desirability may have influenced the children's responses and affected the results. A possible social desirability bias was identified in questions in which participants were asked to answer about what would be important for a good relationship with peers and teachers. The responses indicate that children know what should be done in terms of expected characteristics and behaviours, as well as behaviours that should be avoided for quality relationships. However, what the children demonstrated, both with regard to peers and the research staff (who represent a teacher-like role), did not match the responses mentioned in the questionnaires.

Regarding the number of participants, we should mention that although it was small and a limiter with respect to statistical analysis, there could be some advantages for the intervention process. A small number of participants and a greater number of monitors in addition to the coordinator would facilitate the further development of activities with regard to the children's individual needs, as well as facilitating the assessment of the answers given by the participants.

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Chapter 15

Intervention on Self-Concept: A Path to Promoting Subjective Wellbeing

Cristina da Silva Hasse and Ângela Carina Paradiso

15.1 Introduction

Childhood wellbeing has gained attention as a research topic in recent decades. During this period, different aspects of children's lives that influence wellbeing have been investigated. Interpersonal relationships, leisure, knowledge of their rights, their relationship with the environment and neighbourhood, for example, are factors that have been shown to have a great importance on the way children evaluate their life (Gray, Chamratrithirong, Pattaravanich, & Prasartkul, 2013; Jiang, Kosher, Ben-Arieh, & Huebner, 2014; Rogers, 2012; Sarriera et al., 2013).

Furthermore, another area that has been identified as relevant to children's wellbeing is individual characteristics. Based on what is already known to date, one can cite optimism, coping styles and personality factors as important influencers of the wellbeing of children and adolescents (Bandeira, Natividade, & Giacomoni, 2015; Nevin, Carr, Shevlin, Dooley, & Breaden, 2005; Zeidner & Olnick-Shemesh, 2010).

Self-concept has been studied by psychologists in several areas, such as educational, clinical, or employment, because of the important predictions that can be derived from it (Bragado, Hernández-Lloreda, Sanchez-Bernardos, & Urbano, 2008; Brunborg, 2008; Garaigordobil, Pérez, & Mozaz, 2008; González-Pienda et al., 2000). Similarly, studies have found the relationship of different elements related to self-concept that influence wellbeing (Borges, Matos, & Diniz, 2013; Terry & Huebner, 1995).

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15.1.1 *Conceptual Aspects*

Although there is no consensus on an universal definition of self-concept, in general terms it can be defined as one's perception of oneself and, more specifically, attitudes, feelings and knowledge about one's abilities, skills, physical appearance and social acceptability (Faria & Fontaine, 1990). Furthermore, researchers agree that self-concept has a relational nature, which means that its contents, structure, coherence, and associated goals are partly based on the interpersonal relationships within which it is embedded, especially close relationships (Chen, Boucher, & Tapias, 2006). Its construction is influenced by experiences in several contexts of life and the interpretations that individuals make of these experiences, as well as reinforcements and assessments that significant others make of their behaviour (Shavelson, Hubner, & Stanton, 1976).

One of the most used models to explain self-concept is the one proposed by Shavelson et al. (1976). According to the authors, the construct has a number of characteristics: it is structured, multifaceted, hierarchical, stable, becomes more multifaceted throughout life, has a descriptive dimension and an evaluation of itself, and can be differentiated from other constructs. Its multidimensional and hierarchical structure presents a general dimension at the top, followed by a subdivision into academic and non-academic self-concept.

Academic self-concept is subdivided according to the curricular subjects and refers to the assessments that the individual makes of himself in different areas of knowledge. Non-academic self-concept is fragmented into social, emotional and physical dimensions. Emotional refers to emotional states; social refers to relationships with friends and other significant figures and is related to the person's perception of their social acceptance; and the physical can be assessed according to criteria of competence and appearance. Lastly, at the base of the hierarchy are the individual experiences of specific situations, and the closer to the base is the level in which the intervention occurs, the more susceptible to change it is (Martins, Nunes, & Noronha, 2008; Shavelson et al., 1976).

However, Song and Hattie (1985) propose a different branch, in which academic self-concept is divided into self-concept of ability, achievement and classroom. Non-academic self-concept is organised similarly to that proposed by Shavelson et al. (1976) and is formed by the social self-concept and presentation of self, where the former refers to relationships with peers and family, and the latter to physical self-concept and to self-confidence.

Several instruments are used by researchers to assess self-concept in national and international studies and most consider it a multidimensional construct. However, the dimensions proposed in each study are distinct and relate to the culture in which the subjects are inserted (Sarriera et al., 2015).

One of these instruments is the Multidimensional Self-concept Scale. In the adaptation study for the Brazilian population, it was adjusted to a four-factor model: physical, academic, social and family. The first one includes items like "*I like the way I am physically*" and "*I'm good at sports*", while the second includes "*my*

teachers consider me a dedicated student” and *“I do my schoolwork well”*. The social factor contains items such as *“I have many friends”* and *“my friends appreciate me”*; and finally the family factor includes *“I feel loved by my parents”* and *“my family would help me with any kind of problem”* (Sarriera et al., 2015).

Self-concept, taken as a descriptive judgment, also has an evaluative part, self-esteem, and the relationship between both of them is hierarchical. Self-description statements usually involve evaluative statements, as statements about oneself always imply some degree of appraisal. Thus, since it is hard to separate cognitive and emotional aspects, the term self-concept is accepted in a broad sense that includes both (Garaigordobil et al., 2008).

Baumeister and Vohs (2009) also suggest another aspect that may be related to self-concept, purpose in life. Defined as a cognitive process that establishes life goals and provides personal meaning (McKnight & Kashdan, 2009), it can be considered an element of self-concept, as finding a meaning in life allows a person to affirm self-worth.

15.1.2 Self-Concept and Childhood Wellbeing

The relationship between self-concept as a global concept and wellbeing has been studied by many researchers. In Spain, for example, Garaigordobil et al. (2008) investigated the relationship between self-concept, self-esteem and psychopathological symptoms. The results showed significant negative correlations for self-concept and several symptoms, such as somatization, depression, anxiety, paranoid ideation and psychoticism. Their final model proposed that people with high self-concept and self-esteem would have few psychopathological symptoms, suggesting they are indicators of mental health.

A research in China with adolescents aged 11–19 years old indicated a positive correlation between their positive self-concept with various dimensions of positive coping style and subjective wellbeing, and a negative correlation between negative self-concept, life satisfaction and negative emotion. According to these authors, positive self-concept has a positive influence and negative self-concept has a negative influence on subjective wellbeing (Zhou, Wu, & Lin, 2012).

Considering self-concept and its various dimensions, several studies have investigated its relationship with childhood wellbeing. One of the examined dimensions refers to physical appearance, specially the concept of body image. Haraldstad, Christophersen, Eide, Nativg, and Helseth (2011), for example, found a positive association between body image and quality of life in children and adolescents in Norway. In the model these authors examined, this dimension was the most significant predictor, prevailing over variables such as feeling pain and being a victim of bullying.

In the academic context, the student-teacher relationship is one of the factors that influence self-concept. Leflot, Onghena, and Colpin (2010) found that when teachers support autonomy in children, referring to the level of self-regulation given to

the child, they tend to present high academic self-concept. Another aspect commonly studied in this context is academic performance. Some researchers positively relate self-concept to performance (Cia & Barham, 2008), while others indicate a reciprocal relationship between these concepts, that is, children with low self-concept tend to have low academic performance, increasing negative self-evaluation (Guay, Marsh, & Boivin, 2003). Investigations about its relationship with the well-being, however, have shown a positive association with life satisfaction, proving to be an important predictor of positive affect and less negative affect (Crede, Wirthwein, McElvany, & Steinmayr, 2015; Lv et al., 2016; Suldo, Shaffer, & Riley, 2008).

The social aspects of self-concept can be analysed from the perspective of the family and peers. In the first case, the quality of family relationships has proved to be an important factor for the construction of self-concept in children and adolescents (Peixoto, 2004). It has also been shown as a relevant factor for the wellbeing of this population (Chang, McBride-Chang, Stewart, & Au, 2003; Sastre & Ferrière, 2000; Tomé, Camacho, Matos, & Simões, 2015).

Peer relationships, however, contribute to self-concept as children and adolescents perceive themselves to be socially accepted (Dunstan & Nieuwoudt, 1994). In this sense, social acceptance has also been directly associated with life satisfaction and positive affect (Nunes et al., 2016) and identified as a mediator between subjective wellbeing, social support at school and academic competence (Tian, Zhao, & Huebner, 2015).

Studies that focus on the evaluative dimension of self-concept, self-esteem, are even more expressive in the literature. It is generally believed that self-esteem has an important impact on happiness (Baumeister, Campbell, Krueger, & Vohs, 2003; Cheng & Furnham, 2003) and life satisfaction (Moksnes & Espnes, 2013). Self-esteem is an important factor for maintaining psychological health and wellbeing, as well as positive functioning in adolescence (Birkeland, Melkevik, Holsen, & Wold, 2012; Boden, Fergusson, & Horwood, 2008; Orth, Robins, & Widaman, 2012). Individuals with high self-esteem tend to show better adjustment in relation to challenges and adversities, which may promote subjective wellbeing (Boden et al., 2008).

Considering the contributions of purpose in life to self-concept, Chui and Wong (2016) conducted a study evaluating the relationship of adolescents' wellbeing with self-esteem and purpose in life. Both have high explanatory power on happiness and life satisfaction. Bronk, Hill, Lapsley, Talib, and Finch (2009), however, were concerned with investigating how this relationship behaves throughout life. The authors found that both having identified a purpose in life and to be searching for one are associated with greater life satisfaction in adolescence.

Given the relevance of self-concept for wellbeing, it is important to conduct interventions on the topic. In this sense, O'Mara, Marsh, Craven, and Debus (2006) emphasized that interventions that act on specific dimensions of self-concept are more effective than those that approach it as a global assessment, since they set specific objectives for each dimension and thus evaluation can also be done more precisely.

15.2 Intervention on Self-Concept and Purpose in Life

The intervention presented in this chapter is part of the project described in Chap. 10, developed by the Research Group on Community Psychology (GPPC) of the Federal University of Rio Grande do Sul (UFRGS) with the intention of promoting wellbeing in children. After working on issues such as environment and community, rights, leisure and technology and interpersonal relationships, the fifth and final module focuses on the individual characteristics of the participants. As previously described (see Chap. 10), a total of 100 children aged 10–14 years old ($M = 12.18$, $SD = 1.39$) from two public schools of a south Brazilian city participated in the study, of whom 50.7% were male. They were divided into two groups according to the pre-test results for wellbeing rates: the ones with lower rates were allocated in the experimental group ($n = 48$) and those with higher rates in the control group ($n = 52$). The team that conducted the modules was comprised of GPPC psychologists and researchers. There was one mediator to coordinate the intervention and at least four more team members present at each meeting.

The general objective of this module is to promote wellbeing through reflection on self-concept and life purpose. The children's wellbeing indicators were chosen based on a literature review, which was partly presented in the introduction of this chapter and, from them, specific objectives and intervention activities were defined, as shown in Table 15.1. This table also includes the methods of evaluation used, which will indicate if the objectives defined for the module were achieved and to what extent.

15.2.1 Activity Planning

The module of self-concept and purpose in life is the last to be performed. For this reason, a review of the week's activities seeking to recall the topics and key aspects worked in the previous modules is made. After this initial review, the topic and purpose of this module is presented, emphasizing to the participants that after addressing different aspects of the reality in which they live, it is time for them to be the

Table 15.1 Indicators, specific objectives, activities and methods of evaluation

Wellbeing indicators	Specific objectives	Activities	Evaluation
1 Physical, social, family and academic self-concept	1.1 To promote self-concept in its physical, social, academic and family dimensions	Body drawing;	Questionnaire (items);
		How my teachers and family see me	Field diary;
			Body drawing;
		How my teachers and family see me	
2 Purpose in life	2.1 To foster reflection on purpose in life	Timeline	Field diary;
			Timeline

focus of the intervention. In order to achieve the objectives of the module, three activities are planned. The first activity addresses physical and social self-concept, the second, family and academic self-concept and, the last, purpose in life.

15.2.1.1 Body Drawing

This is a two-step activity. Initially in pairs, each participant has the silhouette of their body drawn in full size. Once the two participants accomplish this task, each shall draw or colour some of their physical characteristics in their own drawing. Here they are encouraged to think about aspects that identify and characterise them. Afterwards, they are asked to write additional characteristics about themselves, other than physical ones, considering aspects that stand out, or how they would describe themselves to someone (with emphasis on positive aspects).

In the second step, they are asked to discuss in pairs about the drawings and the characteristics they have written down. Then, participants are asked to introduce each other to the rest of the group using information obtained in the drawing and dialogue. At the end of the task, questions are asked to stimulate the participants' reflection on what it was like to think about themselves, their qualities and limitations, as well as the experience of listening to other people talking about themselves. They are also encouraged to reflect on how their characteristics are perceived by the people with whom they relate, especially classmates and friends, and how these characteristics can help or harm these relationships.

15.2.1.2 How My Teachers and Family See Me

In the second activity, each participant is asked to answer the following questions on a sheet of paper: "how does my family think I am?" and "how do my teachers think I am?". The mediator asks them to answer only what they really believe to be the true opinion of their family and teachers, and not the way in which they would like to be seen by them. As in the previous activity they are encouraged to list positive characteristics about themselves.

After completing the exercise individually, participants are invited to share their answers with the others. During the discussion, especially if there are negative opinions, the participants are questioned about the veracity of those perceptions, how they feel about them and what they can do to change it, if they wish to do so.

15.2.1.3 Timeline

In the last activity of the module and, therefore, of the intervention program, participants are encouraged to reflect on the story of their lives, the present moment and future plans. Participants are given a sheet of paper with three columns, "past", "present" and "future". In the first column (past) they must write important

memories of their lives, facts of the past that marked their memory. In the middle column (present), they are encouraged to describe their current living conditions, their habits and the people whom they value. Finally, in the last column (future) participants are asked to write about how they would like their life to be when they reach the age of 21.

When they complete the three columns, they are asked about what they need to do to achieve their goals and what they could begin to change at the present moment in order to contribute to it. To end the activity and the module, participants are emboldened to cultivate their qualities and potential, and to pursue their goals.

15.2.2 Application of the Post-intervention Assessment Questionnaire (Post-test)

To close the intervention, each participant is thanked by the research team and invited to share how they felt during the week. Then, participants of the experimental and control groups answer the intervention evaluation questionnaire.

15.3 Evaluation of the Intervention

Once the activities planned for the module on self-concept and purpose in life have been described, the evaluation will be presented, both qualitatively and quantitatively.

15.3.1 Evaluating the Process

The evaluation of the process consists of the qualitative analysis of the materials produced in the module activities and field diary records (Frizzo, 2008). The techniques used to perform such analyses were categorical analysis and content analysis (Bardin, 1977/2011).

15.3.1.1 Body Drawing

Field diary records showed that the development of the activity was quite different in the two schools. School 1 participants quickly divided themselves in pairs and spread around the room. In general the participants were interested and curious about the activity, despite constant laughter about the outcome of their classmates' drawings. Most of them followed the guidelines of drawing physical characteristics

and the girls paid more attention to detail. Participants showed considerable difficulty in writing additional personal characteristics, and there was little variation of adjectives, even with encouragement and help from the team.

In the second part of the activity, many participants complained about having to introduce their partner to the rest of the group. Although they were told to focus on positive qualities, most began their description with negative characteristics. Among the positive qualities used were “studious”, “calm”, “cool”, “friend”, “does not fight”, “does nothing wrong”. When confronted about the difficulty in describing classmates, they said it was easier to think of negative rather than positive characteristics.

At School 2, the physical space for carrying out the activity was limited and it was necessary to use external spaces. Therefore, part of the group was exposed to the interference of the weather (intense cold and wind) and the other to interference of other students circulating through space, causing dispersion and resistance to completing the activity. Furthermore, there were episodes of conflict between participants, with mockery about the drawings and even physical aggressions. For this reason, coupled with the difficulty of many participants in completing the task, the team chose not to continue to the second step of the activity.

When asked about how they felt during the activity, most participants reported that it was very difficult to think and talk about themselves, and instead it was easier to talk about others. Just as with School 1, the team emphasized the importance of each participant reflecting on who they are, especially on their potential, and at the same time think about the things they would change. At this time, the group was quite participative.

15.3.1.2 How My Teachers and Family See Me

Field diary reports of School 1 show that even before starting the task, as the mediator explained the instructions, some participants spontaneously commented the way these people (teachers and families) saw them was very different. The topic continued to be discussed during the activity, with greater emphasis on the different views about them within their own families.

School 2 participants would not speak to the larger group. In this case, reflection on the answers was stimulated, whether positive or negative, and whether there were differences between the views of the teachers and families about them.

Table 15.2 presents participants’ answers to the activity, which were classified into positive and negative characteristics. Additionally, the answers were grouped according to categories, such as academic (e.g., intelligent/smart, studious, dumb, a poor student), emotional (e.g., calm, cheerful, happy, agitated, quarrelsome), social (e.g., cool, funny, caring, annoying, troublemaker) and physical (e.g., handsome/beautiful).

School 1 participants each cited up to four positive characteristics seen by teachers, while School 2 participants each cited up to nine. As to the characteristics seen by their family, School 1 participants cited up to four positive characteristics and

Table 15.2 View of the teachers and family according to participants

School 1		
View of the teachers	Positive	Beautiful/handsome; calm, cheerful; cool, funny, nice, caring, loving, good friend; intelligent/smart, studious; sporty
	Negative	Quiet/closed, disillusioned, restless, troubled; shy, does not interact, annoying, irritating, chatty, troublemaker; troll (slang)
View of the family	Positive	Cheerful, happy; cool, playful, funny; caring/loving; friend; intelligent/smart, studious; drawer, gamer
	Negative	Quiet, immature/childish, opinionless, troubled, radical; idiot; annoying, shy, restless, talkative, hard to manage, irritating, whiny; guilty of everything; computer addict
School 2		
View of the teachers	Positive	Beautiful/handsome; calm, cheerful, happy, positive; does the class assignments; cool, funny, fun, playful, talkative; nice, kind, cooperative, beloved, friendly, considerate, does not bother/well-behaved/obedient, does not talk dirty, polite, respects the teacher; intelligent/smart/clever, studious; creative; he/she has a future
	Negative	Quiet, disorganised, mischievous, nervous/stressed; annoying, loud, irritating, impolite, quarrelsome, rude, whiny, ill-bred/bad-mannered, talks a lot, a bad student
View of the family	Positive	Beautiful/handsome; quiet, cheerful, happy, homey; nice, talkative, playful, funny/fun, loved, caring, affectionate, good-hearted, friendly, mate, cooperative, respectful, polite, obedient, a good son/daughter/good boy/girl, does not bother; intelligent/smart, studious, hardworking, does the assignments; creative; good at soccer; I will succeed
	Negative	Glutton/overeater, sleepy, restless; sly, does nothing good; idiot; annoying/irritating, troublemaker, mischievous (talks too much in class), irritated, annoying, quarrelsome, loud, bothersome; dumb; only wants to spend money, stays out on the street in the cold; is secretly dating

School 2 participants up to seven. Of the sum of all characteristics that School 1 participants attributed to the view of the teachers, 56% are positive, while this proportion increases to 67% in School 2. As for the characteristics participants attributed to the view of the family, the percentage of positive characteristics is 52.8% in School 1 and 69% in School 2.

Despite the variability of characteristics cited by the participants, the positive attribute that was more often repeated in School 1, be it according to the view of the teachers or the family, is “cool”, while the negative characteristic was “annoying”. As for the positive attribute related to teachers and family in School 2 was “smart”, and the negative, just as in School 1, was “annoying”, both in the view of the teachers and the family. Considering the variability of the characteristics in each dimension of self-concept, physical attributes were rarely mentioned, and only through the view of the teachers, not the family. On the other hand, we found that different social attributes were cited by the participants, both in the view of the teachers and

the family. In analysing the individual responses of the participants, we observed that some failed to mention any positive characteristic, mentioning only negative ones.

15.3.1.3 Timeline

Field diary records show that the development of this activity was quite similar in both schools. Participants completed “past”, “present” and “future” columns with ease and attention. With the encouragement of the team in a more individualised manner, participants were able to enrich the content of the answers. The space reserved for the past was the least used by the children. The team did not insist on participants completing this column (if it was empty), as it had prior knowledge of the difficulties the people of the neighbourhood had in the recent past, such as fires and floods (specially where School 2 was located). When asked to reflect upon the activity in the larger group, few of them participated. Most of them pointed out, however, that the future was the easiest column to complete.

Content analysis was used to analyse participants’ answers on “past”, “present” and “future”. The important events that happened in the lives of participants (“past”) were grouped into five categories. The first category, *Life events* consists of positive and negative events. Positive events refer to one’s birth or birthday party; events of religious or spiritual character, such as learning about God, receiving the first eucharist and baptising a godchild; achievements of personal (specially sports) and academic nature or those related to the development of skills such as “*when I was promoted to blue belt in judo*”, or even joining a football team, winning the school’s football tournament, learning to play ping pong or to ride a bike, completing a course; family events, such as having been adopted and having a family, moving back in with their mother or meeting an uncle; receiving significant gifts (video-game, skateboard, bicycle, mobile phone) or a pet (“*It was lonely at home and I got it [dog] for my birthday*”); and finally, emotional experiences, such as their first kiss and dating. Negative events are related to the occurrence of traumatic events (loss of home due to fire, flood) and incidents with injuries (“when I got stitches on my eyebrow”).

The second category related to the past was called *Pleasure activities*, such as going to the favourite team’s football stadium for the first time, visiting or travelling to important/memorable places, accompanied by friends or family. The third category, *Family events*, includes the birth of siblings, attending memorable parties and family gatherings, and their parents being present in their lives. Also included in this category are serious illnesses or the death of loved ones (mother, grandparents, aunt/uncle). The fourth category, *Friendships*, refers to making or being with friends, to the moment they met people who are currently their best friends and to memories of childhood friends. Finally, the fifth category, *School*, refers to events such as adapting to day care, starting at a new school, the first day of first grade, passing the school year (“*in the last few weeks she [the teacher] wanted to flunk me but I passed, and I remember it to this day*”), a remarkable teacher.

The answers referring to *how my life is today* (“present”) were grouped into seven categories. The first one, *Life satisfaction*, includes answers in which participants affirm that the life they lead is good, peaceful, and that they feel happy and have fun. Some answers indicate that they feel cared for and have their basic needs met (housing, food, appropriate clothing), as well as getting what they want (material aspects). There was also an answer that drew attention as it demonstrated the capacity to overcome difficulties (“*[Life’s] good, very good to tell you the truth. And this is because we had to move [house] because of a fire*”).

The other categories grouped responses that somehow illustrate and justify the fact that the participants feel satisfied with their life in the present moment, considering their habits, the presence of important people in their life and the things they value most. The second category, *Family, emotional and social relationships*, was divided into three subcategories. The subcategory *Family* includes answers that address living with family members (parents, siblings, grandparents, nephews) and family unity. The subcategory *Dating* refers to the value assigned to their boyfriend/girlfriend, while the subcategory *Friends* relates to having and being with friends, which indicates that this makes them feel good, have fun and learn new things, such as playing on the internet. One participant also mentioned her contacts on social networks and interaction with fellow Boy Scout group members.

The third category relates to *Everyday activities*. They are references to the activities that they like to do on a daily basis, such as playing outside, playing football, playing video games and playing on the internet. The fourth category, *Material aspects*, relates to the opportunity of having toys, clothes, electronic equipment, and even a home. In the fifth category, *Pets*, responses referring to the presence of pets in the daily lives of participants were grouped, while the sixth category, *Autonomy*, reflects satisfaction of being home alone, doing household chores such as cooking. Finally, the seventh category, *School*, includes the importance attributed to attending school, having the opportunity to study and being welcomed at school.

Finally, the analysis of the responses to question *how would I like to be at 21 years old* (“future”) led to the definition of seven categories. The first, *Personal expectations*, included aspects related to personal characteristics, such as being a hard worker and a “fighter”, or physical, referring to personal appearance, such as a change in haircut, a change in their style, losing weight and the desire to be beautiful. This last answer was given by the girls, using a friend or classmate as an example (“*I want to be beautiful like So-and-So*”).

The second category, *Work and profession*, on the one hand refers to future expectations about working, being a worker or having a good job. On the other, refers to expectations of having a defined profession, such as creating computer games, being a professional skateboarder or a football player, being a makeup artist and nail technician, confectioner, youtuber, drawer, writer, singer, travel blogger. More traditional professions were also cited such as scientists, doctors, engineers, lawyers and teachers. Another professional alternative is to become a civilian or military police officer, or even an army soldier. The third category, *Studies*, is in some ways tied to expectations of having a profession. Participants said they intend to keep studying, to study hard, to go to college (to study Law, Literature,

Architecture, Veterinary), to study English, or to take other courses to be a make-up artist, a nail technician, a designer, a cook.

The fourth category called *Family* includes the subcategory *Having my own family* and *Interrelating with the family of origin*. The first subcategory relates to expectations of getting married and having children, and the second includes answers in which participants say they want to be living with the mother, or parents, or grandmothers, and being close to, or caring for, or providing a good life to the people [family members] they love.

The fifth category, *Housing Changes*, refers to answers in which the participants see themselves living in their hometown, in other cities of the country, as well as abroad, mainly in the United States. There was also report of a participant who intends to live alone. The sixth category, *Financial and material achievements* includes responses where participants claim that at 21 years old they want to be rich, living well, as well as having a car, a motorcycle, a home [lots of furniture] and a garage. One last category called *Diverse Expectations* brings together varied responses, such as “*playing with friends*”, “*travelling*”, “*being fluent in English*”, “*caring for stray dogs*” and “*being lively, organised, peaceful and happy*”.

Regarding how they imagine they will achieve their future plans and goals, most claim that they will do so by studying and leading their lives the way they have been doing. They believe that if they follow their current path, they will be able to achieve their goals.

15.3.2 *Evaluating the Effect and Impact of the Intervention*

In order to quantitatively evaluate self-concept of the children, five items were elaborated, one of the items as an overall evaluation and the other four referring to different dimensions. The items were created considering the relationship of self-concept with self-esteem (Garaigordobil et al., 2008). Thus, they referred to how much the children liked themselves. They were measured by an 11-point Likert scale indicating their agreement with the statements, where 0 = strongly disagree and 10 = strongly agree. The evaluation was done at three time points: pre-test (before the intervention), post-test (at the end of week of the intervention) and follow up (1 month after the intervention).

Purpose in life was not assessed quantitatively. It was understood that the intervention proposal focused on reflection on the topic, not aiming for participants to have a well-designed purpose in life by the end of the activity. Thus, the evaluation of this indicator was only qualitative.

To evaluate the *intervention effect*, it is important to verify if it had the effect in the desired direction after its conclusion. Therefore, analysis of variance for repeated-measures (ANOVA-RM) was performed within the groups to assess the effect of the intervention, verifying if there was significant increase in self-concept of participants in the experimental group.

Table 15.3 Descriptive statistics and multivariate tests

Self-concept items	Mean (SD)	Mean (SD)	Mean (SD)	Wilks' lambda	F ^a
	Pre	Post	Follow-up		
1. I like the way I am with my body	8.76 (2.39)	8.45 (2.58)	8.95 (2.01)	.932	1.304
2. I like the way I am as a student	8.34 (2.59)	8.42 (2.41)	8.26 (2.58)	.997	0.048
3. I like the way I am as a friend	8.97 (1.68)	8.82 (2.19)	8.87 (1.86)	.996	0.078
4. I like the way I am as a child (son/daughter)	8.82 (2.03)	8.89 (1.60)	8.58 (2.33)	.983	0.316
5. I like the way I am in general	8.66 (2.32)	9.05 (1.93)	8.92 (2.04)	.972	0.514

^aNo difference was significant

Table 15.4 Difference in differences regression

Independent variables	Coefficient	Standard error	Sig.
Program impact (1 week)	0.28	(0.50)	
Program impact (1 month)	0.21	(0.53)	
Time (1 week)	-0.26	(0.37)	
Time (1 month)	-0.22	(0.39)	
Intervention group	-0.43	(0.37)	
School	0.57	(0.25)	*
Sex	-0.33	(0.23)	
Age	0.06	(0.08)	
Constant	8.03	(1.41)	**
Participants	73		
Observations	219		
R-squared	0.06		

Dependent Variable: Self-concept. Significance: 95%*, 99%**

As shown in Table 15.3, the items of academic, family and overall self-concept showed an increase in the average in post-test, but decreased at follow-up. However, the items of physical and social self-concept showed a decrease after the intervention, but increased at follow-up. None of the differences, however, were statistically significant.

In order to evaluate the impact of intervention on self-concept by comparing the experimental group to the control group, a difference in differences regression analysis was conducted. This procedure was previously explained in Chap. 11 and the results are presented in Table 15.4. Only one variable was statistically significant, and that was the school participants attended. With a coefficient of 0.57, this indicated that students of School 1 had higher self-concept averages than those of School 2. The other variables were not significant.

The variable “intervention group” showed that the average of the self-concept items was -0.43 points below that of the control group at baseline. The variables “time (1 week)” and “time (1 month)” estimated what would happen to the average of self-concept items of all children if there was no intervention. They showed that, all else constant, the averages were -0.26 and -0.22 below those at baseline, that is, we would expect that the average of all children to be -0.26 (1 week) and -0.22 (1 month) points lower, due to factors that would have affected everyone equally.

The variables “program impact (1 week)” and “program impact (1 month)” estimated that the intervention increased the self-concept scores of children in the experimental group in 0.28 points at post-test and 0.21 points at follow up, although not statistically significant. The independent variables considered in the analysis, besides those mentioned so far, were sex and age. All together the variables were able to explain 6% of the variance in the averages of self-concept items at pre-test, post-test and follow-up.

15.4 Discussion

15.4.1 *Body Drawing*

This activity sought to intervene on physical and social self-concept. The intention was that participants could identify positive characteristics of their own body and their roles as friends, thus having a more favourable perception of themselves. The evaluation of the process revealed difficulties in finding their own positive qualities, as well as those of their classmates. Instead, they found it easier to cite negative characteristics. There was some resistance to doing the activity, especially when they had to introduce each other to the larger group. It was expected that such facts could bring discomfort to participants, which was made evident by the quantitative results of the indicators. The decrease in levels of physical and social self-concept, although not statistically significant, corroborated the findings of the qualitative analysis.

The initial phase of adolescence coincides with puberty, a time of development in which body changes occur intensely and may cause concern. Anatomical and physiological changes, comparisons made to other adolescents and feelings that emerge from this new body awareness need to be integrated throughout their development (Ferreira, 2003a). It is understandable that this confusion, which is common at this stage, was evident in the participants of the intervention in the reluctance to think about oneself and to identify one's qualities. They found it difficult to think about their body because, in a way, it was strange to them.

Another characteristic of adolescence is the relationship with peers, when in search of their identity the subjects submit to group rules on clothing, customs and preferences (Ferreira, 2003b). As they performed the activity, the participants began to face the mockery of peers. Both the outcome of the drawing as well as the

characteristics cited by each participant was often made fun of. Therefore, together with the concern on the physical changes, there was the threat of non-acceptance, because they perceived the risk of being rejected and not belonging to the group due to having different characteristics.

As physical self-concept is related to appearance and physical competence, and social self-concept relates to social acceptance (Shavelson et al., 1976), it became evident that the activity did not allow the objectives to be achieved. This hypothesis was confirmed by decreased levels of self-concept in these dimensions soon after the intervention. However, it should be noted that this assessment was done on the same day that the module was applied. In the follow-up evaluation, an increase in these indicators could be identified again, suggesting that the effect of the discomfort caused by the activity did not last.

15.4.2 How My Teachers and Family See Me

The activity intended to intervene on family and academic self-concept. The aim was that each participant could identify positive characteristics that they present in their role as a child (son/daughter), sibling and student. The evaluation of the process pointed to a certain difficulty of the participants in separating these roles and, once again, in thinking about themselves in a positive manner. Most of the characteristics mentioned referred sociability, which was expected within the family, but not in the academic context.

As mentioned earlier, the hierarchical model of self-concept presents at the top of the hierarchy a global perception about itself and, at lower levels, the different dimensions (Shavelson et al., 1976). The role theory, however, assumes that in each specific moment and situation, individuals assume a form of functioning. Thus, they eventually take on different roles according to the context in which they are inserted, such as professional, family, emotional, institutional, etc. (Gonçalves, Wolff, & Almeida, 1988).

Articulating these two perspectives, one might think that the different roles give rise to different dimensions of self-concept. That is, for children to assess themselves in different areas of self-concept, they need to realise that they function differently according to the environment in which they are inserted. In the material produced during the activity, the participants described themselves very similarly in both situations (familiar and academic), which indicates a struggle in differentiating the roles. However, in the group discussion about the activity, they were able to recognise that people have different views of them, which means they were beginning to realise the various roles they play.

Another indication that this differentiation was beginning to occur was found in the variability of characteristics used by the participants. Although they did not distinguish between their role as children or as students, it was possible to group the characteristics mentioned by them according to the various dimensions of self-concept. That is, as they described themselves in the family role, they used emotional,

social and academic characteristics, and the same was observed in the scholar context. As this tendency to specify the roles was not consolidated among the participants, they maintained more global perceptions about themselves, which is characteristic of higher levels of the hierarchical model and, therefore, more difficult to be accessed in the intervention (Shavelson et al., 1976). Positive quantitative results, although not significant, corroborate this idea as they suggest a greater increase in the global assessment of self-concept compared to the other dimensions.

For Shavelson et al. (1976) the academic dimension is subdivided according to the curricular subjects. What was observed in this activity, however, was the reference to characteristics of performance and competence, more consistent with the model proposed by Song and Hattie (1985). Furthermore, even in this context, most characteristics cited by participants referred to relational aspects, pointing once again to the relevance of interpersonal relationships for the development of self-concept (Chen et al., 2006).

Finally, it should be noted that some participants were unable to cite any positive quality about themselves, in both contexts addressed in the activity. This difficulty, which was exacerbated in these few cases, was observed in the majority of participants in lesser intensity. These data once again pointed to a resistance to look at themselves positively, confirming the non-significant quantitative results for all indicators of self-concept. This can be explained by an argument of Arpini and Quintana (2003) who state that the processes of marginalisation and discrimination to which the most vulnerable populations are submitted, in which they perceive that society disqualifies them and considers them undesirable, make it difficult to construct positive representations of themselves.

15.4.3 *Timeline*

Carrying out this activity allowed participants to reflect on past events and evaluate their current life situation in addition to thinking about the future. Considering the usual behaviour of restlessness and participants' side conversations, it is worth noting that the team was positively surprised by their engagement in this eminently reflective task.

In general, the analysis of answers relating to the past and the present points to remarkable experiences of positive connotation and the presence of important people throughout their life, especially family and friends, although in some cases they also mentioned teachers. The content of the answers, according to the different categories of past and present, indicates that the participants recognise the importance of family and school environments in providing a diversity of experiences that promote satisfaction, learning and skills development. Thus, the analysis of the answers that refer to the future, which were generally optimistic, is consistent with previous experiences. In other words, the qualitative analysis of the results reinforces the relationship between the construction of self-concept – from the experiences of life

and significant others (Shavelson et al., 1976) – and life purpose (Baumeister & Vohs, 2009).

One of the only records of purpose in life that opposes what is being discussed above was the participants' expectations regarding personal appearance. In this activity, just as in the first activity of the module (body drawing), the conflicting relationship they establish with their body and their appearance becomes evident, to the point where their life purpose is focused on changing physical aspects, such as hairstyle or body weight. However, what stands out is the expectation of being beautiful at 21 years old, which suggests that they look to the future for something they believe they currently do not have, which in this case is physical beauty.

This is not the place to judge whether the expectations expressed by the participants related to purpose in life are viable or feasible. At the moment, what should be taken into account is that they exist and can potentially contribute to participants' life satisfaction, since the answers regarding the present clearly demonstrate that they are satisfied with their lives in general. This is an expected result of the intervention based on studies in the area of child wellbeing (Bronk et al., 2009; Chui & Wong, 2016), and it allows us to state that the specific aim of stimulating reflection on purpose in life was achieved.

15.4.4 General Discussion

The only statistically significant variable that influenced levels of self-concept was the school to which the participants attended. Although both schools were public, there were differences between them. School 1 apparently served a population in a less vulnerable situation than School 2, as well as having slightly better infrastructure. The same benefit was noticed in the relationships between the students. Although aggressiveness was often present in interactions in both schools, it was more intensified in School 2. As mentioned previously, the construction of self-concept depends on the interpersonal relationships of each subject (Chen et al., 2006) and also on the social context (Arpini & Quintana, 2003). Therefore, this may explain why attending School 1 favoured the participants' self-concept.

In terms of the impact of the intervention, the results were not significant. However, they indicate that there was an increase in the levels of self-concept at post-test and follow-up in relation to pre-test. The evaluation of the process exposed some of the obstacles encountered throughout the module. The lack of physical space and the difficulty in controlling participants' restlessness to carry out activities that required greater introspection, for example, are factors that may have influenced the outcome. However, the small increase achieved may be an indication that this is the way towards significant changes: a planned intervention to act on specific dimensions of self-concept, corroborating the study of O'Mara et al. (2006) on the effectiveness of interventions on this topic.

15.5 Final Considerations

This chapter presented an intervention on self-concept and purpose in life that is relevant due to the importance of these aspects for the wellbeing of children and adolescents. Through activities designed to promote self-concept in its physical, family, social and academic dimensions and stimulate reflection on purpose in life, the ultimate goal was to promote the wellbeing of the participants.

Through evaluating the process, it was possible to identify children's difficulty in thinking about themselves in a positive manner, especially about their physical appearance. As regards purpose in life, they were able to reflect on the story of their lives and think about the future they seek in the professional, personal, relational and financial dimensions.

Quantitative results showed a tendency to increase self-concept, although the analysis was not statistically significant. Nevertheless, results indicated that intervening specifically on the different dimensions of self-concept can be an effective way to intervene on this subject.

Among the limitations found in this intervention, what stood out the most were the obstacles in accomplishing the body drawing activity, which included aspects of school infrastructure and participants' motivation. Such setbacks significantly impaired the evaluation of the activity as many participants did not complete it.

Furthermore, the module took place in one afternoon period, that is, it was a brief intervention on self-concept. As this is a more constant aspect, related to children's identities, more time is required to develop the issues addressed during the activities.

For future interventions, it is suggested that the monitoring should be done in longer periods, with more time for internalising the contents discussed. This would also enable participants to develop closer bonds between themselves, thus creating an environment of greater emotional security for sharing their strengths and weaknesses.

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