



## A cross-cultural exploration of children's perceptions of wellbeing: Understanding protective and risk factors<sup>☆</sup>



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### ABSTRACT

There is a growing body of literature on children's wellbeing. However, historically, focus has been on adults' perspectives, leading to adult-centric views of wellbeing. Although recent years have witnessed an increase in researchers eliciting children's perspectives, it is not clear whether children's perceptions of wellbeing are universal, or whether they are culturally distinct. This study sought to explore children's perceptions of wellbeing across Wales and the Czech Republic. Semi-structured interviews were conducted with 53 children aged 9–12 years and analysed via thematic analysis. The results revealed similarities in the perceptions of children in Wales and Czech Republic, with children in both cultures drawing on risk and protective factors that children believe impacts on their wellbeing. Risk factors include disrupted family relationships, peer difficulties, and anxiety, while protective factors include positive parent-child relationships, meaningful friendships, and effective coping strategies. This paper suggests that warm parent-child and child-peer interactions contribute to children's positive socioemotional functioning.

### 1. Introduction

Wellbeing is a complex multi-faceted construct, which refers to a variety of factors, including mental, physical and psychological health (Dodge, Daly, Huyton, & Sanders, 2012). Several theories have been proposed to define wellbeing such as Diener (1984) tripartite model of subjective wellbeing and Ryff (1989) multi-dimensional model of psychological wellbeing. According to Diener (1984), happiness consists of three separate components, including life satisfaction (LS), positive affect (PA), and negative affect (NA). Meanwhile, Ryff (1989) proposed that mere happiness is not enough to outline wellbeing. Instead, she argued that positive functioning is constituted by six domains, namely: (i) autonomy, (ii) environmental mastery, (iii) personal growth, (iv) positive relations with others, (v) purpose in life, and (vi) self-acceptance (Ryff, 1989). These models of wellbeing have gained much interest, with many studies published on this topic since the 1980s. However, there is, as yet, no universally agreed definition of children's wellbeing. There is, nonetheless, some agreement within the context of childhood wellbeing, that positive wellbeing forms the foundation of development and future functioning (Layard, Clark, Cornaglia, Powdthavee, & Vernoit, 2014), with research suggesting that happiness,

satisfaction and quality of life are the components of overall wellbeing (Statham & Chase, 2010).

Measuring and monitoring children's wellbeing has amassed greater interest since the advent of the UN Convention of the Rights of the Child (United Nations, 1989), which stresses the importance of children's rights. Although it more widely recognised amongst researchers that children have a perspective of what wellbeing means to them, historically children were not given opportunities to voice their perspective. Instead, proxy reports have been used to understand and conceptualise children's wellbeing (Ben-Arieh, 2006) and, in turn, inform policy. Children's own views are crucial to understanding their world and the aspects that contribute to their positive socioemotional functioning (Kellest, 2005). It is, therefore, important for children to be approached as social and active participants in research (Ben-Arieh, Casas, Frønes, & Korbin, 2014; Fattore, Fegter, & Hunner-Kreisel, 2019; Fattore, Mason, & Watson, 2007, 2009; Kellest, 2005), as opposed to relying on and adult-centric views. Children are, in essence, experts in their own lives and their voices must be heard, in order to capture the richness of their wellbeing experiences (Fattore, Mason, & Watson, 2009). This notion led to two global quantitative and qualitative child-centred multinational surveys, including the *Children's World Survey* (Ben-

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Arieh, Rees, & Dinisman, 2017) and the *Children's Understanding of Well-Being – Global and Local Contexts (CUWB; Fattore et al., 2019; McAuley, 2019)*.

The *Children's World Survey* indicates that the self-reported levels of children's subjective wellbeing are shaped by material conditions (Uyan-Semerci, Erdoğan, Akkan, Müderrisoğlu, & Karatay, 2017), deprivation and family type, e.g. living with/without the family (Crous, 2017). Other domains of children's subjective wellbeing include, for example, risk and safety, health, and social relationships (Uyan-Semerci et al., 2017). Additional sources of children's subjective wellbeing account for family structure (Dinisman, Andresen, Montserrat, Strózik, & Strózik, 2017), school contexts (i.e. liking school and feeling safe in school vs. experiences of bullying; Bradshaw, Crous, Rees, & Turner, 2017; Kutsar & Kasearu, 2017), and the less commonly researched religious cultures (Kosher & Ben-Arieh, 2017). Gender differences have been also acknowledged in the self-reports of children's subjective wellbeing, often favouring boys in areas of satisfaction with self (Uyan-Semerci et al., 2017). Yet, when evaluating their subjective wellbeing, girls often rely on social relationships, whereas boys tend to judge wellbeing based on their perceived academic achievement (Kaye-Tzadok, Kim, & Main, 2017).

The efforts to measure and compare children's subjective wellbeing across different cultures resulted in the development of a health-related quality of life (HRQoL) instrument: the KIDSCREEN (Ravens-Sieberer et al., 2014). Many cross-cultural studies show that children and adolescents with low socioeconomic status (SES) report lower levels of subjective wellbeing and life satisfaction (e.g. Bradshaw, Keung, Rees, & Goswami, 2011; Crous, 2017; Erhart, Ottova, & Gaspar, 2009; Ravens-Sieberer et al., 2013; Ravens-Sieberer & Klasen, 2012; Uyan-Semerci et al., 2017). The association between low SES and decreased HRQoL has been collectively evidenced across various European countries (e.g. Mazur, Malkowska-Szkutnik, & Tabak, 2014; Nik, Shaeri, & Nainian, 2013). For example, parents of Czech children aged 6–17 years reported lower mean scores on KIDSCREEN-10 than British and Irish children, which mimicked the countries' GDP (Ravens-Sieberer et al., 2013).

McAuley (2019) analysed responses of a culturally and socio-economically diverse sample ( $N = 92$ ), which was part of the CUWB study. The sample consisted of 11 years old children with White British origin as well as children of predominantly Pakistani, Bangladeshi and Indian ethnic backgrounds. It was found that all children considered relationships with parents as key to their wellbeing. These relationships were underpinned by love, affection, constant support, encouragement, and protection and resulted in trust and security. Positive relationships with friends were the second most frequently identified factor of wellbeing. In their responses, children also identified the importance of grandparent figures, particularly the affection, love and encouragement that they provided. Pet-related activities and companionship with pets that were often regarded as part of their family, were also identified as key to children's wellbeing. Although some differences were reported across the sociocultural contexts (e.g. places and opportunities for travel, holidays, and possessions), close relationships particularly with parents and grandparents, as well as relationships with friends, were all identified as key factors to children's wellbeing, regardless of their family size, ethnic and sociocultural backgrounds (McAuley, 2019).

These findings concur with qualitative studies on children and adolescents of European origin (Brockevelt, Cerny, Newland, & Lawler, 2019; Exenberger, Banzer, Christy, Höfer, & Juen, 2019; Navarro et al., 2017), in addition to findings in the U.S. (Newland, DeCino, Mourlam, & Strouse, 2019), and developing countries, such as Vietnam, Ethiopia, and Peru and India (Crivello, Camfield, & Woodhead, 2009). Hence, the support of family and friends is commonly reported as being at the heart of children's day-to-day functioning across all social and national contexts around the world.

A strong body of literature supports universal factors that span cultural boundaries, including positive social child-parent and child-

peer relationships. There is, however, growing research in the area regarding how children actually understand their own wellbeing, which may be socially and culturally defined (Ben-Arieh et al., 2014; Bronfenbrenner, 1979, 1994; Vygotsky, 1976, 1978). The meaning of wellbeing may differ across cultures, depending on social values, economic backgrounds and different parental approaches, all of which are embedded within the child's sociocultural context (Bradshaw & Rees, 2017; Bronfenbrenner, 1979, 1994; UNICEF, 2016).

The present study aims to add to the existing growing body of literature by exploring children's own perceptions of wellbeing. This study focuses on Welsh and Czech cultures, in order to explore the sociocultural context of wellbeing. Children in these two countries live in historically, politically and economically distinct environments, which may reflect different parenting approaches (e.g. authoritative vs. authoritarian parenting) utilised within each country (Tulviste & Ahtonen, 2007). Thus, culture is an important factor, which needs to be considered when investigating children's conceptualisations and meaning of wellbeing. This paper addresses the following research question: *How do children perceive and conceptualise their wellbeing?*

## 2. Methodology

### 2.1. Participants

53 children participated in this study and either resided in South Wales ( $N = 26$ ) or Czech Republic ( $N = 26$ ). Participants were aged 9–12 years ( $M = 10.2$  years). 19 children from the sample (35.8%) were residing in a traditional family environment while 34 resided in non-traditional family environments (as illustrated in Table 1). 85% of participants' parents (i.e. at least one parent) were employed, with unskilled or skilled trade being the most common occupations. Participants were recruited using convenience and purposive sampling. The study targeted Welsh and Czech primary schools that: (i) were ready and available to partake in the research via contacts of the researcher, supervisors, teachers and head teachers, and (ii) contained Year 5 (Y5) and Year 6 (Y6) class sizes of at least 20 pupils. 14 of the 16 schools approached to participate responded positively to the request for research and were included in the study ( $N = 7$  Welsh and  $N = 7$  Czech schools). Between 3 and 5 children were interviewed in each school, as part of a larger cross-cultural longitudinal quantitative study. Children were identified based on their family background, aiming to capture a variety of traditional and non-traditional family arrangements.

**Table 1**  
Sample characteristics in numbers and %.

	Welsh		Czech		Total	
	N	%	N	%	N	%
Participants	26	49.05	27	50.05	53	100
Females	11	20.7	18	33.9	29	54.7
Males	15	28.3	9	16.9	24	45.3
Year Group 5	7	26.9	14	51.9	21	39.6
Year Group 6	19	73.1	13	48.1	32	60.4
Traditional Family <sup>1</sup>	9	16.9	10	18.9	19	35.8
Non-traditional Family <sup>2</sup>	17	32.1	17	32.1	34	64.2
Parent Employed <sup>3</sup>	20	76.9	25	92.6	45	84.9
Parent Non-employed	6	23.1	2	7.4	8	15.1

<sup>1</sup> Traditional families were constituted of children whose biological parents were either married ( $N = 10$ ) or cohabiting ( $N = 9$ ).

<sup>2</sup> Non-traditional families included children with cohabiting biological mother and non-biological father ( $N = 10$ ), divorced parents ( $N = 9$ ), single mother families ( $N = 9$ ), and parents who separated ( $N = 6$ ).

<sup>3</sup> Parental employment comprised of elementary occupations ( $N = 8$ ), unskilled trade occupations ( $N = 16$ ), skilled trade occupations ( $N = 13$ ), and professional occupations ( $N = 8$ ).

## 2.2. Design

A qualitative research design was employed, using a semi-structured interview schedule designed by the research team to elicit children's perceptions of wellbeing. This was deemed to be the most effective method of giving children a voice (Kellett, 2005), as active participants, in sharing their understanding of factors that inform their understanding of wellbeing. The interview schedule contained 8 subsets of questions each pertaining to aspects of wellbeing delineated in the existing literature. This included: (i) *general worries* [Chorpita, 2002; e.g. "What sort of things do you think children may worry about?"], (ii) *coping* [Bal, Crombez, Van Oost, & Debourdeaudhuij, 2003; Ryff, 1989; e.g. "When children have worries, what can they do about them?"], (iii) *social support* [Holder & Coleman, 2009; Ryff, 1989; e.g. "Who do you go to when you need someone to listen to you?"], (iv) *child-parent emotional bonds* [Kerns, Abraham, Schlegelmilch, & Morgan, 2007; Ryff, 1989; e.g. "What do children mostly need their Mum/Dad for?"], (v) *problem-solving* [Maybery, Steer, Reupert, & Goodyear, 2009; Ryff, 1989; e.g. "Do you think that children are good at solving problems?"], (vi) *self-esteem* [Holder & Coleman, 2009; Ryff, 1989; e.g. "What are you good at doing?"], (vii) *emotional control* [Windingstad, McCallum, Mee Bell, & Dunn, 2011; Ryff, 1989; e.g. "What can children do if they feel sad/nervous/angry?"] and (viii) *concentration* [Maybery et al., 2009; e.g. "Do you ever get easily distracted?"]. A Dictaphone was used to record all interviews that were then transcribed verbatim.

## 2.3. Procedure

Ethical approval to conduct the study was obtained from the University of South Wales' research ethics committee. Head teachers distributed information sheets and consent forms amongst caregivers of Y5 and Y6 pupils. Consent was sought from caregivers and their children, who volunteered to be interviewed for the present study. All interviews were carried out in a quiet place within the school and children were interviewed in English or Czech by the bilingual primary researcher. The interview schedule was piloted with Welsh children aged 8–11 years, to ensure that the questions were appropriate and comprehensible (Van Teijlingen & Hundley, 2002). Upon interviewing 53 children, data saturation was reached and it was not necessary to interview additional children (i.e. data collection reached a point of informational redundancy; Bowen, 2008; Saunders et al., 2018).

## 2.4. Data analysis

Thematic Analysis (Braun & Clarke, 2006) was undertaken on the 53 interview transcripts, with a mean interview length of 25 min. An inductive approach was employed, due to qualitative research not having 'firm' predictions (Breakwell, Smith, & Wright, 2012). To avoid potential researcher bias and ensure the consistency of identified themes, the methodological decision was taken to employ a second rater, in order to establish the interrater agreement of the qualitative data. The second rater independently verified 20% ( $N = 11$ ) of the interview transcripts. Both coders agreed completely on all key themes that were identified as risk and protective factors. There was however some disagreement about the naming of 40% of sub-themes, specifically lack of parental availability and support; bullying, virtual gaming, death, threat, somatic symptoms, trusting parents, trusting friends, friends' support, and shared experience. Both raters discussed the discrepancies, where the sub-themes were organised and reorganised until consensus was reached and both raters felt that children's responses were represented meaningfully (Nowell, Norris, White, & Moules, 2017).

## 3. Results

Results are presented below using direct verbatim quotations from

**Table 2**  
Overview of themes and sub-themes.

Well-being Factor	Theme	Sub theme
<i>Risk Factors</i>	Disrupted Family Relationships	Lack of family coherence
		Parental conflict
	Peer Difficulties	Lack of parental availability and support
		Lack of parental support at school
<i>Protective Factors</i>	Positive Child-parent Relationships	Instability of friendships
		Peer rejection
	Meaningful Friendships	Bullying
		Loneliness
	Coping strategies	Coping with limited peer relationships
		Relationship concerns
	Anxiety	Death
		Threat
		Somatic symptoms
		Sense of family coherence
Parental availability		
Parental support		
Trusting parents		
Safety		
Anxiety	Trusting friends	Trusting friends
		Friends' support
	Coping strategies	Shared experience
		Active approach
Anxiety	Coping strategies	Distracting mechanisms
		Inactive approach

participants to allow for the voice of participants to be heard within the text, while giving insight to their lived experiences (Erlandson, Harris, Skipper, & Allen, 1993). Welsh children's responses presented below remain unchanged; however, the accounts of Czech children were translated into English whilst maintaining the content. Relevant discussion has also been included alongside some of the quotations to provide context and meaning in relation to wider literature. The implications of the results are included within the discussion. Following each quote, broad participant details are noted (participant number, nationality, where W indicate Welsh and C represents Czech nationality, age (years), gender (M or F) and the line number. For example, *p16, W11M, NF, l. 255–57*, indicates it is participant no.16, Welsh nationality, aged 11 years old, Male, Non-traditional Family background, quote line no. 255–57.

The thematic analysis revealed two overarching themes: (i) Risk factors and (ii) Protective factors. Each factor comprises three themes, and a number of sub-themes, as summarised in Table 2.

### 3.1. Well-being risk factors

The risk factors comprised of: (i) *disrupted family relationships* (including lack of family coherence, parental conflict, lack of parental availability and support, and lack of parental support at school); (ii) *peer difficulties* (including instability of friendships, peer rejection, bullying, loneliness and coping with limited peer relationships); and (iii) *anxiety* (about relationships, death, threat and somatic symptoms).

#### 3.1.1. Disrupted family relationships

Many children reported a lack of family connectedness, stemming from parental break-up or children worrying about their parent(s) leaving them. For example, some children worried that:

"that their Mam and Dad may leave them and that they may feel very upset... If they get really angry with their other half, they can just leave them straight away" (p66, W10F, TF, l.22-30).

Lack of family coherence was further attributed to family tension and inter parental conflict, often involving unequal share of parenting duties or money-related issues:

“Children wouldn’t be able to solve problems, such as those between Dad and Mam and their arguments... This one time they were arguing so much that our neighbours wanted to call the police” (p206, CZ11M, NF, 1.143-47).

In addition to parental conflict, children reported lack of availability and support provided by their parents, which caused disappointment and frustration. Limited child-father contact and paternal support was more prominent than child-mother contact. This was often attributed to living in separate households, having left the country or being imprisoned:

“...it’s just my Dad – he don’t live with me anymore. He is gone far away. I have to visit him every weekend” (p92, W10F, NF, 1.73-74).

Some children perceived the lack of paternal absence and support as an additional strain on the mother. For example, some children mentioned that things that Dads cannot do for their children were:

“...just like Mams but if they need to help their children but then get into jail or something and then Mam may be stuck with all the children and she needs to go to work when they need her most” (p88, W10F, NF, 1.118-22).

Parental unavailability and lack of support contributed to children’s academic difficulties, characterised by a lack of attention and unease with school work:

“...And they could just be angry from what’s happened at home and when you had no idea what’s going on and nobody will tell you because you’re too young. And you may get angry because you have nobody to help you out with your homework or help you with learning or you may be too busy to learn so much and when you get to school, you may get a little bit angry because you’re not as smart as the other kids” (p90, W9F, NF, 1.274-78).

### 3.1.2. Peer difficulties

The second theme of peer difficulties was identified as disrupted peer relationships, including unstable friendships with peers or complete lack of friendship bonds. It was further underpinned by sub-themes such as *instability of friendships, peer rejection, bullying, loneliness, and coping with limited peer relationships*. Intense fluctuations of friendships within a short period of time and having friends ‘taken away’ from them characterised lack of friendship stability. Some children reported that they worry because:

“...their parents left them or if their best friend is not friends with them anymore or if they aren’t doing well at school...” (p321, CZ11F, NF, 1.31-38).

The same child mentioned that friends may not be friends anymore because:

“...they found a new friend who is better than them – they could be smarter, nicer, they give everything to everyone and they do many other nice things” (p321, CZ11F, NF, 1.31-38).

Lack of friendship was further attributed to a common experience of peer rejection and bullying within school environments, which was linked to being threatened, laughed at and physically attacked. One of the reasons of why children have no friends was reported as:

“...because someone rejects them because of the way they look” (p257, CZ9F, NF, 1.17).

“They could worry about someone threatening them not to tell the teacher and if they do something bad and then that person will say ‘if you tell the teacher, I’ll do something to you’ or something like punch you or push you and tell my friends to attack you” (p68, W10M, NF, 1.51-54).

Peer rejection and bullying often resulted in not being involved in children’s play with others, lack of good quality friendships and feelings

of being unwanted. Some children felt sad because:

“...they don’t have any friends around them, absolutely no one wants to be friends with them ... and they don’t have a dad” (p290, CZ10F, NF, 1.140-143).

Interestingly, in times of difficulties, many children preferred to spend time on their own and deliberately chose to be lonely for a period of time:

“Sometimes I want to play on my own because I just want to be independent for a day. If I’ve got something going on in my life and I don’t really want to talk to anyone about it so I just try keeping it to myself and probably go walking around by myself. But mostly I prefer to be with my friends” (p88, W10F, NF, 1.21-31).

Although the majority of children preferred to play outdoors with their friends, children who were socially isolated, felt excluded and lonely often sought comfort in virtual gaming via the means of mobile phones, X-boxes, computers and tablets. In their free time, some children reported that they:

“...sit on my bed, stare at the wall, play with my doggy or I’m on a computer or tablet” (p362, CZ9F, TF, 1.11-12).

### 3.1.3. Anxiety

Anxiety was the third risk theme, where for some children it manifested itself as worries related to friends and family, in addition to perceived threat; whereas for others anxiety was projected into children’s physical symptoms. There were four sub-themes that framed anxiety, including *relationship concerns, death, threat and somatic symptoms*. Many children reported worries and feelings of apprehension related to their friends and family members:

“...say sometimes I feel stressed about coming to school and just like in the night I kind of get, well I don’t really get stressed, but some people can get stressed thinking if like some things gone on in school like if someone’s not getting on with people then some people can feel stressed about that the night before or as soon as they go into school. So they could get stressed about that” (p46, W10M, NF, 1.105-111).

All children reported awareness of death across numerous contexts. This included the role of the mother as keeping children alive, seeing comments about death on the Internet, talking about death, what happens after people die, worries about a relative dying, recent death of pet animals, death as a natural course of life and afterlife. Some children mentioned that when parents get older:

“...they will leave you because they will die” (p66, W10F, TF, 1.30-31).

Apart from the death-related thoughts, some children felt apprehensive, as they perceived their environment as dangerous and threatening:

“Because when you have no one to turn to, you keep it inside and then you are more and more sad and at the end you just tell someone who can use it against you and then you end up having almost nothing because they can rob you or they can hurt you emotionally” (p343, CZ11F, NF, 1.74-77).

The threat was often related to family members being kidnapped, being in a health threatening situation and being hurt emotionally and physically when interacting with others. Some children, who experienced anxious feelings also faced somatic symptoms, including elevated heartbeat, lack of sleep, stomach-ache, head-ache and feelings of sickness. Some children reported that they feel stressed when:

“I haven’t had enough sleep. I feel stressed quite often ... sometimes I just cannot sleep” (p34, W10M, TF, 1. 60-65).

### 3.2. Well-being protective factors

Thematic analysis revealed the following protective factors: (i) *positive parent-child relationships* (including sense of family coherence, parental availability, parental support, trusting parents, and safety); (ii) *meaningful friendships* (including trusting friends, friends' support and shared experiences); and (iii) *coping strategies* (including active approach, distracting mechanisms and inactive approach).

#### 3.2.1. Positive parent-child relationships

Positive family relationships were framed by warm parent-parent and parent-child interactions. This was further underpinned by the sub-themes of *a sense of family coherence, parental availability and support, trusting parents and safety*. Children emphasised a sense of family cohesion or spending time together as a family, despite biological father's absence in the household in some cases:

"I am learning my script at the moment and my Mam is trying to find some time to do it with me, so we're doing it every night, me and my Mam and my Dad, together we are like a big family" (p147, W10M, TF, 1.184-187).

In addition to a sense of family unitedness, children emphasised the importance of parents being available to spend time with them, being available in times of needs and also being supportive and actively engaged in their lives. Some children were unsure if there were things that Dads can do for their children but thought that they can:

"...help them. My Mam's boyfriend is quite nice though. He's like a Dad. He helps me with homework and he's always encouraging me in sports and stuff" (p109, W10M, NF, 1.60-64).

Generally, mothers were sought for emotional support in times of stress, whereas fathers were sought for support in sports and social situations. Many children also expressed the importance of being able to trust their parents and the ability to keep sensitive information to oneself. Some children mentioned that parents can help children with difficult feelings, as they can:

"...approach the child and the child will then disclose their feelings to them, they tell them everything what's happened and Mam keeps it to herself and won't tell anybody else" (p316, CZ10F, TF, 1.176-178).

Hence, trust was recognised as the foundation of child-parent relationship and as an important element to solving problems that children may face. Many children also stressed feelings of safety and protection within their home environments:

"Yes, I think most do like spending time at home. Because they know that they are home and that nothing bad will happen there. They feel safe" (p34, W10M, TF, 1.47-49).

#### 3.2.2. Meaningful friendships

Many children mentioned that the support provided by parents was as important as the support of friends and trusting friendships. Thus, meaningful friendships was identified as second protective wellbeing theme. It encapsulated sub-themes, such as *trusting friends, friends' support and shared experience*. Almost all children stressed the importance of meaningful friendships and having best friends who can be trusted and can keep secrets, especially when facing emotionally challenging situations. Some children expressed that friends can help children with difficult feelings, but:

"...only friends you can rely on that you know will not go and tell everyone you know ... I'm really close to my friends and I know that if I feel bad, they can help by discussing it like parents and just say privately what's the matter, why is this a problem and try to solve that" (p46, W10M, NF, 1.318-325).

Thus, trust, the ability to keep secrets and best friendships were identified as key elements of peer relationships. Children also valued the support provided by their friends in times of difficulties. Specifically, many children mentioned that friends can help during difficult times by, for example, being by their side, calming them down, distracting them from worrying thoughts, advising them and standing up for them:

"My friend M., she's currently ill but when I couldn't make up my mind, she was always there to advise me. Or when we spend time together in her house, we always share the same opinion on things" (p261, CZ11F, NF, 1.158-60).

Having shared a similar life experience was another key element of friendship emphasised by many children, especially when seeking support from friends in times of difficulties:

"Yeah, like my friend who moved schools now, she helped me out because she, her dad wasn't alive because he died when she was a baby so she helped me get through when my dad split up with my mam so she kind of helped me a lot, that's why we're still best friends so I still see her now" (p90, W9F, NF, 1.325-31).

#### 3.2.3. Coping strategies

The third theme, framing the protective factor of children's wellbeing, was identified as coping strategies. It is apparent that children respond to stress and maintain their wellbeing in a number of different ways, where some children use an *active approach*, many children employ *distracting mechanisms*, whereas others used *inactive approach* when facing difficult feelings. Regarding the active approach, some children took a positive approach in times of distress, including positive encouraging thoughts. Yet, emotional management techniques utilised by children included counting to 10 and focusing on their breathing. Many children were also actively engaged in dealing with their difficult emotional states by seeking emotional support from parents, grandparents and friends, where some respondents described reliance on their pets in times of distress, sadness and loneliness:

"When they have done it once, they can calm down, because they've done it once and nothing bad happened to them then" (p296, CZ9F, TF, 1.116-19).

Some children expressed that when children get angry, they can:

"...go out and count to 10" (p179, W11M, TF, 1.171-172).

Other children mentioned that when they have difficult feelings they turn to:

"...my Mam or Dad or my, sometimes I just don't really want anyone to actually know so I just go to my dog" (p22, W10M, TF, 1.37-39).

Alternatively, there were children who preferred to use distracting mechanisms when facing difficult feelings and aimed to shift their thoughts to something else when feeling nervous. This included engagement in technology-based activities, such as watching TV, playing on a computer or X-box and listening to music, when experiencing negative feelings. Others preferred doing physical activities to discharge their levels of stress, including engagement in hobbies (e.g. dancing, horse-riding), and punching and screaming into the pillow. Some children focused on fulfilling their physiological needs when experiencing difficult feelings, such as eating and sleeping. Some children said that they are sad because:

"...I've had a bad day in school...I've been left out in school, I normally come home and say 'hi' to my mam and then I go on my X-box and it calms me down" (p112, W9M, NF, 1.173-80).

Other children coped with sadness by engaging in physical activities, for example:

“...if I’m sad I just get in the mood of doing something I like dancing because it makes me cheerful then because it is something I enjoy doing, it gets the stress out of me” (p92, W10F, NF, 1.234–236).

When faced with a difficult feeling, making children’s hearts beat fast because they are frightened, some of them:

“...take a breath in and out or I have something to eat like a chocolate bar” (p319, CZ10M, NF, 1.72)

Although the majority of children used either active or distracting coping mechanisms, there were some who employed inactive approach to stressful situations, including escape and non-engagement. In particular, some children reported escaping the emotionally challenging situation by withdrawing themselves from the situation by, for example, walking away or going to their room. Few children mentioned that there is nothing they can do when they face certain situations, such as ill health symptoms:

“...if it is an argument like I said, if you are in the wrong, you could say sorry but if it is the other person in the wrong then I would just leave it for another day. ‘Cause you know someone else is in the wrong and you are constantly arguing, I’d just say ‘I’ve had enough of this’ and walk off maybe. Or just ignore them for the rest of the day or something” (p147, W11M, TF, 1.381–86).

Some children mentioned that when they experience stomach-ache as a result of a bad grade in school, they:

“...just go home and if I don’t go outside or on play on a PC then there is nothing I can do about it, it’s just the way it is” (p319, CZ10M, NF, 1.166–67).

Children consider a range of factors in relation to wellbeing, which can broadly be categorised into Risk factors, i.e. disrupted family relationships, peer difficulties and anxiety, and Protective factors, i.e. positive parent-child relationships, meaningful friendships and coping strategies.

## 4. Discussion

This cross-cultural study aimed to explore wellbeing, from the child’s own perspective. Thematic analysis revealed that children appear to draw on risk and protective factors that inform their perceptions of wellbeing. The risk factors were associated with disrupted family relationships, peer difficulties and anxiety, whereas the protective factors were underpinned by positive parent-child relationships, meaningful friendships and coping strategies. The themes were consistent across cultures, potentially indicating a universal contribution of family setting, peer interactions, anxiety and coping strategies to children in Wales and Czech Republic.

### 4.1. Wellbeing and cultural context

Although variations in children’s levels of subjective are well-documented across quantitative studies (e.g. Bradshaw et al., 2011; Ravens-Sieberer et al., 2013; Uyan-Semerci et al., 2017), the present qualitative study, examining how children themselves perceive their wellbeing, revealed no differences in Welsh and Czech children’s responses. That is, children in both countries conceptualised wellbeing according to broad risk and protective factors. Children identified family-related issues and having no friends to play with to be the main cause of distress, whereas having both parents who spend time with them and good quality relationship with friends were associated with happiness. The lack of differences in children’s conceptualisations of wellbeing could be due to the fact that the participants shared their White European ethnic origin and European mainland, making the sample low in socio-cultural ethnic diversity. The participating schools were predominantly drawn from non-deprived areas, which could also

explain the lack of differences in children’s responses. Yet, Welsh and Czech economies and cultures have been equally impacted by globalisation. Previous qualitative research discovered some differences in children’s understanding of wellbeing, due to socio-economic factors, and religious and cultural traditions (McAuley, 2019); however, the support of family and friends is commonly reported as being at the heart of children’s day-to-day functioning across all social and national contexts around the world (e.g. Camfield & Yisak, 2009; Vujčić, Brajša-Žganec, & Franc, 2019). This includes qualitative studies conducted with children and adolescents in Ireland (Sixsmith, Nic Gabhainn, Fleming, & O’Higgins, 2007), Spain (Navarro et al., 2017), Europe and India (Exenberger et al., 2019), and Vietnam, Ethiopia, Peru and India (Crivello et al., 2009). Hence, the findings of the present paper are consistent with previous qualitative research, proposing that warm supportive relationships with family and friends are perceived as crucial factors or domains of wellbeing by children around the world.

### 4.2. Family relationships

The risk and protective factors related to family functioning, outlined in the present study were mentioned by children from traditional and non-traditional family backgrounds. The theme of *positive family relationships* emerged from children’s responses and was further characterised by a sense of family coherence, parental availability and support, trust and safety. In particular, children stated that it is important to spend time together as a family and have parents who are available and supportive and actively engaged in their lives, supporting previous literature (Bradshaw & Rees, 2017; Navarro et al., 2017; Newland et al., 2019). Many children emphasised trust as a key to parent-child relationship, where mothers were generally sought for emotional support, and fathers were mostly relied on for support in sports or social situations. Also, a number of children reported the importance of feeling safe and protected at home, which was identified in previous qualitative research (Adams, Savahl, Florence, & Jackson, 2018; Uyan-Semerci et al., 2017).

Regarding the *disrupted family relationships* theme, children from both traditional and non-traditional family contexts often witnessed inter-parental arguments and family tension. Parental conflict, negativity and aggression have been associated with emotional instability amongst children (Wallerstein, Lewis, & Packer Rosenthal, 2013), thus, diminishing children’s healthy day-to-day-functioning and subsequent wellbeing. Some children residing in traditional families reported worries about their parents leaving them or getting a divorce, as well as worries resulting from paternal departure from the household. However, some differences were observed when describing child-father interactions. Although, some children from traditional families reported a lack of paternal availability due to their work commitments, paternal absence was more prevalent within non-traditional family contexts. Children from non-traditional families reported limited contact with their biological father, where they usually spent time with their fathers during weekends or school holidays only. The reduced child-father contact was often attributed to living in separate households, father’s new family arrangements, father’s departure to another country or being imprisoned. Research suggests that parental incarceration reduces child-parent physical closeness and diminishes the quality of child-parent relationship, which often prevails after release (Yaros et al., 2018). Paternal problem alcohol use and children’s mental health difficulties are a common risk factor triggered by parental incarceration (Swisher & Roettger, 2012). Some children in a non-traditional family setting reported no contact with their father at all. The lack of frequent contact, or no contact at all, meant that fathers were unavailable to support children when they felt lonely or to encourage them (especially boys) in pursuing their aspirations in their daily activities (e.g. playing football). These findings support previous literature, which assets that following marital break down, the child often remains in the custody of the mother, which leads to reduced contact with the father (Dubska,

2015; Poole, Speight, O'Brien, Connolly, & Aldrich, 2013) either due to their own initiative or of the initiative of the other parent (Rodríguez, Perez-Brena, Updegraff, & Umaña-Taylor, 2014). Yet, child-parent interactions marked by low levels of responsiveness and positive affect, uncertainty and confusion about parental emotional availability, in addition to a shortage of parent-child communication, were all associated with poor abilities to regulate emotional states and thoughts amongst children (e.g. Bender, Sømhovd, Pons, Reinholdt-Dunne, & Esbjørn, 2015; Schimmenti & Bifulco, 2015). Although previous quantitative research found that children living with one parent report lower levels of subjective wellbeing (e.g. Berman, Liu, Ullman, Jadbäck, & Engström, 2016; Dinisman et al., 2017), the present findings, suggest that family structure identified by parental marital status may not be a representative indicator of the quality of parental relationships and subsequent children's wellbeing. Instead, family arrangements free from disruptions in regular child-father interactions cement the paternal support and emotional bond between children and their fathers, which is crucial to their wellbeing.

#### 4.3. Peer relationships

Despite the proposed complexities of identifying friendships in middle childhood (Fletcher, Blair, Troutman, & Madison, 2013), the present study revealed three key elements underpinning good quality relationships with friends, including: trust, support and shared experience. The importance of warm and supportive social environments was emphasised by children from both cultures in the present study, mimicking the findings based on children's responses in other countries (e.g. Brockvelt et al., 2019; Ravens-Sieberer et al., 2014; McAuley, 2019; Navarro et al., 2017). Some children reported poor quality friendships and expressed feelings of being rejected by their peers, which resulted in feelings of loneliness. It was previously found that stressful peer events and ongoing peer difficulties often trigger social disengagement amongst children, which in turn, leads to perceptions of low self-worth, internalizing problems and loneliness (Baiooco, 2019; Konishi, Hymel, Danbrook, & Wong, 2019; Larrañaga, Yubero, Ovejero, & Navarro, 2016; Shaw et al., 2019). This study also found that poor quality friendships and loneliness in some cases overlapped with experience of being bullied through the means of threats, laughing and physical attacks, which is in line with previous qualitative literature (e.g. Bradshaw et al., 2017). In some instances, social isolation and loneliness were a reason for children's engagement in virtual gaming (through the means of mobile phones, X-box, computers and tablets), which acted as a substitute for the social peer interaction. Although intentional redirection to game-related goals was identified as helpful when dealing with distress (Legrain et al., 2009; Sil et al., 2014), it has been argued that the use of technology is counterproductive and unhelpful to children when coping with challenging events. Despite this, children in this study revealed that virtual gaming was a common coping strategy amongst lonely children who lacked supportive and trustworthy bonds with friends. Many children also mentioned that friends are more likely to help in emotionally challenging situations once they share a similar life experience. Hence, friendships marked by mutual trust, support and shared experience, are key to children's wellbeing, and may help children navigate through the socioemotional complexities of adolescence.

#### 4.4. Worries, gender and death anxiety

This study identified that there are common concerns faced by children in Wales and Czech Republic. These worries were related to children's social relationships and surroundings, including family members and friends getting injured or getting into arguments with other children. Some children also perceived their environment as dangerous and threatening. Children's anxiety and experiences of stress were in some cases accompanied by somatic symptoms, such as

elevated heartbeat, lack of sleep and stomach-ache. It was previously found that poor psychosomatic health has a detrimental impact on children's lives, and impacts on social adjustment, sleeping patterns, and school experience (Konijnenberg et al., 2005). Although these symptoms are often unrecognised by parents and unexplained by medical experts (Santalahti, Aromaa, Sourander, Helenius, & Piha, 2005; Vila et al., 2009), children's psychosomatic functioning is an inevitable part of their wellbeing, which requires a particular attention.

Regarding gender, no differences were observed in children's conceptualisations and factors influencing their wellbeing. The only exception was school-related stress, where girls reported more intense pressures and worries about their academic performance than boys. This could be explained by their greater sense of responsibility, along with a greater desire to please the adults than boys do (Aanesen, Meland, & Torp, 2017; Altermatt & Pomerantz, 2003; Wiklund, Malmgren-Olsson, Öhman, Bergström, & Fjellman Wiklund, 2012). It could be because of these perceived pressures that girls also tend to report less positive perceptions of self (Moksnes & Espnes, 2012; Van Damme, Colins, & Vanderplasschen, 2014) and more internalizing problems (e.g. anxiety and depression; Duarte, Matos, & Marques, 2015) than boys. Despite these socioemotional differences, the present study reveals that what matters most to children in their day-to-day lives and wellbeing, is gender-universal. It is likely that more prominent gender-specific conceptualisation of wellbeing are observed in adolescence (as opposed to middle childhood), due to the socio-emotional-physical changes associated with this period.

The majority of children mentioned the unspoken topic of death in their responses, which was referred to in different contexts such as family, interpersonal communication, a natural course of life and afterlife. For example, some children mentioned death in relation to family, such as identifying the role of the mother as keeping children alive, or expressing concerns about a relative or a pet dying. These findings support the notion of death anxiety, which includes thoughts, fears and emotions related to dying and death experience, as part of day-to-day lives. It is present in early childhood and prevails for a lifetime, where its intensity is determined by many factors, including life threatening disease, spirituality, life experience, cultural norms, social support, environment, age and gender (Kisvetrová & Kralová, 2014). Experiencing the death of a loved one, typically a grandparent, evokes increased anxiety and despair amongst children (Ens & Bond, 2005; Westerink & Stroebe, 2012). This has been shown by the findings of the present study, specifically indicating that children whose family member or pet died or was ill, often reported intensified worries. Other children articulated death in communication, particularly death-related comments occurring on the Internet, or unease when talking to a friend whose relative has recently died. Some children also expressed death as a natural course of life and others were intrigued by the notion of afterlife.

These findings are in agreement with previous literature, proposing that children's conception of death is a developmental phenomenon<sup>1</sup>, where the death-related thoughts are often triggered by personal experience (Ens & Bond, 2005). Thus, children's realistic understanding of death is subject to age and experience (Bonoti, Leondari, & Mastora, 2013), which advances as children mature and become more aware of the biological system of the human body, mirroring their cognitive development (Bering & Bjorklund, 2004). Although there is no explicit link between the awareness of death and suicidal ideation (Hunter & Smith, 2008), which has been increasing amongst children and young people, it is evident that death is a common language amongst children aged between 9 and 12 years. Hence, children may benefit from increased awareness about death management, as well as recognition of

<sup>1</sup> Many children by the age of nine are aware of the fact that death is universal and irrevocable (i.e. death is permanent and irreversible or temporary and reversible; Childers & Wimmer, 1971).

suicidal ideation amongst their peers, in order to reduce death-related anxieties in middle childhood.

#### 4.5. Coping strategies

Some children employed positive thoughts, emotional management techniques and sought emotional support from others (i.e. utilising an active approach), which was previously associated with successful coping (Compas, Jaser, Dunn, & Rodriguez, 2012). In particular, grandparental support (Aassve, Arpino, & Goisis, 2012) and holding and petting animals (Allen, Shykoff, & Izzo, 2001; Stasi et al., 2004), were valuable contributors to children's positive emotional functioning. Although the use of animal-assisted therapy (AAT; Palley, O'Rourke, & Niemi, 2010) is most common in health-related research and therapies (e.g. Morrison, 2007), it could be used as an effective way of improving children's emotional functioning and wellbeing, as found in the present study. Meanwhile, other children preferred to shift their attention away from the situation through the means of technology, physical release and fulfilling physiological needs, such as eating and sleeping (i.e. distraction). Although some distractive coping strategies such as finding comfort in food when feeling stressed, can have a long-term impact on children's health, playing or listening to music, enable children to positively evaluate themselves, which eliminates the effects of a stressor, such as parental breakup (Pretlow, 2011). A minority of children inactively engaged or withdrew from challenging emotional states, including the experience of psychosomatic symptoms (i.e. escape and non-engagement). Although children who employed this coping strategy in this study generally considered this way of coping as useful, the efforts to overcome stress through denial, avoidance, wishful thinking or distancing oneself from the stressor have previously been associated with negative affect, which can contribute to depression, anxiety and stress (Benson, 2014; Futh, Simonds, & Micali, 2012). Overall, the active approach, using distracting mechanisms and inactive approach identified in the current study is in line with some of the existing coping models found the literature (e.g. Ayers, Sandier, West, & Roosa, 1996; Folkman & Lazarus, 1988; Walker, Smith, Garber, & Claar, 2005). It should be noted that it was rare for children to identify purely protective or solely risk factors in their responses. Instead, they often articulated a combination of the two factors. Thus, the more risk factors children experience, the greater the likelihood of them reporting signs of unwell being.

#### 4.6. Implications for Future research

Future research could examine parental perspectives regarding family dynamics and children's functioning to strengthen these findings and obtain a multi-perspective evaluation of children's wellbeing. Children in the present study were recruited from two specific geographical areas and were aged between 9 and 12 years. Further research should consider wellbeing perspectives from a wider samples in Europe, wider socio-economic context, and wider age ranges, to enable further cross-cultural comparisons. Future research also needs to focus on ascertaining children's views, as opposed to relying on proxy accounts, by using open-ended questions, to obtain a true sense of how children perceive wellbeing. Longitudinal qualitative research could also bring valuable contributions to our understanding of children's and young people's wellbeing, by identifying the dynamics of wellbeing over time.

#### 4.7. Limitations

A purposive sampling method was used to recruit participants, which is critiqued for lacking the rigor of random sampling (Groves et al., 2011). However, it was deemed to be suitable for this study as it permitted recruitment of children in the required age group. Furthermore, children gave all responses to the researcher, during semi-

structured interviews. Although qualitative data collection methods have been criticised due to the potential impact of social desirability upon responses given by participants (Miller et al., 2015), children were encouraged to provide responses, which were truthful and were reminded that there were no 'right' or 'wrong' answers. Although children's self-reported experiences in this study are limited to Wales and Czech, findings were consistent across cultures. However, it is possible that children's responses were framed by the type of questions asked (e.g. 'What do children need mams/dads for?'). Further research is needed in other cultures to establish whether or not the themes identified in this study are universal across other countries in Europe and across the world.

## 5. Conclusion

This study found that Welsh and Czech children perceive their wellbeing as shaped by similar risk and protective factors that are embedded within the social environments of both cultures. Thus, children perceive wellbeing as a social construct, where available, supportive, trusting and safe relationships are key.

### CRedit authorship contribution statement

**Klara Sabolova:** Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing - original draft, Writing - review & editing, Visualization, Project administration. **Nicola Birdsey:** Methodology, Software, Validation, Formal analysis, Resources, Data curation, Writing - original draft, Writing - review & editing, Visualization, Supervision, Project administration. **Ian Stuart-Hamilton:** Methodology, Software, Validation, Resources, Supervision, Project administration. **Alecia L. Cousins:** Writing - original draft.

### Declaration of Competing Interest

None.

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