Special Feature

Post-Tsunami: The Influence of Context on Children's Subjective Well-being

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This paper presents the first work-package of the project "Post-tsunami" funded by the European Commission. It aims to develop indicators of children's well-being living in the affected areas and focuses on contextual influences on children's well-being. Fifty-six caregivers participated in focus group discussions in order to answer questions regarding their children's well-being. 112 children spoke in same-sex and same-age groups for themselves what makes them feel happy and sad, and what helps them to feel better when they feel unpleasant. On the basis of the qualitative research methodology "Grounded Theory" the transcribed interviews are analysed. The children are single and double orphans, either living with their biological parent or in an out-of-home care organisation providing family based care. Out of caregivers' and children's statements five domains of well-being are distinguished: cognitive, social, psychological, physical and economic. Especially in the social, psychological and economic domains the context plays an important role in determining children's subjective well-being.

Keywords: child subjective well-being, context, social indicators

On December 26, 2004 the Indian Ocean tsunami had its tragic beginning. Off the west coast of Northern Sumatra in Indonesia a massive earthquake measuring 9.0 on Richter scale set off a giant tsunami, which travelled across the Ocean causing large scale destruction and death. In India estimates show that 1744 children under the age of 18 were orphaned and 1450 lost one parent (ICMH, 2005). In the Southern State Tamil Nadu, the worst hit part of India, 289 children were left as double orphans (Government of India and UNICEF, 2005).

From a deficit-oriented to a positive-oriented approach

In the project "Post-tsunami", funded by the 7th Framework Programme of the European Commission, the general focus is on mental health and psychosocial support over long periods of time as chronic problems in living have rarely been assessed (La Greca & Prinstein , 2002; Lubit, Rovine, Defrancisi & Eth, 2003; Norris, Friedman, Watson, Byrne, Diaz & Kaniasty, 2002; Vostanis, 2003). As there is an increasing demand for research that extends beyond the study of children's disorders, deficits and disabilities (Pollard & Lee, 2003), the project averts from a deficit-oriented approach, and views children as active survivors instead of passive victims. This positive-oriented approach is also reflected in the field of research on children's well-being and comes from researchers working in the area of mental health. They wanted to extend the idea of mental health beyond the absence of symptoms of depression and distress to also include the presence of happiness and life satisfaction (Diener, Oishi, & Lucas, 2003). However, well-being is a term that is commonly used but inconsistently defined. The lack of a unified definition of well-being is clearly reflected in Pollard et al (2003) systematic review of the

child well-being literature in English. They found that well-being is defined (1) by individual characteristics of an inherently positive state like happiness, (2) by a continuum from positive to negative, (3) in terms of one's context, (4) as absence of well-being or (5) in a collective manner.

Subjective well-being

The research described in this paper presents the project's first major phase and aims to let children speak themselves about how they view their lives. Particularly, it is about increasing the understanding of what well-being for children might look in a given sub-culture after they have faced a traumatic event and consequently are raised in different home environments. An assessment of well-being that is performed by an individual her- or himself refers to subjective well-being. Diener defines subjective well-being as judging life positively and feeling good: "Thus a person is said to have high subjective well-being if she or he experiences life satisfaction and frequent joy, and only infrequently experiences unpleasant emotions such as sadness and anger. In contrast to this person is said to have low subjective well-being if she or he is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions such as anger and anxiety" (Diener, Suh, & Oishi, 1997).

In the development of a set of well-being indicators to monitor children's well-being over time, Fattore, Mason, and Watson (2007) explored children's own understandings of what contributes to their well-being. The findings from their research showed that children focus on what contributes to positive experiences of well-being. They associate well-being what are typically regarded as positive feeling states such as happiness, excitement and peacefulness, some children include being able to integrate anger and sadness into their lives, as part of well-being.

Context and well-being

Children's development and well-being are influenced by a multitude of different factors. For example, context, in which people spend a considerable amount of time, may have a significant impact on their health and well-being (Hawe, 1998). Bronfenbrenner's bioecological model of human development states that a child's development must be seen within the context of the system of relationships that form his or her environment. The child interacts first and foremost with the family, but also a range of other people and systems like friends, neighbours, school etc. (Bronfenbrenner & Morris, 1998).

In Andhra Pradesh/India findings on children's subjective well-being demonstrate, that household material resources are not the only, and perhaps not even the most important, determinant of subjective well-being. Urban children, who are better off in terms of material goods, have lower subjective well-being than rural children. Other important factors include caste and primary household occupation: children from Scheduled Castes, from large families or from households where casual labour is the primary occupation, have lower perceptions of well-being or expectations for their future. These findings are highlighted by the long-term international research project "Young Lives" focussing on childhood poverty that assesses children's subjective perceptions of well-being as well (Galab, Prudhvikar Reddy, & Himaz, 2008).

The present study is part of a larger project combining quantitative and qualitative methods to elicit trauma symptoms, behaviour difficulties and resources of children five years post-tsunami. The cultural-sensitive approach of the project is guaranteed through the present investigation which aims to develop a set of indicators of well-being specifically of tsunami-affected children in Tamil Nadu and Union Territory of Puducherry.

Method

Participants:

Participants were 112 tsunami-affected children aged 8 to 17 either living with their parent(s) or in family-based out-of-home care. SOS Children's Village, which represents the family-based out-of-home care in this study, is an independent non-governmental and social development organisation that focuses on neglected and abandoned children and orphans in 132 countries and territories worldwide (SOS-CV, 2007). In India there are 31 Children's Villages across the country. SOS Children's Village children participating in the research are from Nagapattinam and Puducherry Village, which came to existence after tsunami. The children, who still live with one of their surviving parent or both of them, come from two severely affected villages of Nagapattinam district (Akkaraipettai and Keechankuppam), and from two indirectly affected villages (Silladi of Nagapattinam district and Narambai in UT Pondicherry). In addition to the child informants, 56 adults either the biological mothers of the children or the caregivers, SOS mothers, gave the information about their children's well-being.

Procedure:

An applied qualitative methodology (focus group discussion as described by Lamnek, 1995) was employed to gain understanding of the well-being of directly and indirectly tsunami-affected children. The focus groups with tsunami-affected children and adults were conducted from February until April 2009. For the participation of their children in the study and for themselves, all adults provided oral informed consent. A child friendly version of the informed consent was presented to all children. At any stage of the focus group discussion each child was allowed to leave the group without giving any reason. Refusal of participation was rare. One male and one female student of Pondicherry University, Department of Social Work, who are bilingual (English, Tamil) underwent a two-days training on the topics (a) family-based out-of-home care (SOS Children's Village), (b) different types of disasters and their impact, (c) trauma in children, (d) focus groups, and (e) transcription of audio material. They acted as translators during the the contact with focus group..

In ten same-sex, same-age and same-context groups, about ten children discussed the questions: (1) What gives you happiness?/ What makes you happy?, (2) What makes you sad, and (3) If you feel sad, what helps you to feel good? For the last question mediums such as modelling clay, felt pens, crayons, pencils and paper were distributed to prompt the children to create a symbol of their own coping strategy. This symbol was taken home by the children. Two groups with SOS mothers and four groups with biological mothers were included in the study in order to shed light on possible indicators of children's well-being, meaning of the disaster, their own post-traumatic growth and coping strategies. All focus groups were recorded.

Data preparation and analysis:

The Tamil answers of the recorded focus group discussions were translated into English. The transcribed interviews were analysed on the basis of the qualitative research methodology "Grounded Theory" (Glaser & Strauss, 1967) which investigates the actualities in the real world and analyses data with no preconceived hypothesis. In a first step, words and phrases of the interviewees that highlight an issue of importance or interest to the research are noted. Notes are generated and organised manually. For each descriptor phrase codes are assigned, and similarly, codes are grouped into so-called concepts (Corbin & Strauss, 2008). In the present research concepts are re-named into "sub-categories". These sub-categories are then grouped and re-grouped to find yet higher order commonalities called categories. This is done by the "constant comparative method" (Glaser & Strauss, 1967) – that means each

sub-category is compared to all other sub-categories to form even broader categories. On a very high and abstract level of analysis, categories are bundled into core-categories which are called "domains" in this study. From a most abstract level of the analysis – the core-category – it is possible to go back (within the data pool) to the most basic group of data – the codes – which reflect the original phrases of the interviewees.

Results

Domains, categories, sub-categories

Out of the complete data pool, five domains, twelve categories and fifty sub-categories were abstracted and a list of indicators of children's well-being developed. This list of indicators with 72 statements for adults about their children was part of the questionnaire set that was employed in the quantitative part of the study. At present the psycho-metric properties of the scale were examined. The identified five domains of the present research were in full accordance with the five domains found by Pollard & Lee (2003) in their literature review on child well-being. All five domains consisted of positive and negative indicators. Negative indicators were typically one-dimensional in nature and positive indicators were often presented on a continuum from negative to positive (Lippman, 2007).

In the following each domain with its corresponding categories and sub-categories are described. The *cognitive domain* consisted of only one category "academic life" which was mainly considered intellectual or school-related in nature. How the children viewed their future and the possibility to express themselves artistically in form of dance, drawing etc. were part of the cognitive category as well. Hence, the category "academic life" was described with the sub-categories "arts", "future perspectives" and "school". Within the *social domain* six categories were identified. These categories

reflected family and peer relationships, life in the community, appreciation of the own person and social skills. An additional category specifically described the quality of life within the context of family-based out-of-home care: to get attached to the SOS mother, having contact with the biological family, parenting and life in the SOS family were the corresponding sub-categories. All kind of coping strategies were part of the *psychological domain*. The importance of nature for children emerged out of the data. Children highly appreciated the beauty of nature and viewed the preservation of nature, taking care of the environment in particular, as source of their well-being. Being in nature, seeing nature was also mentioned within the category "coping" as a prominent coping strategy. The category "tsunami" was mainly a source of children's ill-being. Tsunami-related issues like media rumours about another tsunami, changes in nature (high water level etc.) and memories of tsunami could be still triggers of sadness and fear. The categories "coping", "nature" and "tsunami" were summarised in the psychological domain. The *physical domain* comprised two categories. On the one hand "physical health" which focused on physical activities and on the other hand "health/accident/disaster". The second category referred mainly to a threat to the healthy body without escape. The fifth domain was the *economic* one which was categorised through the presence or absence of materialistic resources ("materialism").

Influence of contextual factors

Disregarding sex and age of the children, the main contextual differences emerged in the social, psychological and economic domains. The two contexts which are referred here were either the context of living with the biological family or living in a family-based out-of-home care (SOS Children's Village). Within the *social domain* the children living with their biological family placed emphasis on the "civic life" with some aspects which were viewed

positively and others were considered as negative. Especially they enjoyed the community life which offered a lot of variety such as the gathering of extended family members and the attendance of programmes organised for example by the panchayat. On the other hand civic life also had its restrictions which were less appreciated by the children. The children were clearly advised to whom they were allowed to talk to or not. Children of SOS Children's Villages did not view the above mentioned aspects of civic life as contribution to their well-being or ill-being. Apart from the fact that children of both contexts enjoyed the life in their nuclear families in general, children living with their biological parents suffered from physical aggression within the family and their parents' parenting style (e.g. parents allow their children to go to school after they have finished all work at home). As the Convention on the Rights of the Child is fully applied to the SOS Children's Village and SOS mothers receive an extensive "mother's training", the SOS children did not mention such shortcomings. But the achievement of a good reputation (e.g. showing a good character) was of importance only for SOS children. On the one hand tsunami-related triggers still scare children living with their biological parent(s) on the other hand they have overcome their fears and enjoy to be at the sea shore. Being at the sea is now a pleasure. The children living in the SOS Villages neither mentioned that tsunami-related triggers elicited fear nor that the sea filled them with joy. The category tsunami was content of the *psychological domain*. With regard to the *economic domain* the statements of the children were clear and expressed the opposite. Children living in SOS Children's Village did not suffer from materialistic short-comings and appreciated this fact. In contrast, children who lived with their biological parent(s) under poor economic circumstances clearly viewed these living conditions as negative.

Discussion and Conclusion

In this study it was attempted to uncover children's understanding of well-being in their given sub-culture. Out of the data it got clear that context was very important in determining subjective well-being. Moreover the developed set of indicators exhibited some clear cultural characteristics. However, the importance of children's neighbourhood as one contribution to their well-being was discussed by Coulton & Korbin (2007). The authors took the challenge of developing meaningful and useful indicators of child well-being at the level of neighbourhood and viewed neighbourhood as both a social and geographic concept. The participants of the present study came from quite different surroundings with regard to their social and geographic structure. SOS children did not live with their biological parent(s) as they were orphans and they had to integrate in a new family setting. They got raised by SOS mothers who all followed more or less the same philosophy of child rearing as they got extensively trained. Geographically SOS Children's Villages were rather outside of cities and there, they were not embedded in a community even they are part of it. SOS children lived in a very safe and structured setting. By contrast children of the villages who lived with their family of origin had more access to community life which was source of heightened well-being for the children (e.g. enjoying competitions organised by the street) and also there was a chance (as well as a risk) to extend a social network. Contrarily, SOS children rather lacked the possibility to be an active member of the community and hence lacked a variety of being member of different social networks. The influence of a safe and structured environment on a child's well-being was shown in the more or less absence of fear triggered by tsunami-related issues. Setting up life routines and creating a safe environment are two core elements of facilitating recovery after a traumatic event

(Sekar, Biswas, Bhadra, Jayakumar, and Kumar, 2005). The findings indicated that there was an increased chance that children suffered from tsunami-related issues when they lived in a rather insecure environment. With regard to financial status of caregivers, different studies on indicators of child well-being extracted economic resources as an important domain contributing to the well-being of children (Ben-Arieh & Goerge, 2007; Land, Lamb, Meadows, & Taylor, 2007). This was in accordance with the findings of the present study regardless of the children's context.

Different cultural characteristics were found in the identified domains of child well-being with the most prominent category "nature" (psychological domain) and the same-named sub-category as coping strategy (psychological domain). Nature seemed to be a high value for children on the one hand as source for relaxation, on the other hand as coping strategy for clearing the mind. This finding was actually not a surprising one taking under consideration that meditation, yoga and tantric healing practices are indigenous traditional psychological therapies in India (Bhatia, 2006).

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