

In Children's Voices

Peter Burton and Shelley Phipps

1 Why Do We Need to Listen to Children?

Economics, as a discipline, has paid relatively little attention to children. Several explanations for this inattention are plausible: (1) economics tends to focus on models of individual choice and children are typically given limited agency; (2) economics focuses on analysis of markets while children live in a world largely outside the market as traditionally defined (e.g., home production activities and publicly provided schools and parks are central for children's well-being); (3) households are often taken as the basic unit of account in studies of income or poverty, perhaps since data are seldom available at any other level (Phipps, 1999). Where attention has been paid to children, it has typically been in the context of "investing in children" to secure better outcomes in the future (e.g., Haveman & Wolfe, 1995). Particular attention has been given to the study of children at risk for future negative attainments as a result of growing up poor (e.g., Duncan & Brooks-Gunn, 1997).

While understanding and investing in positive future outcomes for children is without doubt extremely important, this does not mean we should neglect the study of children's well-being now, while they are children. As Jen Qvortrup (1999) argues, children should not be reduced to "human becomings." Too much focus on the future might, for example, mean children are drilled for very long hours in school, leaving no time for socialization and fun in the present. Childhood is, in itself, an important life stage to be lived and enjoyed. It has its own unique characteristics, both biological (e.g., children are small and rapidly growing both mentally and physically) and cultural (e.g., children in Canada must attend school; parents have authority over most aspects of a child's life, from residence to medical treatment; children can't choose their political leaders). Thus, being a child "makes a difference in terms of one's activities, opportunities, experiences and identities"

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(Alanen, 2001, p. 2).¹ We need a balanced understanding of both what promotes future life chances and what generates present well-being for children (Ben-Arieh, “From Child Welfare to Children Well-being: The Child Indicators Perspective” of this book).

How, then, do we go about understanding the current well-being of children? We can set children tests in math or reading to assess numeracy and literacy, we can measure their height and weight and assess whether or not they are obese, we can ask their teachers about their behavior or their parents about family income. Certainly, these data will all provide valuable indicators of child well-being. But, in this chapter, we argue that we should also ask the children. If we want to know, for example, if children are happy or what makes children happy we should listen to the voices of the children themselves.

2 Are Children Capable of Assessing Their Own Well-Being?

Although there are many individual domains of well-being that individuals could be asked to assess (e.g., health, home life, school life, etc.), to keep things manageable, in this chapter we focus on global assessments of well-being. Specifically, we consider questions such as “Are you satisfied with your life?” or “Are you generally happy?” Some readers might question if anyone, adult or child, can actually make assessments of their own well-being that are meaningful for the purposes of either science or public policy formation. However, it is well-established that answers provided by adults to single questions of this type “have credible claims as primary objects of policy-oriented research” (Helliwell, 2006, p. 36); moreover, such questions have the advantage of being extremely easy to include in national surveys at relatively low cost. Thus, for adults, there is a rapidly growing body of research making use of subjective assessments of personal well-being (see Diener, Lucas, Schimmack, & Helliwell, 2009; Frey & Stutzer, 2002 or Layard, 2005 for overviews of this literature).

The literature on the subjective well-being of children and youth, on the other hand, is still relatively small (see Huebner, 2004 for a review of the child literature). Ben-Arieh (2005) argues that since the near-universal adoption of the United Nations Convention on the Rights of the Child, children’s rights have become part of the general discourse on social and human rights; yet, scientific acceptance of children’s right to speak for themselves is less wide-spread. There is, nonetheless, a small body of existing research on self-reported quality of life for children and youth that has established a number of important points. First, child/youth self-assessments of their own quality of life are meaningful from about age eight

¹ To the extent that “childhood” is socially constructed, it may have different meanings at different times or in different places; children of different gender or race may experience childhood in different ways (Prout, 1997).

(Huebner, 2004). Self-assessed quality of life scales for children/youth are significantly correlated with, yet are distinct from, other measures of mental health or well-being (Huebner et al., 2000b; Huebner, 2004). There is stability across time in how children/youth answer questions about their own well-being (Huebner et al., 2000). Child/youth reports of own quality of life are predictive of important future outcomes (Huebner et al., 2000b). Parent and child assessments of the child's well-being correlate well (Gilman & Huebner, 1997), but yet are far from identical (Curtis, Dooley, & Phipps, 2002), so it is important not only to ask parents to provide assessments of their children's lives, but also to ask the children.

If children are to be asked to participate in research in which they describe their feelings, experiences and perceptions of life, an important ethical issue is that they not be put in any emotional or physical danger. While this is, of course, true for respondents of any age, the power imbalance between an adult researcher/ interviewer and a child respondent is particularly large, making the child potentially particularly vulnerable. Research methods must ensure that the child can meaningfully give informed consent to his or her participation, parents must also give consent, and both the privacy and safety of the child must be guaranteed (see Ben-Arieh, 2005).

3 Do Canadian Children Say They are Satisfied with Life?

As an illustration of how we *can* "ask the children" about their own well-being, we use microdata from a very large cross-sectional survey carried out by Statistics Canada (the Canada Community Health Survey for 2005). The CCHS is representative of the Canadian population aged 12 and over. For children, interviews were only carried out if the privacy of the child's responses could be guaranteed (i.e., parents were not able to see the child's responses).² Since we only have data from the CCHS starting at age 12, we focus here on young people from age 12 to 17 (since 18 is the legal age of majority in Canada).

In Fig. 1, we compare answers to the question: "How satisfied are you with your life in general?" for 12–17 year-old children with answers to exactly the same question provided by adults who are over the age of 30 and parents.³ We use the public access version of the CCHS which provides 8,832 observations for teens and 20,979 observations for adults. Respondents were offered five possible responses to the life

² When children aged 12–15 were selected as respondents to the CCHS, interviewers were obliged to obtain permission from parents/guardians to carry out the interview.

³ The parents are not, however, the parents of the teens in the sample since the CCHS selects only one family member for the interview; "parents" can also have younger children but with the age restriction on the adults we hope they approximate parents of children in the age range of our child sample. We choose to compare teens to adults who are parents rather than all adults, since households will be more similar than would be the case if we compared, for example, teens with elders.

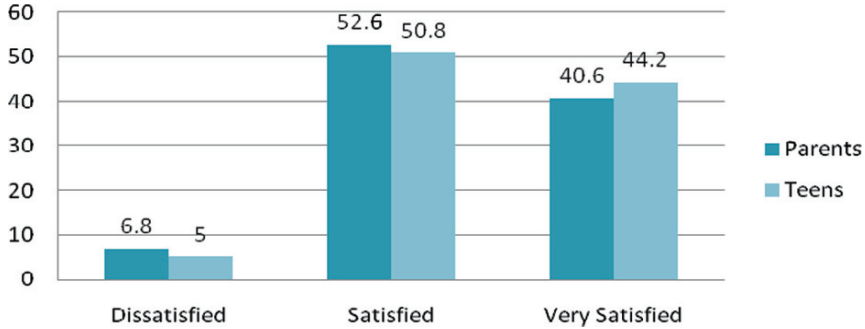


Fig. 1 Life satisfaction for parents compared to teens

Source: Author's calculations using the Canada Community Health Survey 2005.

satisfaction question: (1) very satisfied; (2) satisfied; (3) neither satisfied nor dissatisfied; (4) dissatisfied or (5) very dissatisfied.⁴ Since very few respondents (adults or children) report themselves in the bottom three categories, these are aggregated for presentational purposes. Note that both adults and children were very willing to answer this question. Non-response was only 2.3% for teens compared to 1.7% for adults.

As is evident in Fig. 1, the pattern of response is quite similar for Canadian 12–17 year olds and for Canadian parents—the most likely choice in either case is to be “satisfied” (but not “very satisfied”) with life. However, it is nonetheless true that Canadian 12–17 year olds are happier than Canadian parents (the difference is statistically significant). For example, 44.2% of teens report themselves “very satisfied” compared to 40.6% of parents; only 5.0% of teens are “dissatisfied” with life compared to 6.8% of parents.

4 What Makes Children Happy? Key Correlates of Child Well-Being

In this section of the chapter, we provide an overview of key themes in existing research on the correlates of self-assessed child well-being. In addition to surveying the literature which has used multivariate analysis, we illustrate key points using simple cross-tabulations based on the CCHS (described above). Throughout this discussion, we compare findings for children with those in the literature on adult well-being. An important point, however, is that since adults and children inhabit worlds that differ in some key dimensions, there are correlates of well-being that make sense for adults but not for children (and vice versa). For example, for many Canadian adults, the world of paid work is central; for most Canadian children, the world of school is more important.

⁴ Survey weights are used for these calculations.

4.1 Health

A first key point, not surprisingly, is that own health status is one of the most important correlates of teen self-assessed life satisfaction (see Burton & Phipps, 2008a or 2008b). This is also true for adults and the magnitude of estimated associations between life satisfaction and personal health are very similar for teens and adults (see, for example, Helliwell & Putnam, 2004). Figure 2 illustrates much lower reported life satisfaction for Canadian 12–17 year olds who have general activity limitations compared to those who do not (similar patterns are evident if we compare teens with chronic health problems to those without such conditions).

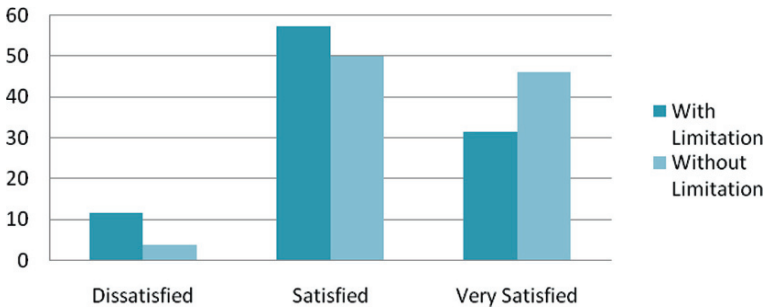


Fig. 2 Life satisfaction for teens with and without activity limitations
Source: Author's calculations using the Canada Community Health Survey 2005.

Notice that this association has the potential problem of “spurious correlation” since the same person (the teen) reports both life satisfaction and whether or not he/she has a general activity limitation. Thus, a teen with a very cheerful disposition may both under-state health problems and over-state life satisfaction, compared to a teen with a more gloomy disposition. However, in earlier research, we have found the same strong association using mother's report of the teen's health and teen's assessment of his/her happiness (Burton & Phipps, 2008a, 2008b).

4.2 Gender

Figure 3 illustrates that 12–17 year-old girls are less satisfied with life than boys of the same age. For example, 6.6% of girls are not satisfied, while only 3.6% of boys are not satisfied. At the other end of the satisfaction spectrum, 46.2% of boys are very satisfied while only 42% of girls are very satisfied (again, differences are statistically significant). The same pattern of girls being less happy than boys is also apparent in a sample of 12–15 year old children in a different Canadian survey (see Burton & Phipps, 2008a, 2008b), in a Spanish survey of 10–16 year olds (Casas et al., 2007),⁵ as well as in an international survey which asks children

⁵ Other earlier research has suggested that demographic variables such as age, gender and race have only weak associations with adolescent subjective well-being (e.g., Huebner et al., 2000a).

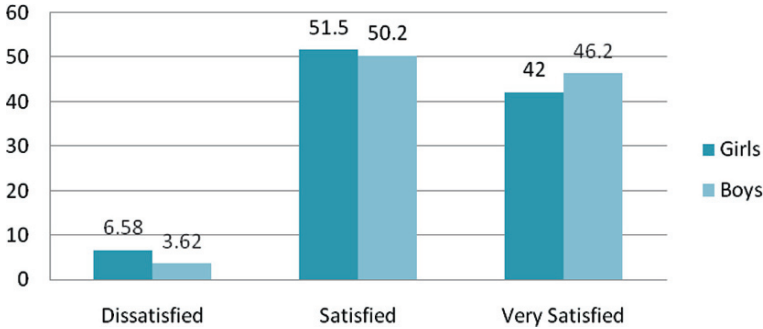


Fig. 3 Life satisfaction for teen girls compared to teen boys

Source: Author's calculations using the Canada Community Health Survey, 2005.

about happiness (Currie et al., 2008). This is in interesting contrast with the adult literature which has consistently found, at least perhaps until recently (Stevenson & Wolfers, 2009) that women are happier than men. It remains an open research question as to why this adult/child difference in patterns of well-being should exist. Is puberty particularly difficult for girls? Are social pressures to “look good” especially hard for girls during the teen years (see Burton & Phipps, 2008a, who find “looking good” to be a strong correlate of young teen happiness). Will this gender difference also “switch” for the current generation of girls and boys as they grow older, or will these girls remain less happy than their male counterparts over their entire life-course?

4.3 Family Income

A third important correlate in the small literature on child self-assessed well-being is family income level. Notice, however, that while we certainly expect family income to be important for children, this is a case where the relationship between family income and child well-being might be different than the relationship between family income and adult well-being. First, family income is less likely to be a “marker of personal success” for young people than for adults. Second, children are often given only limited information about family finances. Third, although we do not know a great deal about how family income is shared within families (see Burton, Phipps, & Woolley, 2007), there is evidence that parents may attempt to shield their children from economic hardship. A British survey of spending within families found poor parents, especially mothers, to be significantly more likely to “do without” basic necessities such as clothing, entertainment or even food than their children. When asked why they had “gone without” these things, overwhelmingly the most common response was “to provide shoes or clothing for my children” (Middleton, Ashworth, & Braithwaite, 1997). But, there is a limit to how far resources can be stretched and the evidence seems clear that low family income is associated with lower life satisfaction for teens. For example, Ash & Huebner (2001) find that adolescents with lower socioeconomic status (proxied as being eligible for a free school lunch

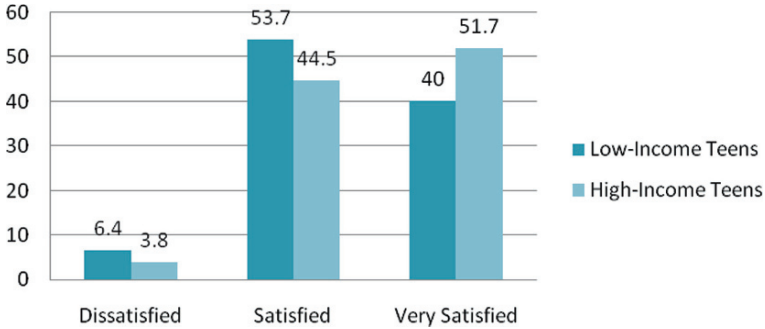


Fig. 4 Life satisfaction for low versus high income: teens
Source: Author's calculations using the Canada Community Health Survey, 2005.

program) have lower levels of subjective well-being. Using longitudinal data and multivariate techniques, Burton & Phipps (2008b) find a strong negative association between self-assessed happiness of young teens (12–15 year olds) and, especially, multi-period average family income.

This pattern is illustrated in Fig. 4 which again uses the CCHS data to compare self-assessed life satisfaction for teens from families with incomes in the top 20% of the Canadian income distribution with teens from families in the bottom 20% of the Canadian income distribution. (Parents/guardians were asked about family income when the child had completed his/her interview.) Over half (51.7%) of high-income teens report themselves to be “very satisfied” with life compared to only 40% of low-income teens.⁶ Figure 5 presents the same comparison of reported life satisfaction for parents with family income in the top and bottom of the Canadian income distribution. Consistent with the idea of parents “sheltering” children discussed above, we find a much larger association between family income and parental life

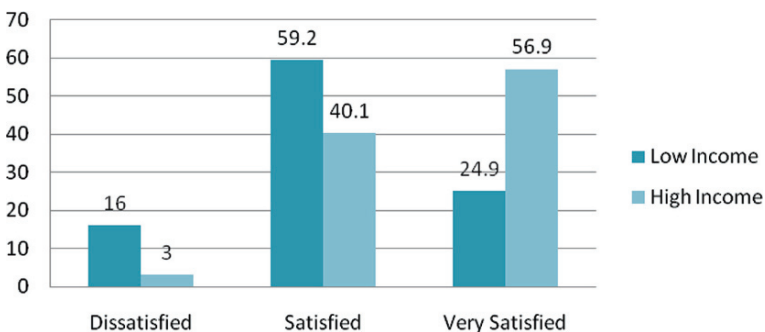


Fig. 5 Life satisfaction for low versus high income: parents
Source: Author's calculations using the Canada Community Health Survey, 2005.

⁶ Similar, though smaller, associations are apparent for parental education.

satisfaction than is evident for the teens. For example, only a quarter of parents with family income in the bottom quintile report themselves to be “very satisfied” with life compared to 40% of teens in the same family income category.

A perhaps more surprising finding in the literature for adults is that, holding constant own family income, life satisfaction declines as the incomes of neighbors increase (e.g., Barrington-Leigh & Helliwell, 2008; D’Ambrosio & Frick, 2004, 2007; Ferrer-i-Carbonell, 2005; Luttmer, 2005). And, the size of this relative income effect is roughly as large (and negative) as the positive association with own income. Perhaps not surprisingly, given the susceptibility of teens to both peer pressure and marketing, Burton & Phipps (2008b) also find a large negative association between youth happiness and median income in the teen’s neighborhood for Canadian 12–15 year olds, especially boys.

4.4 Social Relationships

Finally, as is also true for adults (e.g., Helliwell & Putnam, 2004), social relationships have the strongest associations with adolescent subjective well-being:

Their relationships and connections with others are central to how children understand well-being (NSW Commission for Children and Young People, 2009, p. 2).

Figure 6 illustrates, for teen respondents to the 2005 CCHS, that having a “very strong” sense of “belonging to the local community” has very large associations with teen life satisfaction.⁷ Indeed, for teens, this is the largest association evident in the CCHS data. (While also large for adults, the teen association is, in this case, the larger.)

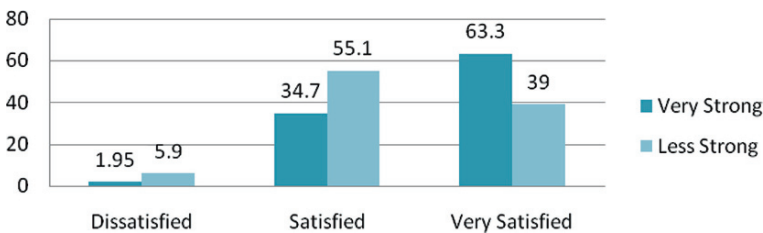


Fig. 6 Life satisfaction for teens with a “very strong” versus less strong sense of belonging to community

Source: Author’s calculations using the Canada Community Health Survey, 2005.

Although this is a case where “spurious correlation” is a possibility (i.e., teens with cheerful dispositions may report high life satisfaction and high levels of belonging), the finding remains robust in multivariate analysis that also include an

⁷ The exact question asked is: “How would you rate your sense of belonging to your local community? Would you say it is very strong, somewhat strong, somewhat weak or very weak?” In our sample of teens, 21% responded that they have a “very strong” sense of belonging.

indicator that the teen reports himself/herself to have “excellent” mental health (the top category on a 5-point scale) as a proxy for “cheerfulness.”

Moreover, the basic point about the centrality of different kinds of social relationships to child well-being is evident in other studies using a variety of more sophisticated methods. Good relationships with both parents and peers predict higher life satisfaction, with the parental relationships being the more important (e.g., Nickerson & Nagle, 2004, 2005; Ma & Huebner, 2008). For children in married-couple families, the youth's assessment of how well parents are “getting along” is THE most important correlate of youth self-reported well-being (Burton & Phipps, 2008a). Having a teacher who is perceived to be “unfair” has a large, negative association with young teen self-reported happiness (Burton & Phipps, 2008a), perhaps paralleling findings for adults that having trust in key social institutions is important for well-being (e.g., Helliwell & Huang, 2008). Finding social relationships to be the most important correlate of young teen well-being is very consistent with social psychology's “social identity theory” which argues that group memberships that are important to the individual are in fact central to a young teen's understanding of “who he or she is” (Haslam, 2007).

5 Conclusions

This chapter has focused on child reports of current happiness and life satisfaction for Canadian 12–17 year olds. Our approach has been to review major themes in the adult literature on subjective well-being and to ask if key findings extend to children. We find that personal health status matters equally for adults and children. Gender patterns differ, with adolescent girls less happy than adolescent boys and the reverse true for adults. Higher family income is correlated with higher levels of happiness for both adults and children, but income has much larger associations for adults (perhaps because income is perceived as a marker of personal attainment for adults; perhaps because parents attempt to shelter their children from economic hardship). However, the most important correlate of young teen well-being in these data is having a sense of belonging to the local community. As is also true for adults, social relationships are central to well-being.

Notice, though, that by asking if key findings in the adult literature also hold for children we are still to some extent projecting an adult perspective onto the children. If we really want to understand more of the “child's perspective” about current well-being, we might also ask the children what we need to know (see Ben-Arieh, 2005). An interesting step in this direction has recently taken by the New South Wales Commission for Children and Young People (Fattore, Mason, & Watson, 2009) which has engaged children in a conversation about what, from their perspective, are the questions we should ask.

There has, internationally, been growing interest in the use of indicators of child well-being to guide and monitor policy (e.g., Ben-Arieh & Goerge, 2006). Often, indicators reflect adult concern about future outcomes for children. And, as adults,

we may both have more information about what will lead to better outcomes in the future and be less inclined to discount the future as “a long way off.” Thus, (in Canada) we tell children to dress warmly, to eat their vegetables and to do their homework. It is clearly vital that we monitor indicators we, as adults, know are important for the future outcomes of children. However, if we take seriously the idea that children’s well-being ought to matter in the present as well as the future, then we need to include in our sets of indicators reports from the children themselves about their lives today. It is encouraging that there have already been some steps in this direction. For example, the World Health Organization has started reporting on child life satisfaction across countries using the Health Behavior of School-Aged Children (HBSC) database (Currie et al., 2008). We argue that expanding the use and study of self-reports of child well-being is an important direction for the future.

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