

SOCIAL SUPPORT AND HEALTH-RELATED QUALITY OF LIFE IN CHILDREN AND ADOLESCENTS: FOCUS GROUP METHODOLOGY

APOIO SOCIAL E SAÚDE RELACIONADOS COM QUALIDADE DE VIDA EM CRIANÇAS E ADOLESCENTES: METODOLOGIA FOCUS GROUP

Tânia Gaspar¹
Margarida Gaspar de Matos²
José Luis Pais Ribeiro³
Isabel leal⁴

¹ PhD Universidade Lusíada de Lisboa, CMDT/IHMT/UNL

² PhD Faculdade de Motricidade Humana/UTL; CMDT/IHMT/UNL

³ PhD Faculdade de Psicologia e Ciências da Educação/UP

⁴ PhD Instituto Superior de Psicologia Aplicada

ABSTRACT: The present study has the following main objective, to characterize the Health-Related Quality of Life (HRQoL) of children and adolescents attending the 5th grade and 7th grade in Portugal. The HRQoL will be assessed by analysing the children's and the adolescents' perception of their own HRQoL, by considering the parents' perception of their children's HRQoL and finally by considering the education professionals' perception of children' and adolescents' HRQoL.

Was used a qualitative methodology and focus groups as methodology. The sample included 53 children and adolescents, 36 parents, 34 teachers and 17 educational assistants. 16 focus groups were developed. An interview guide was elaborated for the focus groups. The results of this research identified the HRQoL risk groups, namely girls, adolescents (the older group), pupils with low SES, pupils from the community of countries with Portuguese language and pupils with chronic disease. The results revealed that the HRQoL in children and adolescents is influenced by physic health factors, psychological and social factors and by health behaviours. However psychological factors demonstrated a higher effect, either regarding a direct or indirect impact, in the HRQoL of children and adolescents. Were present suggestions and implications for HRQoL intervention and promotion, regarding an ecological and developmental approach.

Key Words: Children Adolescent; Quality of life; social support

INTRODUCTION

Social Factors that Influence the Quality of Life in Children and Adolescents
Quality of life and well-being involve more than the absence of maltreatment and deficits, they also require strength and positive qualities in the context and family of children and adolescents. There are several indicators that can be used to measure well-being in children and adolescents, including the development of social behaviour and cognitive development. The psychosocial development should be considered from an ecological perspective that focuses on multiple levels of analysis on children/adolescents, parents and family, peers, community and society (Gaspar, Matos, Gonçalves, Ferreira & Linhares, 2006, Matos et al.,

2003, 2006; Nelson, Laurendeau & Chamberland, 2001).

The positive and healthy psychosocial development is influenced by individual and ecological factors (Bronfenbrenner, 2001, 2005).

Eccles and Gootman (2002) consider that a positive youth development depends on the five C (competence, confidence, character, connection “connecting” and affection/support “caring”). The positive development is negatively related to risk behaviours and behavioural problems and positively related to well-being and perceived quality of life.

The behaviours of children and adolescents are affected by various factors such as personal characteristics, family and the socioeconomic status, parenting style, parental stress and life events. Socioeconomic disadvantage, social isolation, poor living conditions, single parents, violence, and interpersonal conflicts between family members, parental psychopathology, high levels of stress and lack of social support are generally associated to behaviour problems (Bronfenbrenner, 1986).

There are several factors that influence the health-related quality of life of children and adolescents. The factors found can be organized into two broad categories: (1) personal characteristics and (2) social characteristics. Studies on the subjective well-being of children and adolescents are recent and should focus on the relationship between demographic variables (e.g. age, gender and socioeconomic status), intrapersonal characteristics (e.g. self-concept, extraversion, *locus* of internal control) and welfare (Gaspar, Matos, 2008; Gaspar et al., 2006; Gaspar, Matos, 2008; Gaspar et al, 2009; Gaspar, Matos, Ribeiro Leal, Erhart & Ravens-Sieberger, 2010; McCullough, Huebner & Laughlin, 2000).

The development and psychosocial well-being must be considered from an ecological perspective that focuses on multiple levels of analysis to children or adolescents, parents and family, peers, school and community (Gaspar et al., 2006, Matos et al., 2003; 2005; 2006; Nelson, Laurendeau & Chamberland, 2001).

As part of promoting a positive health of children and adolescents, there are focused positively guidelines that identify different areas of positive results, including the perception of subjective well-being and social support (Gaspar, Matos, 2008; Gaspar et al, 2009; Gaspar, Matos Ribeiro Leal, Erhart & Ravens-Sieberger, 2010; Helgeson, 2003; Kana'iaupuni, Donato, Stainback & Thompson-Colón, 2005). Positive health, well-being and the HRQoL are affected by social support (Coventry, Gillespie, Heath & Martin, 2004; Ethgen, Vanparijs, Delhalle, Rosant, Bruyere & Reginster, 2004).

The social network and the perceived social support are extremely important for children's and adolescents' development. The structure and functions of social support are related to specific aspects of their welfare, particularly regarding self-concept, adjustment, and social skills as protective factors against stressful life events (Boosman, Meulen, Geert & Jackson, 2002).

Social support can be considered a strategy that provides a good adaptation of the individual to new or potentially stressful situations, reducing the tension

and sense of uncontrol. Gender differences were found regarding the social support: girls had higher values than boys. Whether within family or peers, girls seek support and share feelings, while boys tend to act as if the problem did not exist, externalizing sentiments and adopting compensation behaviours (substance abuse, violent behaviour). Behind these results may be cultural and psychosocial factors such as self-image, pre-set social roles and perception of virility (Costa & Leal, 2006).

Promoting health-related quality of life in children and adolescents

The promotion of quality of life in children and adolescents requires a developmental and an ecological approach (Bronfenbrenner, 2001; 2005). Positive and healthy development, potential behaviour, beliefs and attitudes changes exist as a result of a global influence of the relationship regarding the individual's development, of biological and psychological factors, family, community, culture, physical environment and historical niche. The settings for an adaptive development emerge from this two-way interaction between the individual and his context, promoting the well-being and quality of life of both components (Lerner, Almerigi, Theokas & Lerner, 2005; Lerner et al., 2005). Increasingly, HRQoL and child and adolescent development studies give more attention to the interaction between the multiple contextual variables of the life of child and of the developing adolescent. Progressively more, this investigation has to do with the protective nature of the partnership between home, school and community. The positive involvement of parents the children's school life has been associated to positive outcomes both for parents and for children (Matos, Dadds & Barrett, 2006). In more developed societies, the emphasis given to health services has moved to health promotion and education, trying to get individuals to adopt healthy lifestyles from the early ages for a better quality of life. This explains the increasing importance given to health promotion works developed either in school or family context (Nickerson & Nagle, 2005; WHO, 1999). Once identified the risk factors, they become the entry point or focus of strategies and actions for health promotion (Muuss & Porton, 1999; Nutbeem, 1998, Resnick et al., 1999).

With regard to health promotion it is essential to have a sense of the effectiveness of promotion on intervention programs developed to benefit and to bring rigor to the achieved objectives. Thus, if education is an intentionally and systematically process-oriented communication to achieve certain goals, we must therefore understand the evaluation components of these objectives. In a study by McIntyre and Araújo (1999) the authors assume that the researcher should ask himself questions before the intervention, that should not only set clearly defined objectives, and behaviours to observe and modify, but also the research theoretical basis. This is essential to verify the compliance of the objectives set at the beginning of the research and the feedback from participants in order to continue or modify the research if necessary. Finally, after the intervention, it is important to compare the objectives sought and truly accomplished, to observe the events or changes and draw conclusions for research and for future investigations. It is

through the evaluation of interventions that can be drawn conclusions from the results and analysis of the necessary changes.

The theoretical models of psychology related to Health Promotion can be grouped as follows: theories of psycho-educational and dissemination of information, cognitive theory, with emphasis on the process of decision-making models based on Learning Theories; theories based on motivation and emotions, and theories of social influence and marketing. The most recent programs used in health promotion seem to be based on theories of knowledge, such as the Health Belief Model, Theory of Reasoned Action, Theory of Planned Behaviour and the Theory of Information-Motivation-Behavioural Skills. These models of Cognition seem to have in common in one hand the assumption that risk behaviours to health have their origins in cognitive variables that cause it, and in the other hand that these cognitive factors predispose the individual to choose health risk behaviours. These theories and models of behaviour draw the programs that outline the health-promoting and preventive interventions for risk behaviour. We can conclude that the assessment of the effectiveness of health promotion programs is viewed as paramount in conducting thorough investigations and methodical (McIntyre & Araújo, 1999).

The psychological and cognitive development of children and adolescents depends on the quality of relationships with their parents. Programs that address the quality of these relationships can substantially improve the emotional, social, cognitive and physical development of children and adolescents. The school is a social structure crucial for the education of children and adolescents preparing them for life, however, it should be more educational to have a broader approach, a promoter of social and emotional development of healthier students. The WHO has developed an educational curriculum of life skills in which teachers can promote psychosocial competence among students, such as problem-solving skills, critical thinking, communication and interpersonal skills, empathy and managing emotions. These skills enable children and adolescents to develop a positive mental health and a greater well-being. It is essential to promote a good socio-cultural environment, both in school and in the community, through the development of skills of tolerance, empathy and equality between boys and girls, and between different ethnic, religious or social groups. This action aims also to establish more and better connections between school, family and community by encouraging creativity, academic skills and promoting self-esteem and self-confidence in children and adolescents (Matos 2005; WHO, 2001).

EMPIRICAL STUDY

Research design

The research was developed using a qualitative methodology. Was used a qualitative method of data collection through focus groups, the aim was thus to

obtain data to help to contextualize, clarify and deepen the knowledge on health-related quality of life in children and adolescents, risk factors and related protective factors and strategies and health promotion at this level. A focus group is a semi-structured interview, which involves a discussion and uses simultaneous responses in order to obtain information about a particular topic ('focus'). The aim is to get close to the opinions, beliefs, values, discourse and understanding of participants on the subject of investigation, assuming that all information given by participants is valid.

In order to achieve the desired goal there has to be an analysis of the content of the speech produced by participants during the discussion group, this information will be organized by categories and subcategories that are representative and illustrative about the theme.

In this research the main objective of the "focus group" is to generate different views and opinions about the quality of life in children and adolescents and its promoter factors.

Methodology

Participants

In the qualitative study, based on the concept of quantitative study previously presented, was considered pertinent to investigate the populations belonging to three zones (Cascais, Marvila and Lumiar) with three different socioeconomic contexts, high, low and medium respectively and which had been previously contacted. The participants were:

- 6 groups of children and adolescents, male and female, attending the 5th and 7th grades, with ages between 10-15 years of age from public schools;
- 4 groups of parents of children and adolescents;
- 4 groups of teachers;
- 2 groups of educational auxiliaries.

The 53 children and adolescents who participated in focus groups, 30 boys and 23 girls were grouped as follows: Zone 1 – 5th grade – five boys and four girls; 7th grade – four boys and four girls; Zone 2 – 5th grade- six boys and four girls, 7th grade – five boys and four girls; Zone 3 – 5th grade – four boys and five girls; 7th grade – six boys and two girls. All groups (except in zone 1) included two or three elements of another nationality (from African countries) and elements with chronic illness.

Regarding the focus groups of parents we found the following characterization: Location 1 – 8 parents (4 mothers and 4 fathers); Location 2 – 12 parents (3 mothers and 9 fathers); Location 3 – 16 parents (2 focus groups: 5 fathers and 11 mothers), a total of 36 parents participated.

Of the 34 teachers: Location 1 – 8 teachers; Location 2 – 17 teachers (two focus groups); Location 3 – 9 teachers.

Two focus groups were set for the educational auxiliaries: Location 1 – 8 educational auxiliaries; Location 3 – 9 educational auxiliaries.

Instrument

At this stage the study has set a total of sixteen focus groups (three groups of children (5th grade), three groups of adolescents (7th grade), four groups of parents, four groups of teachers and two groups of educational auxiliaries, who were interviewed one at the time by applying the technique of data collection, focus groups or discussion groups focused on a theme, addressing different aspects of the health-related quality of life in children and adolescents (Detmar & European KIDSCREEN group, 2006; EMCDDA, 2000; Gaspar et al., 2006; Gaspar & Matos, 2009; Lambert, Hublet, Verduyct, Maes & Broucke, 2002; MacDougall & Baum, 1997; Matos, Gaspar, Simons-Morton, Reis & Ramiro, 2008, Matos, Gaspar, Victoria & Clement, 2002).

Each discussion group of children and adolescents was constituted on average by 9 members; parent groups, teachers and educational auxiliaries had about 8 or 9 elements each.

The protocol was followed given the necessary procedures for conducting focus groups proposed by Morgan, Krueger & King (1998), including the *a priori* establishment of categories and subcategories based on the reviewed literature. An interview guide was developed for each group: students, parents and education professionals, taking into account the research questions and objectives of the study to better organize and gather information from discussion groups with different subjects, from the characteristics of recruitment and from the achievements' setting of the discussion groups. The discussion began with questions more open and accessible, such as leisure time, rising to more subjective issues, such as feelings and mood.

The interviews were moderated by the researcher that urged and managed the discussion using the interview guide taking into account the participation, needs and motivation of participants. All interviews began with the researcher explaining, in an appropriate language to the participants, the purpose and theme for the discussion group to "know and understand the social factors influencing the health-related quality of life in children and adolescents, and the more effective strategies to promote such HRQoL". The investigator presented the essential rules to take into account, in particular, respect for the opinions of others, no right or wrong answers and the opportunity of all people to express themselves. It began with questions related to leisure activities and then all dimensions stipulated in the interview guide.

Procedure

The interviews were recorded on audio system and were transcribed and recorded in files "Word for Windows".

Was used a qualitative methodology, a content analysis, the analyse the in-

interviews of children, adolescents, education auxiliaries and parents participating in focus groups or discussion groups focused on a theme.

The data from the second phase, the qualitative study, was subjected to content analysis: definition of categories, recoding and registration of illustrative examples of each category identified. Previously, to the discussion groups with different groups, it was necessary to develop scripts of interviews, effective for the population target and the objectives pursued, in order to better organize and gather information.

For the semi-structured interviews were created categories *a priori* for all groups, and after analysing the data it became necessary to adjust the structure of categorization pre-established so as to achieve a better exposure of the results. The pre-set categories were based on instrument KIDSCREEN (Gaspar & Matos, 2011) and knowledge acquired through a literature review on the subject. These several steps were considered: (1) identify the transcripts sections/phrases relevant to the dimensions and research issues, (2) establish different categories and subcategories based on the initial classification system, (3) describe the content expressed by each group of participants against each of the categories and subcategories, (4) select illustrative sentences for each category and subcategory for each group of participants. The phrases or content that were relevant but that were not included in any of the pre-set categories would be organized into new categories. Content analysis was conducted separately by two investigators and then compared to the control objective of subjectivity. Regarding the discussion groups, we sought to deepen their understanding about the health-related quality of life in children and adolescents, for them to understand the influence of social in their HRQoL

RESULTS

Main objective was characterizing the perception of children and adolescents, parents, teachers and educational auxiliaries regarding children's and adolescents' quality of life using focus groups.

In order to develop the data obtained in the quantitative study, the discussion groups were conducted to focus on the theme of quality of life, relating it with to personal and social factors to promote quality of life in children and adolescents and the role of various actors in promoting welfare and quality of life in these age groups. Through the speech, beliefs, attitudes and behaviours of young Africans and the intervention of the technical community, we sought to clarify the question of quality of life in children and adolescents, taking into account the "scenarios" and "actors" that surround them.

As previously stated, was used a qualitative methodology in the analysis of interviews of children, adolescents, parents and the coaches who participated in discussion groups focused on the issue of quality of life. The results were orga-

nized into categories and subcategories and presented according to the research questions, using examples and the direct speech of the participants. All these findings were accompanied by explanatory comments.

Its content has been examined taking as starting point the structure originally proposed for classification. Adjustments were made originally to the proposed categories according to the contents developed by the participants.

In order to present the results of the qualitative study, were presented the results of the analysis of interviews of children and adolescents, parents and education professionals (teachers and educational auxiliaries) separately. All the cases were organized into one main category: social dimensions that promote quality of life in children and adolescents

For each category and each subcategory were presented examples of the discourse of participants.

Results of focus groups with children and adolescents.

First, will be present the results obtained by analysing the speech of children and adolescents, presenting sequentially the main category and subcategories of analysis (Family and friends).

Family, family environment and neighbourhood

This dimension covers various contents (1) parental communication that reflects significant differences between the communication with the mother and father, (2) the activities with nuclear and extended family, (3) addresses the educational and parenting practices (4) divorce/separation/abandonment. Some participants avoid and refuse to address this dimension.

In general, children and adolescents argue that family togetherness is very important, refer to spending more time with their mother, with who they have a more frequent communication but also more intense and sometimes inappropriate. Some describe their parents as being absent, some reflect a very negative feeling against the father, and others mention the father as someone who works hard, that is far away but that is calmer and more patient than the mother.

"My mother does not punish me, she does not tell me anything"; "Our parents blame us for things and we get angry because we know that we did not do anything and that we are being punished without any reason"; "My father is calmer, but I talk more with my mother".

Friends

The speech of children and adolescents reflects the importance that the friendship has in their life and demonstrates a profound awareness of the meaning and operationalization of friendship. Most participants associated friendship to trust, support, sharing, understanding and respect even in disagreement. They mention too various activities they develop with friends like playing, talking and walking. The issue of sexual/romantic pair also appears linked to friends; some

emerging gender differences and age were associated to this theme. A minority of participants reported not having friends and to not believe in friendship; this was associated to students from a disadvantaged socioeconomic status and belonging to minorities (ethnic minority or chronic illness).

"I have no friends"; "Here at school, I have no friends, I only have friends in my neighbourhood"; "I can trust my friends"; "A friend is always there, helping us in bad times and giving us advice when we need".

Results of focus groups with parents

Now we will analyse the parents' results obtained, presenting them sequentially, including the main category and their subcategories of analysis.

Family, family environment and neighbourhood

In this dimension, parents mention topics related to parenting, family communication and reflect on the difficulty of being parents in today's society. Parents mention some daily activities that they develop with their children and that they believe to be important for the relationship. Some mothers mention the difficulty of the tasks that they do alone or the absence or separation of the father. Parents who have more than one child of different ages or gender reflect on the differences between them. Some parents show inadequate educational practices, while others have more suitable strategies.

"My son is the one who motivates me to use Internet, sometimes we can also learn from children"; "With our children we make mistakes, excesses, we give them too much freedom and then try to fix it".

Friends

Some parents said they know their children's friends, others do not know how many friends or who are the friends of their children. They stress that their children have friends since their childhood, especially where they live. Parents mention changes in the friendship over time, reporting that as the children grow they become more selective in choosing friends. The theme of loving couple/sex was also discussed.

A minority stated that their children and teenagers are always alone and without friends.

"My son gives a high value to friendship. Without friendship he cannot live"; "Friends might be more important than I am (father)"; "I know his friends since childhood, I do not know his friends from school".

Results of focus groups with education professionals (teachers and educational auxiliaries)

Next we will present the results obtained by analysing the discourse of edu-

cation professionals (teachers and educational auxiliaries), presenting sequentially the main category and their subcategories of analysis.

Family, family environment and neighbourhood

The teachers and staff deal with various contexts related to the family, including (1) parental supervision, (2) communicating and affection, (3) activities jointly between parents and children, (4) divorce/separation. They mention that parents work hard and have limited availability to children, stressing too that they feel that parents do not respect the teachers, because they feel that the school is in charge of the education of the children and believe that parents are increasingly less participatory and involved in the school context. Especially in areas of a higher socioeconomic status, there is a noticeable increase of the number of divorces and separations which according to participants aggravates the situation of family conflict and separation. These parents, according to teachers and staff, demand too much of the children, especially regarding the school grades, making the adolescents more nervous and competitive. However, some students have a good family relationship.

"Parents also tend to have less respect for teachers and feel that the school has to educate their children"; "Parents demand a lot of their children, grades, exams, and their performance"; "Parents spend little time with them".

Friends

Education professionals argue that at this age friends have a strong influence on the lives of students and on their well-being. They mention the various functions that the peer group has. We can find some differences in groups depending on the age; teens are more selective when it comes to friendships than children. Friends can also function as a negative influence, especially in the adoption of risk and maladaptive behaviours. They stress that the integration and membership of a group is very important and sometimes disastrous. Some participants refer to note some competition among peers. The issue of sexual/romantic peer is also mentioned, from the 5th year that begins the interest in this subject (especially among girls), leading even to end friendship relations. Teachers reinforce that some parents (especially in a socioeconomic and cultural advantage context) control and are too active in choosing and maintain friendships of children.

"At this time friends have a crucial role in the students' lives, the advice of friends is far superior to the teacher's or parent's advice, they see friends as a bit of everything"; "Friends can be both, good or bad influences".

DISCUSSION

At this point going to be discuss the results obtained by analysing the speech of children and adolescents, parents and education professionals with respect to their perception of health-related quality of life in children and adolescents, discussing the main category (social dimensions that promote quality of life in children and adolescents) and their subcategories of analysis (Family and Friends).

Discussion of the results obtained by analysing the speech of children and adolescents, parents and education professionals.

Family, family environment and neighbourhood

This dimension covers various contents (1) parental communication that reflects significant differences between the communication with the mother and father, (2) the activities with the nuclear and extended family, (3) addresses the educational and parenting practices (4) divorce/separation/abandonment. Some participants avoid and refuse to address this dimension. In general, children and adolescents consider that family togetherness is very important, refer spending more time with their mother, to have a more frequent communication, but sometimes also more intense and inappropriate. They describe their parents as being absent, some reflect a very negative feeling against the father, and others mention the father as someone who works hard, that is far away but is calmer and more patient than the mother.

In this dimension, parents reflected on the topics of parenting, family communication and reflect also on the difficulty of being parents in today's society. They mention some daily activities that develop with their children and they think this important for the relationship. Some mothers stress the difficulty of doing the tasks by themselves or in a situation of absence or separation of the father. Parents who have more than one child of different ages or gender reflect on the differences between them. Some parents show very inadequate educational practices, while others have more adequate strategies.

Teachers and staff discuss various contents to the family dimension, including (1) parental supervision, (2) communicating and affection, (3) joint activities between fathers and sons (4) divorce/separation. They mention that parents work hard and have limited availability to children, stressing too that students feel less respect for parents than for teachers, that parents feel that school must educate their children and they also believe that parents are increasingly less participatory and involved in the school context. Especially in areas of higher socioeconomic status, there is a noticeable increase in the number of divorces and separations, which according to participants aggravates remoteness and family conflict. These parents according to teachers and staff require too much of children, especially in assessments of school creating more nervous and com-

petitive children and adolescents. However, some students have a good family relationship.

In this dimension the topics most discussed were educational styles, the activities between parents and children, the relationship referenced more often is with mothers than with fathers and the influence of divorce the children's HR-QoL of children. The child and adolescent develop within a family context and are influenced by the characteristics of significant others of the same, especially the characteristics of the parents. The nature of early social and emotional development is the basis or foundation of what will be their social development throughout life. The characteristics of the family, education and family functioning are correlated with the welfare socio-emotional development of children and adolescents, including sensitivity and needs of the investment, the perception of parenting skills from their parents, instead of aggression, hostility, punitive and manipulative behaviour. The family functioning is very important for later social and behavioural adjustment (Kowal, Krull, Kramer & Crick, 2002; Tuijl et al., 2005). There are some important factors in overall well-being of children and adolescents, particularly in the prevention of risk behaviours: (1) parent-child communication, (2) educational styles, (3) involvement of parents, (4) activities that they develop together. However these factors are expressed differently according to age of child and adolescent and depending of the gender (Currie et al., 2000, 2001; Matos et al., 2003; 2005; 2006). In adolescents the family emerged as the main source of support (Ribeiro, 1999). Thus, it becomes important to understand the impact of emotional and social relationships in early emotional and cognitive structures that children use to construct their representations of the world, of themselves and others, and to identify several factors predictive of a subsequent academic performance, social competence and psychopathology (Kennedy & Kennedy, 2004; Walker & Taylor, 1991). According to Palmer and Hollin (2001) family functioning is critical to the subsequent social and behavioural adjustment. There are three aspects of parental behaviour related to the child's behaviour: consistent discipline, supervision of children's behaviour, understanding and caring parent-child interactions (Palmer & Hollin, 2001). The parenting style appears as a variable adjustment of the child and of the adolescent; the offspring of democratic parents perform better in school, have a better psychosocial development, more resilient responses in situations of stress, and greater social responsibility, self-regulation, appropriate assertiveness, individuality and independence. While parenting restrictive and authoritarian practices usually have negative consequences. In families with children and adolescents with behavioural problems there are erratic, rejecting, laxatives parenting patterns, where the children fails the internalisation of controlling their behaviour, and/or strict discipline, with constant reproaches, coercive and aggressive interactions. Discipline should be consistent and contingent upon the behaviour of children and adolescents, so that they perceive the reprimand as valid and fair (Palmer & Hollin, 2001). Families of children with socially inappropriate beha-

viours are characterized by strict discipline, and inconsistently or consistently inappropriate, little positive involvement with children and poor parental monitoring and supervision (Marinho & Caballo, 2002). The parental supervision is also considered an important factor in the context of parental education, a close supervision in childhood promotes parent-child bond and allows parents to teach children values and social norms, and it will be a good predictor of indirect supervision behaviour in older children. The influence of parenting styles on the behaviour of children and adolescents may be influenced by the process of mediating these cognitions. Several studies show the effects of early experiences on subsequent adjustment mediated by processing social information, namely the association between the discipline and aggressiveness, and cognitive distortions, such as causal attributions of hostility (Palmer & Hollin, 2001). We emphasize the association between marital changes (divorce and reconstruction of the family) and the adjustment of children and adolescents, taking into account the vulnerability and individual risk, family composition, stress and socioeconomic disadvantage, parental stress and family process disruptive (Hetherington, Bridge & Insabella, 1998). Children and adolescents living in monoparental families have a greater tendency to experience socio-emotional problems, including disruptive school behaviours, internalizing problems (anxiety, depression, anxiety, etc.), externalizing problems (violence, destructiveness, etc.), emotional problems, oppositional behaviour and requiring treatment. The causes for these socio-emotional problems are diverse, such as stress resulting from the divorce, moving house/area, parental conflict/marital before and after the divorce, the absence of a male model, disruptive parenting practices, stress to negotiate the children's custody, economic issues, etc. (Eamon & Zueh, 2001). Most studies conclude that the mother is more sensitive and involved with the child than the father. Parents are more involved with sons than with daughters, but this difference is more pronounced in older children (Pelchat, Bisson, Bois & Saucier, 2003), so the welfare of parents, usually the mother, including mental health and social and occupational functioning, are predictive variables of well-being, gathering socio-emotional development of children and adolescents (Nelson et al., 2001). For children and adolescents from families at risk, either because of psychological problems of the mother, either educational or social problems because of poverty, the father involvement is particularly important (Roggman, Boyce, Cook & Cook, 2002). Mezulis, Hyde and Clark (2004) add that the father's presence and involvement are associated with fewer problems in school and at home and better school performance.

Friends

The speech of children and adolescents reflects the importance that friendship has in their life and demonstrates a profound awareness of the meaning and operationalization of friendship. Most participants associated friendship to

trust, support, sharing, understanding and respect even in disagreement. They note too various activities that develop with friends like playing, talk and walk. The issue of peer sexual/romantic also appears linked to friends, there are some gender and age associated differences. A minority of participants reported having no friends and did not believe in friendship; this was more associated to students from a disadvantaged socioeconomic status and belonging to minorities (ethnic minority or chronic illness).

Some parents said they know their children's friends, others did not know how many or who were the friends of their children. They stress that the children have friends since childhood, especially in the neighbourhood. Parents mention changes on friendships over time, reporting that the children become more selective in choosing friends as they grow. The theme of loving couple/sex was also discussed.

A minority stated that their children and teenagers are always alone and without friends.

Education professionals consider that at this age friends have a strong influence on the lives of students and on their well-being. They mention the various functions that the peer group has for the students. Some differences related to age were found, teens are more selective when it comes to friends than children. Education professionals believe that friends can also function as a negative influence, especially in the adoption of risk behaviours and misfit. They stress that the integration and being member of a group is very important and at the same time it can be sometimes disastrous. Some participants referred to note some competition among peers. The issue of peer sexual/romantic is also mentioned, since the 5th grade that they show interest in this subject (especially girls), leading even to end friendly relations. Teachers reinforce the notion that some parents (especially in a socioeconomic and cultural privileged context) control and have a role too active in choosing and maintaining the children's friendships.

The three groups of participants recognized the importance that friends have for children and adolescents. Some gender and age differences were found in this dimension. Parents and school professionals point out that friends can also have a negative influence on the behaviour of children. Indeed friendships are crucial to social development of children and adolescents, according Hartput (1996, 1999). The relationship with peers is especially meaningful during childhood and adolescence contributing to the psychosocial adjustment of children/adolescents, particularly for school adjustment, for psychological health (avoiding loneliness/isolation) and health behaviours, preventing behaviour problems because it establishes a clear link between peer acceptance and psychosocial adjustment (Bagwell, Schmidt, Newcomb & Bukowski, 2001; Erdley, et al. 2001). Along with the onset of adolescence there is a growing conflict in parent-child relations and the younger adolescents perceive the relationship with less support, relying on the peer group as their biggest source of support, with greater emphasis on loyalty between friends. The relations of friendship are thus an im-

portant aspect in the acquisition of autonomy by giving more support to the level of future intimate relationships, offering a purchase of social and emotional skills in these same relationships. Secure friendly relations, especially among girls, are positively related to liking and involvement with school, self-esteem, psychosocial adjustment and subsequent success in relationships, and negatively correlated to school problems, loneliness, identity problems and depressive symptoms. A good initial attachment with parents may serve as model for relations of secure friendship, as those related to social skills and interpersonal functioning and inversely correlated to anti-social behaviour. In older adolescents, it is also associated to a greater competence in problem solving and life satisfaction. Thus, in childhood the supportive relationships tend to be with parents and as children advance into adolescence they tend to approach their peers as a source of support, particularly in terms of intimacy and physical closeness relations, and this need decreases over time (Nickerson & Nagle, 2005). An investigation conducted by the authors, suggests that there are differences between children with a later childhood and adolescents who have an early adolescence, and children show greater confidence and ease of communication than teens, which have a greater insight and a more complex level of abstract and differentiated thinking. Moreover, according to the article there is a more critical age regarding the importance of peer influence, particularly in terms of crime and deviant behaviour. The relations of friendship in childhood will affect the social and emotional adjustment in the short, medium and long term. Children and adolescents require acceptance by peers and this is fulfilled by participation in the peer group, rising to a need for interpersonal intimacy. Moreover, the rejection of peers is an experience of stressful living and lack of support (Bagwell et al., 2001). Thus, peer rejection and problems with friendships are factors of risk for adjustment difficulties. Having support from friends is a protective key and increases the capacity of children and adolescents to cope with stressed life events, protect them from the risk of being victims and provides support and encouragement throughout the school transitions. Moreover, certain relationships with peers may be a risk factor, namely conflicts with colleagues can lead to disturbances during the school year, children and adolescents with aggressive friends may come to adopt these same behaviours. The friendship has several functions, such as social provisions (affection, intimacy (sharing secrets and personal issues – trust, acceptance and perception of being understood) and perceived alliance of trust) and social support. The feeling of being able to trust a friend promotes feelings of security, rather than feelings of anxiety and vulnerability. The sense of belonging (when the children feel that belong someplace and are accepted by a group) is associated to the acceptance of peers than to friendship. To interact with other states their own competence and value, and promotes feelings of pride, self-esteem and self-acceptance, the companionship or artillery activities, not social isolation (Erdley et al., 2001).

Parents have a direct and indirect influence in friendships, especially re-

garding to children. The indirect influence refers to the social skills that children and adolescents develop within the family, which will impact their relationships with peers. Such children have a more secure attachment with parents and will be more socially competent with peers.

The direct parental influence on the friendships of children may be exerted by four ways: creator parents (parents seek friendships outside of the context that promotes a residential development of positive friendly relations) mediator parents (parents that foster and provide support for interactions with peers), supervisor parents (parents that observe the interaction of the children that think and intervene when necessary) and counsellor parents (that help the children to negotiate relationships with peers). For maintaining relationships with peers, including relationships with peers of other ethnic groups, children need the support and assistance from parents (Marinho & Caballo, 2002).

CONCLUSION

This study aimed to characterize and understand the HRQoL and social factors associated promoters. Thus was the light of multidimensional definition of the HRQoL, which articulates the impact of social factors, especially Family and friends in HRQoL in children and adolescents. The current research highlights the strong impact, direct and indirect, of the social variables studied in HRQoL, as well as their relation with psychological dimensions of the instrument KIDSCREEN-52 (Gaspar & Matos, 2011). The subjective perceptions of well-being are considered important aspects in health promotion and are relevant indicators in the area of public health.

The conclusion relates to the importance mainly of family relations, but also to support social well-being and the HRQoL of children and adolescents. Another worrying aspect is the perception of poor HRQoL associated with the school environment and learning, this aspect documented internationally in various world and European Studies (The KIDSCREEN Group Europe, 2006; UNICEF, 2007). We identified and characterized risk groups according to their levels of HRQoL, including girls, adolescents, and participants with low socioeconomic status, ethnic minorities and with chronic disease. This reinforces the impact of socioeconomic disadvantage in the HRQoL.

These factors in a health context will influence the HRQoL of children and adolescents. As a consequence, it can be identified in children and adolescents at risk in terms of their subjective health, and provide these children with intervention programs, contextualized and evaluated. It is proposed an ecological and systemic approach in which it is evident the importance to health of interaction with groups such as family, school and social support, understanding of socioeconomic and cultural rights and their impact on health of this population adds to the need for information collection and evaluation of interventions

through the implementation of strategies based on qualitative methodologies, and theories of interpersonal communication and group dynamics.

Given these findings, knowledge and understanding of social factors acquired through this research on HRQoL seem fundamental, as well as their promoters factors, and on each psychosocial reality were children and adolescents live with different levels factors linked to risk to protection. It is important to bear in mind that either the case or the contents of the interventions have to be objectified according to the specific needs and personal experiences, socio-cultural context of each particular group, i.e. the acquired knowledge should influence the strategies of action against the groups specific.

The assessment of health-related quality of life in children and adolescents can gain the necessary knowledge to develop methods of promoting quality of life in these age groups. It is also important to identify the risk factors for the well-being of children and adolescents, and finally, inured to prevent these negative factors. Preventive programs are unable to cancel the risk, and sometimes do not have an effective role in reducing the risk exposure. In this sense, the objective of prevention may be reducing the impact of risk factors by promoting personal and social skills through the increase in parenting skills to deal with their children, increasing teachers' skills in dealing with students and also by optimizing the role of health professionals, social justice and solidarity to deal with their target audiences. It is of particular importance to promoting health and well-being associated with the promotion of health protective factors in children and adolescents, since these age groups have a fundamental impact on all the healthy development in later ages.

Prevention programs should include the promotion of a positive social capital, promoting social inclusion, access to alternative spaces, protected and development of materials and structures for education and recreation. The concern about the quality of programming for weekend and vacation in schools and the community is an innovative strategy that may contribute to the promotion of subjective well-being of children and adolescents, to promote better relations between them and the family, friends, teachers and the rest of the population in the surrounding community, as well as for a reversal of inequality and social vulnerability situations. It may include a schedule of activities taking place at the weekend and school holiday time, with the help of animators and technical expertise, materials and production planning and implementing activities involving children and adolescents, parents and the community.

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