

PSYCHOLOGICAL WELLBEING AND HEALTH-RELATED QUALITY OF LIFE IN CHILDREN AND ADOLESCENTS: FOCUS GROUP METHODOLOGY

BEM-ESTAR PSICOLÓGICO E QUALIDADE DE VIDA ASSOCIADA À SAÚDE EM CRIANÇAS E ADOLESCENTES: METODOLOGIA DE GRUPOS FOCAIS

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Abstract: The present study has the main objective to characterize the psychological factors that influenced Health-Related Quality of Life (HRQoL) in Portuguese children and adolescents attending the 5th grade and 7th grade from public schools, and to analyze the HRQoL by gender, age and socioeconomic status (SES). The HRQoL will be assessed by analyzing 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 with ages between 10 and 15 years old, 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) and pupils with low SES. 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; Psychological wellbeing, feelings, emotions

Resumo: O presente estudo tem como principal objectivo caracterizar os factores psicológicos que influenciaram a Qualidade de Vida associada à Saúde (QVaS) em crianças e adolescentes que frequentam o 5º e 7º ano de escolaridade públicos, e analisar a (QVaS) por género, idade e estatuto sócio-económico. A (QVaS) será avaliada através da análise da percepção que as crianças e os adolescentes têm da sua própria (QVaS), a percepção da (QVaS) dos seus filhos e, por último, a percepção da (QVaS) por parte dos profissionais de educação.

Foi utilizada uma metodologia qualitativa e a metodologia de grupos focais. A amostra incluiu 53 crianças e adolescentes com idades entre os 10 e os 15 anos, 36 pais, 34 professores e 17 assistentes de educação. Foram desenvolvidos 16 grupos focais e elaborado um guião de entrevista para os grupos focais. Os resultados desta pesquisa identificaram os grupos de risco na (QVaS) ou seja, raparigas, adolescentes (o grupo mais velho) e alunos com nível sócio-económico baixo. Os resultados revelaram que a (QVaS) em crianças e adolescentes é influenciada por factores de saúde física, psicológica, factores sociais e por comportamentos de saúde. No entanto, factores psicológicos demonstraram maior efeito, tanto a respeito de um impacto directo ou indirecto, na (QVaS) de crianças e adolescentes. Foram apresentadas sugestões e implicações para a intervenção e promoção da (QVaS), em relativamente a uma abordagem ecológica e de desenvolvimento.

Palavras-chave: crianças e adolescentes; qualidade de vida, bem-estar psicológico, sentimentos e emoções

Introduction

Health Related Quality of life in children and adolescents can be described as a multidimensional construct consisting of four following dimensions: physical, emotional, social and school adjustment (Bramston, Chipuer & Pretty, 2005; Chipuer, Bramston & Pretty, 2003).

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

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

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).

When children and adolescents asked what is most important in their lives besides physical functioning, they indicate that they valued general mood, as well as the sense of self feelings and need for growing independence, most time linked to social relationships and school success (Edwards, Huebner, Connell & Patrick, 2002; Gaspar, 2010)

A positive development in adolescence contributes positively to the personality, to the family, the peer group, the community and civil society, and implies the development of several specific skills: (1) Competence, positive perspective of the action in various fields, including social (interpersonal relationships, communication, conflict resolution), cognitive (information processing, decision making), academic (ratings and attendance and involvement at school) and vocational (future career) dimensions; (2) Trust, perceived self-esteem and self-efficacy, personal perspective of the value of the individual; (3) Connection, positive connections with people and institutions (peers, family, school and community), regarding the relations that are established in

bidirectional way; (4) Character, respecting social and cultural rules, the sense of good and evil and integrity; and (5) Compassion, sympathy and empathy sense towards others (Lerner et al., 2005). The quality of life of children and adolescents is closely related to their mental health and subjective well-being. Several strategies may be proposed to promote quality of life in children and adolescents.

An empirical study was based on the literature review and model proposed by Gaspar, et al, 2009. In this model, three independent latent variables were specified – Physical, Psychological and Social and two dependent latent variables were measured: Health behaviour and Quality of Life. Scale scores were used as observation indicators to build latent variables.

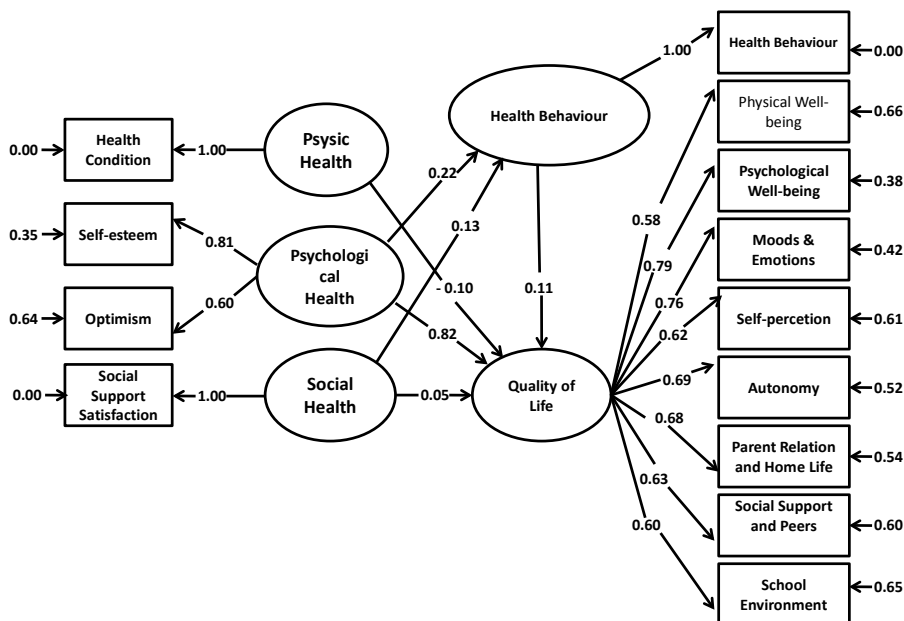


Figure 1. Standardized Structural Model of the relations between physical, psychological and social health, health-related behaviour and health-related quality of life

The integrative model presented in Figure 1 is composed by different components: (1) health-related quality of life (HRQoL), integrated by 8 dimensions from KIDSCREEN-52; (2) health behaviour (four factors compiled from the health behaviour scale), (3) variables related to physical health (health state – with or without chronic illness); (4) variables related to social health (global social support satisfaction); (5) variables related to psychological health (global self-esteem scale and life orientation scale). The main objective of the study was to build a model, which includes personal and social factors, that helps to highlight factors that promote health-related quality of Life (HRQoL)

in children and in adolescents. The sample was composed by 3195 children and adolescents from 5th and 7th grades. The Portuguese version of KIDSCREEN-52 (an instrument that measures ten dimensions of HRQoL) and other instruments were used to measure personal and social factors. Various structural equation models were developed in association to gender, age, socioeconomic status (SES) and the global sample. The studied model presented good adjustment indexes, which suggest a good fit for the hypothesized model. The study showed that the psychological variables superior level contribution regarding to HRQoL and highlighted the relevance of a psychosocial approach to health promotion programs for children and adolescents (Gaspar, Matos, Ribeiro, Leal & Ferreira, 2009; Gaspar, Matos, Ribeiro, Leal, Erhart & Ravens-Sieberer, in press)

Related to psychological wellbeing adolescents describe positive and negative emotions, worries and stress, life-satisfaction and optimism. KIDSCREEN project (The Kidscreen Group Europe, 2006) consider that psychological wellbeing dimension exams positive emotions and satisfaction with live. It specifically reveals the positive perceptions, life satisfaction and emotions experienced by the children and adolescent, such as, happiness, joy and cheerfulness. Moods and emotions dimension of health related quality of life as the dimension that covers how much they experiences depressive moods and emotions and stressful feelings. It specifically reveals feelings such loneliness, sadness, sufficiency or insufficiency and resignation, this dimension takes account how distressing these feelings are perceived to be, shows a high score in HRQoL if these negative feelings are rare.

Perceptions of quality of life provide an overview of the conditions of life through the eyes each individual. It can reveal what is important to them, what can contribute most for them feelings and emotions, including the level and determinants of their health regarding the context of their lives. Considering that the intervention in public health can promote health policies and conditions that improve the HRQoL of those involved, their indices provide important information related to the welfare of people through physical symptoms and psychological or behavioural indices of risk. In the hierarchical model five specific areas were included: family, school, environment, friends and the individual, give the fact that this was a multidimensional model. A considerable importance is given to positive psychological factors and to the functioning and health status of the individual, the HRQoL measures are crucial to the evaluation of health outcomes (Huebner, Suldo, Smith & McKnight, 2004).

To adopt a work based on positive psychology in order to promote the welfare of all children and adolescents is a complex and multifaceted task. The promotion of HRQoL is consistent with the preventive efforts in psychology services in schools, services indirectly related, non-traditional assessments, application of scientific psychology, issues of cultural diversity, and collaboration with parents and teachers. A multidimensional approach of quality of life provides information on different aspects of health-related quality of life

providing a structure to identify and develop strategies to promote HRQoL in children and adolescents (Helseth & Lund, 2005).

The present study has the main objective to characterize the psychological factors that influenced Health-Related Quality of Life (HRQoL) in Portuguese children and adolescents. The HRQoL will be assessed by analyzing 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.

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, based on two KIDSCREEN Dimensions “Psychological Wellbeing” and “Mood and Emotions” (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, 2003).

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 psychological factors influencing the health-related quality of life in children and adolescents”. 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 them. 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 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 psychological and emotional 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.

The discussion groups were conducted to focus on the theme of quality of life, relating it with to personal 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. 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 organized 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: psychological 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 (Feelings and Emotions).

Feelings - When approaching the feelings' dimension (positive), the responses are diverse. Some participants said that what makes them feel happiest are the high evaluation marks. Others argue that what brings positive feelings is having and being with friends and family (parents and siblings). The theme of the pair sexual/romantic is stressed too, happiness increases when they are in love and it is reciprocated. Others pointed out that the greatest sense of satisfaction is when there are no classes. The most mention themes as promoters of happiness are family and friends, causing well-being and safety.

"Good grades make me happy"; "For me the most important are the friends and parents"; "Joy... my sister's baby is almost two years old; I play a lot with the baby, he is so cute".

General mood - In relation to mood (negative feelings) responses are also diversified somewhat in the opposite direction of the dimension "Feelings."

Some students emphasize that when the evaluation marks are not as high as they wish they get very sad and they feel much pressured to achieve the best results. Others refer episodes of parental abandonment (mostly the father), cases of illness or death of relatives. Some children and adolescents emphasize that family the environment is negative, cohesive communication does not work and they do not feel that parents treat them with justice or with attention. Other participants reported that the worst is when they get angry with friends or when they have a not corresponded loving feeling.

"When I get mad with my friends"; "When I'm not ok with my father and my mother, when we disagree"; "I'm sad when I like girls and they don't like me".

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.

Feelings - Parents reported that their children have positive feelings associated to success and situations in school environment, when they receive unwanted gifts in situations related to the family and the peer group. Another point made by some parents is that the sense of freedom and autonomy of choice allows their children to have positive feelings.

"Everything that is connected to feelings, is connected to friends," "My daughter, with the scores of test"; "My son is able to do whatever he wants"; "My children were happy when they found out they would have one more sister".

General mood - Regarding the general mood (negative emotions) parents mention different situations in which children feel sad, and what strategies they use to manage and resolve situations, including bad grades, losing a family member, angry towards friends and when parents get upset with them. Some parents report that they cannot identify the situations that cause suffering in children, nor can identify when children are sad or stressed.

"I notice my daughter is sad because she closes herself in her room and writes poems"; "My daughter has eyes that speak; I just look at her eyes and see how she feels"; "My son is quite difficult to read because it is very introvert".

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

Next will be present the results obtained by analysing the discourse of education professionals (teachers and educational auxiliaries), presenting sequentially the main category and their subcategories of analysis.

Feelings - The situations that make them feel good and happy, according to teachers and staff are friendly relations, good evaluation marks, some extracurricular activities or hobbies, watching TV programs. For children and adolescents who have a good family relationship, the family is a key promoter of

happiness and emotional well-being, through the perception of security, support and protection. Romantic relationships, when positive and mutual, are a source of welfare and happiness.

"What makes them feel more happy is the test scores, they get radiant"; "Some students enjoy their hobbies"; "The girls are very happy when they are in love and when they have a relationship with a boy"; "They are happy when they are playing with friends".

General mood - Teachers and employees present a number reasons associated to poor emotional health of students, including negative evaluation marks or lower than expected, in periods of adjustment when they move from school, perception of betrayal or anger among friends (especially girls), being accused of something they did do, situations caused by quarrels and other family situations. They notice some tiredness on students in the evening and essentially at the end of the school term. Some teachers reported that students (especially teenagers) do not feel happy, they are unmotivated and without future prospects. According to the participants, the sentimental involvement when it is not reciprocated is a source of sadness (especially to girls).

"I have a student who suffered because he was betrayed by a friend"; "What makes girls sadder is when they end up relationships"; "They cry because of situations they are living at home, like fights, divorce, etc."

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 (psychological dimensions that promote quality of life in children and adolescents) and their subcategories of analysis (Feelings and Emotions).

Next will be present the discussion of the results obtained by analysing the speech of children and adolescents, parents and education professionals, related to psychological factors that influenced HRQoL in children and adolescents

Feelings

When approaching the feelings (positive) dimension the responses are diverse. Sometimes they mention school-related evaluations or in opposition the feeling of satisfaction is when there are no classes. Others argue that what brings positive feelings is having and being with friends and family (parents and siblings). The theme of the pair sexual/romantic is stressed here too, happiness increases when they are in love and it is reciprocated. Parents reported that their children have positive feelings associated to success and situations in school environment, when they receive unwanted gifts in situations related to the family and the peer

group. Another point made by some parents is that the sense of freedom and autonomy of choice allows their children to have positive feelings. The situations that make them feel good and happy according to teachers and staff are friendly relations, good evaluation marks, some extracurricular activities or hobbies, and to watch TV programs. In the case of children and adolescents who have a good family relationship, the family is a key promoter of happiness and emotional well-being through the perception of security, support and protection. Romantic relationships when positive are a source of mutual welfare and happiness.

For all three groups of participants, topics tighter as promoters of happiness are firstly the family and friends, causing well-being and safety and academic success by others. Several authors in their studies and conceptual proposals illustrate these results. Cummins (2005) considers that a high quality of life is consistent with a positive mental state and that the subjective well-being is a variable indicator, on a balance of assets by an affective and cognitive homeostatic system. Cummins and Nistico (2002) present a model of subjective perception of quality of life, which consists of three levels of determinants. The determinants of first order, individual factors and personality; determinants of second order describing cognitive schemes, which involve variables such as self-control, self-esteem and optimism; and a third factor related to the experience of the outside world and in particular, to the social support. These determinants are strongly influenced by external determinants of second order. Often the life satisfaction appears closely related to subjective well-being and the subjective perception of quality of life (Diener & Lucas, 2000). Cummins and Nistico (2002) identified three aspects of the personality associated to these variables, namely self-esteem (sense of individual value), control (sense of environmental monitoring in accordance to wishes/needs) and optimism (sense of optimism about the future).

The life events contribute significantly as determinants of positive affect, negative affect and satisfaction towards life. Specifically in relation to the events of life and subjective well-being, daily negative events are significantly related to affection (positive and negative), and the positive events of daily life are significantly related to life satisfaction (McCullough et al., 2000).

General mood

In relation to mood (negative feelings) responses are also diversified somewhat in the opposite direction of the dimension "Feelings." They said that adolescents and children feel sad when the evaluation marks are not as high as they desired and feel much pressured to achieve the best results. Others refer episodes of parental abandonment (mostly the father), cases of illness or death of relatives. Some children and adolescents emphasize that if the family environment is negative, cohesive communication does not work and they do not feel that parents treat them with justice or with attention. Other participants reported that the worst is when students get angry with friends or when they

have a loving feeling for another that is not corresponded.

Regarding the general mood (negative emotions), parents mention different situations in which children feel sad, and the strategies they use to manage and resolve situations, including bad grades evaluation, losing a family member, anger towards friends and when parents get upset with them. Some parents report that they cannot identify the situations that cause suffering in children, nor can identify when children are sad or stressed. Teachers and staff mention a number of reasons associated to poor emotional health of students, including negative evaluation marks or lower than expected, in periods of adjustment when they move from school, perception of betrayal or anger among friends (especially girls), being punished unfairly of having done something that they did not, situations caused by quarrels and other family situations. They notice some tiredness on students in the evening and essentially at the end of school term. Some teachers reported that students (especially teenagers) do not feel happy, are unmotivated and without future prospects. According to participants when the romantic involvement is not mutual it is a source of sadness (especially for girls).

For all three groups of participants, the topics linked to negative emotions are in one hand negative relationships and quarrels with family and friends, causing discomfort and sadness and in the other had pressure and school results.

This is illustrated in some studies and conceptual proposals. The mood and anxiety disorders have an impact on the welfare of children and adolescents. Depressed children (non-clinical) report more problems related to loss of interest and low motivation, and have a more negative view of themselves. Anxious children (non-clinical) reported a greater concern for the future, with their well-being and the reactions of others. A negative affectivity is common in depression and anxiety. However depression is particularly characterized by low positive affect and negative affect anxiety. The concept of positive affection is related to the personal pleasure in an environment in which a person feels enthusiastic, active and alert, the affection negative represent something unpleasant and a perception of a high degree of stress (Lonigan et al., 1994; Lonigan et al., 2003). A low self-control of emotions (e.g. Labiality) or negative emotions have an important impact on physical symptoms. In children and adolescents emotional liability may be manifested by attention deficit, mood, aggression and anxiety, which will reflect on emotional regulation and behaviour. In a longitudinal study it was found that children and adolescents with low emotional regulation will have more physical symptoms in adulthood. In a study by Weisz, Southam-Gerow and McCarty (2001) it was concluded that children with depressive symptoms blame themselves for negative events, have negative self-perception, low self-esteem, low perceived competence, an external locus of control, a negative outlook of the world and the future. Present an attributional style that involves internal attributions, stable and global for negative outcomes and external attributions, and unstable and specific for positive results. Teachers emphasize also the importance of motivation and inadequate future expectations. Children and

adolescents may have different expectations for their lives, and may not share their experiences with parents or other adults (Lawford & Eiser, 2001). There is a relationship between coping strategies and mental health, since adequate coping strategies are key moderators for the effects of stress on mental health. Children and adolescents at risk for mental disorders use active and internal strategies and dysfunctional strategies such as seclusion, denial, isolation and fatalistic attitudes. Children and adolescents who use more active strategies (seeking social support, consider alternatives and consequences of solutions) have less risk of developing mental health problems. A good adjustment, higher self-esteem and better school performance are associated to positive active strategies, but a bad adjustment is associated to poor coping dependent strategies (to rely on someone else's solution, support and assistance) (Plancherel, Bolognini & Halfon, 1998).

Conclusion

This study aimed to characterize and understand the HRQoL and psychological 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 psychological variables studied in HRQoL, as well as their relation with social 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 in psychological wellbeing in 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). Were identified and characterized risk groups according to their levels of HRQoL, including girls, adolescents, and participants with low socioeconomic status. 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.

References

- Bramston, P.; Chipuer, H. & Pretty, G. (2005). Conceptual principles of quality of life: an empirical exploration. *Journal of Intellectual Disability Research*, 49 (10) 728-733.
- Bronfenbrenner, U. (2001). Human development, bioecological theory of. In N. J. Smelser & P. B. Baltes (Eds.) *International encyclopaedia of the social and behavioural sciences* (pp. 6963-6970). Oxford, UK: Elsevier.
- Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage.
- Chipuer, H., Bramston, P., Pretty, G. (2003). Determinants of subjective quality of life among rural adolescents: a developmental perspective. *Social Indicators Research*, 61, 79-95.
- Cummins, R. (2005). Moving from the quality of life concept to a theory. *Journal of Intellectual Disability Research*, 49 (10) 699-706.
- Cummins, R., Nistico, H. (2002). Maintaining life satisfaction: The role of positive cognitive bias. *Journal of Happiness Studies*, 3, 37-69.
- Detmar, S.; Bruil, J.; Ravens-Sieberer, U.; Gosch, A.; Bisegger, C. & the European KIDSCREEN group (2006). The use of focus group in the development of the KIDSCREEN HRQL questionnaire. *Quality of Life Research*, 1(5) 1345-1353.
- Diener, E. & Lucas, R. (2000) "Subjective emotional well-being". In M. Lewia and J.M.. Havilan-Jones (eds.) *Handbook of Emotions* (pp.325). New York: Guilford Press.
- Edwards, T.; Huebner, C.; Connell, F. & Patrickm, D. (2002) Adolescent quality of life, Part I: Conceptual and measurement model. *Journal of Adolescence*, 25 (3), 275-286
- EMCDDA (2000). *Understanding and responding to drug use: the rule of qualitative research*. Belgium: EMCDDA.
- Gaspar, T. & Matos, M.G. (Eds) (2011). *KIDSCREEN - A Percepção de Qualidade de Vida em Crianças e Adolescentes. Versão Portuguesa dos Instrumentos*. Lisboa: Placebo, Editora LDA
- Gaspar, T. (2010). *Health-Related Quality of Life in Children and Adolescents: Personal and Social Factors that promote quality of life*. German: Lambert Academic Publishing.

- Gaspar, T. & Matos, G. (2009). Adolescent's lifestyles, ethnicity and socioeconomic status in Portugal. *Cognition, Brain and Behavior* 13, 1, 49-57
- Gaspar, T.; Matos, M.; Ribeiro, J.L.; Leal, I.; Erhart, M. & Ravens-Sieberer, U. (In Press). Health-related quality of life in children and adolescents: subjective well being. *Spanish Journal of Psychology*
- Gaspar, T.; Matos, M. Ribeiro, J.; Leal, I.; & Ferreira, A. (2009). Health-related quality of life in children and adolescents and associated factors *Journal of Cognitive and Behavioral Psychotherapies*, 9 (1), 33-48.
- Gaspar, T.; Matos, M.; Gonçalves, A.; Ferreira, M. & Linhares, F. (2006). Comportamentos Sexuais, Conhecimentos e Atitudes face ao VIH/Sida em adolescentes migrantes. *Psicologia, Saúde e Doenças*, 7 (2) 299-316
- Gaspar, T.; Matos, M.; Ribeiro, J.; Leal, I.; Erhart, M. & Ravens-Sieberer, U. (2010). Quality of Life in Children and Adolescents: Portuguese KIDSCREEN-52. *Journal of Child and Adolescent Psychology*, 1 49-64.
- Gaspar, T. & Matos, M. (Eds) (2008). Versão portuguesa dos instrumentos KIDSCREEN-52: *Instrumentos de Qualidade de Vida para Crianças e Adolescentes*. FMH: Lisboa
- Helseth, S. & Lund, T. (2005). Assessing health-related quality of life in adolescents: some psychometric properties of the first Norwegian version of KINDL. *Scandinavian Journal Caring science*, 19, 102-109.
- Huebner, E.; Suldo, S.; Smith, L. & McKnight, C. (2004). Life Satisfaction in Children and Youth: Empirical Foundations and Implications for School Psychologists. *Psychology in the Schools*, 41 (1) 81-93.
- Lambert, M.; Hublet, A.; Verduyck, P ; Maes, L. & Broucke, S. (2002). *Report « Gender differences in Smoking in Young People »*. The European Commission, Europe against Cancer. Brussels, Belgium: Flemish Institute for Health Promotion.
- Lawford, J. & Eiser, C. (2001). Exploring links between the concepts of quality of life and resilience. *Pediatric Rehabilitation*, 4 (4) 209-216.
- Lerner, R.; Lerner, J.; Almerigi, J.; Theokas, C.; Phelps, E.; Gestsdottir, S.; Naudeau, SW.; Jelicic, H.; Alberts, A.; Ma, L.; Smith, L.; Bobek, D.; Richman-Raphael, D.; Simpson, I.; Christiansen, E. & Eye, A. (2005). Positive Youth Development, Participation in Community Youth Development Programs, and Community Contributions of Fifth-Grade Adolescents. *Journal of Early Adolescence*, 25, 17-71.
- Lonigan, C.; Carey, M. & Finch, A. (1994). Anxiety and depression in Children and adolescents: Negative Affectivity and the Utility of Self-Reports. *Journal of Consulting and Clinical Psychology*, 62 (5) 1000-1008.
- Lonigan, C.; Phillips, B. & Hooe, E. (2003). Relations of Positive and Negative Affectivity to Anxiety and depression in Children: Evidence from a Latent Variable Longitudinal Study. *Journal of Consulting and Clinical Psychology*, 71 (3) 465-481.
- MacDougall, C. & Baum, F. (1997). The devil's advocate: a strategy to avoid groupthink and stimulate discussion in focus group. *Qualitative Health Research*, 7 (4) 532-541.

- Matos, M.; Gaspar, T.; Simons-Morton, B.; Reis, M. & Ramiro, M. (2008). Communication and Information about "Safer Sex": Intervention Issues Within Communities of African Migrants Living in Poorer Neighborhoods in Portugal. *Journal of Poverty* 12(3), 333-350
- Matos, M., Simões, C., Tomé, G., Gaspar, T., Camacho, I., Diniz, J. & Equipa do Aventura Social (2006). A Saúde dos Adolescentes Portugueses – Hoje e em 8 anos – Relatório Preliminar do Estudo HBSC 2006. Website: www.fmh.utl.pt/aventurasocial; www.aventurasocial.com
- Matos, M.; Gaspar, T.; Vitória, P. & Clemente, M. (2003). *Adolescentes e o Tabaco: rapazes e raparigas*. Lisboa: Faculdade de Motricidade Humana, Concelho de Prevenção do Tabagismo e Ministério da Saúde.
- McCullough, G.; Huebner E. & Laughlin, J. (2000). Life Events, Self-Concept, and Adolescents' Positive Subjective Well-Being. *Psychology in the Schools*, 37 (3) 281-290.
- Morgan, D.; Krueger, R. & King, J. (1998) *The focus group guidebooks*, vol. 1-6. Sage Publications.
- Nelson, G.; Laurendeau, M. & Chamberland, C. (2001). A Review of Programs to Promote Family Wellness and Prevent the Maltreatment of Children. *Canadian Journal of Behavioural Science*, 33 (1) 1-13.
- Plancherel, B.; Bolognini, M. & Halfon, O. (1998). Coping Strategies in Early and Mid-Adolescence: Differences According to Age and Gender in Community Sample. *European Psychologist*, 3 (3) 192-201.
- The KIDSCREEN Group Europe. (2006). *The KIDSCREEN questionnaires: quality of life questionnaires for children and adolescents*. Germany, Pabst Science Publishers.
- UNICEF (2007). Report Card 7. Child poverty in perspective: An overview of child well-being in rich countries. UNICEF Innocenti Research Centre, Florence.
- Weisz, J.; Southam-Gerow, M. & McCarty, C. (2001). Control-related Beliefs and Depressive Symptoms in Clinic-Referred Children and Adolescents: Developmental Differences and model Specificity. *Journal of Abnormal Psychology*, 110 (1) 97-109.