

Child well-being: A systematic review of the literature

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Abstract: A systematic review of the literature on child well-being was conducted to assess the current state of child well-being research and answer the following questions: 1) How is child well-being defined? 2) What are the domains of child well-being? 3) What are the indicators of child well-being? and 4) How is child well-being measured? This review updates and expands a previous review of the child well-being literature base spanning 1974-1992. Results indicate that well-being is a commonly used but inconsistently defined term frequently included in the study of child development. There are 5 distinct domains of well-being: physical, psychological, cognitive, social, and economic. The physical, cognitive, economic, and social domains measure more positive indicators, while the psychological domain measures more deficit indicators. There is little agreement in the research literature on how to best measure child well-being.

Methodology: This systematic review of the child well-being research base updates and expands an earlier systematic literature review spanning 1974 to 1992 (Toles, Marks, Fallon, and Offord, 1993). Both reviews used a three-phase methodology, a key term search, a title screen, and a content screen. The updated review searched five computer databases, PsychINFO, Sociological Abstracts, ERIC, MEDLINE and HealthSTAR, and included key terms to limit the search to humans within the age range of birth to 18 years. Following this algorithm, 1,658 articles were identified (Table 1).

Table 1.
Database Search Results

	DATABASE					Total
	PsychINFO (1990-99)	Sociological Abstracts (1990-99)	ERIC (1990-99)	MEDLINE (1991-99)	HealthSTAR (1990-99)	
CITATIONS OF KEY TERMS, PER DATABASE						
Quality of life	97	225	73	317	14	737
Life satisfaction	46	84	34	--	--	164
Well-being	230	38	146	209	9	632
Wellness	9	51	63	9	4	136
Total	382	398	316	535	27	1658

Note. Duplicate articles arising from the same article appearing in multiple databases are included in this number.

After screening the title, the total number of citations was 415. These citations did not include articles pertaining to clinical populations since any articles containing cancer, tumor, transplant, transplantation, syndrome, or disease in the title were excluded. Articles were included if their title contained any of the following terms: well-being or wellness, quality of life, life satisfaction, satisfaction with life, self-esteem, health, or happiness. In addition, articles had to contain one of the following terms in the title: child (or synonym), adolescent (or synonym), student (or synonym), pediatric, or measure, measures, measuring, correlates, determinants, instrument, scale, or index.

Table 2.
Content Screen Exclusion Criteria

- Clinical condition
- Does not include a general or community population
- Focus is well-being of parents
- Sample has mean age of greater than 18 years; if the sample included children and adolescents, there is no specific analysis of them as a subgroup
- Focus is fetal or neonatal well-being
- Purpose of article is debate of ethical issue (e.g. baby doe)
- Focus of article is mortality issue
- The article cites no references

The remaining citations were then screened using the exclusion criteria presented in Table 2 (Toles et al., 1993).

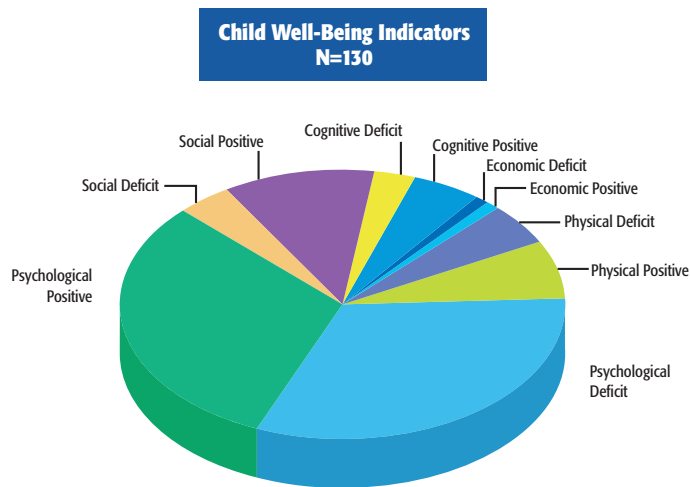
Although the systematic search strategy was thorough, limiting the key words searched certainly restricted the scope of the literature retrieved.

A second potential limitation was that non-journal articles were not included, precluding gleaning information from the gray literature.

Results: Throughout the literature, well-being is a term that is commonly used but inconsistently defined in the study of child development. Well-being has been studied across a wide range of disciplines, age groups, cultures, communities and countries, resulting in an assortment of definitions.

A consistent, unified definition of well-being is needed. A useful definition of well-being would be one that is similar to the one adopted by Yarcheski, Scoloveno, and Mahon (1994). Yarcheski et al. used Columbo's (1986) conceptualization of adolescent well-being, which described well-being as "a multidimensional construct incorporating mental/psychological, physical, and social dimensions" (p. 288). This approach would lead to a more comprehensive definition spanning multiple domains and influences.

This review notes five distinct domains of well-being: physical, psychological, cognitive, social, and economic. Indicators for each domain are divided into deficit and positive clusters. Deficit indicators represent a one-dimensional negative state, such as anxiety or depression. Positive indicators comprise elements of a one-dimensional positive state, such as happiness, and those on a continuum, such as self-esteem (Toles et al., 1993). Although a wide variety of indicators have been investigated, some common themes emerge. In general, there are a greater number of indicators used to study older children. The physical, cognitive, economic, and social domains tend to measure more positive indicators of well-being, while the psychological domain relies more heavily on deficit indicators. The psychological domain has the largest total number of indicators and is the only domain where more deficit than positive indicators were studied.



Furthermore, there is little agreement in the research literature on how to best measure child well-being. Subjective measurement of well-being typically consists of one of the following subjective approaches: one-dimensional measures, multidimensional single-scale measures, or, most commonly, the use of multiple separate measures. Well-being is also assessed using structured and non-structured interviews, standardized tests, and single-item questions from national data sets. Objective measures range from reviews of individual child case histories and educational and medical records to infant death rates, national statistics on delinquency, suicide attempts, and drug offense rates. Specific positive and negative indicators of well-being, such as self-esteem and depression, are commonly measured to assess well-being. Well-being is more than a sole indicator in a single domain. In order to accurately measure well-being, it is critical that the measurement tool used captures its multi-dimensional nature.

Discussion: Inconsistent use of definitions, indicators, and measures of well-being has created a confusing and contradictory research base. Much of the research base is correlational in nature, which does not allow for an examination of direction or effects. Other studies measure well-being inconsistently.

Findings from this literature review point to significant gaps in the child well-being literature and suggest future directions for research. Currently, studies on well-being frequently employ "bait and switch" tactics: well-being is in the title of the article yet, upon further inspection, well-being is measured in only a single domain or with primarily deficit indicators. Well-being is often framed within a model of child deficits rather than a model of child strengths. This emphasis might lead researchers, policymakers, and practitioners to focus research and intervention efforts on children's deficits and neglect to identify and promote children's strengths.

The future child well-being research agenda can be built upon what has been learned. A logical next step is to develop a core set of positive indicators of child well-being in each domain in conjunction with a set of instruments that measure them. Such work would yield important contributions to the conceptualization and measurement of child well-being and, ultimately, improve the well-being of children.

