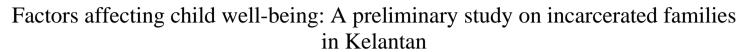
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ABSTRACT

Children of incarcerated parents are a group who experience serious emotional, behavioral and psychological suffering that often receives little attention. They might face unique difficulties such economic and residential instability, experienced trauma due to the sudden separation from their sole caregivers and they also display more behavioral problems than their counterparts. The relationship between children's well-being score and factors affect were examined in 10 children aged 8 to 15 years old. Children's well-being score were assessed using selected domains based on the suggestions from Land and colleagues (2001). All twelve items that predicted would affect children's well-being were included from three groups; economic resources, relationships with peers and social support. Economic resources, social support and relationship with peers groups were important predictors which give an insight into how it would affect children's well-being score. Though the findings indicated that well-being of the children with an incarcerated family were influenced by eight items from the three groups; works, income, stigmatization, bullied, disturbance, isolation, help in study and much time with children. This research revealed that children with higher attention from their caregivers had higher level of children's well-being score. In addition, it was found that relationship with peers, family's income and works also played important roles in determining children's well-being.

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Introduction

Well-being has become firmly embedded in academic and policy discourse in recent years, evidenced by a growing number of well-being-related publications, journals and conferences (e.g. Sointu 2005; Corsin-Jimenez et al. 2007; Wilk 2008). It was increasingly popular as an integrative concept in diverse fields of social policy, international development and more recently child development (Bornstein et al. 2003; McGillivray et al. 2006; Brown 2007). Historically, a well-being study has been the major focus and the plurality of well-being definitions can best be described by looking initially in relations to adult's experiences. McAllister (2005) defined well-being for adults at least:

More than the absence of illness or pathology [.....with] subjective (self-assessed) and objective (ascribed) dimensions. It can be measured at the level of individuals or society [and] it accounts for elements of life satisfaction that cannot be defined, explained or primarily influenced by economic growth.(McAllister, 2005)

There was also a very broad interpretation of well-being which also included welfare to assign values to individual experience in such a way that "welfare is the sum of individual well-being" (Fleaming, 1952). White (2007) has been provides a useful framework for encompassing the diversity of well-being concepts, distinguishing between *having* a good life (material welfare and standards of living), *living* a good life (values and ideals), and *locating* one's life (experience and subjectivity). Well-being also has been used in part of the approach to defined happiness, as "I use the terms happiness, subjective well-being, satisfaction, utility, well-being and welfare interchangeably" (Easterlin, 2001).

A growing awareness of children's rights and children's wellbeing had brought a revolution that led to the increase of state and social responsibility for the children. There were multiple reasons for this transformation and some were directly reflect by the changing concepts of childhood, historic debates regarding the importance of child to the state development and differing views about public responsibility to the children (B.G. McGowan, 2005). During the early years, most research on well-being that involved children only views them as a second actor in the research. However recent work had demonstrates an increased attention on promoting well-being in children and views them as a main subject of research (Ben-Arieh, 2006; Dwivedi and Harper, 2004).

The meaning of child well-being has been defined and understood in many and various ways based on the differences of the perspective and according to their nationality, gender, ethnicity, class, birth order and many other factors. This was supported by Lippman (2007) that the concept of well-being has wide and non-specific concepts with plural definitions. According to Camfield et al. (2009), well-being was an umbrella term encompassing different concepts addressing all aspects of life. However, the definitions of children well-being were little bit different and thus making it even more complex because also included the developmental perspectives. From a child right perspective, well-being could be defined as the realisation of children's rights and the fulfillment of the opportunity for every child to be all she or he could be in the light of a child's abilities, potential and skills. The degree to which this was achieved could be measured in term of positive child outcomes, whereas negative outcomes and deprivation point to the neglect of children's rights (Bradshaw et al. 2007).

Ben-Arieh (2006) emphasizes that children's development and implicitly their well-being was mediated by personal and environmental factors, including individual capacities and relationships and cultural values and expectations. Schor (1995) for example, defined children's well-being related to the influences of the close environment to the children. He said that children's health and well-being was directly related to their family's ability to provide them with their essential physical, emotional and social needs. Keith and Schalock (1994) used a wide scope of the concept to refer their definition of children's well-being as general view of the person's feeling regarding his/her life circumstances, including personal problems and some questions about family. On the other hand, Martinez and Duke (1997) refer to a specific component of children's wellbeing "self-esteem, purpose in life and self-concept of academic ability (self-confidence)".

Child Well-being Research

Sustained effort had been made to compare and investigate children's well-being either at the local state or national state. Due to an increased supply of information about child wellbeing, summary indices and measurement had been developed with sustained efforts. Kenneth C. Land et al. (2001), Moore et al. (2008) and Lee et al (2009) had measured child well-being by adopting different well-being domains and indexing methods. For instance, 28 indicators from seven domains were adopted and constructed the Index of Child Well-being (Kenneth C. Land et al. 2001). Bradshaw and Richardson (2009) had made an effort in order to compare child well-being among different countries. They compared the child well-being using a single composite index consisting seven domain indices in child wellbeing largely from the UNICEF reports on the conditions of world children. The countries examined were ranked and compared based on a single composite index as well as seven domain such as health, subjective well-being, children's relationship, material situation, risk and safety, education, housing and environment.

While many studies and researcher had conducted research comparing children's well-being among countries, Menanteau-Horta and Yigzaw (2002) had done a research on the comparison between rural and metropolitan counties. They compared each 16 child welfare indicators with a composite index of a social well-being at a county level. Different researchers (e.g., Coulton et al. 2007; Lumeng et al. 2006; Mcdonell and Skosireva 2009; McWayne et al. 2007) had concerns about the living arrangement of the children and it affects to the child well-being. The level of the child well-being at the neighborhood could be an important factor that would influence parents to make a decision on where they could stay. Studies about the possibility of the neighborhood characteristics and the affects to the child well-being indicated that neighborhood characteristics had influenced on child maltreatment, child health, child safety, and education outcomes.

Although the United Nations Convention on the Rights of the Child had adopted children's rights as a part of the general discourse on social and human rights, yet, scientific acceptance of children's right to speak for themselves was still less widespread. Thus, this less acceptance had brought to the less count of the literature and research on the subjective well-being and self-assessments reported of their own well-being. Burton, P. and Phipps, S. (2008) in their research on "In Children's Voices" had carried out interviews with the children aged from 12 to 17. Interviews were only carried out if their parents had given the permission and they could guarantee the privacy of the answers children had responded. According to Ben-Arieh (2005), research methods must ensure that the child could meaningfully gave informed consent to his or her participation, parents must also gave consent and both the privacy and safety of the child must be guaranteed. They had compared answers from parents and children about their life satisfaction and their happiness on their own well-being. They found that most of the answers from parents and children about their current happiness and life satisfaction were almost same.

Bradshaw, Hoelscher and Richardson (2007) had discussed about the index of child well-being by considering their living conditions in the European Union. Using the rights-based, multidimensional approaches in understanding and measuring child well-being, they compared the performance of EU States Member on eight clusters such children's material situation, housing, health, subjective well-being, education, children's relationships, civic participation and risk and safety. The results found that Netherlands, Sweden and Denmark were at the top of the league table of child well-being. Slovak Republic, Latvia and Lithuania were at the bottom of the league table. They also believed that overall child well-being at the EU were best represented by the average of all the domains used.

Amanda Geller et al. (2009) investigated and identified a set of economic, residential and developmental risks particular to the children of incarcerated parents. Based on the research, they found that children with family's incarceration issues tend to face more economic and residential instability. Moreover, children of incarcerated fathers also display more behavior problems. Children would face more differences on economic and residential instability if they had both parents in prison. They conclude that incarceration could bring families into severe and unique hardship. Children with this incarceration issues would suffer because of the unmet material needs, get involved with the behavioral issues and residential instability. **Methodology**

There were 10 participants involved in this study with 5 boys and 5 girls ages between 8 to 15 year old. The participants were selected purposely from the families with an incarceration issues. The questionnaires for this pilot study were distributed to the selected participants around Kelantan. The questionnaire consists of four sections but children only required to answered demographic sections, well-being needs sections by ticked at the respective boxes and perception of their well-being section by

ranked their answers based on semantic scale.

In the present study, the selection of component domains for child well-being was based on the suggestion from Land and colleagues (2001). They had suggested six constituent domains for child well-being such as health, material needs, educational attainment, safety, spiritual and housing/environment. For the affects of the family's incarceration to the child well-being, there were twelve items that had been divided into three groups; economic resources, social support and relationships with peers. In order to measure and examine the relationship between child well-being score and factors that affect child well-being, correlation and linear regression analysis were formed to calculate the results.

Table 1 presents details about the sample. There were 5 boys and 5 girls being tested and the age for the respondents was between 8 to 15 years old. There were 3 (30%) respondents lived with mother, 2 (20%) with relatives and the highest lived with grandparent, 5 (50%). For incarcerated family, there were 70% father, 20% mother and 10% both. Most of the respondents have siblings less than 3 (60%) and 4 to 6 (40%). While 7 (70%)

of them lived in rural areas and just 3 (30%) respondents from urban areas.

Table 2 presents the correlation between the twelve items from three groups (i.e., Economic Resources, Social Support and Relationship with Peers) and child well-being score. Four items from the Economic Resources groups were correlated with the child well-being score. Results show that two predictors from the groups were correlated with child well-being score, except for two (i.e., education and number of dependents). Two predictors shows significant positive relationship with child well-being score, income (r = 0.896) and work (r = 0.667). A positive correlation indicates that as the value of income and work increases, the value of child well-being also tends to increase.

For the correlation between three predictors from Social Support groups, only two items; help in study (r = 0.698) and time with child (r = 0.711) were significantly correlated with child well-being score. This result also indicates that the score of child well-being tend to increase when the two predictors (i.e., help in study and time with child) increase. Out of five predictors from relationship with peers groups, four predictors were significantly correlated with child well-being score. All of four significant predictors have negative relationship with the child well-being score, bullied (r = -0.707), be disturbed (r = -0.698), stigmatized (r = -0.830) and isolated (r = -0.698). The score of the child well-being tend to decrease when the r of the four predictors increase. Finally, there were four predictors from all three groups were not significantly correlated with child wellbeing score; education, number of dependents, closed with guardian and safety in neighborhoods.

The multivariate results, unstandardized coefficients (B) and standardized regression coefficients (β) for the four predictors are shown in Table 3. The multivariate regression test indicated two significant predictors related to child well-being score; income ($\beta = 0.823$, p < 0.05) and works ($\beta = 0.484$, p < 0.05). The remaining two non-significant predictors, number of dependents and education (p > 0.05), were not included in the multiple regression analysis. This multiple regression results indicated that child well-being score were higher for children that had family with better income and works.

Table 4 shows the multivariate results for five predictors from the relationship with peers groups. The results show that there are four significant predictors that relate to the child wellbeing score; bullied ($\beta = -0.898$, p < 0.05), disturbance ($\beta = -$ 0.553, p < 0.05), stigmatized ($\beta = -0.657$, p < 0.05) and isolated ($\beta = -0.698$, p < 0.05). While, safety in neighborhood was not included in the following multiple regression because had significant value more than 0.05 (p = 0.41). The multiple regression analysis showed that child well-being score was lower for children who reported that they were bullied, be disturbed, stigmatized and being isolated.

Table 5 depicts the multivariate results, unstandardized coefficients (B) and standardized regression coefficient (β) for the three predictors from social support groups. The regression results indicated that there were two significant predictors for child well-being score; time with child ($\beta = 0.645$, p < 0.05) and help in study ($\beta = 0.698$, p < 0.05). The remaining item, closed with guardian (p = 0.25, p > 0.05) was not significant predictors of child well-being score and was not included in the following multiple regression analysis. The multiple regression analysis indicated that child well-being score were higher for the children who reported that their family or caretaker spends more time with them and help them in their study.

Discussion

The present study assessed well-being score of children with an incarceration family using two different measures and examine the relations between well-being score and predicted factors that will affect children's well-being score. Items were included from three groups of predicted factors; economic resources, relationship with peers and social support. This research found that there were significant relationship between income and employment of care taker and child well-being score. The results suggest that the higher income and better employment of care taker, the higher score of child well-being. Economic resources especially income will help care taker facilitate effective family functioning and help children to have a better picture of life. According to Carlson and Corcoran (2001), income not only has a direct influence on child well-being but also was crucial for the well-being of parents. Low income family or care taker will impede children to have good wellbeing needs on their life. Economic deprivation impedes effective parenting by making it harder for parents to provide all of the material goods and services that are linked to child development (Amato, 2006).

Parents or care taker with a good employment will provide a better well-being among the children. Good employment related to the good income they get. Normally, spouse who had partners with an incarceration issues was likely to face the challenges in employment which impede children to meet their needs properly. Murray (2007) reviewed that some employment policies and practices make it difficult for parents who have partners or members being prison to obtain employment. This can also indirectly affect children's well-being. Lack of economic resources impact on child well-being directly and poverty was associated with poor outcomes in many other dimensions of well-being (Bradshaw and Mayhew, 2005). Family income was less likely to be a marker of personal success for young people (Peter Burton and Shelley Phipps, 1999). Mothers or care takers usually doesn't think about their basic necessities such as clothing, entertainment or even food. The most common reasons they had gone without these things was to provide shoes or clothing for their children (Middleton, Ashworth and Braithwaite, 1997).

Income was also an important influence on many of the child outcomes of interest (Lori L.Reid, 2004). The supply and insecurity of the food was also affected by the family's income directly and indirectly. Children with food deficiencies problem may face health problems. This problem due to the lack in particular nutritional substances and not getting enough food to provide them with energy they should get. Children who were experiencing health problems were likely found it more difficult to learn as much at school. The insecurity of the food also may affect children's everyday routine. Income was one of the primary causal factors used in explaining food insecurity. Family's or care takers with their own houses were able to provide better supplied of the food with multiple nutrition children needs. They could only spend less of its overall available income on housing cost and thus utilize larger share of their income on other needs such as food (Mayer, 1997). Most of the research done reviewed that insecurity of food linked to the children's performances in many ways. Children with food deficiencies issues may face lower educational performances, health problems and poor cognitive and psychological development among children of various ages (Cook J, Frank D, Levenson S, et al., 2006).

The results suggest that when there was more social support (more time with child and help in study) from the care taker, children would have higher level of well-being score. This supported research findings that social support plays important roles in how children can survive in their life condition (Burton and Phipps, 2008). People with higher level of parental support will tend to have higher levels of happiness and less depressed than those with lower level of parental support (Holahan, et al., 1995). Effective parents were always responsive to their children's needs and provide them with the support and warmth. They also regularly would engage and spend time with them. Solo parents (typically mothers) who lack a partner to cooperate and consult with about parenting decisions and stressor tend to exert less control and spend less time with their children (Dunifon & Kowaleski-Jones, 2002); Sandberg & Hofferth, 2001). There was evidence that children in single parent as well as in relatives families as a care givers tend to have worse outcomes than peers living with both biological parents (Kamerman, et al., 2003; Rodgers and Pryor, 1998).

Children whose family had time helping them with their study had better academic outcomes. This result was supported by the research from Tam (2008) which revealed that children who perceived higher attention from family in their study and life had higher level of competence and self-esteem. Children who perceived higher level of support from their family or care takers experience better with their surrounding and studies. They tend to cope better in educational, social and cognitive behavioral outcomes than do other children in average (Artis, 2007; Teachman, 2008). Good relationship among sibling's and family member in addition also would provide higher social support to the children. Lack of social support would impact on the capability of the children to cope and handling with the stressor. Thus, this will lead to the poorer academic performance and increased psychology problems (Dwyer and Cummings, 2001). Orthner and Jones-Saupei (2003) also pointed to the importance of good family communication for getting children into activities and educational opportunities that will help them succeed.

Children with higher level of isolation, stigmatization, bullied and disturbance tend to have low score of the child wellbeing. Children simultaneously indicated that isolation, stigmatization, bullied and disturbance always occurred related to their parent's incarceration statuses. They have troubled to be a friend and having relationships with other children at school or at the residents. Most of the respondents expressed feeling isolated and disturb by other children and sometimes by the parents. School-aged children with incarcerated parents have been observed to be stigmatized by their peers and display poor academic performance and behavior problems (Parke and Clarke-Stewart, 2002; Wilbur et al., 2007). Though, a few children demonstrate success in school, most of the children described poor academic and behavioral performances in school.

According to Hanafian and Brooks (2005), there were friends next to the family as the important factors for their wellbeing. It was normal for the children to share problems, played together, have fun and spend time with friends. Children were at risk to be neglected from their peer group due to their family statuses. Against this background were children's relationships with their peers, as well as their wider social network, crucial for their psychosocial development (Hay et al., 2004). Children with parents in prison were stigmatized because they affiliate with parents who were stigmatized. This negative perception from peers may derive children as a victim of bullying and thus being isolated. Children with isolation and disturbance issues may experiences devaluation and discrimination in various ways and from many different sources that lead to their well-being conditions. Due to Edin (2000), incarcerated of any family member or both might threaten family reputation, put others family's member and children's safety at risk and fail to provide a respectable middle-class lifestyle.

Conclusion

From the entire tables and findings above, this study indicated that well-being of the children with an incarcerated family were influenced by eight items from the three groups. Out of eight items that influenced children's well-being, four items were from relationship with peers group. This showed that relationship with peers played more important roles in developed better child well-being. Through this studied, what was clear enough was family's with better economic resources helped in creating children with enough necessity, better atmosphere and capability to compete with other children in the society. Social supports from family were also important in helping children created sensed of belongings. Support from their family thus would help children coped better with all the issues from surrounding environment such stigmatization, bullied, isolation and disturbance.

In conclusion, this research revealed that there were relationships between children's well-being and economic resources which included work and family's income. Results of this study also shown that there were significant relationships between children's well-being and relationship with peers consists of stigmatization, bullied, disturbance and isolation. Children received higher attention from their either in study or about their everyday life scored higher in their well-being than their counterparts. The findings of this study could provide useful implications for parents/caretakers, counselors, educators and policy makers. Since this was only a pilot study, there were much more work should be done in the future research. Furthermore, additional research was needed to examine their well-being's need and assessing their life satisfaction on their own well-being.

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Table 1: Descriptive Statistic of Respondent's Profi
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Table 1. Desc	escriptive statistic of Respondent's Frome			
	Description	No. of Subject	Percentage (%)	
Gender	Male	5	50%	
	Female	5	50%	
Age	8 to 12	6	60%	
	13 to 15	4	40%	
	Mother	3	30%	
Care Taker	Relatives	2	20%	
	Grandparent	5	50%	
Incarcerated	Father	7	70%	
Family	Mother	2	20%	
	Both	1	10%	
Siblings	4 to 6	4	40%	
	Less than 3	6	60%	
Neighborhood	Rural	7	70%	
	Urban	3	30%	

Table 2: Relationship between the Factor Variables and Score of Child Well-being

Item Names	Correlation (r)	Sig (t)
Economic Resources		
Income	0.896**	0.000
Work	0.667*	0.035
Education	0.538	0.108
Number of Dependents	-0.277	0.438
Social Support		
Help in Study	0.698*	0.025
Time with Child	0.711*	0.021
Closed with Guardian	0.485	0.155
Relationship with peers		
Bullied	-0.707*	0.022
Disturbance	-0.698*	0.025
Stigmatized	-0.830**	0.003
Isolated	-0.698*	0.025
Safety in Neighborhood	0.485	0.155

Table 3: Regression analysis on the relation between economic resources items with the child well-being score using unstandardized coefficients (B) and standardized regression coefficients (B)

regression coefficients (p)			
Items	Sig	В	β
Income	p < 0.05	0.492	0.823
No. of Dependents	p = 0.33	0.047	0.085
Education	p = 0.24	-0.060	-0.111
Works	p < 0.05	0.390	0.484
	$R^2 = 0.804$		

 Table 4: Regression analysis on the relation between relationship with peers' items and the child-well being score using unstandardized coefficients (B) and standardized

regression coefficients (β)			
Items	Sig	В	β
Bullied	p < 0.05	-0.635	-0.898
Disturbance	p < 0.05	-0.386	-0.553
Stigmatized	p < 0.05	0.545	-0.657
Isolated	p < 0.05	-0.488	-0.698
Safety in Neighborhood	p = 0.41	-0.174	-0.359
	$R^2 = 0.727$		

Table 5: Regression analysis on the relation between social support items and the child well-being score using unstandardized coefficients (B) and standardized regression coefficients (B)

coefficients (p)			
Items	Sig	В	β
Closed with Guardian	p = 0.25	-0.083	-0.17
Time with Child	p < 0.05	0.306	0.645
Help in Study	p < 0.05	0.488	0.698
	$R^2 = 0.648$		