

Policy Report 2016-02

Children's Subjective Quality of Life



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I

Introduction

I

Introduction <<

Article 1 of Korea's Child Welfare Act states that all children have the right to be born healthy and brought up in a happy and safe environment. In terms of raising children, this is a right that the state, families, and society in general should strive to uphold and protect. Over the last few decades, Korea's astonishing economic development has lifted the majority of Korean children from absolute poverty, shifting the focus of the child welfare debate to relative poverty. As of 2013, the absolute poverty rate of Korean children was 3.6 percent, while the relative poverty rate was a mere 8.4 percent (Lim and Lee, 2014). In 2010, Korea recorded a relative child poverty rate of 10.1 percent, which is significantly lower than the OECD average of 13.3 percent for the same year. Even advanced economies, such as the United States, Japan, and Australia, had relatively high child poverty rates of 21.2 percent, 15.7 percent, and 15.1 percent, respectively.

Korean children's standard of living has significantly improved, but their subjective wellbeing and quality of life are persistent problems. A recent *General Survey on the Status of Korean Children* shows that Korean children's life satisfaction was the lowest among 30 selected OECD countries.

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Only 60.3 percent of Korean children rated their life satisfaction at six or higher out of 10, which falls significantly behind the OECD average of 85.0 percent. Korea's score is as much as 34 percentage points lower than the highest score of 94.2 percent for the Netherlands (Kim, M. 2015).

The objective of this study is twofold: to conduct an international comparative analysis of the quality of life of children in Korea and elsewhere, and to identify the causes and factors of the persistently low life satisfaction score among Korean children. To these ends, this study first examines and summarizes the concept of quality of life, and surveys the established literature to identify the factors that determine it. For the international comparison of the quality of life of children worldwide, this study develops a subjective wellbeing index, and surveys other studies, including one by the United Nations Children's Emergency Fund (UNICEF), on the importance and necessity of analyzing subjective wellbeing. This study then combines the raw data of the *General Survey on the Status of Korean Children* with the data from UNICEF to establish an international database for comparison, and then performs a second analysis of the raw data of the *General Survey* to identify factors that influence Korean children's subjective quality of life. In the last section, this study proposes the policy implications of its findings and analysis.

II

Literature Review

1. Concept of subjective quality of life(S-QOL)
2. Factors that influence QOL

1. Concept of subjective quality of life (S-QOL)

The Convention on the Rights of the Child urges states to listen to the voice of children. Yet S-QOL is a notoriously elusive concept to define and measure, particularly in the case of children, because the individual characteristics of children and the cultures into which they were born have a decisive influence on its conceptualization. Children who are living in dismal conditions with no expectations that their situation will improve may still be relatively happy despite their abject poverty. Also, the human quality of resilience enables people to find happiness even in unfavorable environments (Bradshaw et al., 2014). It is therefore quite difficult to measure the subjective well-being of children, and the results from the measurement may not be as reliable as desired. Nevertheless, measuring children's S-QOL is important in terms of policymaking and intervention efforts.

The concept of quality of life (QOL) is widely used interchangeably with other similar concepts such as life satisfaction, happiness, subjective wellbeing, mental health, psychological wellbeing, absence of stress, and so forth. It is a multidimensional concept that encompasses both cognitive and affective

aspects (Stull, 1987).

The cognitive aspect of QOL involves evaluating all aspects of an individual's life (Diener, 1984). Cognitive QOL comprises the individual's satisfaction with his or her life in general and its diverse dimensions, including family, health, community, relationships, religion, and employment. According to Campbell et al. (1976), life satisfaction is based on one's degree of awareness of the gap between one's aspirations and one's actual achievements. In other words, QOL reflects the disparity between one's reality and one's ideal.

On the other hand, affective QOL refers to an emotional state caused by life events or experiences (Glazer, 1986). An emotional state is either negative or positive. Positive emotional states include a sense of pride one takes in having achieved something and happiness about one's life (Cherlin and Reeder, 1975). Negative emotional states include feelings of anxiety, worry, insomnia, and the like.

We must keep in mind that subjective QOL is not the same as objective QOL. One's objective conditions for QOL may score well on a given index of assessment, but that does not necessarily mean that one would agree with such an assessment. Health, safety, wealth, and other such objective conditions do affect subjective wellbeing, but are not sufficient conditions for it.

This study approaches the concept of QOL from multiple perspectives in terms of subjective wellbeing, happiness, and

life satisfaction. The concept of subjective wellbeing is used in this study, because it is a major indicator used by UNICEF to make international QOL comparisons. Happiness and life satisfaction are also examined, because they represent the affective and cognitive aspects of QOL, respectively.

2. Factors that influence QOL

Numerous studies have been conducted worldwide on the QOL, life satisfaction, and happiness of children. In recent years, Kwon and Yang (2014) have summarized numerous studies on the happiness and QOL of children and the factors affecting them (Table 1). The authors conclude that existing studies largely focus on four types of factors affecting children's happiness and QOL: namely, relational, behavioral, intrapersonal, and cognitive factors. Relational factors include children's relationships with their parents, teachers, and peers; the higher the quality of these relationships, the happier children feel. Behavioral factors include delinquent behavior, such as drinking, smoking, and Internet addiction, and are inversely correlated to children's happiness. Individual factors include self-esteem, self-confidence, and positive attitude, and a number of studies have confirmed that these factors contribute to children's happiness. One of the cognitive factors is academic performance (grades). The academic performance of teenagers

is directly correlated to their sense of psychological stability and wellbeing, while academic stress is inversely correlated.

〈Table 1〉 Factors Influencing Children's Happiness

Factors		Authors (year)
Relational factors	Relationships with parents	Kim, E. and Park, Y. (2004); Kim, M. et al. (2003); Jeon, S. (1996); Gu, J. (2006); Jeon, G. and Jeong, T. (2009); Lee, M. (2003); Jeon, G. et al. (2008); Mo, S. and Lee, J. (2012); Kim, E. et al. (2003); Gu, H. et al. (2006); Park, B. and Bae, S. (2012); Shin, H. et al. (2009); Jeong, W. et al. (1997); Park, Y. et al. (2009).
	Relationships with teachers	Kim, J. and Jeong, Y. (2008); Park, Y. et al. (2000); Park, B. and Bae, S. (2012); Kwak, M. and Mun, S. (2011); Kim, J. and Kim, T. (2008); Kim, E. et al. (2000); Jeong, I. (1997).
	Relationships with peers	Park, Y. and Kim, E. (2008); Park, J. et al. (2010); Heo, S. (2009); Kwak, M. and Mun, S. (2011); Kim, J. and Kim, T. (2008); Park, Y. and Kim, E. (2006); Park, Y. (2012); Kim, E. and Park, Y. (2004); Kim, O. (2004); Koh, Y. (2008); Kwak, G. (1995); Cho, J. et al. (2012).
Behavioral factors	Delinquent behavior	Song, M. et al. (2002); Kim, N. and Lim, Y. (2012).
	Internet addiction	Kim, H. (2001); Ahn, D. (2005).
Individual factors	Self-esteem and confidence	Gu, H. et al. (2006); Kwon, S. et al. (2012); Seong, J. (2011); Yoo, A. et al. (2005); Jeon, M. and Jang, J. (2009); Choi, I. (2012); Park, H. and Jang, E. (2006); Kim, J. and Jang, H. (2008); Campbell (1976); Diener, Ryan, and Deci (2000); Baumeister et al. (2003); Benyamini et al. (2004); Lai et al. (2009).
	Positive attitude	Kim, T. (2004); Hong, D. and Kim, C. (2006); Kim, J. and Lee, J. (2008); Kim, Y. (2010); Hayes and Weathington (2007); Ho et al. (2008); Wu, Tsai and Chen (2009).
Cognitive factors	Academic performance (grades)	Park, Y. (2009); So, Y. (2007); Mun, E. (2007 and 2008); Park, Y. et al. (2012); Park, H. et al. (2007); Kang, S. et al. (1999); Shin, H. (2002); Byeon, O. (2005); Mo, S. et al. (2009); Suldo et al. (2008); Kirkealdy et al. (2004); Lewis et al. (2011).

Source: Kwon, Jaegi, and Myeonghee Yang (2014), "Profiling the Happiness of Secondary School Students in Korea," *Korean Journal of Education Studies*, 20(3), p. 206.

Some other studies have pointed out the correlation between children's QOL and their socio-demographic characteristics. Mun and Lee (2008), for instance, demonstrate the effect of children's age, family status, and number of siblings on their happiness. According to the authors, younger children who live with their parents and two or three siblings show the highest levels of happiness among children. Jeong and Kim (2014) break down the concept of children's happiness into the subjective sense of happiness and positive and negative feelings, and analyze how socio-demographic, psychological, social, and relational factors affect each of these aspects. They conclude that male children tend to experience both positive and negative feelings more intensely than female children.

There are also studies that analyze the correlation between children's happiness and private education. Jeon and Jang (2009) argue that private education is positively correlated to children's happiness. The authors point out that private education helps children improve their academic performance, which in turn contributes to their happiness. Moreover, non-academic learning in private education settings helps keep children interested and engaged in productive hobbies, and steers them toward discovering their aptitudes, while also contributing to their happiness. The authors thus view private education for children through the lens of human capital theory.

Klocke, Clair, and Bradshaw (2014) attempt an international

comparison of the factors that affect children's QOL. Using a subjective wellbeing index, the authors measure and compare the QOL of 11-, 13-, and 15-year-olds worldwide at the individual and national levels. Individual variables included sex, age, family structure, employment status of parents, and family affluence, and behavioral variables included experiences of being bullied, smoking and drinking, and exercise. For the international comparison, the authors also used such variables as per capita GDP (as an indicator of national wealth), youth unemployment level (as an indicator of the economic prospects of youth), and public spending on family welfare as percentage of GDP.

In their analysis of individual factors, the authors discovered that female children scored lower in terms of subjective wellbeing than their male counterparts, as did older children (13- and 15-year-olds) compared to younger ones (11-year-olds). Sex and age accounted for eight percent of the variance in children's subjective wellbeing. In their second model of analysis, the authors considered family structure, employment status of parents, and family affluence as additional variables. Children living in single-parent homes and/or with unemployed fathers scored lower in terms of subjective wellbeing than other children. Children whose mothers were unemployed also scored marginally lower than children with employed mothers. Children's subjective wellbeing was proportionally

correlated to family affluence, which was measured in terms of the number of cars each family owned, whether or not the children had their own rooms, hosting of birthday parties, and the number of computers each family owned. In other words, all individual variables, except for the employment status of mothers, were significantly correlated to children's happiness, together accounting for 12.4 percent of the variance in children's subjective wellbeing.

Klocke, Clair, and Bradshaw also considered behavioral indicators in their analysis. Here, the significance of the employment status of mothers disappeared completely, while experiences of being bullied exerted a significantly negative effect on children's subjective wellbeing. Smoking and drinking also decreased subjective wellbeing, while exercising at least once a week had a positive effect. All of these behavioral variables accounted for 23 percent of the variance in children's subjective wellbeing. In their fourth model of analysis, the authors employed the OECD's SocX data (2009). None of the national variables—per capita GDP, youth unemployment rate, and public spending on family as percentage of GDP—emerged as significant factors. Also, the authors confirmed national differences, using the United Kingdom as the basis for comparison. Lee, Kim, and Yoo (2014) also conducted a comparative analysis of the QOL of children in eight countries—Israel, Uganda, Brazil, Spain, South Africa, Korea, Algeria, and the United

Kingdom. Of the four OECD member states, Korea scored the lowest, coming in seventh out of all eight countries.

The main questions of this study are as follows:

- (1) How does Korea fare internationally in terms of children's subjective wellbeing?
- (2) What are the factors that affect children's subjective wellbeing?
- (3) What policy efforts are necessary to increase children's subjective wellbeing?



Methodology

1. Measurement
2. Model of analysis

1. Measurement

In this study, the dependent variable of analysis is S-QOL, which is broken down into three dimensions: subjective well-being, happiness, and life satisfaction. Subjective wellbeing is an indicator that comparable across countries.

Bradshaw et al. (2013) argue that the concept of subjective wellbeing consists of multiple elements and dimensions. As for its evaluative aspects, the concept encompasses life satisfaction and happiness. It also consists of positive and negative experiential factors, such as feelings of joy and self-esteem as well as pain and anxiety. The concept, the authors argued, also encompasses the eudaimonic sense of wellbeing, such as a sense of self-worth and pride in living independently. We can understand and measure subjective wellbeing accurately only when we take into account all of these factors. However, no study to date of children's subjective wellbeing has taken into consideration all of these factors. The World Health Organization (WHO, 2012) used only some of these factors as indicators of children's subjective wellbeing in its *Health Behavior in School-Aged Children (HSBC) Study*.

UNICEF draws upon the WHO's HSBC studies, because the indicators used in these studies facilitate international

comparisons. UNICEF's assessment of subjective wellbeing is composed of four dimensions and eight indicators. The four dimensions are life satisfaction, relationships, subjective education, and subjective health, and the study concerns only 11-, 13-, and 15-year-olds. Using this index (summarized in Table 2), UNICEF measures the subjective wellbeing of children in various countries and ranks them accordingly. While 43 countries participated in the study, UNICEF provides a comparative analysis of only 29. This study provides an international comparison of 30 countries, including Korea. However, the data for Korea are as of 2013, while those for other countries are as of 2009 or 2010.

(Table 2) Subjective Wellbeing Index

Dimension	Indicator	Definition (for 11-, 13-, and 15-year-olds)	Scale
Life satisfaction	Life satisfaction	Question 6: Ratio of children giving a score of six or higher for life satisfaction	6 or higher out of 10
Relationships	Ease of talking to mother	Question 12-1: Ease of talking to mother (about worries, etc.)	3 or higher out of 4
	Ease of talking to father	Question 12-2: Ease of talking to father (about worries, etc.)	3 or higher out of 4
	Friendliness and cooperation of classmates	Question 21: Ratio of children who rate their classmates as friendly and cooperative	4 or higher out of 5
Subjective education	Academic stress*	Question 4-4: Ratio of children who feel stressed out about academic issues	3 or higher out of 4
	Satisfaction with school	Question 20-1: Ratio of children who "really" like their schools	4 out of 4
Subjective health	Subjective state of health*	Question 45: Ratio of children who rate their subjective state of health as poor/very poor	2 or lower out of 4
	Physical symptoms*	Question 48: Ratio of children who have experienced at least two of the seven listed symptoms at least twice a week over the last six months (headaches, stomachaches, depression, irritation, anxiety, insomnia, and lightheadedness)	At least twice a week over the last six months
Subjective wellbeing	Sum of scores for four dimensions	Children's subjective assessment of their lives	To be converted into a percentage score.

Note: 1) Indicators with asterisks (*) measure negative experiences.

2) Children's scores on the indicators are added up by dimension.

Source: Bradshaw, Jonathan, Bruno Martorano, Luisa Natali, and Chris de Nueboug, 2013. Children's Subjective Well-being in Rich Countries. WP-2013-03, UNICEF.

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Happiness is an indicator of the affective aspects of QOL, while life satisfaction a multidimensional concept, serves as a cognitive indicator of QOL. This study uses multiple models of analysis to analyze the factors that influence each dependent variable so as to identify any similarities and differences among the factors that influence different dimensions of QOL. This comparison of the different factors and their influences on QOL is intended to increase the accuracy of the factors of QOL that were identified.

<Table 3> Definitions and Measurements of Variables

Type	Variable	Definition	Scale
Dependent variables	Subjective wellbeing	Sum of standardized scores for eight indicators across four dimensions	See Table 2
	Happiness	Question 7: How happy children have been over the past year (sum of scores for six questions)	Out of 4
	Life satisfaction	Question 5: How satisfied children are with their lives in general (sum of scores for seven questions)	Out of 5
Independent variables	Socio-demographic characteristics	SQ2: Sex (one question)	Male = 0 Female = 1
		SQ3: Age (one question)	Grades 2 to 12
		For parents (Question 25): Family structure (one question)	Both parents = 0 Single-parent = 1
		For parents (Question 1-9): Employment status of household head (one question)	Employed = 0 Unemployed = 1
		Question 51: Children's affluence (sum of scores for 14 questions)	Out of 14 (higher score, more affluent)
	Relational characteristics	Question 40: Religion (one question)	Religious = 0 Non-religious = 1
		Question 11: Relationship with parents (sum of scores for eight questions)	Out of 4
		Question 20-3: Relationship with teachers (one question)	Out of 4
	Behavioral	Questions 22-9, 10: Relationship with peers (sum of scores for two questions)	Out of 4
		Questions 26-1-1, 2: Smoking and drinking	None = 0

Type	Variable	Definition	Scale
			Yes = 1
	characteristics	Question 9: Internet and smartphone dependency (sum of scores for nine questions)	Out of 4
		Questions 27-1, 2: Experience of being bullied (sum of scores for two questions)	Out of 4
		Question 53: Experience of parental neglect (sum of scores for five questions)	Out of 5
		Question 52: Exercise (one question)	Out of 5
		Question 44: Time spent sleeping (one question)	Continuous variable
	Psychological characteristics	Question 3: Self-esteem (sum of scores for 10 questions)	Out of 4
	Cognitive characteristics	Question 17-1: Subjective academic performance (one question)	Out of 10
		Question 4-4: Academic stress (over assignments and tests, one question)	Out of 4

In this study, independent variables are grouped into five categories—socio-demographic, relational, behavioral, psychological, and cognitive characteristics. Socio-demographic characteristics include sex, age, family structure (whether children live with both parents or only one), employment status of parents (whether employed or unemployed), family affluence, and religion.

Relational characteristics, which multiple studies have confirmed have a significantly positive impact on children’s QOL, include relationships with parents, teachers, and peers.

Behavioral characteristics include positive and negative variables. Negative ones include experiences of delinquent behavior (smoking and drinking), Internet and smartphone dependency, and experiences of parental neglect, while positive ones include exercise and time spent sleeping. A number of

studies point to the negative impact of certain behavioral characteristics on children's QOL, as well as the proportional correlation between positive characteristics with improved QOL. As Korean children sleep, on average, at least one hour less than their counterparts in other advanced countries, we may begin with the hypothesis that such sleeping patterns serve to reduce Korean children's QOL.

Given the nature and limitations of the data, self-esteem was the only psychological variable included in this study. No other psychological characteristics discussed in other studies, such as openness, extroversion, and conscientiousness, could be included (Goswami, 2014).

Self-rated academic performance, a widely used variable concerning cognitive characteristics, was included in this study as well. This study also takes into account the variable of academic stress, based on the hypothesis that the high level of academic stress experienced by Korean children negatively affects their QOL.

2. Model of analysis

This study uses regression analysis to identify how the five types of characteristics affect children's QOL. A total of five models were set up to analyze how the dependent variables affect each of the dependent variables. In addition, this study

compares the standardized regression coefficients by factor to determine the variable with the strongest influence. Statistical Package for Social Sciences (SPSS) Version 21 was used.

IV

Results

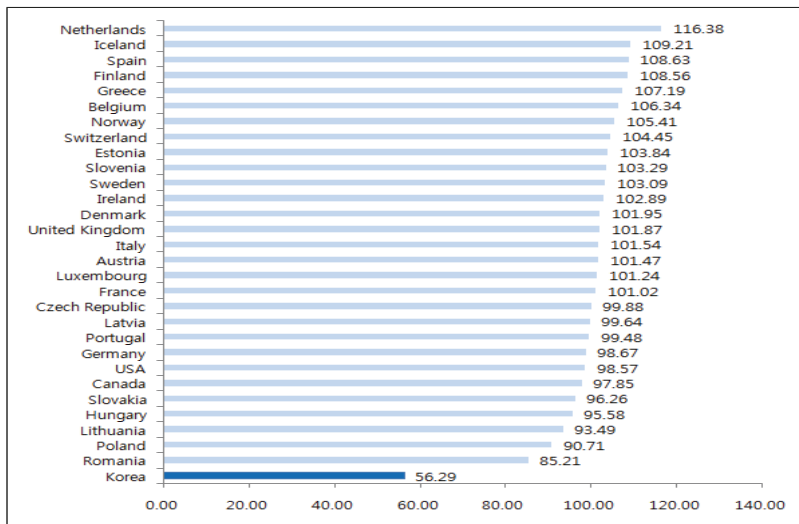
1. International comparison of subjective wellbeing
2. Factors affecting children's subjective wellbeing

1. International comparison of subjective wellbeing

A. Life satisfaction

Korean children scored 56.59 in terms of life satisfaction, last on the list of 30 countries. Dutch children topped the list with a total life satisfaction score of 116.38. Other high-ranking countries include Iceland, Slovenia, Sweden, Germany, Austria, and Switzerland. The scores of American, Polish, Canadian, French, and Italian children were comparatively low.

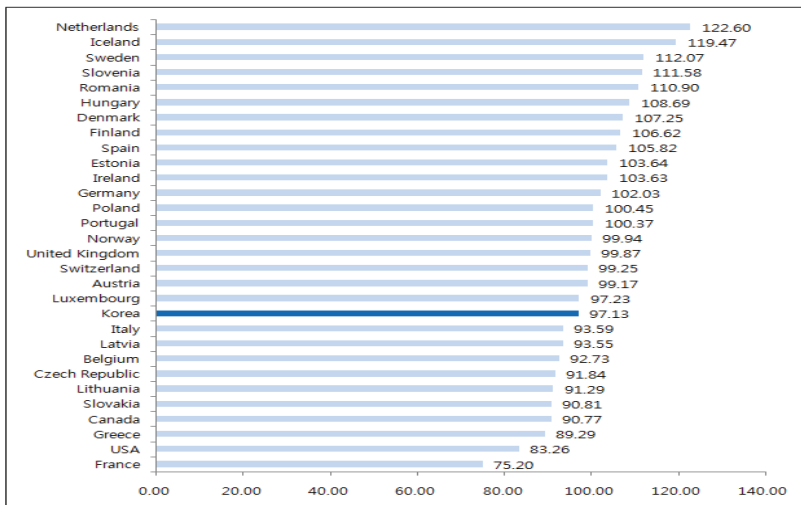
[Figure 1] International Comparison of Children's Subjective Wellbeing



B. Relational wellbeing

Children's relational wellbeing was measured by summing children's scores concerning the ease of talking to their parents and friendliness and cooperation of their classmates, and standardizing the result. In this regard, Korean children scored 97.13, which is below the average of 100, putting them in 20th place. Dutch children again topped the list with a score of 122.60. Iceland, Sweden, Slovenia, Romania, and Hungary were among the highest-scoring nations. In other words, the children of Nordic and Eastern European countries were generally more satisfied with their relationships. Near the bottom of the list were France, the United States, Greece, and Canada.

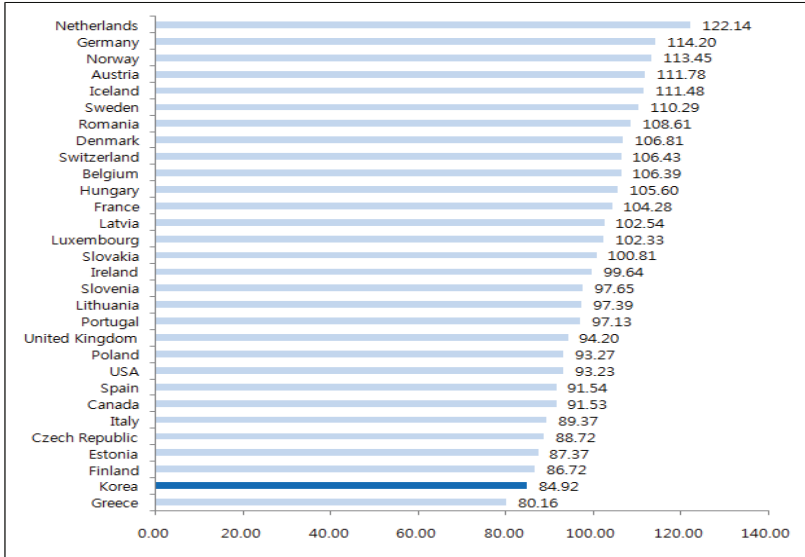
[Figure 2] International Comparison of Children's Relational Wellbeing



C. Educational wellbeing

Educational wellbeing in this study is a standardized measure of both satisfaction with school life and academic stress. In terms of educational wellbeing, Korean children scored very poorly, with a score of 84.92, ranking above only Greece. In other words, Korean children are extremely unhappy in school and under considerable academic stress. Dutch children came in first in terms of educational wellbeing as well, highlighting the need for an in-depth analysis on how and why the QOL of children in the Netherlands is so high. A detailed analysis and assessment of the Dutch school system, extracurricular activities, and methods of teaching and raising children could reveal important implications for Korea. Germany, Norway, Austria, Iceland, Sweden, Romania, and Denmark also scored relatively high in terms of educational wellbeing. Finnish children, the direct rival of Koreans in terms of the Program for International Student Assessment (PISA) score, also seemed to be under much academic stress, as Finland ranked near the bottom of the list. Other countries with relatively low scores included Estonia, the Czech Republic, Italy, Canada, Spain, and the United States.

[Figure 3] International Comparison of Educational Wellbeing

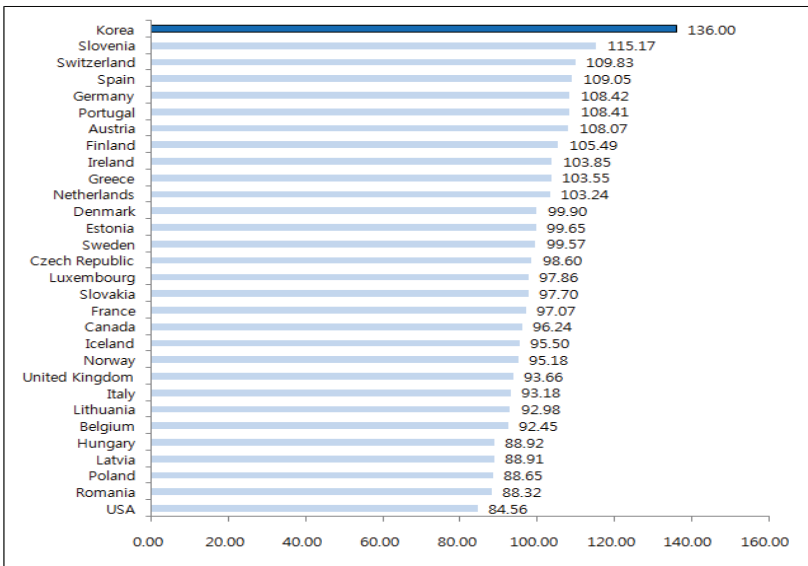


D. Physical wellbeing

Physical wellbeing in this study was measured by adding up children’s scores regarding their subjective state of health and the seven listed physical symptoms, and standardizing the result. Interestingly, Korean children ranked at the top of the list of 30 countries in this regard, with a score of 136.00. The gap between Korea and the country in second place, Slovenia, was quite significant at 20.83 points. Swiss, Spanish, German, Portuguese, and Austrian children scored relatively well in terms of physical wellbeing as well. The United States and Eastern European states of Romania, Poland, Latvia, and

Hungary were among the lowest-ranking countries, as were France and Canada. Although it scored well in other dimensions, Iceland scored poorly in terms of physical wellbeing. Other advanced countries that scored poorly in this regard included Norway, the United Kingdom, Italy, and Belgium. In summary, the physical wellbeing scores defy the tendency common to scores in other dimensions.

[Figure 4] International Comparison of Physical Wellbeing



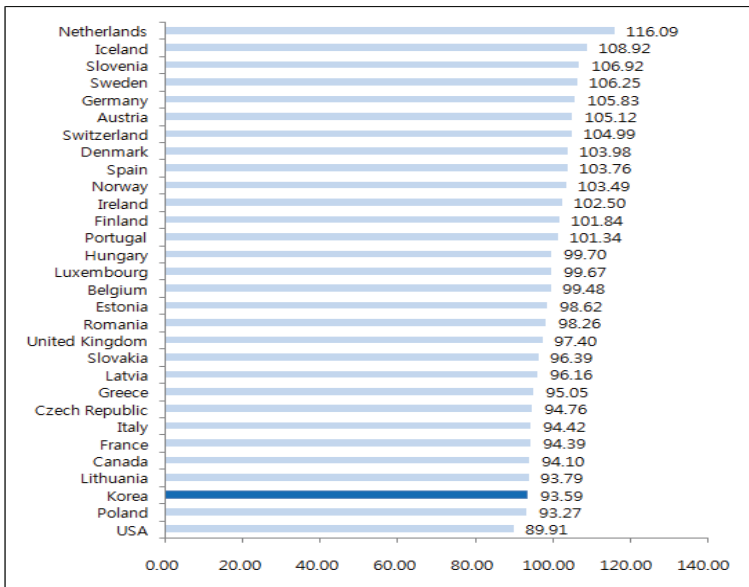
E. Subjective wellbeing

The average score of Korean children in these four dimensions of subjective wellbeing was 93.59, third from the bot-

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tom on the list, above only Poland and the United States. This highlights the need for policymakers to pay more attention to the alarming state of life satisfaction and wellbeing among Korean children. Concerted efforts on multiple fronts are needed to raise children's psychological state of wellbeing to a level on par with their material wellbeing. The Netherlands scored the highest, at 116.09, followed by Iceland, Slovenia, Sweden, Germany, Austria, Switzerland, Denmark, and Spain, in descending order. Nordic and Eastern European states, which have well-established traditions of continental unionism, fared quite well.

[Figure 5] International Comparison of Children's Subjective Wellbeing



〈Table 4〉 Korean Children's Performance on the Subjective Wellbeing Index***

Dimension	Indicator	Standardized score (out of 100)	Rank (out of 30)
1) Life satisfaction	Life satisfaction	56.29	30
2) Relational wellbeing	Ease of talking to mother	97.13	20
	Ease of talking to father		
	Friendly and cooperative classmates		
3) Educational wellbeing	Academic stress*	84.92	29
	Satisfaction with school life		
4) Physical wellbeing	Subjective state of health (not healthy)	136.00	1
	Physical symptoms*		
Subjective wellbeing	Sum of scores in four dimensions	93.59	28

Note: Indicators with asterisks (*) are negative variables. The smaller they are, the happier the children are.

In summary, Korean children reported low levels of psychological and educational wellbeing, a lower-middle level of relational wellbeing, and a high level of physical wellbeing. This shows that there is a serious imbalance between children's perceptions of their psychological and physical wellbeing.

2. Factors affecting children's subjective wellbeing

A. Comparison of life satisfaction scores by group

This study examined how children's subjective wellbeing, happiness, and life satisfaction differed by sex, age, family

structure, family income level, area of residence, parent in charge of childcare, and number of siblings. While male and female children showed no significant differences in terms of subjective wellbeing and life satisfaction, male children were slightly happier than females. Age was a major factor influencing differences in all three dimensions of QOL, with elementary school children having higher scores in all three dimensions than secondary school students. The surveyed families were also divided into three groups (general, near-poor, and poor) depending on their income levels. Children of general households showed greater subjective wellbeing than those of both near-poor and poor households, while happiness was more or less the same across all three household types. In terms of life satisfaction, significant differences were observed only between general and near-poor households.

Area of residence was also found to be a significant factor. In particular, children living in cities reported lower levels of happiness than children living in rural areas, while neither subjective wellbeing nor life satisfaction differed with area of residence. Which parent was in charge of childcare, however, showed significant differences with respect to only subjective wellbeing. Children in the primary care of their mothers, compared to those cared for by their fathers or other relatives, reported greater subjective wellbeing. The number of children in a given household produced significant differences with re-

spect to only happiness, and children with siblings reported greater happiness than only children.

〈Table 5〉 Group-by-Group Comparison of Children's QOL

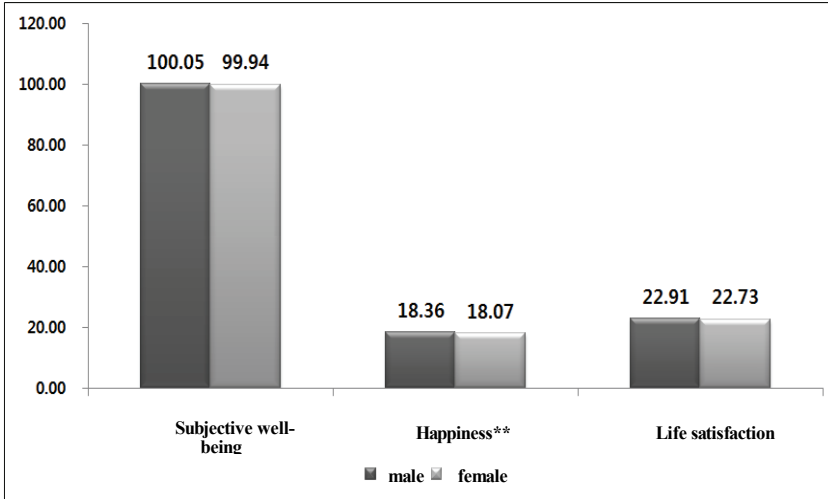
Variable		Subjective wellbeing	Happiness	Life satisfaction
Sex	t	0.253	2.641**	1.119
	Male	100.051	18.360	22.913
	Female	99.944	18.065	22.728
Age (school level)	F	38.557***	9.408***	35.951***
	Elementary	102.192a	18.510a	23.720a
	Middle	99.442b	18.153b	22.377b
	High	97.772c	17.920b	22.207b
Family structure	t	8.356***	3.815***	5.191***
	Both parents present	100.693	18.321	22.993
	Single-parent	95.708	17.711	21.759
Income level	F	32.917***	3.162*	10.204***
	General	100.378a	18.252a	22.908a
	Near-poor	91.495b	17.428a	20.649b
	Poor	93.078b	17.687a	21.439ab
Area of residence	F	4.577**	3.087*	3.083*
	Large city	100.717a	18.281a	23.042a
	Small- to medium-sized city	99.425a	18.233a	22.691a
	Rural area	99.597a	17.690b	22.375a
Main caregiver	F	11.335***	.304	.564
	Mother	100.264a	18.210	22.812
	Father	97.377ab	18.323	23.184
	Other	94.978b	18.454	22.598
Number of siblings	t	1.062	-3.268***	-.670
	Only children	101.144	18.009	23.112
	One or more siblings	100.644	18.470	22.984

Notes: 1) * $p < .05$, ** $p < .01$, *** $p < .001$

2) Post-hoc analysis: Tukey (a, b, etc. indicate groups with significantly larger or smaller averages).

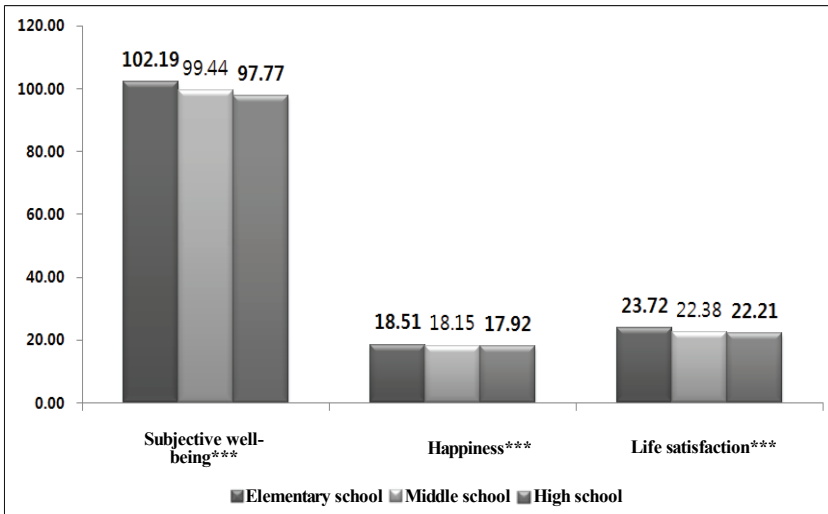
36 Children's Subjective Quality of Life

[Figure 6] Comparison of Children's Subjective Wellbeing by Sex



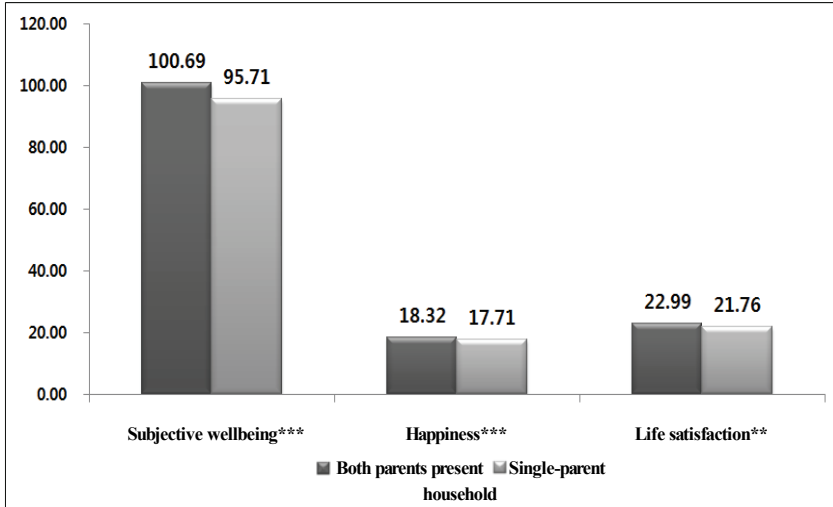
Note: ** p < .01

[Figure 7] Comparison by Age



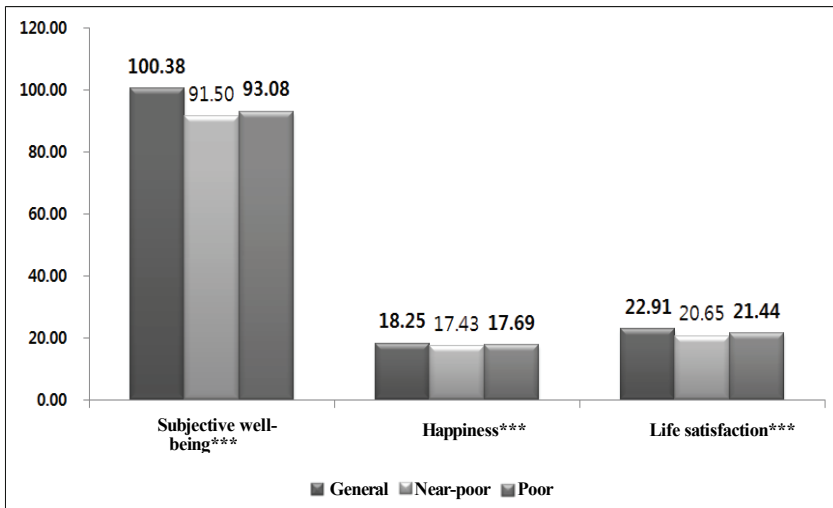
Note: *** p < .001

[Figure 8] Comparison by Family Structure



Note: ***p<.001

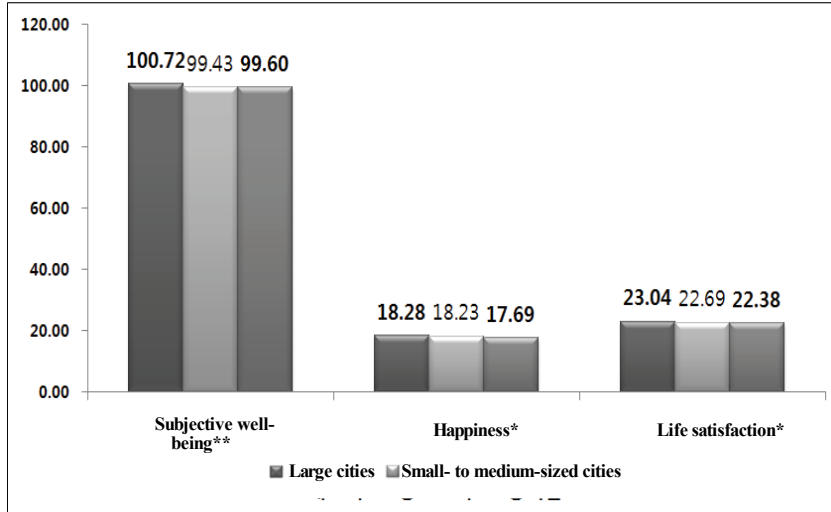
[Figure 9] Comparison by Income Level



Note: *p<.05, ***p<.001

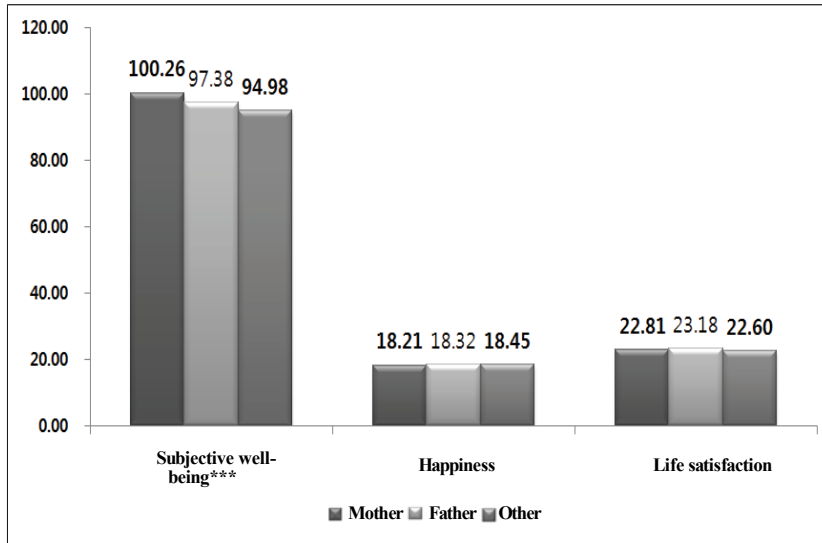
38 Children's Subjective Quality of Life

[Figure 10] Comparison by Area of Residence



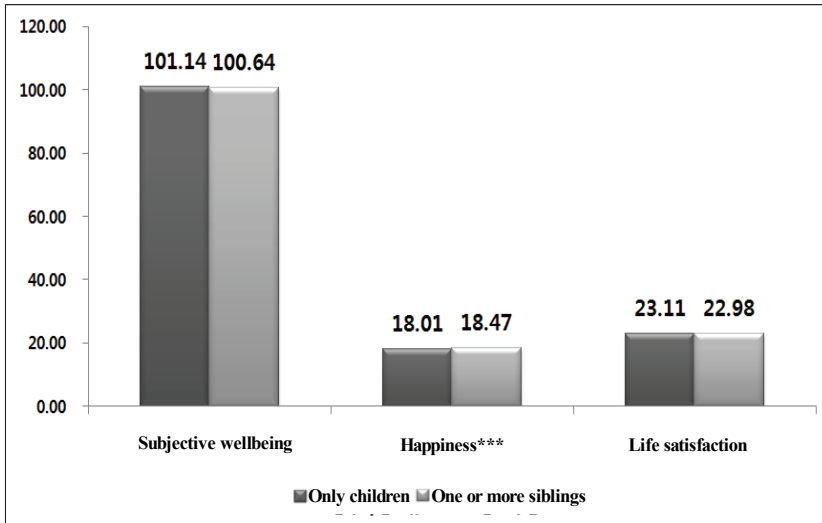
Note: * $p < .05$, ** $p < .01$

[Figure 11] Comparison by Main Caregiver



Note: *** $p < .001$

[Figure 12] Comparison by Number of Siblings



Note: *** $p < .001$

B. Factors affecting subjective wellbeing

The analysis of the socio-demographic variables of children's subjective wellbeing revealed children's age, family structure, employment status of parents, family affluence, and religion to be significant factors. That is, younger age, presence of both parents in the household, employment of one or both parents, family affluence, and religion were found to be positively correlated to children's subjective wellbeing. This socio-demographic model of analysis accounts for 13.5 percent of the variance in children's subjective wellbeing.

Model 2, which analyzed the relational variables, showed all

relational characteristics to be significant factors. The closer children were to their parents, teachers, and peers, the greater their life satisfaction was found to be. Model 2 held an explanatory power of 34.5 percent, which is 21.0 percentage points higher than that of Model 1. Model 2 also shows greater fit than other models, attesting to the dramatic influence of relational variables on QOL. While the same list of socio-demographic variables was used in Model 2 and Model 1, children's sex emerged as a significant factor, while the significance of religion was much lower in Model 2. Male children generally reported greater subjective wellbeing than female children.

Model 3, which analyzed the behavioral variables of children, showed that experiences of delinquent behavior (smoking and drinking), Internet and smartphone dependency, experiences of being bullied and parental neglect, and time spent sleeping were significant factors. Children that had no experiences of smoking or drinking, Internet or smartphone dependency, or being bullied or parental neglect and spent more time sleeping enjoyed greater subjective wellbeing. Exercise showed little significant correlation. Model 3's explanatory power was higher by 3.9 percentage points than that of Model 2. When the behavioral variables were put in, however, age lost its significance as a factor.

Model 4, which analyzed psychological characteristics, showed that self-esteem was a very significant factor, next in

importance only to relationships with teachers. The higher the children’s self-esteem, the greater their subjective wellbeing was. Moreover, the addition of this factor caused the significance of Internet and smartphone dependency to disappear and increased the explanatory power of the model by 2.8 percentage points above that of Model 3.

⟨Table 6⟩ Regression Analysis of Factors Affecting Children’s Subjective Wellbeing

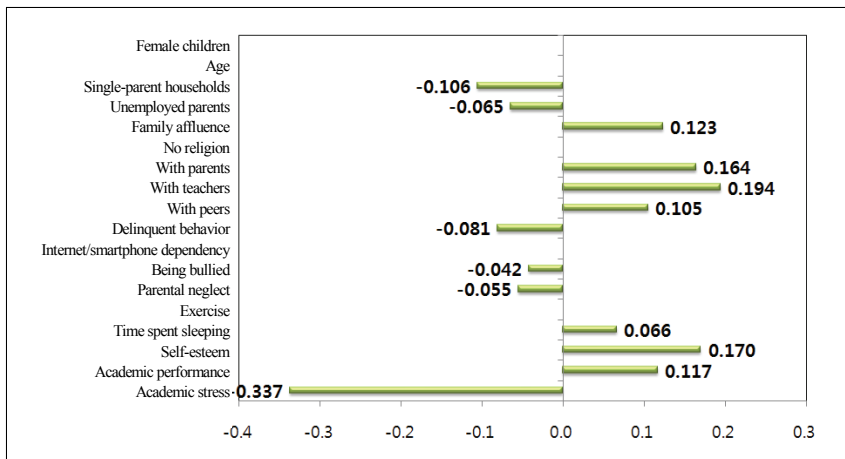
	Model	Model 1 (socio-demographic variables)	Model 2 (relational variables)	Model 3 (behavioral variables)	Model 4 (psychological variables)	Model 5 (cognitive variables)
Socio-demographic variables	Sex (F = 1)	-.019	-.042*	-.044*	-.039*	-.029
	Age	-.126***	-.057**	.005	.001	.019
	Family structure (Single-parent = 1)	-.075***	-.082***	-.091***	-.080***	-.106***
	Employment of parents (Unemployed = 1)	-.052**	-.062***	-.075***	-.077***	-.065***
	Affluence	.280***	.169***	.135***	.124***	.123***
Relational variables	Religion (Non-religious = 1)	-.040*	.013	.011	.017	.003
	With parents		.271***	.245***	.191***	.164***
	With teachers		.268***	.254***	.229***	.194***
Behavioral variables	With peers		.150***	.135***	.109***	.105***
	Delinquent behavior (Yes = 1)			-.091***	-.089***	-.081***
	Internet/smartphone dependency			-.087***	-.025	.033
	Being bullied			-.092***	-.086***	-.042**
	Parental neglect			-.059***	-.058***	-.055***
	Exercise			.028	.014	.015
Psychological variables	Time spent sleeping			.075***	.084***	.066***
	Self-esteem				.203***	.170***

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	Model	Model 1 (socio- demographic variables)	Model 2 (relational variables)	Model 3 (behavioral variables)	Model 4 (psychologica l variables)	Model 5 (cognitive variables)
Cognitive variables	Academic performance					.117***
	Academic stress					-.337***
	F	55.533***	124.116***	87.796***	92.400***	127.501***
	R ²	.135	.345	.384	.412	.523

Note: All figures are standardized regression coefficients; *p < .05, ** p < .01, ***p < .001.
Source: Ministry of Health and Welfare/KIHASA (2013), *General Survey on the Status of Children*, raw data.

[Figure 13] Factors Affecting Children's Subjective Wellbeing



Note: Only the significant beta values are presented.

In Model 5, the last of the analyses, cognitive variables were analyzed. Both academic performance and academic stress were identified as significant factors: the higher children's self-reported academic performance and the lower their academic stress, the greater their subjective wellbeing. All other variables were consistent with those of Model 4. The sig-

nificance of children's sex, however, disappeared when the cognitive variables were added, while the explanatory power of the model increased by as much as 11.1 percentage points over that of Model 4. Among the five models, the one analyzing relational variables held the greatest explanatory power.

In each of the five models of analyses, there were eight significant factors with a beta value of .100 or higher: namely, academic stress (-.337), relationships with teachers (.194), self-esteem (.170), relationship with parents (.164), family affluence (.123), academic performance (.117), family structure (-.106), and relationships with peers (.105).

C. Factors affecting children's happiness

Model 1, which examines the effect of socio-demographic characteristics, revealed all variables, except for the employment status of household heads, to be significant, with children's sex, age, family structure, affluence, and religion all bearing significant correlations to their happiness. In particular, younger male children who were affluent, religious, and living with both parents tended to be happier than other children. The socio-demographic model accounts for 4.0 percent of the variance in children's happiness. Model 2, which added relational variables to the analysis, showed all relational variables to be significant. The closer children were to their

parents, teachers, and peers, the happier they were. Model 2 featured an explanatory power of 20.5 percent, as much as 16.5 percentage points higher than that of Model 1. Model 2 also showed the greatest fitness. In this model, however, the significance of some of the socio-demographic variables, i.e., children's age and religion and the employment status of their parents, disappeared. Only children's sex, family structure, and affluence remained as significant variables, showing that affluent male children living with both parents were happier than others.

Model 3, which analyzed behavioral variables, revealed Internet and smartphone dependency, parental neglect, and exercise to be significant factors. The lower children's dependency on the Internet and/or their smartphones, the less they were neglected by their parents, and the more they exercised, the happier they were. Model 3 exhibited an explanatory power of 32.8 percent, 12.3 percentage points higher than that of Model 2. The significance of the socio-demographic variables in Models 3 remained largely as it was in Model 2, except for family affluence.

Self-esteem, the only psychological variable added to Model 4, turned out to exert the greatest influence (.357) on children's happiness; the greater children's self-esteem, the happier they were. The addition of this factor also led to a decrease in the influence of children's relationships with their teachers. Model 4 held significant explanatory power at 41.5 percent, 8.7 percentage points higher than that of Model 3. In this model, chil-

dren's sex and family structure remained significant socio-demographic variables.

In Model 5, which measures the effect of cognitive variables, the only significant factor of children's happiness was academic stress. The less academic stress children experienced, the happier they were. The significance of all other variables, except for parental neglect and exercise, remained more or less the same as in Model 4. Model 5, however, gained little upon Model 4 in terms of explanatory power, suggesting that the influence of academic stress on children's happiness, while significant, was marginal.

The significant factors that retained beta values of .100 or higher in all five models were: self-esteem (.356), Internet and smartphone dependency (-.211), relationships with parents (.147), and relationships with peers (.137). In particular, policy-makers should note that Internet and smartphone dependency can seriously compromise children's happiness. Self-esteem and relational wellbeing were also found to be essential factors of children's happiness. The happiness analysis indicates that a wide range of factors, including children's sex, family structure, relationships with parents and peers, Internet and smartphone dependency, self-esteem, and academic stress, have an effect on children's happiness.

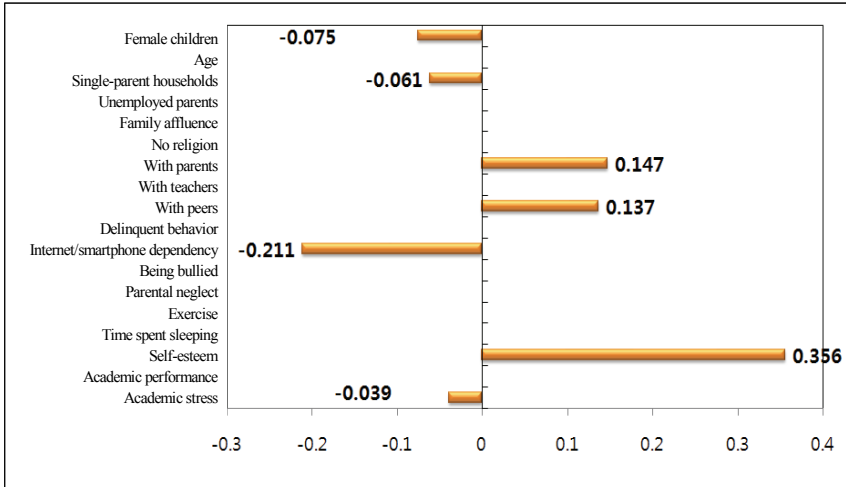
<Table 7> Regression Analysis of Factors Affecting Children's Happiness

	Model	Model 1 (socio- demographic variables)	Model 2 (relational variables)	Model 3 (behavioral variables)	Model 4 (psychological variables)	Model 5 (cognitive variables)
Socio- demographic variables	Sex (F = 1)	-.057**	-.076***	-.082***	-.075***	-.075***
	Age	-.060**	-.016	.011	.005	.005
	Family structure (Single-parent = 1)	-.047*	-.048*	-.075***	-.055**	-.061***
	Employment of parents (Unemployed = 1)	.012	-.001	-.010	-.013	-.010
	Affluence	.133***	.056**	-.019	-.005	-.005
	Religion (Non-religious = 1)	-.089***	-.037	-.011	.003	.002
Relational variables	With parents		.279***	.236***	.148***	.147***
	With teachers		.092***	.072***	.028	.029
	With peers		.223***	.185***	.137***	.137***
Behavioral variables	Delinquent behavior (Yes = 1)			-.033	-.032	-.031
	Internet/ smartphone dependency			-.322***	-.215***	-.211***
	Being bullied			-.024	-.014	-.012
	Parental neglect			-.039*	-.037*	-.032
	Exercise			.061**	.037*	.033
	Time spent sleeping			.008	.022	.023
Psychological variables	Self-esteem				.357***	.356***
Cognitive variables	Academic performance					-.016
	Academic stress					-.039*
	F	15.429***	63.526***	71.597***	97.619***	86.205***
	R ²	.040	.205	.328	.415	.415

Note: All figures are standardized regression coefficients: *p < .05, ** p < .01, ***p < .001.

Source: Ministry of Health and Welfare/KIHASA (2013), *General Survey on the Status of Children*, raw data.

[Figure 14] Factors Affecting Children's Happiness



Note: Only the significant beta values are presented.

D. Factors of children's life satisfaction

As to children's life satisfaction, Model 1 showed children's age, affluence, and religion to be significant factors. Younger and affluent children with religious upbringings were generally more satisfied with their lives than other children. Model 1 accounts for 8.2 percent of the variance in life satisfaction. Model 2, concerning relational variables, revealed all relational variables to be significant. The closer children were to their parents, teachers, and peers, the higher their life satisfaction scores were. Model 2 had an explanatory power of 26.5 percent, 18.3 percentage points higher than that of Model 1. Model 2 also showed the greatest fitness. Relational variables, in other words, have a major influence on life satisfaction, as they do on

the other two dimensions of QOL. Unlike Model 1, however, only sex and family structure retained significance as socio-demographic variables, while the significance of religion disappeared. In this model, male children living with both parents had greater life satisfaction than other children, and age and family affluence retained their significance.

Model 3 showed Internet and smartphone dependency and time spent sleeping to be significant factors. Children less dependent on the Internet and/or smartphones and who spent more time sleeping reported higher life satisfaction. Model 3 had an explanatory power only 2.9 percentage points higher than that of Model 2. Of the socio-demographic and relational variables remaining in Model 3, age lost its significance, while the employment status of household heads gained newfound importance. Also, children with working household heads showed greater life satisfaction than children with unemployed parents.

Model 4 revealed self-esteem to be the most decisive of all factors (.402), with higher self-esteem translating to greater life satisfaction. When this psychological variable was added, the variable of exercise gained significance. Interestingly, children who got less exercise reported greater life satisfaction. This may suggest that exercise to Korean children is usually something they do against their will, which thus compromises their life satisfaction. Children's sex, age, family structure, employ-

ment status of the household heads, and family affluence all retained their significance, as did the relational variables. Model 4 exhibited an explanatory power of 40.4 percent, which is 11.0 percentage points higher than that of Model 3.

Model 5, which analyzed cognitive variables, showed that only academic stress was a significant factor. The less academic stress children experienced, the higher their life satisfaction. Academic stress was more closely related to children's life satisfaction than their academic performance. All other variables remained consistent with Model 4, but the significance of Internet and smartphone dependency disappeared. This model also featured an explanatory power of 41.3 percent, 0.9 percentage points higher than that of Model 4.

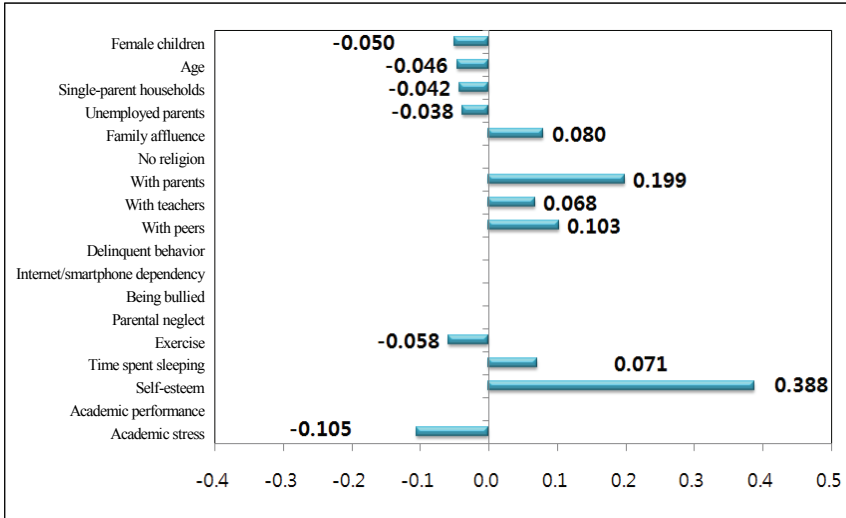
Of all the significant factors, those with beta values of .100 were self-esteem (.388), relationships with parents (.199), academic stress (-.105), and relationships with peers (.103).

<Table 8> Regression Analysis of Factors Affecting Children's Life Satisfaction

	Model	Model 1 (socio- demographic variables)	Model 2 (relational variables)	Model 3 (behavioral variables)	Model 4 (psychological variables)	Model 5 (cognitive variables)
Socio- demographic variables	Sex (F = 1)	-.025	-.046*	-.059***	-.051**	-.050**
	Age	-.132***	-.080***	-.043	-.049*	-.046*
	Family structure (Single-parent = 1)	-.040	-.043*	-.057**	-.035*	-.042*
	Employment of parents (Unemployed = 1)	-.022	-.034	-.037*	-.041*	-.038*
	Affluence	.207***	.111***	.103***	.076***	.080***
	Religion (Non-religious = 1)	-.054**	-.008	-.007	.009	.002
	Relational variables	With parents		.319***	.306***	.206***
With teachers			.145***	.128***	.079***	.068***
With peers			.164***	.156***	.102***	.103***
Behavioral variables	Delinquent behavior (Yes = 1)			.003	.004	-.001
	Internet/ smartphone dependency			-.162***	-.041*	-.023
	Being bullied			-.045	-.033	-.026
	Parental neglect			.013	.016	.017
	Exercise			-.027	-.055**	-.058***
	Time spent sleeping			.056*	.072***	.071***
Psychological variables	Self-esteem				.402***	.388***
Cognitive variables	Academic performance					.025
	Academic stress					-.105***
	F	33.046***	88.912***	61.071***	93.464***	85.585***
	R ²	.082	.265	.294	.404	.413

Note: All figures are standardized regression coefficients; *p < .05, ** p < .01, ***p < .001.
 Source: Ministry of Health and Welfare/KIHASA (2013), *General Survey on the Status of Children*, raw data.

[Figure 15] Factors of Children's Life Satisfaction



Note: Only the significant beta values are presented.

V

Results and Discussions



Results and Discussions <<

In terms of subjective wellbeing, measured across four dimensions—life satisfaction, relational wellbeing, educational wellbeing, and physical wellbeing—Korean children scored 93.59 out of 100. This score puts Korea in 28th place out of the 30 countries compared in this study. (The Netherlands was the top-scoring country, with 116.09, while the United States was the lowest-scoring one, with 89.91.) Korea managed to fare better than only Poland and the United States. Korean children, in particular, showed the lowest life satisfaction score, pointing to the urgent need for policymakers to take steps to identify the causes and find solutions. The objective standard of living of Korean children is above average, as Korea has one of the lowest child poverty rates in the world. Yet Korean children are psychologically vulnerable, and rate their life satisfaction, relational wellbeing, and educational wellbeing quite low in comparison to their physical wellbeing (measured in terms of both their subjective health and the presence or absence of physical symptoms). In other words, there is an extreme imbalance in Korean children’s subjective wellbeing. The fact that Korean children scored so highly on physical wellbeing can be interpreted in multiple ways. One possible reason may have to do

with the fact that Koreans tend to underestimate or downplay their physical pain. On the other hand, it may also reflect the facts that Korean children are among the best-vaccinated children in the world, Korean mothers and infants enjoy a relatively well-established culture of postpartum and postnatal care, and Korea provides high-quality universal medical care. At any rate, this particular result will require in-depth research in the future. However, Korea is not the only country to show such extreme variations across different dimensions of children's subjective wellbeing (see Finland and Romania).

The international comparison carries a number of important implications for policymaking. First, Korean policymakers need to focus more on improving children's life satisfaction and educational wellbeing. Second, as Korean children also scored somewhat poorly in terms of relational wellbeing, policy and institutional support may be needed to improve their relationships with their parents, peers, and teachers.

The level of Korean children's subjective wellbeing differed significantly from group to group. Advancements to higher levels of education, living in single-parent or near-poor households, low levels of family income, and having relatives as main caregivers as opposed to mothers or fathers were all factors that had a significant negative impact on children's sense of subjective wellbeing. Happiness similarly varied from group to group. The levels of happiness were generally low in secon-

dary-school students, children living in rural areas, and single children without siblings compared to the levels of happiness felt by female children and elementary-school students. Age, family structure, family income level, and area of residence were significant factors that accounted for differences in children's life satisfaction. Secondary school students, children of single-parent families, and children of households earning near-poor income were significantly less satisfied than other children.

The regression analysis on the factors of the three dimensions of QOL involved applying five models that were designed to gauge the effects of socio-demographic, relational, behavioral, psychological, and cognitive variables. The effects of these five types of variables on the three dimensions of QOL overlapped in some respects and diverged in others. Relational variables, self-esteem (the only psychological variable included in this study), academic stress, and family structure were found to be significant and decisive factors of children's QOL across all three dimensions. The closer children were to their parents, teachers, and peers, the higher their self-esteem, and the less academic stress children experienced, the greater their subjective wellbeing and life satisfaction. The levels of subjective wellbeing, happiness, and life satisfaction were all low in children of single-parent households. The rankings of the most decisive factors, however, differed from dimension to dimension.

Academic stress turned out to be the most influential factor of children's subjective wellbeing. Children's relationships with teachers also exerted a greater impact on this dimension than on the other two. Experiences of delinquent behavior and being bullied also emerged as significant factors influencing only this dimension. Self-esteem, on the other hand, was the most decisive factor of children's happiness, followed by Internet and smartphone dependency and children's relationships with their parents. The greater children's self-esteem, the less severe their Internet and smartphone dependency, and the better children's relationships with their parents, the happier they were. Interestingly, family affluence did not figure as a significant factor in the analysis of children's happiness. Various forms of child deprivation (lack of food, books, recreational equipment, recreational activities, the Internet, new clothing, new shoes, birthday parties, etc.) did not affect children's happiness as much as most people would expect.

Children's self-esteem and their relationships with their parents were found to be the most significant factors of life satisfaction. Academic stress was also significant. Note that, the more children exercised, the lower their life satisfaction became. A result unique to Korea, this may reflect the fact that children who exercise in Korea may do so not of their own volition, but because authority figures tell them to do so. This topic may require more in-depth research.

The implications of this study can be summarized as follows. First, improving the quality of children's relationships with their parents, teachers, and peers is the first and foremost step toward improving children's QOL. In particular, strengthening children's relationships with their parents requires a transformation of the social atmosphere and social institutions. For example, companies should not force parents to work excessive amounts of overtime, and could do more to help families have more quality time together, such as through Family Day events and other such organized activities. Also, schools need to foster an environment that promotes cooperation rather than competition among students. The number of teamwork-encouraging assignments and events and activities that promote cooperation and solidarity among students needs to be increased. As children's relationships with their teachers also play a central role in children's QOL, teachers should try harder to build trust and rapport with their students.

Second, efforts need to be made to enhance children's sense of self-esteem. Assistance needs to be provided for children who are susceptible to low self-esteem so that they may develop and strengthen their capabilities, adopt positive perspectives on their self-worth, and become more optimistic regarding their future. Parents, teachers, and peers have important roles to play in this regard. The attitude of teachers, in particular, is indispensable in motivating children to reach out

and achieve more. In this regard, teachers need more education and training on how to identify the needs of their students and provide the encouragement and instruction they need. Children with especially low self-esteem require extra help and resources, such as school counselors, local mental health centers, Dream Start Centers, and private help.

Third, academic stress compromises children's QOL, particularly in terms of life satisfaction. Measures are thus needed to lighten the study load and pressure on students. Examples include introducing an autonomous semester program, reducing the number of classes students are required to take, and expanding physical, art, and music education programs. It is also important to give students sufficient amounts of leisure time and support and expand the infrastructure through which they can participate in recreational and leisure activities. Korean legislators should legally guarantee access to recreational infrastructure for children in every community. Such a law, for example, may require every new neighborhood park to include features and facilities that children can use to play. Policymakers also need to protect children's right to play and enjoy quality family time by appropriately distributing children's academic workload and guaranteeing their freedom after school. This will help reduce children's Internet and smartphone dependency and give them a greater sense of stability.

Fourth, policymakers need to increase support for children

in vulnerable groups, such as single-parent homes and near-poor and poor households, as children living in such households reported far lower life satisfaction and wellbeing than children living in other environments. While the Korean government provides various support programs for the children of single-parent and low-income households, such programs are geared toward protecting the basic livelihood of children and largely neglect their need for emotional and moral support. The analysis in this study reveals that objective wealth (affluence) bears little correlation to children's happiness. The key to improving the QOL of vulnerable children thus lies in increasing their self-esteem and strengthening their relationships with parents, teachers, and peers so that they may overcome the difficulties imposed on them by their family environments. In Korea, there is a bias against single-parent households, which serves to stigmatize children living in such families. Policymakers thus need to devise and provide diverse measures for reducing this societal bias as part of their efforts to support children of single parents. The established literature (Heo, S., 2013) demonstrates that, due to blind spots in policy welfare programs, children of near-poor households experience even greater difficulties than those of poor households. In order to ensure that children of near-poor households have a fair chance of achieving happiness, policymakers need to introduce new measures, including increasing the availability of local

children's centers and increasing access to cultural and artistic activities (through vouchers), among others.

Fifth, solutions are urgently needed to protect children against delinquency, parental neglect, and school violence. Experiences of smoking, drinking, bullying, and parental neglect all critically compromise children's subjective wellbeing. Smoking and drinking are problems that require preventive approaches, while school violence needs a more fundamental change in the policy approach. Recent policy efforts to tackle school violence have reduced visible instances of violence at school, but have proven insufficient in terms of eliminating the less visible yet more pervasive forms of bullying. Thus, we need to make a societal and cultural commitment to ending school violence.

Sixth, policymakers need to recognize and address the drastic decline in children's S-QOL as they grow older and enter higher levels within the school system. As children transition from elementary to middle school, and from middle to high school, they experience exponential increases in their academic workload and pressure. Alleviating the resulting academic stress will require fundamental reforms of the current education system, including reforms of the public school system and college admission system and the standardization of universities.

Seventh, policymakers should not neglect the fact that female

children consistently fared worse than male children in terms of S-QOL, a phenomenon that requires more in-depth research and analysis. Even in the adult population, women are more vulnerable to depression and pain than men. Parents and teachers need to develop a better understanding of and show more respect for girls' greater sensitivity, and provide the necessary care and support.

The health of the children of a given society is representative of the health of that society in general. Therefore, we need to make active, concerted, and society-wide efforts to ensure the happiness and health of our children. The current state of Korean children's S-QOL requires a comprehensive strategy that encompasses improvements in all areas, including education, welfare, culture, and sports. Furthermore, Korean policymakers need to learn from the Netherlands and other countries with noticeably high levels of S-QOL among their children, with a view to identifying effective programs and policy measures and adapting and applying them to Korea.

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