

THE SCHOOL ENVIRONMENT AND SELECTED ASPECTS OF QUALITY OF LIFE IN CZECH CHILDREN

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Abstract: School environment and its social climate and atmosphere are important factors that have an effect on the child's life. The aim of the study was to assess the influence of adaptation to school as well as of teachers' and parents' demands on selected aspects of quality of life (sense of happiness and life well-being as well as subjectively perceived health status) in a representative sample of Czech children aged 11, 13 and 15 years.

Methods: Data were collected as part of "Health Behaviour in School-aged Children: A WHO Collaborative Cross National Study" (HBSC). Subjective evaluations of health status, sense of happiness, and life well-being were compared between groups of well adapted children and groups of poorly adapted children as well as between groups of children where in one group, the children felt high demands exerted on them by their parents and teachers, and in the other group, the children did not experience such demands. The decrease of life well-being was evaluated using Heubner's scale and Cantril's index.

Results: Statistically significant relationships between studied items were found. Poorly adapted children and children feeling high demands exerted on them by their parents and teachers evaluated their health status as more negative; furthermore, they felt less happy and achieved a lower score on Heubner's scale and Cantril's index compared to well adapted children.

Keywords: school, quality of life, Czech children

Introduction

School environment and its social climate and atmosphere are important factors that have an effect on the child's life. The school fills a substantial portion of a child's time and it is more than a place where pupils obtain education. Interpersonal relations and friendships are formed at school; apart from the formal education children adopt also the so-called hidden curriculum that can influence them for the rest of their lives (Mareš, 2001). The school plays a substantial role in the socialisation, forming of personality and

development of a child. For these reasons it is obliged to reflect the needs of children and young people and to respond to them adequately (Helus, 2007). Apart from the primary orientation on education the school is to create a favourable social environment and positively influence the children's quality of life (Csémy et al., 2005). Education should be connected with positive emotions, feelings of success and satisfaction (Helus, 2007). It has been proved that positive emotions expand the creativity of mind and, at the same time, facilitate the solving of problems (Křivohlavý, 2004).

On the other hand, school is a source of many stressing situations. Children have to learn how to cope with success and failure, how to react to being regularly evaluated by teachers, peers and parents, they have to find their place among peers and defend it day by day, they have to keep up to the increasing demands and requirements. Whether they cope or not depends on many factors, the satisfaction with life, peace of mind, feeling of happiness and joy being among them. It has been proved that there is a reciprocal relationship between the subjective perception of health, well-being and school. Children who demonstrate fewer health problems and show a higher level of well-being feel better at school (Currie, 2004).

Inadequate demands not taking into account individual abilities can result lead to disturbing the child's personality development (Čáp, 2001).

Problems in adaptation to school may be increasingly demonstrated in adolescence. The emotional instability leads to changes in behaviour, attitude and self-assessment; the pursuit of emancipation from the family leads to rejecting previously recognised values, such as school (Vágnerová, 1997).

The relationship between school, health and behaviour of children is the topic of the study by the World Health Organisation (WHO) "Health Behaviour in School-aged Children: A WHO Cross National Study" (HBSC). Its goal is to collect information on the health, well-being and lifestyle of children in the broadest social context and to provide relevant results to all who work in prevention.

The surveys started in 1983 and are carried out at four-year intervals. The last collection of data took place in 2006 involving 41 countries. The Czech Republic has been participating in the surveys since 1993 (Currie, 2004). HBSC results from 2002 indicate that only a small portion of Czech children (6 %) consider the school load as stressing but over one third of boys and one quarter of girls do not like it at school. Children who do not like school were much more likely to complain about psycho-somatic problems, such as headache, fatigue, exhaustion, nervousness, fear. Answers to questions mapping out the relationships among peers pointed to problems in communication, mutual support and help (Csémy et al., 2005). In assessing their positive attitude to school and peers the Czech children ranked at the last positions in comparison with all other participating countries (Currie, 2004).

Goal

The goal of our study was to assess how the adaptation to school and teachers' and parents' demands influence selected aspects of the quality of life (feeling of happiness and well-being and subjectively perceived health status) in a representative sample of Czech children.

Survey Sample and Methodology

The survey target population included children aged 11, 13 and 15 years, i. e. before the beginning of puberty (11 years), in the period of remarkable physical and mental changes (13 years) and in the period of important decisions on the future life and career (15 years). Data was collected from 4,782 children in total. The data collection was carried out in a uniform way in line with WHO criteria (identical instruction for children, identical method of administration in class, submission of completed questionnaires in unmarked envelopes). It was implemented in May 2006 at eighty-six randomly selected primary schools and grammar schools in the Czech Republic, after the consent of headmasters had been granted. Pupils completed questionnaires during one teaching period in the presence of trained persons capable of providing any additional explanation to children, if requested. Childrens' parents had been informed of this survey in writing in advance.

We formulated the school adaptation index using answers to the questions: "How are you feeling at school at present" and "How do teachers treat you". In the group of well adapted children we included those who answered that they liked it at school (much or quite) and also in the question "How do teachers treat you" the average of their answers to four sub-questions ("teachers encourage me to express my opinions in class", "teachers are fair with us", "teachers help me if I need it", "my teachers are interested in me as a person") scored up to 2.4 on a five-point scale from "I fully agree" to "I completely disagree". In the group of poorly adapted children we included those who answered that they did not like it at school (much or not at all) and the average score in answers evaluating teachers was 3.5 – 5.

The level of well-being was evaluated with the help of the Heubner's scale (HS) and Cantril's index (CI). HS consists of six sub-questions that evaluate the satisfaction of children with their lives on a four-point scale. It reaches values between 6 and 24. CI is a scale of contentment with values from 0 to 10 where 0 is the worst possible life and 10 is the best possible life.

We evaluated the level of demands on the basis of answers to the question "As regards school, my parents expect too much of me" and "My teachers expect too much of me" (five-point scale from "fully agree" to "completely disagree"). In the group of children under high demands we included those who answered that they "fully agree" or "agree" to both questions. We excluded children who answered positively only one of the questions. In the group of children experiencing adequate demands we included those who answered both questions negatively – they "disagreed", "completely disagreed" – or considered the demands of parents and teachers as neither high nor low. In thus formed groups we surveyed the relationship between the subjective perception of health status, feeling of happiness, CI and HS. Numbers of respondents vary in the interpretation of individual areas depending on the methodological processing of collected data.

Results

Adaptation to School

1,598 children, i. e. 33.4 %, of the entire group were well adapted, 451 children, i. e. 9.4 %, of the entire group were poorly adapted.

After exercising the χ^2 test we were able to establish a statistically significant link between adaptation to school and the subjective perception of health status (Table 1), adaptation to school and feeling of happiness (Table 2), adaptation to school and CI and HS values (Tables 3 and 4).

Table 1 – Health Status Subject to the Level of Adaptation to School in %

health status	good adaptation	poor adaptation
excellent	30.1	23.8
good	60.6	57.6
not very good	8.6	15.5
bad	0.7	3.1

N = 2,035 p < 0.001

Table 2 – Feeling of Happiness Subject to the Level of Adaptation to School in %

I feel	good adaptation	poor adaptation
very happy	30.1	14.2
quite happy	62.2	53.2
not very happy	6.8	25.9
not at all happy	0.9	6.7

N = 2,045 children p < 0.001

A remarkably higher percentage of poorly adapted children assessed their health status as not very good and bad (18.6 % in total) compared to well adapted children (9.3 %). The difference in assessing the feeling of happiness was even more remarkable. As much as four times more (32.6 %) poorly adapted children said they were not happy. In well adapted children it was only 7.7 %.

So as to interpret the relationship between adaptation to school and values on HS we formed three intervals: mean interval that corresponds with the HS mean value in the whole group ($16.6 \pm 1 \text{ SD } (3.5)$) and is valid for the range 13.1 – 19.9; upper interval representing values higher than the mean + 1 SD, i. e. more than 19.9; and lower interval for which values lower than mean will be valid – 1SD, i. e. lower than 13.1. The relationships are provided in Table 3.

Table 3 Heubner’s Scale Subject to the Level of Adaptation to School in %

Heubner’s scale	good adaptation	poor adaptation
lower (> 13.1)	10.5	36.9
mean (13.1 – 19.9)	70.4	58.5
upper (< 19.9)	19.2	4.6

n = 1,981 p < 0.001

The results indicate that 3.5x more children from the poorly adapted group indicated values in the lower interval on HS and, on the contrary, 4x fewer children in this

group indicated values in the upper HS interval as compared to well adapted children. The mean HS value in the entire surveyed group was 16.6.

Table 4 Cantril’s Index Subject to the Level of Adaptation to School in %

Cantril’s index	good adaptation	poor adaptation
lower (<5.2)	12.2	30.1
mean (5.2 – 9.1)	72.6	62.0
upper (>9.1)	15.2	7.9

n = 2,024 p < 0.001

Intervals chosen for CI were formed similarly to those for HS. The mean CI in the entire group was 7.3, SD = 1.9. The upper interval is valid for values over 9.1, the lower interval for values under 5.2, the mean interval ranges between 5.2 – 9.1. Poorly adapted children more than two times more often indicated CI values in the lower interval and, on the contrary, two times less indicated values in the lower CI interval.

Level of Demands

1,148 children, i.e. 24 % of the entire group, assessed the demands from teachers and parents as high, 2,020 children, 42.2 %, considered them as adequate. Following an evaluation against an χ^2 test we were able to prove a statistically significant link between the level of demands and subjective perception of health status (Table 5), feeling of happiness (Table 6) and CI and HS values (Tables 7 and 8).

Table 5 – Health Status Subject to the Level of Demands in %

health status	high demands	adequate demands
excellent	29.0	25.0
good	58.4	64.9
not very good	10.7	9.1
bad	1.9	1.0

n = 3,153 p = 0.00165

Table 6 – Feeling of Happiness Subject to the Level of Demands in %

I feel	high demands	adequate demands
very happy	24.5	20.8
quite happy	56.6	65.2
not very happy	15.4	12.7
not at all happy	3.5	1.3

n = 3,161 p < 0.001

Table 7 – Heubner’s Scale Subject to the Level of Demands in %

Heubner’s scale	high demands	adequate demands
lower (> 13.1)	24.7	15.2
mean (13.1 – 19.9)	63.0	70.9
upper (< 19.9)	12.3	13.9

n= 3,043 p < 0.001

Table 8 – Cantril’s Index Subject to the Level of Demands in %

Cantril’s index	high demands	adequate demands
lower (>5.2)	21.2	15.5
mean (5.2 – 9.1)	67.0	74.0
upper (< 9.1)	11.9	10.5

n = 3,137 p = 0.000063

A higher percentage of children feeling high demands from parents and teachers assessed their health status as not very good and bad (12.6 %). More children in this group also indicated that they felt unhappy (18.9 %) and indicated values in the lower HS interval (24.7 %) and CI (21.2 %). The most remarkable difference between these groups was in the perception of happiness. Almost 3x more children feeling high demands said they were unhappy as compared with the group of respondents that assessed the demands from parents and teachers as adequate.

Discussion

The survey results indicate that one third of Czech children (33.4 %) like school and evaluate their teachers mostly positively and almost one tenth (9.4 %) of children do not like school and evaluate their teachers negatively. Over 90 % of well adapted children perceive their health status as excellent or good and feel happy.

In the representative sample of Czech pupils in the fifth, seventh and ninth form a statistically significant link between surveyed areas was established. A remarkably larger portion of children poorly adapted to school assessed their health status as not very good and bad (18.6 % in total) as compared to well adapted children (9.3 %). These results are comparable to the HBSC study results from 2002 where 18.9 % poorly adapted children and 10.8 % well adapted children were negative about their health status (Csémy et al., 2005).

A considerable difference between well and poorly adapted children was demonstrated in their feeling of happiness. As many as four times more (32.6 %) poorly adapted children indicated they were not happy. It is much more than what children indicated in 2002 (25.4 %). The question is how these items are related. Are well adapted children happier or do happier children adapt to school better? This question would require a more detailed analysis that would take into view the time aspect of the feeling of happiness (whether it is a topical emotional condition or a habitual discontent), as well as personal characteristics of respondents, important events in life, situation and cultural influences

(Macek, 2003). As compared to the last HBSC study results the lower percentage of well adapted children who feel unhappy is a positive development. In our study there were 7.7 % such children whereas in 2002 there were 12.0 % (Csémy et al., 2005).

The demands from teachers and parents were considered as high by almost a quarter (24 %) of the surveyed group, the demands were perceived as adequate by a less than one half (42.2 %) of all respondents. More children in the group perceiving demands as high indicated they felt unhappy (18.9 %) and indicated values in the lower interval on HS (24.7 %) and CI (21.2 %) compared to the group indicating adequate demands. A higher percentage of children experiencing high demands from parents and teachers also assessed their health status as not very good and bad (12.6 %). The positive thing is that this number is lower than that in 2002 when 16.0 % children in the group with high demands assessed their health status as negative (Csémy et al., 2005).

The mean value of HS in the entire group was 16.6 and the mean value of CI was 7.3. Poorly adapted children and children perceiving high demands from parents and teachers were more likely to indicate HS lower than 13.1 and CI lower than 5.2.

Conclusion

Of the total number of 4,782 respondents 33.4 % children were well adapted to school and 9.4 % children were poorly adapted. 24 % children considered the demands from parents and teachers as high, 42.2 % considered them as adequate.

Statistically significant links were established between the adaptation to school, demands from teachers and parents and selected aspects of the quality of life (feeling of happiness and well-being and subjectively perceived health status). Poorly adapted children and children feeling high demands from parents and teachers were more likely to assess their health status as negative, felt less happy and indicated lower values on the Heubner's scale and Cantril's index than well adapted children and children perceiving adequate demands.

VLIV ŠKOLY NA VYBRANÉ ASPEKTY KVALITY ŽIVOTA ČESKÝCH DĚTÍ

Abstrakt: Prostředí školy, její sociální klima a atmosféra patří mezi významné faktory, které ovlivňují život dítěte.

Cílem studie bylo posoudit, jak adaptace na školu a nároky učitelů a rodičů ovlivňují vybrané aspekty kvality života (pocit štěstí a životní pohody a subjektivně vnímaný zdravotní stav) u reprezentativního vzorku českých dětí ve věku 11, 13 a 15 let.

Metodika: Data byla získána v rámci výzkumného šetření významné mezinárodní studie Světové zdravotnické organizace (WHO) „The Health Behaviour in School Aged Children: A WHO Cross National Study“ (HBSC). Subjektivní hodnocení zdravotního stavu, pocitu štěstí a životní pohody bylo porovnáváno ve skupinách dětí dobře a špatně adaptovaných a ve skupinách dětí pocitujících vysoké nároky rodičů a učitelů

a děti ostatních. Míra životní spokojenosti byla hodnocena pomocí Heubnerovy škály a Cantrilova indexu.

Výsledky: Byly zjištěny statisticky významné souvislosti mezi testovanými položkami. Špatně adaptované děti a děti pociťující vysoké nároky ze strany rodičů a učitelů hodnotily ve větší míře svůj zdravotní stav negativně, cítily se méně šťastné a udávaly nižší hodnoty na Heubnerově škále a Cantrilově indexu než děti dobře adaptované a děti pociťující přiměřené nároky.

Klíčová slova: škola, kvalita života, české děti