

A Measurement of Family Well-Being in Malaysian Adolescent: Demographic Differences

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Abstract – *This paper aims to examine the personal and social environmental factors known to affect the perceptions of subjective family well-being in Malaysian adolescents. A sample from 2808 households was drawn from the Family Well-being Index Survey conducted by National Population and Family Development Board (NPFDB) in 2011. In adolescent, the subjective measurement of family functioning, family economic status, neighbourhood support and family well-being are known to be moderately high but having positive low to moderate relationship. The subjective measurement of family well-being did not differ by gender, education background, housing locality and household type. adolescents' family cohesion, family economic situation, and neighbourhood support predicted adolescents' satisfaction with their family well-being. The overall findings of this study support the hypothesis about intrapersonal and interpersonal variables as better predictors of adolescent family well-being than family structure, family financial resources and adolescent living circumstances. Future research should focus on these relationships using longitudinal designs and include information collected from both adolescents and their parents. Copyright © 2016 Penerbit Akademia Baru - All rights reserved.*

Keywords: Family well-being, Adolescents, Socio-economic status, Socio-demographic, Family cohesion, Parental monitoring, Joint decision making, Parental support, Neighbourhood support

1.0 INTRODUCTION

Family well-being refers to the condition of families in a country at a safe, healthy, peaceful, comfortable, harmonious and high satisfying level [1]. The definition comprises various aspects of satisfaction and console in psychosocial, mental and physical health, economic and financial condition, social and political environment. The family well-being aspect also closely related to the rights, responsibilities, feeling of respect and dignity of a person in a family [1]. The well-being is a complicated concept that is difficult to define and measure [2]. It is often used as a synonym for happiness or quality of life and including agents that contribute to the wellness and meaning of life. Well-being is understood to be the personal satisfaction with many aspects in human life including the cultural or intellectual conditions under which an individual lives. It is a wide concept which having relevance to almost all areas of people life. As a result, it has been extensively researched, reviewed, and discussed in the social science, psychology, economic, and medical literature [3]. Generally, Health and psychological related in measuring the well-being, particularly in family aspects is described as a multidimensional construct covering physical, emotional, mental, social, and behavioural [4]. Specifically, family well-being carrying those meaning which has been defined by the NPFDB[1]

components of well-being and function as perceived by patients and/or other individuals in the country involving the condition of families at a safe, healthy, peaceful, comfortable, harmonious and high satisfying level. Moreover, the family well-being can reflect an individual's perception of their position in life in the context of the cultural and values systems in which they live and in relation to the goals, expectation, standards and concerns. The assessment of family well-being is, thus, related to broad social and public health concerns and can offer potential applications for need assessment and social policy formulation. The definition of family well-being which referring to Malaysian scope and aspects was used for adults and similarly could be applied to adolescents[1] aged 18 years old and above, although specific aspects of physical development and psychosocial functioning as well as distinct features of adolescence as opposed to childhood and adulthood should be considered [5]. There is a substantial body of research in well-being among the individual and its impact to the society. However, scholars pay little attention to the adolescents' well-being which refers to their family well-being context. Adolescents' feelings and emotional reactions to their well-being aspects, especially in the family institutions are often neglected. Adolescents, especially the younger, are often having difficulties to understand the causes of the abrupt changes in family interrelationships due to parental illness and/or to cope with the considerable family discordance and the possible demands to undertake extended duties and new roles inside the family [2]. In measuring family well-being status and impact to the adolescent, the school-based social status may be particularly important [6,7]. Hence, this paper examines the family well-being among adolescents aged 18-24 years old and its difference between several measures of socio-demographic status. There were a lot of studies have found which purposely to investigate the socioeconomic status (SES) to be associated with better well-being among younger adults[8] and some of it showed similar and consistent results[9,10,11]. However, there are little specific measures has been done in family well-being aspects.

In measuring self well-being among the youth and adolescents, there is also little or no evidence of consistent differentials in well-being measures according to various socio economic variables of area-based or parents and household deficiency [12,13,14]. To measure family well-being, the most commonly used scale were asked the respondents to mark their agreement on a ladder scale where they would response themselves accordingly to the question asked [15]. Some of studies based on other country findings examined the factors influence adolescent well-being in a family aspects have shown contrasting results, especially in measuring the difference between their socio-demographic backgrounds. Among Central and Eastern European 15-17 year-olds, the family relationship and family cohesion had a stronger relationship with well-being [16]. An Australian study of 11 to 19 year-olds with refugee backgrounds which included both family cohesion and family economic status ladders and the sample studies was related to the ethnic and the broader Australian communities found that well-being in the broader Australian community (described by the authors as indicating "belonging") was the strongest predictor of health and well-being [17]. Another study, of Swedish 15 to 18 year-olds, found parental monitoring and joint decision making and "acquired status" (ladders representing social position in relation to friendship group and to schoolmates as well as neighbourhood aspects) each had similar associations with mental well-being[18].

The age, maturity and cognitive/ emotional development of the child/adolescent should be taken into consideration in any effort to measure the concept of family well-being. Recent research has shown that children are able to report on their well-being and functioning reliably if the questionnaire is appropriate to the child's age and cognitive level [19]. Adolescents are

not regarded as small adults, their special health needs should be acknowledged. Adolescents are growing in the various social environments including family, school, peers, neighbourhoods, and community [20]. On the contrary to adults, they often cannot make any alterations to disadvantageous environment. Moreover, their growth and maturation necessitates the longitudinal evaluation of well-being in different time points of development. The sense of self and the need for independence are valued as important as physical functioning, general mood and social relationships among adolescents [21]. In fact, despite the increasing importance of peers in adolescence, family relations maintain a central role in adolescent life satisfaction [22,23]. Research in the interconnection between parental health and adolescents' functioning is mainly limited to studies with small numbers of adolescents or parents rather than general population research. Hence, in the current studies, the author focused on the differential and interactive influences of individual, family and environmental variables on adolescent perception of their family well-being. The author also aimed to determine to what extent certain objective indicators of quality of family relationships and personal variables influence an adolescent perception on their family well-being.

2.0 METHODOLOGY

2.1 Data and Procedure

Data for the study were drawn from the Malaysian Family Well-Being Index 2011 (NPFDB, 2011). Stratified random sampling according to locality (Urban and Rural) proportionate to three main ethnic (Malay and Bumiputera, Chinese and Indian) was used for data collection purposes. The face-to-face interview was conducted during the data collection process.

2.2 Respondents

Participants were 2,808 adolescent age between 13 to 24 years old. The mean age of participant was 18.31 years ($SD = 3.433$). About 48.2 percent of the participants were male and 51.8 percent were female willing to participate to the study.

2.3 Measures and Variables

2.3.1 Demographic Information

Background information about respondents' demographic profiles included gender, highest education background (primary education or less, secondary education and university or postgraduate degree), and their living arrangements, that is type of family (nuclear, extended, single and blended family), and the locality (urban and rural area).

2.3.2 Instruments

The **Family Economic Status** was measured using eleven-point Likert type item where respondents were asked to rate their family's economic situation (0 – “Dissatisfied, considerably worse than most others”; “11-“Completely Satisfied, considerably better than most others”). The **Family Functioning** was assessed by scales measuring participant's perception of family cohesion and parenting child-rearing practices. The following measurements were used to examined the family functioning variable:

- a. **Family cohesion** was measured using four selected items describing to what extent they getting along, contacts, support and a sense of unity among family members applied to their family (Bloom,1985). The participants rated on five-point Likert scale (1-“Strongly Disagree, considerably it does not apply; 5-“Strongly Agree, considerably completely applies to my family).
- b. **Parental monitoring** consisted of four items which was measured by using five-point Likert scale (1-“ Strongly Disagree, considerably doesn’t know”; 5-“Strongly Agree, considerably knows a lot”) on how much their mothers and fathers really know about what they do, their friends and whereabouts.
- c. **Joint decision making** consisted of four items which was measured using five-point Likert scale (1-“ Strongly Disagree, considerably mainly false”; 5-“Strongly Agree, considerably mainly true”) on what extent they perceive their parents encourage them to make independent decisions and considering their opinion when deciding important matters.
- d. **Parental support** consisted of three items which was measured using five-point Likert scale (1-“ Strongly Disagree, considerably mainly false”; 5-“Strongly Agree, considerably mainly true”) to what extent they perceive their parents as responsive and feel their parents use non-coercive discipline and encourage them.
- e. We also included a measure that taps adolescent community and neighbourhood characteristics, i.e. whether they know who they should refer to in their neighbourhood when they need help, they have good relationship with the community and neighbourhood and the participated in their neighbourhood activities since the relationship with neighbourhood and community is an important determinant of adolescent well-being. We name this variable as **Community and Neighbourhood Support**. The respondents indicated which statement described them best and to what extent it was true of them. Answers were coded on a scale from 1 to 5 where 1 represents the “lowest support” and 5 the “highest level of support”.

The dependent variable of the study included one item that was constructed to assess the respondent’s own overall perception on their family-well being (0 represents the “lowest satisfaction”, and 10 the “highest level of satisfaction”).

3.0 RESULTS AND DISCUSSION

3.1 Respondents’ Demographic Information

Results on respondents’ demographic information indicated that 96.2 percent of respondents have at least attended secondary school and only 3.0 percent attended primary school or less. About 61.3 percent of respondents were from urban area and 38.0 percent were from rural area. Majority of the respondents lived in a nuclear family (81.2%), 14.8 percent lived in extended family, 3.3 percent lived with single parent and only 0.7 percent lived in blended family.

Table 1: Respondents' demographic information

Demographic Information		Frequency	Percent
Gender	Male	1354	48.2
	Female	1454	51.8
Highest Education Background	Primary school or less	87	3.1
	Secondary school	1721	61.3
	Tertiary education	980	34.9
	Missing response	20	0.7
Housing Locality	Urban area	1742	62.0
	Rural area	1066	38.0
Household Type	Nuclear family	2281	81.2
	Extended family	415	14.8
	Single parent	93	3.3
	Blended family	19	0.7
Total		2808	100.0

3.2 Descriptive Statistics

Cases with missing data on any of the items of the applied instruments were deleted from the analysis when total scale scores were calculated. The specific cases excluded from particular analyses varied from one analysis to another, so data analyses were run on samples ranging from 2788 to 2808 participants. The means and standard deviations for the measure of family functioning, family economic status and family well-being are presented in Table 2. The respondents' total scores on each instrument under study were analysed as mean ratings on each scale items. Hence, the theoretical range of the results is equal to the range of the rating scale on each instrument developed. The mean rating on eleven-point Likert type for the family well-being was 8.17 (SD = 1.51).

The analysis of variance (ANOVA) and independent t-test was performed to compare groups with different socio-demographic information on the measure of family well-being. The result is shown in Table 3. From the analysis, we found that there is no difference in adolescents' perception on their family well-being according to gender, education background, housing locality and household type respectively. On the other hand, we could say that there are no difference on mean of family well-being perceptions among adolescent according to gender, education background, housing locality and household type respectively.

Table 2: Means and standard deviations for the measure of family functioning, family economic status and family well-being

Variables	Minimum	Maximum	Mean	Std. Deviation
Family Cohesion	1.000	5.000	4.260	0.610
Parental Monitoring	1.500	5.000	3.910	0.590
Joint Decision Making	1.670	5.000	3.940	0.510
Parental Support	1.330	5.000	3.900	0.570
Family Economic Status	0.000	10.000	7.600	1.860
Community and Neighbourhood Support	1.000	5.000	4.053	0.793
Family Well-Being	0.000	10.000	8.170	1.510

Table 3: Results of ANOVA for highest education background, household type, independent t-test for gender and housing locality

Variable		Mean	t	F	
Gender	Male	8.170	-0.002		
	Female	8.169			
Housing Locality	Urban	8.191	0.931		
	Rural	8.136			
Highest Education Background	Primary school or less	8.092			0.888
	Secondary school	8.180			
	Tertiary education	8.149			
Household Type	Nuclear family	8.173			1.918
	Extended family	8.167			
	Single parent	8.272			
	Blended family	7.368			

**p < 0.001

3.3 Multiple Linear Regression Analysis

Correlational analysis for the sample as a whole revealed that higher perceptions on family well-being was associated with higher family economic situation, family functioning, and community support, but in moderate to weak directions (Table 4). A three block of multiple regression analysis was performed to predict factors (family economic situation, family functioning, and community support) that influence Adolescents' Perceptions on Family Well-Being. Before that, the assumptions for normality, linearity, homoscedasticity, independence of residuals and sample

size have already been met. The model summary is given in Table 4. The coefficient determination (R square) for each model keep improves to a better measure. For the final model, the value of R square is 0.365 which shows that about 36.5 percent variation of dependent variable (family well-being) is explained by the independent variables under study.

Table 4: Correlational Analysis for All Variable (Pearson Correlation, ρ)

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Family Well-Being (1)	1	0.544**	0.422**	0.263**	0.223**	0.178**	0.277**
Family Economic Situation (2)		1	0.325**	0.227**	0.217**	0.164**	0.256**
Family Cohesion (3)			1	0.471**	0.425**	0.360**	0.379**
Parental Monitoring (4)				1	0.453**	0.573**	0.395**
Joint Decision Making (5)					1	0.526**	0.307**
Parental Support (6)						1	0.288**
Community Support (7)							1

** . Correlation is significant at the 0.01 level (2-tailed).

To examine the effects of predictor variables independently of the adolescents' perceptions on family well-being, these variables were entered into the regression equation first. Next, the scores on the three parenting variables and family cohesion were entered as a block in the second step of regression analysis, on the basis of the presumed temporal order of occurrence of the events. In the third step the community and neighbourhood support was entered to determine the amount of variance community support and neighbourhood adds to the prediction model (Table 5). At the first block in Table 6, the regression results showed that both variable of gender and family economic situation were significantly contribute in predicting the adolescents' perception on family well-being. Adding the second block of predictor variables to the regression model demonstrated that family functioning variables cumulatively added significantly to the predictability of family well-being; an additional 6.8% of the variance in family well-being was explained. The inspection of the individual variables within this block indicated that three variables were statistically significant predictors, including family economic situation, family cohesion and parental monitoring. Joint decision-making, parental support and gender were unrelated to adolescent's well-being in this model, after their relationships with other variables were controlled. In the third model, community and neighbourhood support was entered into the regression equation after controlling for the effects of family economic status, gender and family functioning variables. This variable added significantly to the predictability of family well-being, although it explained relatively little variance (0.3%). The third model explained 36.5 percent of variance in adolescents' life satisfaction scores. An inspection of the beta coefficients from the final regression model determined that family cohesion was the variable most closely related to the variance in family well-being scores. Family's economic situation was the second most important predictor of the family well-being. Other significant correlates of adolescent perception on family well-being were higher level agreement on community and neighbourhood support.

Table 5: Model summary for hierarchy multiple regression analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R square change
1	0.544	0.296	0.295	1.27	0.296
2	0.603	0.364	0.363	1.20	6.800
3	0.606	0.367	0.365	1.20	3.000

Table 6: Results of hierarchical regression analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.77	0.13		37.88	0.00
	Gender (Male)	0.02	0.05	0.01	0.44	0.66
	Family's economic situation	0.44	0.01	0.54	34.13	0.00
2	(Constant)	2.32	0.23		10.27	0.00
	Gender (Male)	0.00	0.05	0.00	0.09	0.93
	Family's Economic Situation	0.37	0.01	0.45	28.06	0.00
	Family Cohesion	0.64	0.05	0.26	14.06	0.00
	Parental Monitoring	0.12	0.05	0.05	2.43	0.02
	Joint Decision Making	0.01	0.06	0.00	0.09	0.93
	Parental Support	-0.05	0.05	-0.02	-0.92	0.36
3	(Constant)	2.21	0.23		9.77	0.00
	Gender (Male)	0.01	0.05	0.00	0.20	0.84
	Family's Economic Situation	0.36	0.01	0.44	27.43	0.00
	Family Cohesion	0.61	0.05	0.25	13.23	0.00
	Parental Monitoring	0.09	0.05	0.03	1.69	0.09
	Joint Decision Making	-0.01	0.06	0.00	-0.20	0.84
	Parental Support	-0.05	0.05	-0.02	-0.99	0.32
	Neighbourhood Support	0.12	0.03	0.06	3.69	0.00

3.4 Regression Analysis for the Interaction Effect

Our final question was whether the quality of family would have a moderating influence on the relationship between satisfaction with family's economic status and family well-being. To test whether good family relationships buffered family well-being from the adverse influences of economic hardship we created interaction variables in which we used perceived economic status as the predictor and family cohesion and parenting practices variables as the moderators. The results of regression analysis for the interaction effect is shown in Table 7. Adolescents' reports of family well-being were regressed on gender in the first step. This variable was included to control for its confounding effects. Perceived economic status was entered into regression equation at the second step and family cohesion and three parenting practices variables at the third step as main effects. The four interaction terms of economic status and family functioning variables were entered into regression equation as a block after main effects. There was a significant effect of the interaction between perceived economic status and family cohesion and also parental monitoring. The interaction effect between perceived economic status and family cohesion indicates that the family cohesion reduced the effects of low economic status on dissatisfaction with family well-being (beta = -0.238, $p < 0.001$).

For further examine, the family cohesion were divided into high and low based on median score. Analysis of variance was performed on satisfaction with family well-being, with family cohesion and perceived economic status as main factors, and gender as covariate. It shows a significant interaction effect ($F=9.925$, $p < 0.001$). Higher family cohesion give a stronger effects on increased satisfaction with family well-being among the low perceived economic status compared with moderate and high perceived economic status (Figure 1). Additional correlation analysis showed that, controlling for gender effects, the relationship between perceived economic status and satisfaction with family well-being was significant in the high family cohesion ($r_p=0.512$, $p < 0.001$) and low family cohesion ($r_p=0.388$, $p < 0.001$). Similar results were obtained when examined the interaction between the interaction effect between perceived economic status and parental monitoring which indicates that the parental monitoring reduced the effects of low economic status on dissatisfaction with family well-being (beta = -0.218, $p < 0.05$).

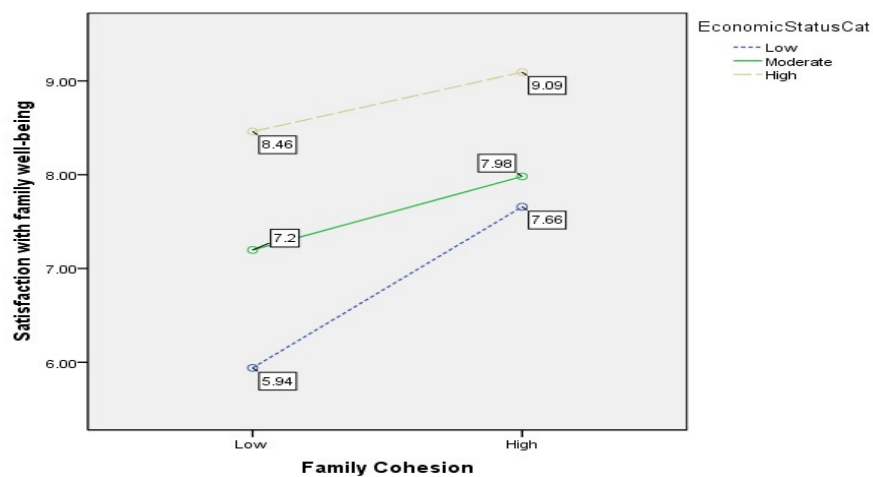


Figure 1: Interaction effect of perceived economic status and family cohesion on satisfaction with family well-being

Table 7: Results of regression analysis for the interaction effect

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.176	0.092		89.119	0.000
	Gender	-0.001	0.057	0.000	-0.011	0.992
2	(Constant)	4.924	0.133		36.91	0.000
	Gender	0.010	0.050	0.003	0.193	0.847
	Economic Status	1.279	0.042	0.499	30.355	0.000
3	(Constant)	2.014	0.232		8.678	0.000
	Gender	-0.008	0.047	-0.003	-0.174	0.862
	Economic Status	1.054	0.041	0.411	25.503	0.000
	Family Cohesion	0.716	0.046	0.287	15.534	0.000
	Parental Monitoring	0.129	0.052	0.051	2.496	0.013
	Joint Decision Making	0.025	0.057	0.008	0.44	0.660
	Parental Support	-0.039	0.054	-0.014	-0.718	0.473
4	(Constant)	1.644	0.852		1.93	0.054
	Gender	-0.013	0.047	-0.004	-0.284	0.776
	Economic Status	1.270	0.336	0.495	3.775	0.000
	Family Cohesion	1.300	0.181	0.521	7.178	0.000
	Parental Monitoring	0.680	0.224	0.266	3.04	0.002
	Joint Decision Making	-1.077	0.240	-0.362	-4.485	0.000
	Parental Support	-0.004	0.225	-0.002	-0.019	0.985
	Economic Status*Family Cohesion	-0.238	0.070	-0.506	-3.392	0.001
	Economic Status*Parental Monitoring	-0.218	0.085	-0.423	-2.553	0.011
	Economic Status*Joint Decision Making	0.434	0.092	0.814	4.718	0.000
Economic Status*Parental Support	-0.019	0.086	-0.036	-0.223	0.824	

The parental monitoring were divided into high and low based on median score. Analysis of variance was performed on satisfaction with family well-being, with parental monitoring and

perceived economic status as main factors, and gender as covariate. It shows that significant interaction effect ($F=3.790$, $p<0.05$). Higher parental monitoring give a stronger effects on increased satisfaction with family well-being among the low perceived economic status compared with moderate and high perceived economic status (Figure 2). The correlation analysis showed that, controlling for gender effects, the relationship between perceived economic status and satisfaction with family well-being was significant in the high parental monitoring ($r_p=0.503, p<0.001$) and low parental monitoring ($r_p=0.457, p<0.001$).

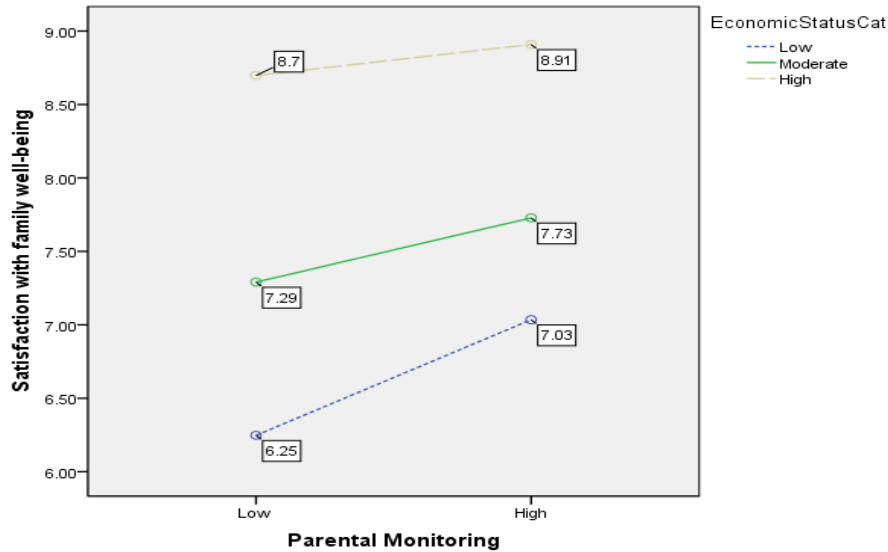


Figure 2: Interaction effect of perceived economic status and parental monitoring on satisfaction with family well-being

4.0 CONCLUSION

The analyses of this paper began by comparing levels of family cohesion, parental monitoring, joint decision making, parental support, family economic status, community and neighbourhood support and family well-being. The mean of family well-being among the 18 to 24 years old adolescents reported was about 8.170. The family functioning aspects (Family Cohesion, Parental Monitoring, Joint Decision Making and Parental Support) have reported the means ranging between 3.900 to 4.260. The subjective Family Economic Status was about 7.60 which consistently to the subjective socio economic status to those previously reported. US studies have reported mean subjective socio economic status (society) ranging from 6.4 to 7.2 [24,25,26,27] while a Finnish study reported the proportions reporting ‘low’, ‘average’ and ‘high’ (ladder rungs 1-3, 4-7 and 8-10) were 4%, 60% and 36% respectively. Subjective socio economic status among our 18-24 years old samples was very similar to these results. Besides, the community and neighbourhood support reported moderately higher mean (4.053 out of 5.000).

In the next step, the ANOVA and independent t-test was performed to compare groups with different socio economic indicators in measuring family well-being (gender, housing locality, highest education background and household type). The subjective family well-being were found to not having any significant difference across all the socio economic variables tested.

this study were found inconsistent results with the previous studies where there are small difference between adolescent subjective well-being across several demographic/ socio economic indicators and those factors are found to be very important in measuring the level of well-being among the adolescents [24]. This current studies also found that there are low until moderate positive correlation between those measurement of subjective family well-being, family economic situation, family cohesion, parental monitoring, joint decision making, parental support and community support among the sample of this studies. Other studies have found similarly weak associations between adolescent subjective and objective (particularly neighbourhood-based) SES measures [9,7]. These results indicate that while adolescent subjective subjective well-being assessments may be partly based on household/material and demographic factors (but not area-based) characteristics, other factors must also be important [29].

Consistent with several previous studies, associations with all the tested variables (family functioning aspects, family economic status, community and neighbourhood support and family well-being shows low to moderately positive correlation [7,26,30]. There may be national differences, with inequalities more likely among other countries like US and others scandinavian countries because of less well-established differences in social and economic care systems [7]. This is consistent with growing numbers of studies of both adults [13,30] and adolescents [32] and suggestions that subjective well-being represents personal experiences additional to those captured by standard 'objective' measures [30]. Adolescents' perception of their family's economic status had a modest positive correlation to their satisfaction on family well-being. This implies that subjective indicators of economic status are likely to play a more important role in adolescents' assessment of their life satisfaction than objective indicators. In addition to the perceived family economic status, gender was not significantly predicted adolescents' life satisfaction on family well-being [31].

Finally, the hierarchical regression model analysis was performed to predict factors (family economic situation, family functioning, and community support) that influence Adolescents' Perceptions on Family Well-Being. The results showed that from all the variables included in hierarchical multiple regression, adolescents' family cohesion, family economic situation, and neighbourhood support predicted adolescents' satisfaction with their family well-being. The overall findings of this study support the hypothesis about intrapersonal and interpersonal variables as better predictors of adolescent family well-being than family structure, family financial resources and adolescent living circumstances, which was also reported in previous studies [33,34,18]. The family cohesion was the variable most closely related to the variance in family well-being scores. Family's economic situation was the second most important predictor of the family well-being. Other significant correlates of adolescent perception on family well-being were higher level agreement on community and neighbourhood support.

Open communication and close relationships with parents may promote development of internal resources and contribute to the subjective well-being of adolescents. The results of the study showed that beta coefficients for parental variables decrease, and parental monitoring variable becomes insignificant upon introduction of the neighbourhood support variable into hierarchical regression analysis, which indicates that parental behavioural variables may, to a certain degree, affect the development of adolescents' internal resources such as self-esteem and contribute to their higher degree of family well-being. Previous literature the neighbourhood support, indeed contributed a very important determinant of adolescent's subjective well-being [35]. Positive interaction with peers may be reflected in the way

adolescents evaluate themselves and may enhance their self-esteem and overall life satisfaction. This might be especially important for young people living in poor families who are more socially isolated and have less opportunity to socialize with their peers. Higher family cohesion give a stronger effects on increased satisfaction with family well-being among the low perceived economic status compared with moderate and high perceived economic status. Controlling for gender effects, the relationship between perceived economic status and satisfaction with family well-being was significant in the high family cohesion and low family cohesion. Similar results were obtained when examined the interaction between the interaction effect between perceived economic status and parental monitoring which indicates that the parental monitoring reduced the effects of low economic status on dissatisfaction with family well-being.

The results of this study also indicate that family cohesion as protective factors that directly contribute to adolescent life satisfaction, having a compensatory, rather than buffering effect. This suggests that family cohesion is equally important to all children rather than being relatively more protective to those exposed to risk factors. Shek (2002) [36] found, in a study with Chinese adolescents, that family functioning was more strongly related to adjustment in poor adolescents than in non-poor adolescents. This data do not support these findings, although it is difficult to compare different studies due to cultural differences in child-rearing practices and differences in sample characteristics. Shek's study sample included those adolescents who reported that their families were receiving social security assistance and who might be more exposed to stressful effects of the lack of material and social resources compared to adolescents in our study. This study gives an indication on the linkage between economic stress, quality of family functioning and adolescent emotional quality of life in the general adolescent population. Malaysia as a multiracial country, More studies are needed for better understanding of multiple types of stressful circumstances that adolescents and their families face within the context of extreme poverty. In accordance with the interaction model of protective factors functioning, the present findings suggest that the effects of contextual stressors like financial hardship on adolescent well-being may be moderated by psychological and social resources of the adolescent. Self-esteem and close friend's support function as protective factors that buffer the negative influence of economic stress on life satisfaction of adolescents experiencing economic perception disadvantage.

This study confirms the importance of both environmental and intrapersonal variables in adolescent life satisfaction, thus indicating the need for complex interactional models of positive well-being in adolescence. There are numerous benefits for adolescents with high life satisfaction such as physical and mental health and good interpersonal relationships. Some researchers have reported that high life satisfaction functions as a buffer against the impact of stressful life events on developing psychopathology [35]. Given the link between perceived economic status and life satisfaction, research on the perceived levels and correlates of life satisfaction among children and youth who experience economic disadvantage should lead to better intervention efforts to promote their optimal development.

There are some limitations of this study. Measures of life satisfaction and economic hardship used in this investigation were single-item scales and we did not obtain sufficient information about the parents' socio-economic status and objective family financial situation. Using multidimensional measures of perceived quality of life and more indicators on economic situation of adolescents' families and their experience of economic stress would enable us to examine more thoroughly the link between economic hardship, subjective experience of

poverty and perceived quality of life. Very little studies measuring well-being in families aspect, hence, this studies were considering some of previous studies that measuring subjective well-being among the adolescents in different angle of measurements such as in health, economic and other social status.

Researchers agree that multi-item scales of life satisfaction are preferable to single-item scales [37] but nevertheless the validity and reliability of these scales suggests that they are adequate if a very brief measure of global well-being is required [38]. This study was of correlational design, and association between interpersonal/intrapersonal variables and life satisfaction may be reverse. Perceived quality of life may contribute to self-esteem and parental child-rearing practices variables. Future research should focus on these relationships using longitudinal designs and include information collected from both adolescents and their parents.

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