

School and Emotional Well-Being: A Transcultural Analysis on Youth in Southern Spain

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Abstract

Schools in today's society face several challenges. Tasks such as becoming a health promoting space and dealing with a multicultural reality are key to building democratic institutions focusing on the life and future of young adults.

Objective: To assess and compare school wellbeing and emotional wellbeing among Romanian, Moroccan and Spanish youth. To determine the degree of relation between emotional and scholar wellbeing.

Methods: Cross-sectional research with cluster sampling in two primary schools and seven secondary schools. The questionnaire kidscreen-27 was distributed to a sample of 1.840 Romanian, Moroccan and Spanish students aged between 10 and 19 years old. Data analysis was conducted with the software package SPSS, version 21.

Results: Emotional well-being shows significant gender (gender gap) and origin inequalities (lower performance for the Moroccan community). However, well-being in school shows positive results for the Moroccan students and women. Moreover, emotional well-being and well-being at school are presented as related and co-linear variables with a predictive power over one another.

Conclusions: Gender and origin remain decisive and determinant for adolescent health. However, there are positive wellbeing effects in immigrants (such as Moroccan wellbeing in school). The reasons for wellbeing need to be explored. And it is also necessary to further develop educative strategies to implement psicoemotional and scholar wellbeing.

Keywords: Transcultural health education; Emotional wellbeing; School wellbeing; Immigrants; Adolescent

Theoretical Background

Social-emotional development during childhood and adolescence is, increasingly, a fundamental objective for schools. This view is shared by various pedagogical approaches based on the idea of a school education conceived as a place for the development of life skills, well-being and democracy [1], as a place where values are acquired and for personal and social development [2-4] or as a basis for dialogue, criticism and problematisation of reality.

All these approaches agree on a necessary re-formulation of the traditional and restrictive concept of schooling. To the extent that health, effective communication and well-being are considered as pillars of the educational model it moves away from the paradigms focused solely on performance and academic results [5].

Nevertheless, in a global society where the number of students from diverse backgrounds is growing there is paucity of studies on the analysis of welfare at school from an inter-cultural perspective. The expansion of the promotion of mental health in schools has been carried out with a great lack of information about the multicultural population in which it is implemented and its prospects [6] without delving into the situation of migrants nor understanding the differences between the different social groups.

Sociocultural factors on the emotional health of the migrant population

Domnich et al. systematised the three social factors influencing the well-being of the immigrant population [7]:

- Socio-structural factors such as age, gender, social class, race, socio-educational level or the power position.
- Behavioural factors or based on the lifestyles, influenced by the environmental relationship, including the acculturation

of migrants in host societies [8,9]. Phenomena with harmful effects on human health have been observed such as the Westernisation of lifestyles and positive phenomena that contribute to better health as the "healthy Latin or migrant effect", which claims that there is a selection of healthy people who migrate, "the immigrant paradox" according to which the first generations are healthier than successive ones and the "cultural buffering" whereby the original cultures of migrants can help reduce stress and maintain healthier behaviours [10].

- And psychosocial factors that occur at a more individual and subjective level, including critical life events and chronic stressors: new language, poverty, discrimination and racism [11]. These stress factors affect the immigrant population more and entail an increased risk for mental and emotional disorders [12-14].

With regards to the situation in school there are studies on immigrants and ethnic minorities at school that identify lower well-being and adaptation levels. The study conducted by Pantzer et al. in Girona showed that young migrants in schools showed to be in worse health associated with quality of life than the native population [15]. The ethnographic research on healthy behaviours of the Afro-Caribbean population conducted in Britain identified the following factors that worsen the health situation in school: discrimination and racism, the existence of an exclusive Eurocentric curriculum, gender differences and expulsion as a form of discipline in school [16].

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Another major issue regarding school and well-being among the migrant population is gender inequality. The “gender gap” is a phenomenon that reflects worse psycho-emotional health in women of all, or almost all, cultural groups [17]. Although when gender and origin are cross-referenced differences between the cultural groups are observed.

The association between school and emotional well-being

This need to include psycho-educational health as a goal is an issue that is gaining International importance and is influencing the development of education policies in countries such as Norway and Great Britain. Is there an association between the two concepts? What evidence supports these measures? There are several publications that relate the emotional development of children and young adults with the acquisition of healthy behaviours, better school performance and environment [18,19] and a contribution to the prevention of bullying [20]. Along the same lines, studies claim that those young adults who show the worst levels of emotional health find it more difficult to adapt to school, show a lower academic performance, have learning difficulties and greater relational and communicative difficulties and an increased prevalence of risky behaviours -addictions [21], anorexia, unwanted pregnancies - higher rates of psycho-emotional disorders (depression, anxiety) [22].

The urgency for multicultural schools that promote health

As outlined so far, schools in multicultural societies are a meeting point for the co-existence of different cultural groups in which an exchange of values and mutual enrichment takes place and where the cultural shock has to become an opportunity to learn and solve problems [23]. It is for this reason that schools understood as a place for health promotion can not ignore the social and cultural health factors nor the importance between health and emotional well-being for co-existence and schooling success [24,25]. It is equally necessary that it is an inclusive space in which a health empowerment of all socio-cultural groups can take place, paying special attention to those facing more difficulties.

In fact, multicultural schooling contexts have positive effects on the psychosocial and identity development of minority groups and of all students allowing for increased cultural [26].

Objectives

The study aims to assess and compare the educational and emotional wellbeing of young adults aged between 11-18 of the main nationalities residing in Southern Spain: Moroccan, Romanian and Spanish. Under an intersectional approach the objective is to establish how origin and gender have an impact on the young adults’ school life.

Secondly, the study seeks to establish the existence of a correlation between the manner in which the school environment is perceived with emotional well-being and determine whether this emotional state expressed by students has a predictive nature regarding school welfare.

Methods

Sample: The sample consists of 1,837 adolescents from two primary schools and nine secondary schools in southern Spain (the province of Almeria). It is made up of 1,313 Spanish students, 367 Moroccan students and 157 Romanian students. This means that 71.41% consider themselves to be Spanish; 20% Moroccan; and 8.59% Romanian. With respect to gender distribution, 50.84% of the participants in the questionnaire were females and 49.16% were males (Table 1).

The research includes an age range from 10 to 19 years old, with more than 95% of the participants aged between 11 and 18 years old. 87.2% stated that they did not suffer from any diagnosed diseases; 6.2% stated that they suffered from asthma or allergies; and the remaining 6.6% stated that they suffered from other types of diseases.

Procedure: This study is cross-sectional with random cluster sampling in schools. With the support of the Department of Education, a list of schools in the province with higher proportions of Romanian and Moroccan students was compiled. The schools where the questionnaire was conducted were selected randomly from this list.

Instrument: The research included the use of the Kidscreen-27 questionnaire. The Kidscreen was the first transcultural instrument for measuring quality of life related to health. It was developed by a European commission. In its drafting and design 13 countries were involved. Studies in many countries have validated the questionnaire from a transcultural perspective [26,27]: Norway, Greece, Spain [28] and many others.

Kidscreen-27 survey involves five dimensions to measure health and quality of life: (1) Physical Well-Being (2) Psychological and emotional Well-Being (3) Autonomy and Parents (4), Peers and Social Support (5) and School Environment. This study has taken into consideration dimensions 2 and 5.

Data analysis: The data was analyzed using the statistical analysis software SPSS, version 21.

Results

The analysis of the questionnaire used cast more light on the differences between the groups. Table 2 shows the means obtained for each group defined both as emotional well-being and school welfare. The means between the groups range from 25.68 (Moroccan women) and 28.23 (Spanish men) out of 35 points, showing significant levels of emotional well-being. The data obtained show that men have higher scores than women and the native group for both genders reported higher levels of emotional well-being [29].

In the case of the situation within the school context, the mean scores range from 14.75 (Romanian men) and 16.32 (Moroccan women) out of a maximum possible score of 20 points. The school assessment shows variations regarding the previous aspect. Women pointed higher scores than men in all groups. We also see higher rates of comfort in school in the case of the Moroccan group (Table 2).

In carrying out t-student contrast test (Table 2), we identify significant differences by cultural groups. For both immigrants and native women having lower results is attributable to women condition. Specifically, spanish women show more gender differences. Relating to scholar well-being, moroccan women feel more comfortable in school than their spanish and romanian counterparts.

Table 3 shows the results of the application of the ANOVA test in order to determine whether the emotional well-being shows significant differences among the three cultural groups for both genders and for

		Country of birth						Total
		Spain		Morocco		Romania		
Gender	Female	658	50.1%	181	49.3%	92	58.6%	931
	Male	655	49.9%	186	50.7%	65	41.4%	906
Total		1313	100.0%	367	100.0%	157	100.0%	1837

Table 1: Distribution according to gender and nationality (number and percentage).

	Emotional well-being					School well-being				
	M	SD	Range	t	p	M	SD	Range	t	p
Spanish women	26.73	5.47	7-35	-5.16	0.000**	15.41	3.08	4-20	3.14	0.002*
Moroccan women	25.68	5.74	10-35	-3.50	0.001**	16.32	2.98	6-20	1.51	0.132
Romanian women	25.99	5.42	8-35	-2.28	0.024*	15.09	2.89	4-20	0.68	0.495
Spanish men	28.23	4.89	7-35	5.16	0.000**	14.84	3.39	4-20	-3.14	0.002*
Moroccan men	27.65	4.47	11-35	3.50	0.001**	15.82	3.20	4-20	-1.51	0.132
Romanian men	28.03	5.45	12-35	2.28	0.024*	14.75	3.28	4-20	-0.68	0.495

*p<0.05; **p<0.001

Table 2: Descriptive data and t-student contrast according to sociocultural groups.

Emotional well-being		Total			Men			Women		
		Mean Dif.	Stan. error	Sig.	Mean Dif.	Stan. error	Sig.	Mean Dif.	Standard error	Sig.
Spain	Morocco	0.797	0.325	0.038*	0.579	0.421	0.355	1.05	0.487	0.079
	Romania	0.655	0.45	0.312	0.201	0.646	0.948	0.738	0.618	0.457
Morocco	Spain	-0.7967	0.325	0.038*	-0.579	0.421	0.355	-1.05	0.487	0.079
	Romania	-0.141	0.514	0.959	-0.377	0.721	0.86	-0.312	0.723	0.902
Romania	Spain	-0.655	0.45	0.312	-0.201	0.646	0.948	-0.738	0.618	0.457
	Morocco	0.141	0.514	0.959	0.377	0.721	0.86	0.312	0.723	0.902

Table 3: ANOVA of emotional well-being.

School well-being		Total			Men			Women		
		Mean Dif.	Stan. error	Sig.	Mean Dif.	Stan. error	Sig.	Mean Dif.	Stan. error	Sig.
Spain	Morocco	-0.953	0.194	0.000*	-.983*	0.287	0.002*	-.915	0.26	0.001*
	Romania	0.177	0.275	0.795	0.092	0.442	0.977	0.317	0.344	0.627
Morocco	Spain	0.953	0.194	0.000*	.983*	0.287	0.002*	.9153	0.26	0.001*
	Romania	1.130	0.311	0.001*	1.075	0.492	0.075	1.232	0.396	0.006*
Romania	Spain	-0.177	0.275	0.795	-0.092	0.442	0.977	-0.317	0.344	0.627
	Morocco	-1.130	0.311	0.001*	-1.075	0.492	0.075	-1.232	0.396	0.006*

Table 4: ANOVA of school well-being.

Emotional wellbeing	Correl. Pearson	Emotional wellbeing		School wellbeing	
		1	0.382**	0.000	1
School wellbeing	Sig.				
	Correl. Pearson	0.382**			
	Sig.	0.000			

**Correlation is significant at the 0.01 level (bilateral).

Table 5: Correlation emotional wellbeing school well-being.

Model 1	R square		Beta	t	Sig.
	Normal	Corrected			
Emotional wellbeing Total	0.155	0.155	0.394	17.642	0.000**
By origin					
Spain	0.171	0.170	0.413	15.936	0.000**
Morocco	0.180	0.179	0.424	8.238	0.000**
Romania	0.084	0.078	0.290	3.671	0.000**

a. Dependent variable: School well-being; b. Predictive variables: (Constant), emotional well-being; *p<0.05; **p<0.001

Table 6: Linear regression between emotional and educational well-being with the total sample and according to place of origin.

men and women separately, i.e., if the differences can be attributed to the country of birth. Once the test was undertaken we found that there are significant differences regarding the emotional well-being between Spaniards and Moroccans, although broken down by gender its significance decreases (Table 3).

However, in terms of educational welfare, place of origin has a better relation with the school context. Consequently, we observe that the differences between the Spanish and Moroccan group and Moroccans and Romanians are significant. Therefore, a better perception of school

welfare is associated with a Moroccan origin, whilst Spaniards and Romanians compared with the Moroccans have less positive views regarding school (Table 4).

The relation between emotional and school well-being

In addition to analysing the differences between cultural groups the association between emotional well-being and school welfare was also examined. To this end, firstly, a correlation between both constructs was established and, subsequently, a linear regression was performed to define the possible predictive nature.

Table 5 shows the results obtained by applying the Pearson correlation. Both emotional well-being correlates with school welfare with the emotional well-being and vice versa. A co-linear positive relationship is hence established. This implies that both concepts influence each other in a positive manner. The existence of this correlation allows us to analyse the predictive nature of one over the other (Table 5).

The analysis of the possible predictive capacity between both aspects was conducted using a linear regression as they are continuous variables. Table 6 shows a positive result between them. Emotional well-being predicts to some extent well-being at school. Since the beta coefficient has a value close to 0.4 (beta: 0.394) we can establish that it has a moderate impact on the dependent variable, school well-being. By place of origin the predictive nature of emotional well-being on school well-being remains (Table 6).

Discussion and Conclusions

The way in which young adults feel at school and their mood greatly influence their vital and educational process. The findings of this study reinforce two key ideas: on the one hand, the persistence of socio-structural differences -gender and place of origin- on young adults' well-being and health and on the other hand, the strong link between the emotional state and well-being at school.

With regards to the inequalities between the different sociocultural groups, the results show divergent trajectories for the Western students-Spanish and Romanian- and those students from Southern countries -Moroccan, coinciding with previous studies with these three cultural groups [30,31].

The most paradigmatic case is the one of the Moroccan population who reported the worst results in emotional well-being and the best scores in terms of school welfare. The differences in emotional well-being in relation to the Spanish students are attributable to the country of origin, just as it is also the case in school well-being in regard to Romanians and Spaniards. This dissociation changes the association between emotional well-being and school welfare among the Spanish and Romanian population. In order to explain the phenomenon observed in the Moroccan population it is necessary to refer to the influence of socio-structural factors such as the socio-economic conditions of Moroccan families living in the territory, behavioural factors influenced by acculturation processes (maintenance of own lifestyles and the adoption of Western styles) and psychosocial factors such as acculturation stress.

In relation to emotional wellbeing the hypotheses that highlight worse psicoemotional situations among the young immigrant population are reinforced [32,33]. Also, the results are not consistent with the "ethnic density hypothesis"[34] which suggests that the greater the density of an ethnic group within a class, the lower the chances of presenting psycho-emotional problems, finding it easier to express problems and repress them to a lesser extent.

Moreover, the best results in terms of school wellness indicate that young Moroccans place a higher value to the educational institution. The positive perception in school is consistent with the "immigrant paradox" [35] and the hypothesis of "cultural buffering" by which they would maintain protective cultural values in that context [10]. In this regard, a comparative study on the educational support analysed that the Germans perceived greater educational support from their families whilst Moroccans and Turks from their teachers [36].

The fact that the young Romanian population shows no significant differences either in terms of emotional well-being or of school welfare in relation to the Spanish population may suggest that there are certain cultural similarities as they are both Western cultures or there is an acculturation process that is more pronounced than in the case of the Moroccan population. The behavioural similarity between Spanish and Romanian students coincides with past qualitative studies [30] and the lowest scores in terms of school well-being are explained by the strong family ties and the distance from school expressed by young Romanians.

Our data confirm the persistence of a "gender gap" as all the groups of women reported worse results. [30,31,37]. However, concerning school well-being a favourable trend has been observed for women who show higher levels of school welfare. The reasons for higher levels of welfare among women should be further analysed in future investigations.

Another research finding to create intercultural health promoting schools is the correlation between academic and emotional well-being. Despite the differences between cultural groups, in all cases the relations and satisfactory school dynamics positively influence mood and vice versa [21]. Here lies the importance of encouraging cross-cultural development programs and emotional care. Similarly, nurturing a good school environment and promoting a satisfactory atmosphere can revert positively on the emotional state of the students themselves [38].

The information gathered once again highlights the urgent need for intercultural health promoting schools that recognise and manage to alleviate the socio-cultural health inequalities faced by young adults by incorporating intercultural psycho-emotional programs from a gender perspective.

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