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Subjective Well-Being of Brazilian Children from Different Family Settings

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Abstract Subjective well-being concerns an evaluation of one's life, considering cognitive and affective aspects. Contextual factors, such as family, may influence this process. One of the main development contexts of children is family and aspects of these relationships, such as different settings, might contribute to children's subjective well-being. The aim of this study was to compare the well-being of children from different family settings (intact, single-parent, stepfamilies, multigenerational). Participants were 2,135 boys and girls, from 9 to 13 years old ($M = 10.97$, $SD = 0.99$), students of public and private schools from a Brazilian southern State. Children answered a questionnaire with sociodemographic variables and three well-being scales (PWI-SC, BMSLSS, GDSI). Children were divided in four groups according to whom they live with (intact, single-parent, stepfamilies, multigenerational families). To evaluate differences between groups a Multivariate Analysis of Variance (MANOVA) were performed, considering well-being scales as dependent variables and family setting as independent variable. Results indicated significant differences in the well-being of children in relation to their family setting and age. Children from intact families showed significant positive differences on the well-being from children of other settings (the lowest means were from the children of stepfamilies). It is argued that transitions and instability that children are being subjected to may affect their well-being.

Keywords Subjective well-being · Children · Families · Comparison

The subjective well-being refers to cognitive and affective evaluations that reflects peoples' beliefs and desires about their satisfaction with life. That is, about how much people believe their life to be full and desirable (Diener 2012). Many studies have

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investigated which aspects may influence the adults' evaluations of life (Diener et al. 1999). In a review about well-being, Diener (2012) points out that culture, social support, social comparison, confidence and sense of control are some of the aspects that may contribute to the perception of adults' well-being.

Social roles performed at childhood are somewhat different from those expected at adulthood. Although, there are less studies on children's well-being and on the subjective aspects involved with children' satisfaction with life (Casas 2010), even though the number of studies on children's well-being has been increasing over the last 20 years (Bedin and Sarriera 2014, 2015b; Benjamin et al. 2006; Bradshaw et al. 2011; Casas et al. 2012a, b; Dinisman et al. 2012; Goldbeck et al. 2007; Montserrat et al. 2015). However, there are several objective indicators to assess the well-being of children. Some of those concerns material conditions, poverty, child abuse and maltreatment (Casas and Bello 2012).

Rees et al. (2012) believe that the study and promotion of children's well-being is essential to society. Therefore, it is necessary to understand what are the main issues affecting children's lives and listening to children themselves is central to this comprehension. Researchers should take into account children's evaluations on different life domains, satisfaction with services, perception of their rights, values, attitudes, and trust on adults and institutions. Nevertheless, even though it is known that social and cultural context influences adult's evaluation on their lives, those influences on children's perception are not clear yet. Children and adults probably evaluate their life satisfaction based on different aspects and using different strategies (Casas and Bello 2012).

One of the premises of ecological-contextual framework is that human behavior and social context are mutually influenced (Kelly 2006). When comparing children's well-being from different countries, all participants of the HBSC 2009–10 survey, Klocke et al. (2013) have found that there children's well-being is more influenced by micro-levels, such as family and school than macro levels. Hence, a children's behavior influence and is influenced by their different context of development, such as family. A children's evaluation on life is probably mutually influenced by their family.

The family members are one of the major influencers on children's well-being. Navarro et al. (2015) in a qualitative study regarding Spanish children's perception on their well-being have found that they consider family and friends as key factors to their well-being. A United Kingdom study found that the greatest contributors to children's well-being are family, as well as power of choice (Rees et al. 2012). This familiar effect was also observed on children from Ireland, where the time spent with family and friends – as long as consistent and safe interaction happens – was positively associated with well-being (McAuley et al. 2012). The frequency of family activities was also found as related to levels of children's subjective well-being, in a study with data from 11 countries. The authors also found that family, school and community lives have an effect on children's subjective well-being (Lee and Yoo 2015).

In the last two decades, families' structure and dynamics have been influenced by social transformations such as women entering the workforce, increase in divorces, decrease in the number of children per family (Oliveira et al. 2008) and parental functions (Wagner et al. 2005). Consequently, the study on families is also under constant changes (Oliveira et al. 2008).

This paper considers, following scientific literature (Narvaz and Koller 2005), the inexistence of only one exclusive model of family, and comprehends the existence of

multiple ones. For this matter, family members are considered to be those elected by the family members, according to affective and proximity criteria (Dessen and Braz 2005). The Brazilian Institute of Geography and Statistics (IBGE) considers family as the amount of people connected by kinship, or any sort of dependency or living patterns that are residing at the same family unity (IBGE 2013).

In some circumstances, families are modified and reconfigured. Changes that follow divorce, for example, create the need for adaptation to family transitions that were not always predicted (Amato 2000). At some cases, the experience of resetting a children family seems to affect their later adult life in a negative manner, especially on terms of psychopathology (Amato and Cheadle 2005; Amato and Sobolewski 2001). However, parents' divorce per se is not a determinant situation. Children that feel more supported by their parents seem to be able to face separation and other problems (Bradshaw et al. 2011). In this way, parent's state of mind might affect children's. A study, developed at Brazilian context, with children and their parents has already investigated the relations on parents' subjective well-being and their children's (Bedin and Sarriera 2014).

The presence of grandparents on the family seems to make a difference on children's subjective well-being. Children consider grandparents as worthy of trust and support to cope with family's issues. Some children report greatest proximity with maternal grandparents. The emotional proximity with grandparents is proportional to adjustment problems on children (Dunn and Deater-Deckard 2001). In this way, grandparents might be sources of emotional support for children, especially those who experience main family transitions (Attar-Schwartz et al. 2009).

Single-parent families have also being studied over the past years. Golombock (2004) studied single mother families and claims that the absence of the father may produce a negative impact on children's cognitive, social, and affective development. This impact might be due to social pressure, lack of social support, among other factors.

Gray et al. (2013) have already described the relation between well-being and family settings. The researchers found that the happiness of adolescents suffer interference from family settings and cohesion. In a similar matter, Dinisman (2017) have found that children from intact families have made a better evaluation on their family relationships and family's subjective well-being than children from single-parent and stepfamilies.

The present study aims to investigate and compare the well-being of children from different family settings, as more frequently described in literature according to Oliveira et al. (2008). The literature most describe settings as intact (children living with their mother AND their father in one house without their grandparents or other adults), single-parent (children living in one house with their mother OR their father without their grandparents or other adults), stepfamilies (children who a) Live in one house with one parent and their partner; b) Live in more than one house, in each house they have one parent without partners; c) Live in more than one house, in each house they have one parent and at least one of the parents lives with a partner without grandparents nor other adults), and multigenerational families (children living with grandparents or other adults and with or without their parents). The hypothesis is that there are significant differences in the well-being of children according to their family settings, considering that different contexts of interaction may affect well-being, and that there could be close interaction patterns on similar family settings. The division of families by structure was based on literature, regarding most often studies on family structure, as

pointed by Oliveira et al. (2008). Moreover, it was verified the influence of age and sex on the perception of children's well-being, associated with family structures.

Method

Participants

The study included 2,135 children of both sexes (1153 girls (54%) and 982 boys (46%)), aged between 9 and 13 years old ($M = 10.97$, $SD = 0.99$). They were regularly enrolled in public (65.6%) and private (34.4%) schools in Porto Alegre and metropolitan region (59%), and other inner cities of the Rio Grande do Sul State (Santa Cruz do Sul, Rio Grande, Santa Maria and Passo Fundo). All school children from 4th to 7th grades were invited to participate. Around 49% of all invited children, considering 44,87% of invited boys and 53,95% of invited girls participated on research. Concerning family structure, the sample presents children from intact (52.3% of the sample), Single-parent (9.5% of the sample), Stepfamily (12.6% of the sample) and multigenerational (25,6% of the sample).:

Instruments

Children applied a self-administered questionnaire consisting of sociodemographic variables such as age, sex, city, and nationality. In addition, the questionnaire asked about where they live (if in more than one house or not) and with whom, from a list of choices: father, mother, mother's partner, father's partner, grandparents, uncles, brothers and other adults. In case they live in more than one house, the children had to score in two separated columns, scoring the people living in each house. The following scales also composed the questionnaire:

Personal Wellbeing Index- School Children (PWI-SC)

The PWI-SC was originally developed for adults by Cummins et al. (2003) in order to access the well-being of different groups of the population. The original instrument consists of seven items of satisfaction, and each corresponds to a domain (health, quality of life, accomplishments, feeling safe, community, security for the future, and interpersonal relationships). The items are answered from a question of satisfaction with life in general. This study uses the version proposed by Cummins and Lau (2005) for school-age children, with adapted and simplified language. The scale is answered on an 11-point scale, ranging from 0 to 10 (0 = *totally dissatisfied* and 10 = *totally satisfied*). Scale items are: "*How satisfied are you with all the things you have?*", "*How satisfied are you with your health?*", "*How satisfied are you with the things that you want to be good at?*", "*How satisfied are you with your relationship with people in general?*", "*How satisfied are you about how safe you feel?*", "*How satisfied are you about doing things away from your home?*" and "*How satisfied are you about what may happen to you later in your life?*". For the version adapted by for Brazilian adolescents, Bedin and Sarriera (2015a) found a Cronbach's alpha of .76. For this sample, we found a Cronbach's alpha of .70.

Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS)

The short version of the Multidimensional Students' Life Satisfaction Scale was developed by Seligson et al. (2003). In its original form, the BMSLSS consists of five items, and a general item on satisfaction with life. For the present study only the five domain items are used. Benjamin et al. (2006) evaluated the reliability and validity of the scale, by which it is recommended the one-factor solution, and the obtained internal consistency was .75. For the version adapted by for Brazilian adolescents, Bedin and Sarriera (2015a) found a Cronbach's alpha of .72. The internal consistency for this sample was .69. The scale is answered on an 11-point scale, ranging from 0 to 10 (0 = *totally dissatisfied* and 10 = *totally satisfied*). The items are: "*How satisfied are you with your family life*", "*your friends*", "*your experience in school*", "*yourself*", and "*the area where you live, in general*".

General Domain Satisfaction Index (GDSI)

The GDSI is proposed to measure satisfaction with different life domains. This instrument was proposed by the International Society for Child Indicators (ISCI) through the Child Well-being Indicator System and developed by Casas and Bello (2012). This study used 26 items that were divided into eight areas (satisfaction with family and home, satisfaction with material things, satisfaction with interpersonal relationships, satisfaction with the area of living, satisfaction with health, satisfaction with time management, satisfaction with school and personal satisfaction). It uses an 11-point scale that ranges from completely dissatisfied (0) to completely satisfied (10). To calculate the index, researchers calculated an average of each domain, and then, an average of all areas. The internal consistency for the 26 items was .90 (Cronbach's alpha) for this sample. Table 1 presents the scale items by domains.

Procedures

Public and private schools were selected through the list of schools provided by the State Ministry of Education. The questionnaires were administered in schools. Participants were children who handed over the informed consent term signed by themselves and by their responsible, according Brazilian standard of ethics in research involving humans. The application was self-administered and collective, took place in their classrooms lasting about 40 min. Children from different grades received different questionnaires. There was a type of questionnaire for 4th to 5th graders (9–10 years old) and another for 6th to 7th graders (11–13 years old). Those of older children contained a larger amount of questions that are not part of this study. Their results according to age are divided by questionnaire type.

Before the application, researchers emphasized that the children had full freedom to participate in the survey, and could give up completing the questionnaire at any time, without any consequences with regard to this choice. This research was previously submitted to the Research Ethics Committee of the university's Psychology Institute.

Table 1 GDSI Items for each domain

GDSI domains	GDSI items (How satisfied are you with…)
Satisfaction with family and home	The house or flat where you live?
	The people who live with you?
	All the other people in your family?
	Your family life?
Satisfaction with material things	How satisfied are you with all the things you have?
Satisfaction with interpersonal relationships	Your friends?
	The people Who live in your area?
	Your relationships with people in general?
Satisfaction with the area of living	The outdoor areas children can use in your area?
	The area where you live, in general?
Satisfaction with health	How you are dealt with when you go to the doctors?
Satisfaction with time management	How you use your time?
	What you do in your free time?
Satisfaction with school	The school you go to?
	Other children in your class?
	Your school marks?
	Your school experience?
Personal Satisfaction	The freedom you have?
	The way that you look?
	Yourself?
	Your self-confidence?
	How safe you feel?
	With the things you want to be good at?
	What may happen to you later in your life?
	How are listened to by adults in general?
	Doing things away from your home?

Data Analysis Strategy

According to the proposed objectives, descriptive analyzes were performed in order to present data on personal well-being index, the students' life satisfaction and the other domains studied (GDSI), according to family structure. Then, multivariate analyzes of variance (MANOVA) were conducted to verify the differences between family structures, sex and age with regard to the different well-being instruments assessed (PWI-SC, BMSLSS and GDSI).

Results

Results are presented in two parts, the first shows descriptive analyzes with children's answers means to the instruments used. The second part presents the differences between children's well-being by age, sex and family settings.

Descriptive Analyzes

Table 2 shows children's answers means to the instruments used, considering the sample by age, sex and type of family settings.

Observing Table 2, on descriptive statistics, it is possible to observe the means of the children, considering age and family settings. It is noteworthy that children with the lowest well-being means are older children for the three well-being scales (GDSI, PWI-SC and BMSLSS). With regard to family settings, the highest means are from children from intact families. It is noteworthy that the family setting that has the next highest means is the multigenerational, in which the difference is the presence of grandparents or other adults (with the exception of the results of boys to the PWI-SC).

Differences between children's Well-Being by Age, Sex and Family Settings

In order to examine the differences between the means of the children's well-being (PWI-SC, BMSLSS and GDSI) considering age, sex and family settings, multivariate analysis of variance (MANOVA) and analysis of variance (ANOVA) were performed. The dependent variables were the means of the PWI-SC, BMSLSS and GDSI, considering that these instruments are representative of well-being and present correlations of .86 (between BMSLSS and GDSI), .70 (between BMSLSS and PWI-SC) and .79 (between PWI-SC and GDSI).

Table 3 presents the results of MANOVA, which used age, sex and family settings (FS) as independent variables. With the scales analyzed as a unit, it is observed that age

Table 2 Means and standard deviations of the GDSI, PWI-SC and BMSLSS by family settings, age and sex

Family settings	Total – M (SD)		Boys – M (SD)		Girls – M (SD)	
	09–10 years old	11–13 years old	09–10 years old	11–13 years old	09–10 years old	11–13 years old
GDSI – Intact	8.99 (0.89)	8.57 (1.06)	8.92 (0.92)	8.69 (0.93)	9.04 (0.86)	8.57 (1.06)
GDSI – Single-parent	8.83 (1.06)	8.19 (1.34)	8.83 (0.82)	8.53 (1.14)	8.84 (1.19)	8.19 (1.34)
GDSI – Stepfamily	8.72 (1.06)	7.95 (1.36)	8.76 (1.11)	8.31 (1.00)	8.69 (1.02)	7.95 (1.36)
GDSI – Multigenerational	8.93 (0.95)	8.21 (1.26)	8.82 (1.00)	8.37 (1.05)	9.03 (0.89)	8.21 (1.26)
GDSI – Total	8.93 (0.94)	8.35 (1.21)	8.86 (0.97)	8.56 (1.00)	8.98 (0.93)	8.35 (1.21)
PWI-SC – Intact	9.07 (0.96)	8.84 (1.09)	8.99 (1.04)	9.13 (0.91)	8.96 (0.90)	8.84 (1.09)
PWI-SC – Single-parent	8.95 (1.00)	8.53 (1.28)	9.00 (0.83)	8.93 (1.10)	8.46 (1.59)	8.53 (1.28)
PWI-SC – Stepfamily	8.82 (1.21)	8.12 (1.51)	8.90 (1.33)	8.75 (1.11)	8.73 (1.05)	8.12 (1.51)
PWI-SC – Multigenerational	9.04 (0.97)	8.55 (1.30)	8.93 (1.09)	9.13 (0.85)	8.48 (1.19)	8.55 (1.30)
PWI-SC – Total	9.02 (1.01)	8.63 (1.25)	8.96 (1.08)	9.06 (0.95)	8.77 (1.10)	8.63 (1.25)
BMSLSS – Intact	9.13 (1.00)	8.75 (1.13)	9.05 (1.07)	8.85 (1.16)	9.19 (0.94)	8.75 (1.13)
BMSLSS – Single-parent	8.91 (1.35)	8.37 (1.47)	8.87 (1.33)	8.60 (1.17)	8.93 (1.37)	8.37 (1.47)
BMSLSS – Stepfamily	8.76 (1.28)	8.10 (1.62)	8.86 (1.28)	8.49 (1.27)	8.67 (1.29)	8.10 (1.62)
BMSLSS – Multigenerational	9.05 (1.08)	8.42 (1.27)	8.92 (1.17)	8.49 (1.19)	9.16 (0.99)	8.42 (1.27)
BMSLSS – Total	9.04 (1.10)	8.54 (1.29)	8.97 (1.15)	8.70 (1.19)	9.10 (1.06)	8.54 (1.29)

Table 3 MANOVA by age, sex and family settings (FS)

	Wilks' Lambda[a]	F	df	Error df	Sig.	η^2
Age	**.960**	**26.222**	**3.00**	**1889.00**	**.001**	**.022**
Sex	.999	0.883	3.00	1889.00	.449	–
FS	**.981**	**4.143**	**9.00**	**4597.48**	**.001**	**.010**
Age * Sex	**.996**	**2.787**	**3.00**	**1889.00**	**.039**	**.004**
Age * FS	.993	1.439	9.00	4597.48	.165	–
Sex * FS	.992	1.625	9.00	4597.48	.102	–
Age * Sex * FS	.995	0.992	9.00	4597.48	.444	–

[a] Dependent variables: PWI-SC, BMSLSS and GDSI

Bold entries in Age and FS has *p* value of $p < 0.01$ and bold entries for Age*Sex has *p* value of $p < 0.05$

had significant effect, as well as family setting, although with small effect sizes. When the interactions among the independent variables are analyzed, the only significant interaction is between age and sex.

Analyzing the dependent variables separately using ANOVA, there are small, but significant differences by age and family settings for the three dependent variables (PWI-SC, BMSLSS and GDSI). Furthermore, there are significant differences for the interaction between age and family settings (age*FS) and sex and family settings (sex*FS) to the PWI-SC. As for the GDSI, there are significant differences for the interaction between age and sex (age*sex), as verified in Table 4.

The means of children aged 9 to 10 years were higher ($p < .001$) than those of age 11 to 13 years for the PWI-SC, BMSLSS and the GDSI. Regarding family settings, there were also differences ($p < .001$) for the three well-being scales.

Considering the PWI-SC, the lowest mean was for the stepfamily setting ($M = 8.63$, $SD = 1.29$), followed by the single-parent ($M = 8.74$, $SD = 1.29$), multigenerational ($M = 8.80$, $SD = 1.13$), and, finally, with the highest means the intact family setting ($M = 9.00$, $SD = 0.94$). The Bonferroni post hoc test showed significant differences between intact and single-parent ($p = .027$), intact and stepfamily ($p < .010$) and between intact and multigenerational ($p < .010$). Other settings, when compared to each other, showed no statistically significant differences.

The differences between the family settings for the BMSLSS are also significant. The highest means refers to the intact setting ($M = 9.00$, $SD = 0.99$), followed by the multigenerational ($M = 8.78$, $SD = 1.13$), the single-parent ($M = 8.71$, $SD = 1.24$) and, finally, with the lowest means the stepfamily ($M = 8.55$, $SD = 1.29$). The Bonferroni post hoc test showed significant differences between the intact and single-parent settings ($p = .023$), intact and stepfamily ($p < .001$) and between intact and multigenerational ($p = .007$), but there were no significant differences when comparing other settings.

Regarding the GDSI, the means remained in the same order as in the previous scales, with the highest mean related to the intact setting ($M = 8.84$, $SD = 0.95$), then the multigenerational ($M = 8.64$, $SD = 1.10$), the single-parent ($M = 8.61$, $SD = 1.17$), and stepfamily ($M = 8.46$, $SD = 1.16$). The Bonferroni post hoc test showed significant differences between the intact and stepfamily settings ($p < .010$) and between the intact and multigenerational ($p = 0.003$). All other settings showed no significant differences.

Table 4 ANOVA by age, sex and family settings (FS)

	Dependent variable	Sum of squares	df	Mean Square	F	Sig.	η2
Age	**PWI-SC**	**43.670**	**1**	**43.670**	**37.744**	**.001**	**.018**
	BMSLSS	**58.564**	**1**	**58.564**	**43.984**	**.001**	**.018**
	GDSI	**77.589**	**1**	**77.589**	**75.700**	**.001**	**.022**
Sex	PWI-SC	0.974	1	0.974	0.842	.359	–
	BMSLSS	1.245	1	1.245	0.935	.334	–
	GDSI	2.260	1	2.260	2.205	.138	–
FS[a]	**PWI-SC**	**32.136**	**3**	**10.712**	**9.258**	**.001**	**.014**
	BMSLSS	**42.125**	**3**	**14.042**	**10.546**	**.001**	**.016**
	GDSI	**33.047**	**3**	**11.016**	**10.747**	**.001**	**.013**
Age * Sex	PWI-SC	2.396	1	2.396	2.071	.150	–
	BMSLSS	5.059	1	5.059	3.800	.051	–
	GDSI	**7.226**	**1**	**7.226**	**7.050**	**.008**	**.010**
Age * FS	**PWI-SC**	**11.812**	**3**	**3.937**	**3.403**	**.017**	**.005**
	BMSLSS	5.641	3	1.880	1.412	.237	–
	GDSI	7.592	3	2.531	2.469	.060	–
Sex * FS	**PWI-SC**	**10.108**	**3**	**3.369**	**2.912**	**.033**	**.004**
	BMSLSS	5.766	3	1.922	1.443	.228	–
	GDSI	3.345	3	0.837	0.006	.353	–
Age * Sex * FS	PWI-SC	2.508	3	0.836	0.723	.538	–
	BMSLSS	0.157	3	0.052	0.039	.990	–
	GDSI	0.406	3	0.135	0.132	.941	–

[a] Bonferroni test for family settings: Intact > Multigenerational = Stepfamily = Single-parent

For the interaction between sex and age for the GDSI, girls aged 9–10 years old had higher means than boys ($p < 0.010$). However, boys aged 11–13 years old had higher means than girls for the GDSI. There are also differences in the interaction between family structure and age for the PWI-SC. Children aged 9–10 years old of all family settings showed higher means than children aged 11–13 years old ($p = 0.017$). The other interaction in which there are differences is between sex and family setting for the PWI-SC ($p = 0.033$). Girls have higher means than boys for the intact, multigenerational, and single-parent settings. However, the mean of boys in the stepfamily settings is higher than girls.

Discussion

This study aimed to verify whether there are differences in the well-being of children from different family settings. The family settings differed significantly from each other in all measures (Table 4). The means of children from intact families are higher than those of children from stepfamilies, single parents and multigenerational for all the well-being scales (PWI-SC, BMSLSS and GDSI). The lowest well-being means were those from children of stepfamilies. This result

corroborates other findings, in which the intact family participants differed significantly from those of other structures (Gray et al. 2013).

The influence of family structures on the well-being of children may be understood by ecological-contextual perspective when considering the reciprocal influence that social environments have on people's lives (Kelly 2006). Thus, each family structure influences and is influenced by the child's perspective, affecting their well-being.

Statistically significant differences between family structures suggest its influence on well-being of children. This result support previous findings (Dinisman 2017; Klocke et al. 2013; Navarro et al. 2015). Amato (2000) considers that the main effects that the family structures will have on children occur due to the instability which children are subjected to. It is considered that significant family transitions involving the loss or removal of any member of the family of their daily contact might have negative effects on the well-being of children (Rees et al. 2012). Children living with both their parents were probably subjected to fewer changes than children from stepfamilies (Montserrat et al. 2015). Stability from family relationships is one of the aspects involved in the feeling of closeness, which is connected to well-being.

The lower levels of well-being from children of stepfamilies might be understood considering the transition process that stepfamilies had to go through when going from intact to stepfamily. Dunn and Deater-Deckard (2001) found that many children of stepfamilies have difficulty in comprehending the changes that occur within the family and feel the need for better explanation of the new arrangements. In this way, children can interpret the removal of a parent, for example, such as abandonment. In addition, the number of transitions to which families are subjected negatively affects the well-being, and, the greater the changes in family structure, the lowest the well-being of children (Amato and Sobolewski 2001; Dinisman et al. 2012).

It is also noteworthy that the lowest levels of well-being from children to stepfamilies might be a repercussion of the addition of new members in the family. In this way, it is possible to infer that parents and children spend less time together and that their interactions aren't as often consistent as the interaction from single-parent families, multigenerational or intact families. As the time spent with family might be considered associated with well-being (McAuley et al. 2012), it is possible to wonder if the increased members at the stepfamilies have to share their time within each other, leaving less quality time to spent with each member.

Although social transformations from recent decades affected families' lives, most children participating in this study came from intact families (52.3% of the sample). So, children from non-intact families are still to be considered a minority. It is understandable, through social comparison, that these children consider their family setting as not ideal. Studies show that social comparison can influence the subjective well-being (Diener 2012). Some of the values that require the maintenance of traditional social beliefs can influence people's well-being when their lives or their families are beyond the established standard (Narvaz and Koller 2005), since the shared social contexts give meaning to personal experiences (Kelly 2006).

Children's well-being rates may be related to their parents' well-being index. Thus, the well-being of parents might affect their children's. Bedin and Sarriera (2014) tested the relation between parent's well-being and their children's. The study showed the existence of significant relations between the well-being of both groups, although with low correlation coefficients.

In some families, economic crisis, unemployment and other factors associated with economic hardship situation require that at least one of the progenitors have to invest higher energy and longer time at the economic activity carried out but also in domestic activities involving the care of children (Dessen and Braz 2005). These aspects affect the quality of relationships and the time parents spend with their children (Oliveira et al. 2008). In this sense, families who are going through a transition period as the stepfamilies or single parents - by having only one financial and emotional provider -, may experience a higher level of overload by the parent, which probably reflected in their well-being. Thus, an explanation to lower means of children from stepfamilies and single parents might be the lower well-being levels of their parents.

The interaction between sex and family setting was significant for the PWI-SC. The means of well-being of girls were higher than those of boys, when considering almost all types of family setting. However, the means of well-being of girls from stepfamilies were lower than those of boys. One hypothesis for this result is that as described by Bedin and Sarriera (2014) the well-being of girls is more influenced by their parents' well-being than the well-being of boys.

The presence of grandparents is an important feature of multigenerational families. Although it does not present the highest means for the GDSI, BMSLSS neither PWI-SC, the multigenerational family is the group with the second highest means. Therefore, the presence of grandparents represents a difference to the well-being of these children. Grandparents appear as secondary sources of social support for parents. The proximity to the grandparents may relate to less adjustment problems (Dunn and Deater-Deckard 2001) and more prosocial behavior (Attar-Schwartz et al. 2009). The involvement of grandparents has strong associations with the reduction of child adjustment problems in families of single parents and stepfamilies than intact families (Attar-Schwartz et al. 2009). In this sense, the presence of grandparents is a differential remark to the well-being of these children. Although important and protective, the presence of grandparents may not overcome the social comparison effect in the well-being of children from intact families, that are, in this sample, the majority of families.

The interaction between family setting and age proved to be significant for the PWI-SC. It is noticed that all family settings showed a decrease in the well-being means with the increase of age. The well-being means of younger children tend to be higher than those of older children. This difference on well-being over time has been observed in other studies with adolescents. This downward trend in well-being levels with the increase of age was observed in several countries (Casas et al. 2012a). Goldbeck et al. (2007) have found significant declines in well-being of adolescents in general and also in relation to health, with the increase of age. In this study, differences regarding satisfaction with health were also found. At GDSI's and PWI-SC's health measures significant differences were found, considering age.

The significant interaction between age and sex in GDSI spells out a difference with increasing age in the well-being of boys and girls. Until 9 years-old, girls have higher means than those of boys and between 11 and 13 years, girls have lower means than boys do. In studies with adolescents in Brazil, researchers found no significant differences in levels of well-being by sex (Bedin and Sarriera 2015b; Strelhow et al. 2010). It is observed that sex, when considered separately, also showed no significant differences. This suggests that the differences in the interaction between age and sex can be due to the girls' larger decline in well-being with increasing age.

Casas et al. (2012b) in a comparative study between subjective well-being of adolescents and their parents' have found significant differences between groups, with adolescents having higher means than their parents do. Thus, it is possible to understand that the decrease in well-being levels may begin in childhood and that this trend continues both in adolescence and in adulthood. However, Diener et al. (1999) believe that the subjective well-being is stable over the life cycle. This trend to stability probably does not continue in childhood and adolescence because these are moments of intense physical and psychological changes. It is noteworthy, however, that research on children's well-being is scarce, and so it is not possible to affirm with certainty that the decrease in well-being is a typical pattern of the population.

Final Considerations

The main results of this study indicate that there are significant differences in child well-being in relation to their family settings. Children from intact families differed significantly from children in other settings. The lowest well-being means were those from children of stepfamilies. We argue that the transitions and instability that children of stepfamilies may have been subjected to may affect their well-being. The results relate to other findings that highlight the differences between family settings and its impact on children's lives. The impact of grandparents on children's well-being is still a subject that requires more study, as on the comparison with intact families. The aim of this study was not pointing out any of the settings as ideal models. However, it highlights the importance of studying aspects of family relationships that may affect the well-being of children.

It was also found, as other studies, results that corroborate the hypothesis that the well-being decreases with increasing age, with significant differences between children of 9 and 10 years and between 11 and 13 years. This phenomenon may be a specific manifestation of adolescence and childhood and may not last throughout adulthood. One limitation of the study is the use of cross-section data. Longitudinal studies could help monitoring the stability of well-being throughout life, so that it would be possible to verify the decrease in children's well-being with age. In addition, future studies might focus on the possible influence of the existence of brothers in the well-being of children. Also, as a limitation of the study is the participation of children from only one state on the south of Brazil, which results in the impossibility to generalize the results to other Brazilian states.

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