Adolescents’ well-being in Kathmandu, Nepal

A study based on mindmaps and questionnaires

Lovisa Ahlinder & Sandra Källerteg

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Supervisor: Erika Björklund
The Examiner: Peter Gill
Abstract


Aim: Our goal with this study was to see the well-being index among adolescents in Kathmandu, Nepal. But also to investigate the factors that contribute to well-being and what the adolescents believe is the most important thing.

Method: The method used in this study was a questionnaire, it included eight questions with 44 adolescents participating. Group interviews were used by help with mindmap, groups of 3-4 adolescents to investigate their perspective of well-being used. We chose to do both because we wanted the results of the index and the adolescents thoughts about well-being to emerge.

Results: The results from the questionnaire showed that 34,1 percent among the adolescents have 80-90% well-being according to the PWI scale we applied. According to the adolescents’ own estimated level of well-being, about 68 percent of them have good well-being and 30 percent of them have a really good well-being. However the PWI scale shows that only 9 percent have a really good well-being. The results of the group interviews showed the most important thing for well-being according to the adolescents are satisfaction, quality of life, happiness, love (friends, family, relationship), education, health and social service.

Keyword: Adolescents Nepal, Well-being, Kathmandu, PWI scale, Mindmap, Questionnaire
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Introduction

Well-being is a difficult word to define but we believe it is important to have a good well-being to have a good quality of life. We consider the well-being is something that everyone needs, to handle with all situations in life. Adolescents are an important target group because they are going to help the world to develop. Adolescents need a good well-being for them to feel confident with themselves, thus we want to look at the adolescents of Kathmandu, Nepal and their well-being.

Nepal is one of the world's poorest countries in the world (https://unicef.se/projekt/utbildning-till-barn-i-nepal). Nepal has a population of 30 million people. There are few studies made about well-being among adolescents in Nepal. The educations system in Nepal is neglected and almost every third child will never complete school. Illiteracy is still prominent; one third of the adults can neither read or write. About 26 million children in Nepal work and of these, 1 million do not go to school (https://unicef.se/projekt/utbildning-till-barn-i-nepal). The majority of the Nepalese people feed on agriculture, mainly for subsistence according to the United Nation (http://www.landguiden.se/Lander/Asien/Nepal?p=1) it can be over 90 percent of the population. A considerable part of Nepal's population lives in misery. Malnutrition is common and especially among women and children. Just over a third of the children suffer from stunted growth due to malnutrition. The hospitality is important for the Nepali people (ibid.).

What is well-being among adolescents in a low income country, one may ask? A trip to Nepal to study adolescent’s well-being resulted in this study. The study was conducted in the capital Kathmandu on adolescent in aged of 15-16 years.
1. Background

1.1 Definition of Well-being

World Health organization definition of health is “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (http://www.who.int/about/definition/en/print.html).

Additional writers who explain well-being are Diener, Sapyta & Suh (1998) and they defined well-being as a three dimensional concept - life satisfaction, positive emotions and negative emotions. Life satisfaction is relationship, work, love and family and the positive emotions include happiness and joy. Negative emotions include guilt, depression and anxiety.

Haybron (2007) writes that the relationship between life satisfaction and well-being is more complicated than what we believe. He believes life satisfaction is not meant to reflect well-being. Life satisfaction is an expression of the individual's attitude to her/his life. The difference is that the ethical norms have nothing to do with well-being.

According to the philosophical theory well-being is good for a person in general Ransome (2010) writes. Based on the hedonistic theory well-being is a psychological condition whereby well-being is good for the individual overall. Ransome does an analysis between Sen’s and Aristotle's views of well-being. They both believe well-being is a highly evaluative set of functions. Functions are activities or a way of being. What an individual has succeeded but also what the individual could have done. They also defined well-being as a state (ibid.).

1.2 Subjective well-being.

Prieto, Diener, Tamir, Scollon & Diener (2005) write that subjective well-being is a cognitive evaluation of one's life and includes many different components blended together such as life satisfaction, happiness, balance, fulfillment and stress. Diener (2012) also writes about subjective well-being and according to Diener well-being is
about people's evaluations about their lives. Perceptions and thoughts leads to such a life they desire and wish for. An important influence on how people choose to evaluate their lives is by using standard dimensions and with the influence of other people's choices. You always want to surpass your own and others' expectations and if you have too high and unreasonable goals, you will never find satisfaction (ibid.). If you have a high well-being, it will increase future health and quality of your social life according to Diener (2012). High level of well-being is optimal for the social environment and raises performance such as grades in school and creativity (ibid.).

Another article by Eryilmaz (2011) shows a high connection between subject well-being and need satisfaction. There is also a positive connection between subject well-being and reasons to live and between reasons to live and need satisfaction. The study also shows satisfaction has a higher effect on well-being than reason to live (ibid.).

1.3 Happiness compared to Well-being
Fors (2012) writes about people's life quality and he states it is often defined by the word happiness. Happiness can be defined into two components, one is an evaluation form of happiness and is often called satisfaction and one more emotional form of happiness is well-being.

Diener & Scollon’s (2014) definition of “happiness” is different depending on the person using it, but can often be put together with the word Well-being. Well-being is people´s thoughts about their lives and how they judge their lives based on minds and thoughts. These thoughts can be anything, for example “I enjoy my self” to longer perspective like “My life is good” (ibid.).

Brülde (2007) discusses “pure luck” in his article and if there is a reasonable theory of well-being, which he does not see it. Good luck counts not only to well-being he believes, but he explains happiness in three ways. The first one, happiness is when the individual evaluates his life in a positive way. Second, happiness based on the hedonistic teorin, a good balance of pleasure and displeasure. Third, a positive tuning of mind state. While the well-being is more based on how the individual see his life from a reasonable approach then based on the circumstances and the individual's personal matter (ibid.).
1.4 Factor to well-being
Diener (2000) argues that people make their judgments based on their lives as a whole. The subjective well-being and satisfaction are separately blended together, satisfaction of important domains, positive impact and low impact of the negative impact creates a good subjective well-being.

Diener also writes about why individuals in low-income countries have extremely low subjective well-being and it could be because people living in low-income countries have lower expectations than those in high income countries. Cultural and societal factors also affect people's subjective well-being. Cultural factors influence people's thoughts, feelings and choices while societal factors affect people's basic needs such as clean water, food and health. Individuals in low-income countries might want have the same benefits like some other countries can provide. When those expectations do not get fulfilled it will affect their current well-being in a negative way. Diener & Scollon (2014) also write about well-being and it depends on which country you live in. In every study that has been made, they compare countries all over the world and the results show the people in wealthy nations are more happy than people in countries that struggle with poverty. There are also some researchers that show the harmful influence of materialism, if you have more items and buy new it will not contribute to more happiness and well-being. However the research made by Diener & Scollon (2014) have found, if you spend money on other people it will make you happier and contributes to your well-being (ibid.).

Brülde (2007) believes happiness often is an interpretation of the term of how good or bad one person feels in total, and how high or low person’s overall level of well-being is. One person's well-being depends on outer and inner factors (Brülde, 2007). Brülde (2007) also explains the inner factors often are mental and have a direct effect on the person. Personality traits influence individual thinking and thoughts about different things, for example if the person is an optimist or a pessimist. The outer factors have relevance for the person’s happiness, for example which social and physical environment the person lives among, but also democratic factors as age, gender and physical health (ibid.).

This is also supported by Hansson (2005) who writes about roughly the same but explains well-being among adolescents has both positive and negative connections. The positive connections are good network, cohabitation or marriage, growing up in a nuclear family, safe childhood, good living environment, working parents, exercise and
well-being. The negative connections to well-being are friction during childhood, parents’ divorce, low socioeconomic status in the family, living with only one parent, conflicts with parents, abuse, alcohol, smoking and bullying (ibid.).

1.5 A sense of coherence
Antonovsky (2005) sees health and disease from a salutogenic perspective. This means he is interested in all the factors that perpetuate or create good health but he also looks to the individual's entire life situation (ibid.)

Antonovsky (2005) also writes about KASAM. The term KASAM contends three different concepts and these are comprehensibility, manageability and meaningfulness.

Comprehensibility: The extent to which you experience inner and outer stimuli intellectually graspable, which information is organized, coherent, structured and clear rather than noise, chaotic, disordered, random, unexpected and unexplained.

Manageability: The degree to which one feels there are resources at one's disposal, by which one can meet the requirements of the stimuli that we are bombarded with.

Meaningfulness: Is the concept of motivation component, to be involved as participants in the processes that create both one's destiny as one's daily experience. SOC concept is defined as a whole and “A sense of coherence”. It is about a feeling that is affected by one's inner and outer world throughout life.

1.6 Well-being in Nepal
An article from Kohrt et al. (2010) have made a study of child soldiers in Nepal and it is linked to the Psychosocial Well-being. The study was done at the age 11-17 years old and it showed that trauma has a negative effect on psychosocial well-being. PTSD (Post Traumatic Stress) and depression is the biggest problem children experience and affects their psychosocial well-being. The well-being is influenced by family members, society, ethical factors and what caste the family has (ibid.).

66 percent of working children (Doocy, Crawford, Boudreaux & Walla, 2007) in Nepal in the age of 10-16 years feel inadequate emotional support or loneliness the study shows (Doocy et al., 2007). Children porters general well-being influenced negatively by the work, about 91 percent feel that way. The study has looked at the difference between non-porters and porters when it comes to well-being, it appears porters have lower well-being than non-porters. The porters had greater feelings of
stress or mental torment, alcohol and sexual abuse than non-porters. Another factor to their decreased well-being was their absence from his/her family's support and protection. Finally, the study shows that child labor has a negative impact on well-being (ibid.).

Adolescents and children with sick parents, such as Parkinson’s disease, multiple sclerosis, mental illness, leprosy and HIV/AIDS affects adolescents and children's well-being (Yamaguchi, Poudel & Jimba, 2013). The adolescents with leprosy-affected parents have lower emotional well-being, physical well-being and self-esteem. Self-esteem is strongly linked to the emotional well-being, how good or bad the youth feel about yourself but also can self-esteem joint is affected by poverty, unemployment and adverse social circumstances. Adolescents with leprosy-affected parents have higher levels of depressive symptoms and lower levels of self-esteem and health-related quality of life (HRQOL) compared with adolescents whose parents were free from diseases (ibid.).

2. Problem formulation

Based on our own experiences and the people around us we have realized that well-being is very individually and difficult to describe. We have previously examined the well-being of children in Sweden and now we want to see how Nepali people see it (https://unicef.se/projekt/utbildning-till-barn-i-nepal).

3. Aim

Our goal is to examine the well-being among adolescents in Kathmandu, Nepal. Furthermore we would like to investigate the factors that contribute to well-being according to the adolescents.

3.1 Issue

How are the adolescent's well-being?

How the adolescents describes well-being?

Are there any differences between the adolescents well-being and their own explanation and meaning of the word well-being?
4. Method

We have chosen to do a questionnaire and interviews with Nepali adolescents. We have chosen to do both because our interest is to see if there is some difference between the index of their general well-being and their own experience of well-being. To investigate the adolescents well-being index we have used a questionnaire and to get their own experience about well-being we have worked with group interviews.

4.2 Selection

Our contact person in Nepal helped us to get in contact with two schools in Kathmandu and we chose the adolescents in the age of 15 and 16 years old who lives in boarding school, convenience selection (Trost, 2007). We chose this specific age because the children start to learn English when they started first class in these schools. Many adolescents finish school in the age of 16 so it is one more reason for the chosen age, it is few in school with a higher age. Also because when you are older than 16 years old you start in high school and that is often another school. They can speak English and that makes it easier for us because it will not be so much misunderstanding. We see this as a non-random selection and Trost (2007) confirms this by saying that non-random selection involves picking out people for the study (ibid.). Based on Trost (2007), we have made an accidental sample, while visiting schools where adolescents are studying.

We used this selection principle since where most adolescents find themselves during the day and it becomes easier to connect with them there. We reach a larger group of adolescents in school and it saved time for us to have them gathering in the same arena.

We distributed 70 questionnaires of which 44 participated, the 44 adolescents also participated in our group interviews. Our group interviews comprising 11 groups of 3-4 adolescent in each group.

4.3 Literature on methods

In this essay we have been taking help from different literature.

When you do a research that/who involves interviews in some kind you get a deeper understanding compared to questionnaire and it gives you a larger scale and you get a greater understanding (Gillham, 2008) A numeric scale to rate each item in a questionnaire is a popular way to use.. The participants are asked to make their answer
on each question by rating between 1-to-5 or 1-to-10. This scale often includes phrases as: “Strongly agree”, “agree”, “disagree” and “strongly disagree”. This type can be used to see if a person agree or disagree with different statements (ibid.). Because we have chosen to do questionnaire we need to know our aim and selection before we choose our methods write Trost (2007). With questionnaire we reach more adolescents and it is better to use questionnaire when you are going to use closed question (ibid.).

Kvale & Brinkmann (2009) write about an interview concept where the group interviews clarify and determine a concept, in our case the "well-being".

According to Kvale & Brinkmann (2009) the interviewer is its own research tool and it requires that he/she has knowledge and interest in the topic and is well-versed in different interview techniques. There are different types of interview questions and we have used convener initial questions which means you have leading questions, follow-up questions which means questions you can ask if you want more answer and you want the discussion to go on, exploratory questions are when you have prepared a lot of questions if you should need more questions and interpreting questions are the question how is open for interpretation and discussion around it (ibid.).

4.4 Questionnaire
We want this study to give a quantitative data and Kvale & Brinkmann (2009) mean questionnaire is better to get that result, thats why we have chosen to use questionnaire.

We have used Well-Being Index (PWI) Manual from Cummins & Lau (2005) (Appendix 1), which is a questionnaire measuring well-being. We chose this manual because it is well-tested all over the world and we know less about the adolescents life is in i Nepal, but also to avoid our own values in the questions. Before we started to research well-being index we read about well-being in Asia and we checked if they learn English in school and in that case at what age.

We looked at different questionnaires manuals to find the best questionnaire to our selection. We studied previously research questionnaires to gain a better understanding of how a questionnaire should be structured to best select the most relevant questionnaire to adolescents of Nepal. Forsman (1997) means that the most common mistake is that the questions are designed in a leading way. This could result in the respondents ending up with only one answer (ibid.).

We have chosen Personal Well-Being Index For School Children (PWI). We chose to use the PWI for school children because it is adapted to adolescents, Cohen, Manison
& Morrison (2000) argue you should adapt the questionnaire to the target group you have selected (ibid.).

The PWI scale is good because the questions are accommodated to development countries. The PWI scale contains seven different items and are all about satisfaction. The seven items are: Standard of living, Health, Life achievement, Personal relationship, Personal safety, Community-connectedness and Future security. The PWI scale has eight questions so every item is affected, but the first question is not included and is about their lives in hole. (Cummins & Lau, 2005). There are three parallel PWI scales, one for adults (PWI-a), one for school-aged children and adolescents (PWI-sc) and one for people with an intellectual disability (PWI-id). These three scales have many similarities, but the wording of the questions have been performed based on the target.

The first question of the PWI is about “your life in whole”, this question is not included in the PWI scale but we wanted to see if there was some difference between the adolescent’s own perspectives and the results of the PWI scale. We have chosen not to include questions about age or gender in our questionnaire because this is not relevant, this is supported by Cohen, Manison & Morrison (2000) who writes that you should only include these parameters if it is relevant. We told the school that we only wanted to have interviews with adolescents in ages between 15-16 years old.

Cohen, Manison & Morrison (2000) writes if you want a qualitative result, you should decide a rating scale before the questionnaires are handed out. Since PWI already have a rating scale, we used that. Cummins & Lau (2005) write that PWI's rating scale changes a little when doing the questionnaire in low income countries.

4.5 Group Interviews
For the study, we also chose to make use of group interviews/focus groups to get a better understanding of adolescent’s thoughts about well-being. Bryman (2007) argues that the focus group is a method who makes it easier for a researcher to get an understanding why people think the way they do. Bryman (2007) also writes that the answer tends to be more interesting than in a traditional interview. Focus groups can be used when you do a research about adolescent’s values and thoughts.

For the interview, we chose to have group interviews using mindmaps with one leading question. Bryman (2007) writes about focus groups, in these groups a certain question or theme is asked and then it is open for discussion. We also have other question to help us start a discussion. The mindmap starts with the word well-being and
we told them to think about and discuss – What is well-being? The mindmap is going to help the adolescents start a discussion in group about well-being, we think it would be easier for them to discuss with each other than with us, this is the reason we did not choose to have a regular interview with each one of them. If we instead had chosen to use a "normal" interview, we might have influenced the adolescents thoughts, it had also been difficult as interviewers to ask questions directed to our thinking purpose. 

Bryman (2007) writes that focus groups should be led by a resurgence and their assignment is to lead the discussion but not be to govern. The question is directed to the whole group and they are encouraged to discuss (Bryman, 2007). We chose to make our group interviews based on the mindmap and we had no actual issues facing our interviews but used the keywords and supplementary questions to the adolescent’s mindmap. This connects us to Cohen, Manison & Morrison (2000) who write about informal interviews, it means when the interview has a conversation and not a complete questionnaire. Instead we used some keywords that they assume. Cohen, Manison & Morrison (2000) also write it is important that interviewers understand and interpret the participants' responses. By using a mindmap and discussions around the mindmap the adolescents were given space to their own opinions, but it also gave us as the interviewers time for following-up questions. After the adolescents made their mind map, we sat down together with them and questioned their thoughts about well-being.

Bryman (2007) describes that a discussion can take a different path than the researchers have planned but can contribute to the adolescents´ actual thoughts, which is more difficult in usual interviews. Some disadvantages with focus groups are: it can be difficult to hear what everyone says when they talk and for the leader to take control and highlight the important (ibid.). We had this in mind and used the mindmap to get a better understanding for the adolescent’s English pronunciation, but also to help them start a discussion.

4.6 Approaches

Before we went to the school to do our research, we had been in Nepal for a couple of weeks to get to know the culture, to learn some phrases in Nepali and to make some visits in different schools to learn the school cultures in Nepal.

With help from our contact person, we called different schools in Kathmandu and asked if they were interested participating in our study. Our contact person talks fluent Nepali and English which helped us to get in contact with the schools. We found two schools and both were boarding schools. We chose 15-16 years old because we believe
they have good experience of the English language. Interviews in foreign cultures apply different standards for interaction and it is therefore important the interviewer gets to know the new culture, so misunderstandings can be avoided. It is also of high importance to provide an interpreter for the interview who masters both language and local culture (Kvale & Brinkman, 2009).

Missive letter (Appendix 2) was provided to the principal, adolescents and the adolescent’s guardians to get a permission to do the study. We gave the missive letter together with our questionnaires one week before we went to the schools. Because Trost (2007) writes it is a good idea to send the missive letter together with the questionnaire so the missive letter will not disappear.

We received both verbal and written approvals of the guardians because many people are illiterate in Nepal. Along with the principal’s, the adolescents’ and the guardian’s permissions we started our study. We went to the schools and met the principal to introduce ourselves and our study. The study was done in three different classes, about 11-15 students in each class. We started to introduce ourselves and the aim of the study, to create confidence with the adolescents. Cohen, Manison & Morrison (2000) write it is important to inform about the aim and the procedure before beginning the study. Before the meeting with the adolescents we discussed how we could give them the best help to start the discussion without influencing them too much. We distributed the PWI questionnaires (they received prior to our arrival) and together with our contact person we explained how they should fill in it. While they filled the questionnaires, we were present to answer if they had any questions. Since the same adolescents wanted to participate in our group interviews, we divided them into groups of three to four adolescents. Around 3-5 groups/class, each group got a blank paper and colored pencils. We introduced them to do a mindmap and explained to write “WELL-BEING” in the middle of the paper. Then together in groups they discussed what they think well-being is and write down everything that comes to their minds, it could be both words and sentences. We also made it clear that no answer is right or wrong, and it is only their perceptions that matter. Since we did not want to influence the adolescent we chose not to explain more details about well-being. We walked around to support and to listen if they needed any help, had questions or if they had any difficulty in getting started with the discussion.

When the groups were finished with their mindmaps, we sat down next to them and discussed their thoughts about well-being. We asked them which things they thought were most important and how they thought about what they wrote, at the same time we wrote it down so we could remember when it was time for us to transcribe. We wrote a
script in our notes instead of quoting participants. Wibeck (2010) writes that there are different levels on how to transcribe, level three is script normative, it means you not written hesitations answer and unfinished sentences. The aim of this level is to reproduce the main content of the focus group (ibid.). The transcription occurred both with the participants’ mind map and our notes from the discussion. Every mind map was presented with a serial number, so we could keep track of what we had transcribed but also to some of the groups which wrote two mind map. The groups which did two mindmap got the same serial number. During the transcription processed we looked and analyses our notes and mindmap to see similarities and differences between the groups. According to Wibeck (2010) the analysis of focus group data, is to search for trends and patterns but also to divide the data into units. When we analyzed the mindmap (Figure 1) we chose to look at each mindmap individually and pick out the relevant parts to our study. Then we looked at the common denominators that have incurred. We wrote all the factors the adolescents believe is well-being. We chose to divided the factors into different themes.

We coded questionnaires so later we could be able to identify the adolescent´s responses after we transcribed them into excell design and to count their well-being based on PWI scale. Before we started with the questionnaires we made a Excel Program to easily encode the questionnaires data. When we got to the first questionnaire, we started with entries in Excel. According to Trost (2007) it saves time and we earlier got an idea of how the material looks.
4.7 Ethical aspect

Because our adolescents in this study live in a boarding school it was hard for us to get the guardians’ approval. These children do not go home very often and some of them go to school far away from home. Many people in Nepal are illiterate, which is one reason why we get both verbal and writing approval. We also wanted to have the principal’s approval before we started. We told the adolescents what our study was about and told them it was all voluntary, they could chose not to participate at all, participate on one or both and they could stop and quit in any time they wanted. This is evidenced by Forsman (1997) who writes that the respondents have the right to call off the interview/questionnaire at any time without giving reason (ibid.). We also told them the four ethical principles: The information requirement, the requirement of consent, confidentiality obligations and utilization requirement.

The information requirement gave the adolescents knowledge about both the interview and the questionnaires are anonymous and it is all voluntary to participate. The requirement of consent mean they can decide which questions of the questionnaire they want to reply to. Confidentiality obligations gave them knowledge about which people were going to take part of the data and the questionnaire. Utilization requirement assert that the result and the data will be presented in our essay. (Vetenskapsrådet, forskningsetiska principer inom humanistisk-samhällsvetenskaplig forskning).

Since we sent our questionnaire and missives to the schools, it may have resulted that the adolescents’ felt compelled to participate in our study. We asked the teacher to give questionnaires to the whole class containing 15-16 years. Forsman (2007) writes there are various ethical problems of how to recruiting participants for their study, in this case, the adolescents maybe feel compelled to participate because it was the teacher how hand out the questionnaire, the student want to show the teacher their good side.

4.7.1 Validity & reliability

An important key for effective research is validity and reliability. Validity is a requited for both quantitative and qualitative researcher. Validity might be better through sampling, instrumentation and appropriate in quantitative data when it comes to the treatment of the data. It is impossible to be 100 percent valid, because nothing is totally perfect. Because quantitative data contains participate opinions, perspectives and
attitudes. Validity is the most important thing when it comes to educational research (Cohan, Manson & Morrison, 2011).

Before someone is doing a test the researcher has to judge the place and the significance of the test, but not to forget there is a range of items which can affect the students both positively and negatively, like the time of the day, the temperature in the room, the time of school year and the participates “nerves”. Also how the paper is distributed, how the test is marked and how the questions are open or closed. If you use testing as a way in your research you need to ensure that the data is valid, appropriate and reliable (ibid.). Because we wanted to get as reliable answers as possible we chose to do the survey in the morning and also to be there early in the week. This is a boarding school so the adolescents lives in hostel at the school area, so what day we were there might not matter. We thought they still might be a little tired at school at the end of the week than at the beginning.

Cohan et al, (2011) means that the reliability for quantitative research does not work on the same way when it comes to qualitative research. Reliability can be seen as a gap between what the researcher collected as a data and what really happen in the time of the research. If it is two researcher in the same studies, they maybe see different thing and these two different thing may be reliable (ibid.). Kvale & Brinkmann (2009) also means that interviewes should contain the same number of interpretations as there are researchers. In our case, we were two researchers who did this study, this may have affected the data in the end because we may have perceived the interview and the answer in different ways.

Cohen et al, (2011) writes about reliability, when you do a research you should get facts that help the study instead of getting facts that are not relevant to this particular study. That something is in a certain way without doing a research about it, it gives the study a low reliability (ibid.). These are important aspects we thought about before we began our study. We had no thought and goal about how the results should turn out, we did the study so it would get as valid, credible and reliable as possible.

5. Results & Analysis

Our result contains the answer from 44 adolescents in the age of 15-16 years old and them all lives in different boarding schools in Kathmandu, Nepal. Here presented the Personal Well-Being Index questionnaires, based on the adolescents responses. When
we were done with the questionnaires and interviews we transcripted the data and got our results.

5.1 Well-being scale

PWI argues that a good well-being in low income countries are when you have over 60% when we put all the questions together. The PWI scale includes seven questions (question 2-8) about how happy you are over about things you own, what you are good at, relationships, health, safety, how you feel to be away from home and thoughts about your future and these seven questions result in the adolescents well-being under the PWI scale.

The results from PWIs questionnaire (7 questions) show that 80 percent (Figure 2) of the adolescents have a good well-being. The index's shows that the majority have between 80-90 percent of their well-being. According to Personal Well-Being Index (Cummins & Lou, 2005) have 20 percent of the adolescent not a good well-being. While it is 9.1 percent who have a really good well-being. Approximately 46 percent of the adolescent have a well-being of 60-80 percent.

![Figure 2: This pie chart shows the adolescent's well-being index based on PWI scale](image)

We have not count the first question in the questionnaire which is "How happy are you with your life as a whole?" to the PWI scale, but instead figured this alone. We looked at this question individually and it showed that the most of the adolescent, 68 percent think they have a good well-being (Figure 3). While 32 percent of the adolescent
perceive they do not have a good well-being. The majority, 30 percent, believe they have really good well-being. Approximately 20 percent of adolescent’s believe they have a well-being between 60-80 percent.

The adolescents own perception of "How happy are you with your life as a whole?" Do not match the results from the PWIs scale. There are about 14 of 44 adolescents in Kathmandu who feel they not have a good well-being while according to PWIs scale it shows that 9 of 44 adolescent do not have a good well-being. 13 of 44 feel they have a really good well-being and according to PWI has 4 of 44 really good well-being.

Figure 3: This pie chart show the adolescents own perception to the question “How happy are you with your life as whole?”

5.2 Results of group interview
Based on eleven groups discussions, we noticed that the main things for well-being were satisfaction, quality of life, happiness, love (friends, family, relationship), education, health and social service.

5.2.1 Adolescents describes well-being
“Well-being is a state of being well in all the aspect like health, education and love…”. Some of the adolescent believe well-being is a stage in life where many different aspects plays a part to feeling good. Like having a good education and love in their life.

“Without well-being nothing in this world is possible”. “It helps to manage the quality of life of each and every people in this world”. Well-being contributes so the world can work, so we should be able to contribute and help our country and the world
need good well-being according to some of our participants. The adolescents argue that human well-being affects the world positively. If individuals can see quality of life, it contributes to a good well-being. They think you need to understand the world in order to have a good well-being.

“A person who have all sorts of quality to head the society and who can work for mankind”. If you are able to see the societal aspects of a good heart, it means you have a good well-being one group told us.

“It is a kind of assignment”. Well-being is a kind of mission according to some adolescent, you try to achieve a good well-being based on your actions.

“Well-being is the thing that we need, that is money happy which makes a person satisfy about his/her life”. If a person is satisfied with her/his life and see the possibilities instead of the impossible, it helps individuals to get a good well-being. Well-being is something we need to feel satisfied to ourselves.

These descriptions we get from the adolescents are the things they think are the best description of well-being and some of them are very similar. Many of them are about quality of life and what it means for the world, some of them think that if you not have well-being in the world nothing is possible. When we read everyones mindmap and talk to them, some of the adolescents see well-being like actions, if you help other people to get a good well-being, for example. While other adolescents’ believe well-being is something almost everyone have and you need it to handle the world. Most of the definitions refer to the world outside and not one person's well-being, a person can see the world and help others from their own actions. Two of the descriptions refer to person's well-being, you feel good about yourself or that well-being is a stage where many aspects plays a part. These descriptions merge into one another but are very different in their own way, the adolescents believe well-being is something positive and something you feel good to have. This expresses the different way through their descriptions of well-being, but what they have in common is when you feel good, you have a good well-being.

5.2.2 Satisfaction & Quality of Life
Satisfaction and quality of life were the things every group had in common, every group writes and talks about satisfaction in different ways and how quality of life is the most essential for well-being, for having a good and fortunate life. Are you satisfied with your life and feel happy and glad, you have a good well-being. Many of the groups write and talk about quality of life and how important it is for well-being. One of the group writes that having a positive thinking and have a fulfilling aim is one of the main
thing to have a good life. Also to think positively about work, family and things around. Almost every group mentioned quality of life as a main thing and if you have a good quality of life it does not matter if you are sad or happy. People not need to be happy to have a good well-being, the most important is to have a good quality of life. Some told us “Well-being refers to the satisfactory on all the aspects of quality life”. The adolescent who said this means that if you are satisfied with your whole life and its quality you have a good well-being.

One group thinks well-being and quality of life is two things that works together, “well-being helps to manage the quality of life of each and every people in this world”. So if you have a good well-being it helps to manage your life and the quality. Some of the groups think it is important to have a good well-being to maintain their own quality of life, being satisfied about the things you own, satisfaction about your work and to have a life aim to fill. One group wrote that well-being is the first class, we ask them what they mean and they told us that they think well-being is the first class to a good life, the first priority and the main thing to make you live happily. So well-being is the most important and should priority to feel good and live happily, some of the adolescents believes.

As we can see many adolescent thinks well-being is an important aspect of a good life, if you are satisfied with your life and feel you having a good quality of life.

5.2.3 Happiness & Love
To be happy, be loved and to love prove to be important aspects regarding to well-being, according to the group interviews. One group discusses well-being like “well-being is the feeling of happiness when you feel you are physically, mentally and socially adoptable. It is one of the most important factor for making a maintaining our life full of joy and freedom”. Can you adapt to different situations, both physically, mentally and socially and feel you understand them, you have a good well-being. Well-being consists of you have joy and freedom in life. Being happy in life was the most vital for a good well-being according to our groups. To feel pleasure with your life and to have the life you want. Happiness makes people happy and if you feel happiness about work, the things you own, your mind and to the people around you it results in a good well-being. Well-being is also if you have a good sense of humor, they think it is helping other people to be happy and especially if you work with social service. All the feelings you have are both good or bad in all situations because they help you to get a better understanding in all life situations a group of the adolescents stated.
To be with loved, have good friends, to be trusted in relations, feel needed, have a good relationship between friends and family, take care of the people around you and to love.

5.2.4 Education
A majority of the adolescents think education is an essential aspect to a good well-being. In the discussion we heard it is important because then it is easier to be a part of the society. They think every child should get a proper and a good quality education so they can understand the operating environment and that can lead to improved well-being. One of the group thinks education is the most important in life and it contribute to a good well-being. A good education can lead to creating a better understanding of their environment and it get easier to understand their role in society, which is a factor to a good well-being. Education, maybe help human find themself and understand other people.

5.2.5 Health
Health and other thoughts on health is one of the things almost everyone has written. A healthy mind, helping helpless and good vaccination are things they think are very important and that every people have the right to health care. Some more things, many of the adolescents wrote, is the right to health care and be free from diseases and other things that make their health worse. One group writes that well-being is “absence of diseases of infirmity” and “mental well-being”, when we ask what they mean they tell us there should not be any diseases and stress and the mental well-being is as important as the physical disease. The adolescents believe disease reduces the well-being and affect their life negatively because the disease affects not only physically but also mentally.

5.2.6 Peace, Freedom & Human rights
One aspect of having a good well-being is world peace according to some of the adolescents. If it is not world peace, it will affect a lot of people and their happiness. If not feeling safe and secure it affect your well-being. Freedom is also a factor to well-being, if you are not free and have your own free will, it will affect you negatively. A couple of groups also say that respect is contributing to a good well-being, because if you give someone respect you will get it back. They write about visiting new places and seeing other countries. If you can travel around, you feel free and you have your own
freedom. To feel harmony in life and a life without discrimination it is well-being according to the adolescents.

5.2.7 Social Service
“Well-being, who works for the social service and help other at the time of need and difficulty”. To do a good deed, because you has a good heart, thinking of society as a bigger picture and not just on yourself and your own proximity. The adolescent discussed whether helping helpless gives a good well-being. With the help of a proper social service and everyone getting a good care, it can contribute to get a good well-being some of the groups stated. It is good to help others because nobody should feel lonely.

5.2.8 Environment & Development
Environment affects all people and their lives, it is why the adolescents in some groups think this is an essential thing to write when we ask them about well-being. If our community is healthy, safe and good we get a better well-being. If people have a good well-being it affects the development of the country, said some of the groups. If you feel good and happy, you can work better and it going to affects the country's development. One group says that well-being help people to have a positive thinking and it increases the country and its development.

5.2.9 Conclusion of PWI questionnaires and mind maps
The interviews and questionnaire shows us that the most of the adolescent have a good well-being in Nepal, Kathmandu. The interviews shows us that the adolescents think well-being is education, freedom/peace, have happiness and love around you. The questionnaire shows most of them feel good and they estimated their own well-being as the results showed. The things they wrote in the mindmap do not covered all the questions of the questionnaires, one reason for this may be what they wrote on the mindmap, they wrote more from a societal perspective like peace, education, social service ect. The questionnaire is more targeted to the individual. It was interesting to see how they think and what makes them have a good well-being.

The adolescents feel well-being comprises of different factors, both Inside- and external factors. The inside factors are love, health, satisfaction and quality of life. While the external is peace, freedom, human right, social services, environment, development and education. The Inside factors influenced by the person's own actions but also how you feel mentally and physically. We can see that the external factors are
influenced by the outside world. When you are helping the community, you are at the same time strengthening your own well-being.

6. Discussion

6.1 Method discussion
The time we spent in Kathmandu before it was time to do our research helped us, because it gave us an insight how we would respond to the adolescents in the best way. By getting to know the country and its culture it helped us to get a better understanding of the adolescents’ perceptions and values, it also made them respect us more because we knew their customs and thereby we also get better contact.

In order to create good contact with the adolescents before we started our study, we presented ourselves in Nepali. We believe it is important to demonstrate their custom and it could contribute to gain confidence and a more relaxed mood among the adolescents.

When we talked Nepali, with certainly the wrong pronunciation, it showed that we did not judge anyone for their thoughts or their pronunciation of the English language. It could also detect that no thoughts of well-being are right or wrong.

One of the question “Happy with you life as a whole”, is the first question they have to answer but we believe if this question had been the last, the outcome would have been different. That is because they have seen the other questions about well-being and it could contribute so they did not write their own estimation and the other question could affect them but also make them understand the implications of what well-being could be and contain.

Everyone of the adolescents who participated in the questionnaire also wanted to participate in our group interview so we started with the questionnaire. We started with that because we wanted the adolescent to get a glimpse of what the group interview would include. It may have helped them to understand what the future discussion would be about, and trigger their thoughts on the topic.

Since the participants would discuss well-being and write down their thoughts in English (not their first language) we chose to not be completely to be present in the discussion. Because we wanted them to feel secure in the discussion and we would be more of a support. We believe this gave the adolescent more space for their own ideas and values and when they were finished we asked them for their thoughts. We sat down with them and together we asked them how they thought about their words on their
mindmap. We believe this gave the participants more space to discuss and opened up the minds of the group and even gave a more secure discussion than if we would have been there from the beginning. The adolescents could also discuss in Nepali and we think this may have facilitated because Nepali is their mother language and it makes them feel more secure. Since we were not fully involved throughout the process, there is a possibility that we could have missed some thoughts and reflections in their mindmaps and discussions.

6.2 Results discussion

Based on this study, we have realized well-being can not be defined, there are many different factors that plays a part. Humans see well-being differently based on their own perspectives.

The results of the PWI questionnaire show that about 80 percent of the adolescents have a good well-being while 20 percent do not have a good well-being according to PWI's scale. PWI scale shows that the majority of the adolescents have a good well-being but what makes that 20 percent not have it? This may be because of the questions in the questionnaire or other factors. Since all individuals see well-being differently, the questions can not fit all the adolescents and their thoughts about well-being. These 20 percent maybe have another thought about well-being than PWI. The participants' own estimated level shows that 25 percent do not have a good well-being at the wholeness. The question is, what makes about 25 percent believe they do not have a good well-being? This may be due to the fact that the adolescents are not totally grown up, when you are 15-16 year old you are affected by everything and your satisfaction reflects on your well-being. Haybron (2007) substantiates this by saying that satisfaction affects the individuals’ attitudes to their lives.

PWI questionnaire includes questions about things you own, what you are good at, relationships, health, safety, how you feel to be away from home and thoughts about your future. While the discussion and the mindmaps of well-being replied that the adolescents believe. There are satisfaction, quality, happiness, love, education, health and society service that provide good well-being. The majority of the group interviews show that society service is a contributing factor to good well-being, which makes you feel you have human rights and freedom to do what you want.

There were no questions about their own rights in life or freedom. We can see there is a difference between PWI's questionnaire and the adolescent own perception of well-
being based on the discussion. Brülde (1999) writes both internal and external factors affect the well-being and those external factors are the social and physical environment you live in. Hansson (2005) writes about the positive well-being is good living environment which we can see that the adolescents in our study raised in their discussions. Based on the group interviews we can see that the adolescents think the living environment is a factor to have a good well-being while in the questionnaire reveals only questions about feelings of yourself. Furthermore, since the adolescents look at well-being different than PWI could may have given a non-credible result.

Hanson (2005) also writes about the negative factors that decrease well-being low economic status is one of them. None of the adolescents wrote about economics as a factor for good well-being. One remarkable thing we notice was that there were no thoughts concerning money in the mindmaps although there was one question about it in the PWI-scale. They depend on their belief that you cannot buy happiness for money. Since Nepal is a low income country they depend on their own agriculture, this may be one aspect. We connect this to Diener (2000) who argues individuals in low income countries are affected by high income countries.

Based on the mindmap it is clear their priority is world peace and equal rights for everyone. The adolescents in Kathmandu discussed the well-being based on the country as a whole, both the development and the environment. They wanted the same conditions as the Western world with clean water, food, the same opportunities to medical care and human rights etc. Diener (2002) also writes that those who live in low-income countries have lower expectations, this can be shown when some of the adolescents wrote about the importance of good education for all children.

Antonovsky (2005) writes about KASAM, we connect this to well-being. If you have comprehensibility, manageability and meaningfulness it helps to have a good well-being. If you can handle situations and understand them, while feeling meaningfulness of the situation; this may contribute to a good well-being. The group interviews tell us that love is a contributing factor to well-being and love can also be linked to feeling meaningfulness of life. The adolescents also mention social service, you should help others and they will be there and help other people that you can connect manageability. Manageability can be connected to the education and work, to obtain an understanding of the outside world. According to the study by Kohrt (2010), which showed that the society, the family, ethical factors have an impact on well-being. Family members and friends have a positive impact to the well-being believes the participants in our study believe.
Many of the adolescents have written happiness on their mindmap, many factors have a part for good well-being. Brülde (2007,2) writes that pure happiness is not the same as well-being and we also see that the adolescents in Nepal think the same way.

Ransome (2010) analyzes the well-being based on Sen and Aristotle who believe well-being is a set of evaluative activities or a way of being, the adolescents say in the interview that you should help other people to get a good well-being.

Education is important to the adolescent to have a good well-being, this may be because they want to learn and gain more understanding about the world around them. Since all children in Nepal do not have the same opportunities to go to school, over 1 million children do not attend school (https://unicef.se/projekt/utbildning-till-barn-i-nepal). This may mean that the children appreciate their schooling more when they know that not everyone has the same opportunities to go. According to Doocy et al. (2007) child labor has a negative impact on well-being. By getting education, children can get a more connectedness to community/society and the country, but also a sense of security and meaningfulness of their lives. The family's support and security provides a better well-being (Doocy et al., 2007).

Studying helps the adolescents to get away from negative circuits, such as alcohol, sexual abuse and crime. Children who work have more problems with sexual abuse and alcohol than children who do not work (Kohrt, 2010) and this connects to education. The children who go to school avoid these circles and "problems" which may contribute to a better well-being.

Many of the adolescents wrote in their mindmap that the family should be free of diseases contribute to good well-being. Sick parents affect adolescent and children's well-being Yamaguchi, Poudel & Jimba (2013) write, but also their self-esteem is influenced by parents who are afflicted by leprosy. When self-esteem is linked to emotional well-being, this can lead to kids feel bad and do not believe in themselves and thus become depressed.

Those 20 percent that do not have a good well-being according to PWI, does they not fulfill the factors the adolescents raised in the mindmap?

7. Future research
It would be interesting to examine if there are some difference between low-income countries and high incoming countries in adolescent’s well-being. Sees well-being differently depending on the condition? It would also be interesting to see if there are
some differences in Nepal, because our study take place only in Kathmandu. How about the well-being in villages in Nepal?
Referenslista


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Unicef. [Available online] https://unicef.se/projekt/utbildning-till-barn-i-nepal


Personal Wellbeing index

You will be asked a few questions about how you feel, using a scale from zero to ten. On this scale, zero means you feel VERY SAD. 10 means you feel VERY HAPPY. The middle of the scale is 5, which means you feel NOT HAPPY OR SAD. Please select one answer on each question. Good luck!

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   with your life as a whole?

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2. How happy are you …
   about the things you have? Like the money you have and the things you own?

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4. How happy are you …
   with the things you want to be good at?

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5. How happy are you …
   about getting on with the people you know?

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6. How happy are you …
   about how safe you feel?

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7. How happy are you …
   about doing things away from your home?

| VERRY SAD | | | | | NOT HAPPY OR SAD | | | | | VERRY HAPPY |
|-----------|---|---|---|---|-------------------|---|---|---|---|
| 0         | 1 | 2 | 3 | 4 | 5                 | 6 | 7 | 8 | 9 | 10 |

8. How happy are you …
   about what may happen to you later on in your life?

| VERRY SAD | | | | | NOT HAPPY OR SAD | | | | | VERRY HAPPY |
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Thank you!
Lovisa & Sandra

Appendix 2

University of Gävle, Sweden

Want to take part in a study of well-being?

Our goal is to examine the well-being in the age of 15-16 years old in Nepal

The study is a undergraduate level and is part of the training to Health education program at the University of Gävle, Sweden. The study will be conducted by interviews and questionnaires during October-December 2014. Interview and questionnaire will ask about your perception of well-being. The interview is expected to take about 30 minutes and we will be recording and taking notes during the interviews. The questionnaire will take about 5 minutes to fill in.

The information will be treated securely so that no unauthorized person will be allowed to take part of it. The presentation of the results will be presented so that no individual can be identified. The results will be presented as an oral presentation to other students and in the form of a essay. When the essay is completed and approved, it will be stored in a database at the University of Gävle.

Participation is entirely voluntary and you can always cancel your participation without giving reasons.
We here by ask if you want to participate in this study. It is optional to not participate at all. As well as choose to participate in both questionnaire and interviews or just one of them.

To be a part of this study we will need your guardians approval.

Responsible for the study is Lovisa Ahlinder and Sandra Källerteg and our supervisor is Erika Björklund. Have questions about the study, please feel free to contact us for any of us.

Lovisa Ahlinder & Sandra Källerteg

Mail: LovisaAhlinder@hotmail.com or Sandrakallerteg@hotmail.com

Our supervisor in Sweden: Erika Björklund

Interviews

Questionnaire

Guardian's signature

☐ ☐
Appendix 3

Some example of the adolescents’ mindmap

Well-Being

- Freedom
- Understanding
- Good friends
- To be trusted
- To be worth loved
- Help people
- Happy family

Well-being is something that makes us feel happy and make a good relationship between our friends and family.

Well-being is the feeling of happiness when you feel you are physically, mentally, and socially adaptable. It is one of the most important factors for making or maintaining our life full of joy and freedom.