

Primary school children's well-being Benabdallah Hafsa¹, Messaoudi Mhamed²

¹University of Abou bekr belkaid Tlemcen (Algeria).

²University of Abdelhamid Ibn Badis Mostaganem (Algeria).

The Author's E-mail: benabdallahhafsa89@gmail.com¹,
messaoudi.mhamed72@gmail.com²

Received: 09/2023

Published: 04/2024

Abstract:

The aim of this research is to investigate the level of well-being among primary school children and to identify the dimensions of well-being prevalent among these children, as well as differences in well-being based on gender. The sample consisted of 87 male and female pupils. The Children Well-being Scale was used to achieve the objectives of the study. The results of the study were as follows:

- The level of well-being among primary school children is average.
- The most common dimensions of well-being among primary school children are: physical well-being, academic well-being, social well-being and psychological well-being.
- There were no statistically significant differences in the well-being of primary school children in all dimensions and overall.

Based on the results of the study, several conclusions, recommendations and suggestions were formulated.

Keywords: Well-being, positive psychology, children, primary school, children's well-being.

1. Introduction:

The concepts of positive psychology have gained attention in contemporary studies and researches, aiming to shed light on the aspects of personal strength and positive elements that lead to a happy life free from disturbances and anxieties, and to enjoy positive mental health. Tracking the literature in the field of positive psychology, we find a growing interest among researchers and scientists in the field of psychology to study and delve into this science more than other branches due to its role in building proactive individuals in society.

Positive Psychology serves as an entry point and gateway to restore balance, correct course, and adopt a preventive and therapeutic approach. It is also known as the science of human empowerment or positive psychology, the science of strengths, the science of happiness and the science of human resilience.

Positive psychology focuses on the possibility of enabling individuals to live happy lives by using their cognitive and physical abilities to achieve satisfaction and happiness. The feeling of well-being and happiness is a fundamental and essential element of a healthy life, and an individual's need for this feeling is as crucial as their need for water, food, friendship and sleep. Studies and research on the subject show that happy people are less prone to problems and more able to cope with the difficulties and challenges of everyday life. They are able to achieve success, high levels of performance and satisfaction with their lives, in addition to experiencing happiness and embracing life effectively, making it worth living.

By applying the principles and basic orientations of the positive psychology movement, which focuses primarily on facilitating and promoting a flourishing life, children's well-being becomes a prominent feature of the positive psychology movement. Well-being is a universal requirement, and achieving it in children has a special flavour and impression. Children should be cared for and prepared for future stages by enriching their lives, ensuring their happiness, bringing joy and delight to their hearts, and realising their well-being.

1.1 Problem Statement:

The concept of well-being is relatively complex as it is influenced by various psychological, emotional and cognitive factors. As a result, several definitions of well-being have been proposed by researchers in the field. The term well-being is often used interchangeably with other concepts such as happiness, quality of life, mental health and life satisfaction. In the Arab context, researchers have provided various translations, including "better existence", "psychological comfort", "personal satisfaction", "psychological quality of life", "psychological well-being", "psychological happiness", "good life", "good condition", and others.

Well-being is defined as a high level of satisfaction with life, and high life satisfaction has a positive impact on life, while low life satisfaction has a negative impact. Life satisfaction represents the cognitive component of an individual's happiness. The emotional aspect is also considered to be an influencing factor in well-being and includes feelings, emotions, moods and affective states. There should be a balance between positive and negative aspects as they influence individual well-being. In fact, individuals who report higher levels of well-being tend to have higher levels of creativity, task persistence, task variety, lower susceptibility to illness, high levels of trust and friendliness, lower levels of hostility and lower levels of self-centredness.

Well-being is also defined as an individual's assessment of their quality of life or satisfaction with life. This assessment includes both affective and cognitive aspects. A

person feels comfortable and satisfied when they have positive experiences in their life in general and in different areas of their life. It also includes the prevalence of positive emotions over negative emotions (Masoudi, 2015).

Childhood is considered to be one of the most important stages in a person's life, as it lays the foundation for subsequent stages. It is during this stage that the building blocks of personality, cognitive, psychological and social characteristics are established. Values and attitudes are formed, and everything that meets the needs of growth is formed. Therefore, it is necessary to take care of this stage by preparing and providing a healthy environment for children (Murgam, 2020, p. 2).

Indicators of well-being have been a subject of interest for many years, especially when it comes to children, as they are crucial for society. The origins of child well-being indicators can be traced back to the social indicators movement in 1960. International organisations such as UNICEF have used these indicators as a reference for studying child well-being. UNICEF provides an annual report on children around the world (Tlemsani, 2016, p. 164).

The importance of well-being in positive psychology is evident, and it occupies an important place in the field of education in several countries. Studies have focused on the application of well-being concepts in education, with the aim of achieving the best outcomes for students. One such study is conducted by Weintraub and Haim. Erez (2009) (Yayish et al., 2021).

In his study on measuring children's well-being, Kristin A. Moore (2013) raised the question of whether it matters how we measure well-being. He proposed four domains for measuring children's well-being: physical health and development, psychological and emotional aspects, cognitive development and academic achievement, and social and behavioural aspects. He emphasised the importance of developing clear, accurate and easily measurable indicators of children's well-being (pp. 68-72, Kristin, 2013).

Tlemsani (2016) affirmed the need for clear measurement tools to assess children's well-being, stating that 'there are now specialised research centres dedicated to monitoring children's well-being and constructing accurate measurement scales' (p. 172).

Countries have sought to develop and implement programmes to promote a positive outlook on life and focus on children's well-being, recognising its impact on academic achievement and performance. There are several indicators of well-being at school, including the classroom atmosphere and the interactions that result from teacher-student relationships, student-student relationships and student-institutional

relationships. It also includes a sense of internal and environmental security, as well as school activities and willingness to be present at school (Yayish et al., 2016, p. 213). Recognising the importance of schools in children's lives, the World Health Organization (WHO) recently (2007) sought to promote children's health in the school context. One of the goals of the Global School Health Initiative is to create a healthy school environment that respects the well-being and dignity of students and provides multiple opportunities for success. This initiative reflects the growing awareness of the relationship between students' health, academic performance and well-being (Yayish et al., 2021, p. 213).

Qatar's National Development Strategy 2016 calls for the creation of a cohesive set of programmes for children of different ages. Programmes have been designed to improve child well-being, and collaborative programmes have been implemented across sectors to improve different factors that affect child well-being.

There have been changes in the framework for understanding and promoting child well-being at the international level. Since 1950, there have been four changes in the international approach to child well-being (Ben-Arieh, 2006):

- * From a focus on child survival to child well-being.
- * From a focus on the negative aspects of children's lives to a focus on the positive aspects.
- * From achieving well-being in adulthood to well-being in childhood.
- * From traditional forms such as health and education to new forms such as civic participation and children's self-perceptions of well-being (Doha International Institute for Family Studies, 2018, p. 13).

The United Nations Convention on the Rights of the Child has provided a standard framework for understanding children's well-being, identifying four principles that are consistent with children's perspectives on well-being:

- * The principle of non-discrimination between different groups.
- * The primacy of the best interests of the child.
- * Ensuring the survival and development of the child.
- * Respect for the views of the child.

This prompts us to draw the attention of the authorities in Algeria to take measures to adopt Qatar's policy in this field and to follow the framework of reference for understanding children's well-being set by the United Nations.

It also leads us to study the issue of children's well-being, and the general problem is as follows:

What is the level of well-being among children in general and according to different dimensions, and do they differ according to gender?

The main question gives rise to the following sub-questions:

- What is the level of well-being among primary school children?
- What are the dominant dimensions of well-being among primary school children?
- Are there statistically significant differences in the well-being of primary school children in all dimensions and overall?

1.2 Research hypotheses:

- The level of well-being among primary school children is low.
- The prevailing dimensions of well-being among primary school children vary.
- There are no statistically significant differences in the well-being of primary school children in all dimensions and overall.

1.3 Significance of the research:

- The significance of the research stems from the subject matter, which is children's well-being.
- The importance of the age group addressed in the research, which is childhood.
- The contribution of new scientific knowledge to the application of the child well-being scale.
- The results of the study may assist teachers and parents in how to interact with children and achieve their well-being.

1.4 Research objectives:

- To determine the level of well-being among primary school children.
- To identify the dominant dimensions of well-being among primary school children.
- To understand differences in the well-being of primary school children.

1.5 Research terminology:

1.5.1 Child well-being:

Well-being is defined as "a state of emotional satisfaction, tending towards a certain degree of relative stability, resulting from cognitive and emotional judgments and positive or negative expectations perceived by the individual about oneself, one's abilities and how to invest them to adapt to the environment. It involves a degree of internal balance and life satisfaction and is related to various physical, psychological, social and biological aspects of life, such as health and social network" (Diener et al., 1998).

(Diener et al., 1998; Diener, 2006) in (Zennad & Berji, 2016, p. 109)

Understanding well-being in children includes comprehensive health and the process of achieving this state. Well-being has physical, cognitive, emotional, social and spiritual dimensions. The concept encompasses what is 'good for the child', such as developing emotional attachments to reliable adults, engaging in meaningful social roles, experiencing joy and hope, having positive social and educational experiences in a supportive environment, developing healthy coping mechanisms, having access to basic necessities, and feeling safe. (United Nations Commission, 2014)

1.5.2 Child well-being according to current research:

"The extent to which a child enjoys physical, psychological, social and cognitive health that enables him or her to cope with and adapt to the pressures of life".

This concept is divided into the following dimensions: physical well-being, psychological well-being, social well-being and academic well-being.

Physical well-being: This includes physical health and development, safety, recreation, physical activity, freedom from physical and mental illness, proper clothing, healthy food, and access to safety and protection. It also includes avoiding risky behaviours and engaging in healthy behaviours.

Mental well-being: It includes psychological and emotional development, being free from internal and external problems, experiencing comfort, satisfaction and optimism, having good relationships with others, self-acceptance, resilience, self-evaluation and adapting to circumstances and crises while achieving set goals.

Social well-being: This includes positive behaviour, communication with parents and siblings, good relationships with teachers, living in an environment free from discrimination, achieving equal opportunities, participating in activities such as sports or clubs, staying away from conflict and violence, being treated well, and accepting and being accepted by others. It also includes having positive relationships with adults and peers through mutual exchange.

Academic well-being: This refers to cognitive development and academic achievement, excellence, engagement and integration in tasks, engagement with teachers, and dealing with school-related problems such as curriculum mismatch with the child's age and cognitive level, lack of educational resources and appropriate learning environments, and learning difficulties.

1.5.3 Operational definition of child well-being: The total score obtained by children after responding to the items of the Child Well-being Scale used in this study.

2. Research procedures:

2.1 Study Design: The researcher adopted a descriptive approach in the current study, which is based on describing and identifying differences. This approach is suitable for

studying social phenomena. The study was conducted from 5 May to 30 May 2021, after ensuring the validity and reliability of the instrument.

2.2 Study population: The province of Sidi Ali was chosen as the study community, focusing on primary school children. Among the children, fourth grade students in the said province were selected, with a total of 421 children enrolled.

2.3 Study sample: A random cluster sample of 87 students was selected from the study population, representing 20.66% of the population.

The following table shows the distribution of the sample according to the study variables:

Table (01): Distribution of the study sample by study variables.

Gender	Male	Female
Number	41	46
Percentage	47.12%	52.88%

2.4 Research instruments: After referring to previous studies dealing with well-being in general and child well-being in particular, such as Elizabeth et al. (2003) and others, a systematic review of the English-language literature on child well-being was conducted by searching five databases to assess the current state of child well-being research and to answer the following questions: (1) How is child well-being defined? (2) What are the domains of child well-being? (3) What are the indicators of child well-being? and (4) How is child well-being measured?

The results showed that well-being is a commonly used term, but lacks consistency and is often included in studies of child development. There are five distinct domains of child well-being: physical, psychological, cognitive, social and economic. Positive indicators are often used in the physical, cognitive, social and economic domains, while other indicators are used in the psychological domain. There is little agreement in the research literature on the best way to measure child well-being (Elizabeth et al., 2003; p.59).

In addition, studies by Ya'eesh et al. (2018), Saha (2020), Kristin (2013) and Jumah et al. (2021) were also considered. The study by Jumah et al. was particularly relevant to the current study, and their well-being scale was used, which consists of the following dimensions: psychological, academic, social, and physical. This scale was appropriate for children in Rafah province, Palestine. The final version of the scale consisted of 40 items rated on a five-point Likert scale (strongly agree, agree, neutral, disagree, strongly disagree) and included two main parts. The first part included basic information about the study sample, such as the father's level of education, area of

residence, gender, class, age, mother's level of education, and the family's economic status. The second part included items related to the dimensions of well-being. And it was tested in the Arab environment and proved to be valid according to the criteria of expert validity and internal consistency. All correlation coefficients were greater than 0.64, and inter-item correlations were greater than 0.57, confirming the validity of the instrument.

To assess reliability, the researchers used Cronbach's alpha coefficient and split-half reliability, with results above 0.74, indicating high reliability.

Since the scale has been tested in the Arab environment and has good psychometric properties, the researcher proposed its use in a primary school setting for fourth grade students as a starting point for further studies in different regions of Algeria.

The scale measures children's well-being in four domains:

- Psychological and emotional development.
- Cognitive development and educational performance.
- Social development and behaviour.
- Physical health, development and safety.

The scale consists of 40 items divided into four domains, with the following item breakdown: 11 items for psychological development, 11 items for cognitive development, 10 items for social development and 8 items for physical health.

The response options on the questionnaire were five-point Likert scales with the following score distribution: strongly disagree (1 point), disagree (2 points), neutral (3 points), agree (4 points) and strongly agree (5 points).

On this basis, each item on the scale was scored from 1 to 5. As the scale consists of 40 items, the total score ranged from 40 (the lowest score a respondent could achieve) to 200 (the highest score a respondent could achieve). The scores were classified to determine the level of well-being in the domains and the total score as follows:

- Item: Lowest score 1, highest score 5 and average score 3.
- Psychological domain: Lowest score 11, highest score 55 and average score 33.
- Physical domain: Lowest score 8, highest score 40 and average score 24.
- Academic domain: Lowest score 11, highest score 55 and average score 33.
- Social domain: Lowest score 10, highest score 50 and average score 30.
- Total score: Lowest score 40, highest score 200 and average score 120.

A score below the average for a child's responses to the scale items indicates a low level of wellbeing. A score close to the average indicates a moderate level of well-being, while a score above the average indicates a high level of well-being. This applies to the total score as well as to the dimensions and items of the scale.

2.5 Psychometric properties of the instrument:

2.5.1 Validity:

The instrument should measure what it is intended to measure, thus ensuring the overall validity of the research findings.

Internal consistency validity:

Table (02) shows the correlation matrix between the dimensions and the total score of the Child Well-being Scale.

Dimension	The Physical	The Psychological	The Academic	The Social	The Holistic Degree
The Physical		0.51**	0.49**	0.43**	0.84**
The Psychological	0.51**		0.52**	0.47**	0.79**
The Academic	0.49**	0.52**		0.54**	0.81**
The Social	0.43**	0.47**	0.54**		0.82**
The Holistic Degree	0.84**	0.79**	0.81*	0.82**	/

**All of the correlations are significant at the 0.01 level.

Table (02) shows that the correlations found are significant at the 0.01 level. The correlation coefficients ranged between 0.42 and 0.54 for the inter-factor correlations, while the correlation coefficients between each factor and the total score ranged between 0.79 and 0.84. These values are higher than the correlation coefficients between each dimension and other dimensions.

Furthermore, the dimensions (physical, psychological, academic and social) show consistency between these dimensions and the total score of the scale. Based on these results, the scale can be considered valid and can be used to measure children's well-being.

2.5.2 Reliability:

Reliability refers to the stability of the scale, i.e. it gives consistent results when applied to the same sample.

To assess reliability, the 'split-half' method is used and the reliability coefficient takes values between 0 and 1. If there is no reliability in the data, the coefficient value would

be zero. Conversely, if there is perfect reliability, the coefficient value would be one. The closer the reliability coefficient is to one, the higher the reliability, and the closer it is to zero, the lower the reliability.

Reliability using the split-half method:

Table (03) presents the results obtained using SPSS 20.0 software for the split-half reliability of the dimensions of the Child Well-being Scale and the total score.

Dimension	Number of paragraphs	Half-Split Segmentation	Coefficient of Stability	Spearman-Brown Correlation Coefficient
The Physical	8	4 4	0.67 0.76	0.74
The Psychological	11	6 5	0.63 0.61	0.72
The Academic	11	6 5	0.66 0.66	0.77
The Social	10	5 5	0.59 0.61	0.79
The Holistic Degree	40	20 20	0.79 0.2	0.80

From the table it can be seen that the correlation coefficients between the subscales of the well-being dimensions ranged between 0.72 and 0.79, indicating high stability. The split-half reliability coefficient of the scale was 0.80, indicating a high level of reliability.

After obtaining acceptable levels of validity and reliability, the scale will be adopted for measuring well-being in children.

2.5.3 Scale correction method:

Each level of the five-point Likert scale used in the instrument was assigned the following scores:

Strongly disagree: 1 point.

Disagree: 2 points.

Neutral: 3 points.

Agree: 4 points.

Strongly agree: 5 points.

The well-being score was calculated by taking the mean and standard deviation for each item, as well as for the dimensions and the total score. The range value was 4 ($5-1=4$) and the category length was 0.8 ($5:4=0.8$, with a theoretical mean of 3 for each item).

The scale consists of four dimensions, with each dimension consisting of a set of items as follows

Psychological well-being: 11 items.

Academic well-being: 11 items.

Social well-being: 10 items.

Physical well-being: 8 items.

The total number of items is 40. The following table (04) shows the correction standard used to score the items, the dimensions and the total score:

Table (04): Correction Standard - Distribution of Scores on the Scale Used.

The Scale	Very Low	Low	Moderate	High	Very High
The Paragraph	1.00-1.80	1.81-2.60	2.61-3.40	3.41-4.20	4.21-5.00
Psychological well-being	11-19.8	19.9-28.6	28.7-37.4	37.5-46.1	46.2-55
Academic well-being	11-19.8	19.9-28.6	28.7-37.4	37.5-46.1	46.2-55
Social well-being	10-18	18.1-26	26.1-34	34.1-42	42.1-50
Physical well-being	8-14.4	14.5-20.8	20.9-27.2	27.3-33.6	33.7-40
Overall	40-72	72.1-104	104.1-136	136.1-168	168.1-200

3. Presentation and discussion of results:

3.1 Presentation and discussion of hypothesis 1:

"The level of well-being among primary school children is low".

To answer this question, the researcher used the mean and standard deviation of the sample respondents' scores on the Child Well-being Scale. The following table illustrates these findings:

Table (05): Means and Standard Deviations of Well-being Dimensions and Total Scores.

Dimension	Mean	Median (Theoretical Average)	Standard Deviation
The Physical	34.03	33	1.77
The Psychological	32.25	24	1.55
The Academic	32.11	30	2.01
The Social	37.99	33	2.23
The Holistic Degree	133.38	120	6.59

Table (05) shows that the mean score for children's well-being is 133.38, with a standard deviation of 6.59, which is considered an average level based on the scoring scale and compared to the theoretical mean (120).

The mean score for psychological well-being is 34.03, with a standard deviation of 1.77, which is an average level compared to the theoretical mean (33). The mean score for physical well-being is 32.25, with a standard deviation of 1.55, which is a high level compared to the theoretical mean (24). The mean score for social well-being is 32.11, with a standard deviation of 2.01, which is an average level compared to the theoretical mean (33). Finally, the mean score for academic well-being is 37.99, with a standard deviation of 2.23, which is a high level compared to the theoretical mean (33).

The results contradict the hypothesis suggesting a low level of well-being among children. Instead, the results indicate an overall average level of well-being among children, with higher levels in the dimensions of physical and academic well-being, while social well-being is average. In addition, psychological well-being is also at an average level.

The results of the study are partially consistent with the findings of a study conducted by Yaish et al. (2018), which concluded that children's overall well-being is high in all dimensions. There is full agreement in terms of academic well-being, represented by relationship with teachers and classroom interaction, and social well-being, represented by participation in school activities and peer relationships. There is also agreement in terms of psychological well-being, particularly in terms of safety.

According to Yaish et al., the reason for the high level of well-being is the financial and emotional support that families provide to their children, as well as the

improvement in teachers' conditions, which have a positive impact on children, contributing to their well-being, alleviating the pressures of daily life and promoting positive feelings and comfort.

And through this study, we observed the urgent need for positive psychology in Algerian schools by applying the concept of positive school proposed by Gilman, Huebner and Furlong (2009), which is based on five key characteristics:

- The ability to prioritise the self-perceived wellbeing of students.
- Respect for individual differences among students, whether in personality, interests, abilities or experiences.
- Seeking to maximise the fit between the school experience and students' needs.
- Facilitate supportive relationships between all members of the school community.
- Implementing programmes that support social behaviour in this environment (Yaish et al., 2018, p. 218).

The results are partially consistent with the findings of Juma et al. (2021), who concluded that the well-being of children in Rafah, Palestine, is high overall and in all dimensions except the social dimension.

The findings differ from those of Kristin (2013), who found that the overall level of children's well-being was low, with only 31% of children reporting high levels of well-being. However, the dimensions of well-being were relatively high, with all exceeding 50%.

Social well-being was reported by 67%, psychological well-being by 65%, academic well-being by 65% and physical well-being by 58%.

This difference in results can be attributed to the provision of child protection from abuse and neglect, which is a key element in promoting child safety in society. The enactment of laws prohibiting corporal punishment in all circumstances (including schools and homes) is considered a measure of progress in ensuring child safety (United Nations Commission, 2014).

Promoting children's physical health, behavioural adjustment, psychological well-being, social relationships, safety, cognitive well-being and economic security are important components of the child well-being framework (United Nations Commission, 2014).

The concept of child well-being has evolved, and researchers have shown that this change has been in favour of the child, taking into account the child's opinion of what is good for them, rather than relying solely on the adult perspective. Furthermore, there are now dedicated research centres that monitor children's well-being and develop accurate measurement tools to study it (Tlemçani, 2016, p. 172).

"And this change is not easy, it takes time and effort. Studies and research in this field will serve as a starting point and a change of perspective - the perspective of parents, teachers and the government, because the child is the man of tomorrow and it is necessary to keep up with countries that prioritise children in our current era.

It is important to build a strong relationship with our children because research on attachment styles has shown that the way parents interact with their children has far-reaching implications for their mental health and their ability to regulate their motives and emotions and to build healthy relationships with others.

Parents, including school teachers, should strengthen their relationships with their children by using persuasion and justification techniques and by offering choices rather than yelling, scolding, embarrassing or using rewards and punishments.

It is unfair to the child, parents and carers to keep telling the child to stop playing with sharp objects, for example, because at this stage the child cannot control their impulses and make appropriate choices. They need to intervene themselves and remove anything that could harm the child and sit with them until they calm down.

This approach involves a form of punishment for the child, although the child may face greater punishment if they are injured by a blade or knife that they had in their possession and refused to let go of.

3.2 To present and discuss the results of the second hypothesis:

"The prevailing dimensions of well-being among primary school children differ".

To answer this question, the researcher used the mean and standard deviation of the participants' responses to the Children's Well-being Scale, as well as the ranking of the dimensions and the level of well-being.

Table (06): Means and Standard Deviations for the Dimensions of Well-being, Ranking and Degree".

The Dimensions	Mean (Arithmetic Average)	Median (Theoretical Average)	Standard Deviation	Arrangement	Grade
The psychological	34.03	33	1.77	4	Average
The physical	32.25	24	1.55	1	High
The social	32.11	30	2.01	3	Average
The Academic	37.09	33	2.23	2	High

From Table (06) we can see that the mean score for psychological well-being is 34.03 with a standard deviation of 1.77, which is an average level compared to the theoretical mean (33). The mean score for physical well-being is 32.25 with a standard deviation of 1.55, which is a high level compared to the theoretical mean (24). The mean score for social well-being is 32.11 with a standard deviation of 2.01, which is an average level compared to the theoretical mean (30). The mean score for academic well-being is 37.99 with a standard deviation of 2.23, which is a high level compared to the theoretical mean (33).

It is also noteworthy that physical well-being is the dominant dimension among primary school students, as it occupies the first place, followed by academic well-being, then social well-being and finally psychological well-being. In other words, physical well-being is the most dominant dimension of well-being among primary school children.

These results are consistent with a study by Jumaa et al. (2021), where the order of the dimensions was as follows: physical well-being, followed by academic well-being, then social well-being and finally psychological well-being. However, in the Jumaa et al. study, the level of well-being in all dimensions was high, over 70%. The reason for this, according to Jumaa et al., is that physical well-being ranked first due to the services, interventions and support provided by professionals and academic support classes.

The results of this study differ from the findings of Kristin's (2013) study, where all dimensions of well-being were high. Social well-being ranked first at 67%, followed by psychological and academic well-being, which tied for second place at 65%, and finally physical well-being at 58%.

The moderate score for psychological and social well-being can be attributed to the emphasis on physical and academic aspects by families and teachers. In the past, the family was a cohesive unit, and its change today has had a negative impact on children's well-being. Family conflicts, influenced by factors such as poverty, alcoholism and social discrimination, have diverted the attention and care of families away from children. Children are the future generation and their wealth, and prolonged unresolved conflict has a significant impact on their well-being (Upali, 2017, p. 157).

Furthermore, the results can also be interpreted to mean that physical well-being comes first, which can be attributed to the safety of children and the high level of care provided by parents in terms of appearance, good nutrition and the provision of security and protection within the primary school. Families today are concerned about the physical safety of the child, as is the school, which provides regular physical and dental check-

ups and emphasises team sports such as football, handball and basketball within the school. These activities reduce psychological stress, increase well-being and contribute to the physiological regulation of the body's organs. They also increase physical vitality and promote relaxation, which is conducive to rest, sleep and the prevention of physical and mental illnesses. On the other hand, sporting activities are considered one of the natural forms of personal expression. For sports activities to be effective and have a positive impact, they must include certain elements, including the type of sport suitable for the child, the frequency of participation and the level of effort. Parents and even school management are vigilant in achieving these elements.

Psychological wellbeing was average and ranked last, which can be attributed to a number of factors that contribute to creating a kind of stress and pressure for children both inside and outside the school environment. Problems that children experience in their environment, such as poor school environment, inappropriate schedule and timing, lack of family communication or negative parenting methods, all contribute to discomfort and a lack of psychological well-being, which can affect their cognitive and physical aspects. Children have self-demands and environmental demands that may exceed their capabilities, leading them to meet these demands with feelings of distress, intensity and tension, or the inability to meet them, which can reduce the child's sense of comfort and well-being. In other words, the lower the level of school-related psychological pressure, the higher the well-being. Attention should be drawn to this element, and parents and school staff should create a suitable atmosphere, take the child's opinion into account, understand and fulfil his or her demands without overburdening him or her.

Regarding the hypothesis "There are no differences in the well-being of male and female primary school students", a t-test was used to answer this question using Statistical Package Software version 20. The results of the t-test were as follows:

Table No. (07): Comparison between male and female children in well-being.

		Arithmetic Mean	Theoretical Mean	Standard Deviation	T-value	Degrees of Freedom	Value Sig	Significance Level 0.05
Psychological well-being	Male	34.25	33	1.68	1.68	85	0.35	Not significant
	Female	34.91	33	1.72				
	Male	30.62	24	1.71		85	1.42	

Physical well-being	Female	30.02	24	1.80	0.95			Not significant
Social well-being	Male	33.36	30	2.15	1.4	85	0.29	Not significant
	Female	33.12	30	2.30	0			
Academic well-being	Male	36.97	33	2.78	0.9		0.82	
	Female	37.54	33	2.81	5			
Overall	Male	134.21	120	6.22	1.2	85	0.62	Not significant
	Female	133.65	120	6.35	8			

The table shows that the hypothesis has been verified, indicating that there is no statistically significant difference between the children in terms of overall well-being and in all dimensions. The value of "t" was 1.28 and the value of "sig" was 0.62 in the dimension of overall well-being. It was also observed that there were no differences in all dimensions as the "sig" values were above 0.05 and were as follows: (0.35, 1.42, 0.29, 0.82).

These results are consistent with a study conducted by Ashour and Zabdi (2021) on adolescents in Chlef regarding psychological quality of life, using the RAIFF scale as a synonym for well-being.

However, these results differ from the results of the study conducted by Yaish and others (2018), which found that girls have higher well-being than boys. This can be attributed to the nature of Algerian society, where girls show more interest in education, as it is seen as a path to self-fulfilment and future well-being.

Furthermore, these results also differ from a study by Gomaa and others (2021), which found gender differences in all dimensions except social well-being, where there were no differences between men and women.

The researcher interprets these results by suggesting that both genders enjoy a moderate level of well-being. They are engaged in study and effort and receive equal services in social, academic, psychological and physical aspects, especially in our current era where societies tend to strive for gender equality and do not differentiate between male and female children, especially at this elementary educational stage.

4. Conclusions:

The current study aimed to explore the level of well-being in a sample of primary school children and produced several key findings:

- * The participants in the study, represented by the enrolled primary school children, have a moderate level of well-being.
- * The dominant dimensions of well-being among the children are physical well-being, followed by academic well-being at a high level, then social well-being at a moderate level, and finally psychological well-being, also at a moderate level.
- * It was found that despite the high levels of physical and social well-being, academic well-being, which ranked last in terms of average level, had an impact on the children's overall well-being. The overall well-being of the children was therefore considered to be moderate.
- * The study also showed that there were no significant differences in well-being between male and female children, either in overall well-being or in any of the dimensions.

Based on the results of the current study, the following recommendations can be made:

- It is crucial to prioritise and work towards the well-being of children as this will have a positive impact on their future and their lives.
- The results show that psychological well-being is the least common dimension. Therefore, it is recommended to raise awareness among parents, school administrators and teachers to provide the necessary resources and means to promote children's psychological well-being.
- Efforts should be made to develop and implement guidance programmes that ensure the maintenance of children's physical, psychological, social and academic well-being, thereby enhancing their overall well-being.

Suggestions for further research:

- Use the results of this study as a basis for conducting further studies that include different categories of students, such as studying the well-being of middle school, high school and university students.
- The Child Well-being Scale has been widely used in other countries. Therefore, it is recommended to use it in different regions of Algeria and the Arab world.
- Carry out a study that examines the relationship between children's well-being and factors such as parental educational and economic background, type of housing, school environment, and their impact on well-being.

The references:

1. Amjad Azat Jumaa, Nabil Kamel Dakhane, Ibrahim Ahmed Madi, Olivier Arvisais. (2021). The role of civil institutions in improving children's psychological well-being in emergency situations. *Journal of Psychological and Educational Sciences*, 7(3), Algeria, University of El-Oued, pp. 14-39.
2. Tlemcani Fatima. (2016). The development of indicators of psychological well-being in children. *Journal of Educational and Teaching Research*, Volume 5, Issue 10, pp. 163-173.
3. Zenad Dalila and Bourji Chaker Amiruddin. (2016). Analysis of the multidimensional relationship between health, well-being and self-efficacy. *Algerian Journal of Childhood and Education*, Issue 10, pp. 105-123.
4. Saad Marghom. (2020). Maltreatment of primary school children: A field study on a sample of primary school students in the city of Sétif. *Journal of Social and Human Studies*, Volume 12, Issue 02, University of Hassiba Ben Bouali Chlef, Algeria, pp. 133-140.
5. Saha Abdelwahab Bakr Abu Warda. (2020). Psychological well-being and its relationship with emotional intelligence in kindergarten children. *Journal of Childhood and Education*, Volume 41, Part 5, pp. 155-212.
6. Ashour Al-Aliya and Zabdi Nasser. (2021). Psychological quality of life and its relationship with self-efficacy in experienced adolescents. *Journal of Psychological and Educational Sciences*, Volume 7, Issue 2, pp. 153-168.
7. Masoudi, Ahmed. (2015). Quality of life research in the Arab world. *Journal of Research in Humanities and Social Sciences*, Volume 20, Algeria, University of Ouargla, pp. 203-220.
8. Doha International Institute of Family Studies. (2018). *Child well-being in the Arab Gulf States*. Doha, Qatar.
9. UN High Commissioner for Refugees, Geneva. (2014). *Children's mental health and social well-being*. Child Protection Brief.
10. Yaish Mahdia, Touti Nawara, Alyazidi Fatima Zahra. (2018). Well-being of transfer students to middle school. *Al-Murshid Journal, Psychological and Educational Journal*, Volume 7, Issue 1, pp. 212-218.
11. Elizabeth L. Pollard and Patrice D. Lee. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research* 61: 59-78.
12. Presented at the National Council on Family Relations Annual Conference, 7 November 2013, San Antonio, Texas.
13. Upali Pannilage. (2017). Impact of family on child well-being. *Journal of Sociology and Social Work*, Vol. 5(1). pp. 149-158.