High achievement-girl and hillbilly-boy?

The importance of school performance
for subjective wellbeing
among boys and girls in Sweden

Erica Nordlander
Dept. of Sociology and Work Science
University of Gothenburg
erica.nordlander@socav.gu.se

Helena Stensöta
Department of Political Science
University of Gothenburg
helena.stensota@pol.gu.se

Abstract

Recent findings on comparatively low levels of subjective wellbeing of youth in the most encompassing welfare states, suggest that other explanations than welfare state reforms are in play for explaining youth subjective wellbeing. We investigate a possible link between adolescent's subjective wellbeing and academic performance, thereby also paying attention to gender and class origin. We explore the validity of two popular images of youth with lower wellbeing: the high achieving princess succumbing under her own pressure and the low achieving working class boy, to whom school achievements are no route to increase his wellbeing. Using a unique dataset, of a total sample of 16-year olds´ grades, we examine the validity of the images. Our results show partly support for the existence of the achievement-girl and strong support that grades are also important for boy's wellbeing regardless of class origin, hence that the hillbilly image is wrong.

Children have traditionally been considered important for society as they represent its future, in terms of labor force, ideas and general hope. Since about a decade, there has been an increased attention to child wellbeing of today, and a declining interested in the well becoming of children tomorrow. This shift in focus is also attuned to a child's right perspective, which has also been strengthened (Kamerman et. al 2010; Ben-Arieh and Frones, 2007;). In line with this development there has also been an boosted attentiveness to children´s and youth´s *subjective* wellbeing (see also Cummins, 1996; Bradshaw and Richardson, 2009; Bradshaw et al, 2010).

In Sweden, where children´s and youth´s wellbeing along objective dimensions is high, several reports, both national and international, have documented surprisingly low levels of subjective wellbeing (Socialstyrelsen 2009, see also Unicef, 2007; OECD 2009). The findings are puzzling as Sweden is an encompassing welfare state with several policies in place that contribute to children´s material wellbeing as well as general equality in terms of socio-economy and gender, such as general social insurances and expansive public services. What is also puzzling in the Swedish context is that girls expose lower levels of subjective wellbeing than boys (SCB 2007; Gillander and Hammarström 2003; 2005).

In Swedish popular media, two images of whom these girls and boys are who not feel well subjectively, circulates. First, we have the image of the high achieving girl, "the achievement-princess", who performs well in school and elsewhere, but whose high demands and unreasonable expectations on herself, prevents these achievements to translate into wellbeing. Although the image is slightly exaggerated, research indicates that it might have some truth to it, as girls seem to act under a discourse of own and others expectations of accomplishing good results (Landstedt, Asplund and Gillander 2009). At the opposite side there is a notion of the boy from a less

advantaged background, who does not perform well in school and whose wellbeing is entirely de-coupled from achievements in school.

We examine the problem of youth subjective wellbeing, inspired by these two images, by exploring links between subjective wellbeing, gender and academic performance. The focus on school is motivated because children and youth spend a great deal of their time in school, and hence, the effect of educational circumstances is important to consider when focusing on of youth wellbeing. The school environment plays a significant role in young people's life and can be associated with both positive and negative experiences. Performance and test results are two main objectives which are focused within the school environment and which might, in conflicting ways, be related to subjective wellbeing. Furthermore, as educational opportunities and attainment are unevenly distributed among socio-economic groups (see for instance: Erikson and Jonsson 1993, 1996; Erikson and Rudolphi 2010; Erikson, Goldthorpe, Jackson, Yaish, & Cox, 2005; Gustafsson 2000) adolescents from different socioeconomic groups may have different expectations on their school performance (Goldthorp 2007) which in turn may be related to their wellbeing.

We explore the importance of grades on wellbeing, and hypothesis that it is gender as well as affected by class origin. Our final hypothesis is that the positive effect of higher grades is dependent on class origin, which might give support for the image of the high-achieving princess among higher white-collar girls, and also the hillbilly image among especially blue-collar boys.

Youth subjective wellbeing, gender, school performance and class origin

Being young is a special phase of life; identity and future well being is being formatted, signified by a move through the educational system, labor market transition and family formation. Youth is often defined as children up to 18 years of age and most youth live with their parents or guardians and share their material standard of living. Conditions in childhood and adolescence can in many ways

influence present and future well-being. During these years, the foundation for future well-being is formed, but, according to Ben-Arieh, we should not study young people's well-being only for their future well-becoming (Ben-Arieh 2001). Health and wellbeing today is in itself an important condition and resource. Not at least because a certain level of health and wellbeing is required to be able to participate and to benefit from education, leisure activities, and so forth (Östberg 2001). Wellbeing should further, according to recent research, not be captured as a monolithic concept but as a multidimensional phenomenon (Ben-Arieh & Frones, 2007). Child and youth wellbeing encompasses quality of life in a broad sense, such as economic conditions, peer relations, political rights and opportunities for development.

We focus on subjective wellbeing of youths between the ages of 12-16 and on problems that have an "everyday" character and not on severe psychological or psychical health problems. We regard the notion of subjective wellbeing to include positive factors and not only absence of negative factors (Park 2004). Subjective wellbeing will be studied in terms of; "general subjective wellbeing", and "lack of psychosomatic symptoms"

In terms of youth's subjective wellbeing there are clear gender differences. Research has found that gender differences in wellbeing are visible already in the early ages (SCB, 2007; Haugland et al 2001; Sweeting et al 2003). This gendered difference in health also seems to persist through adult life and in old ages (Halleröd and Seldén 2012). Most youths have a rather good psychological wellbeing; however boys have a more positively view of themselves than girls (SCB 2007). Girls also report more psychosomatic complaints and poorer psychological wellbeing (Haugland, Wold, Stevenson, Aaroe, Woynarowska 2001; Sweeting and West 2003; SCB 2007). It should however be noted, that more boys than girls have contact with outpatient psychiatric care and risk of suicide is slightly higher

among boys compared with girls of the same age (Socialstyrelsen 2013). These problems are however not captured by this study as we focus on problems of an "everyday character". Because of these differences it is important to deeper the exploration of gendered mechanisms of wellbeing.

According to Connell, gender is seen as socially constructed and reproduced and entails a power relation (Connell 2002). Gender is what we *do* in social practice- rather than something we *have* (Connell 2002; West and Zimmermann1987*)*. There is a vast amount of different representations of femininity and masculinity, however through social agreements of what should be considered to be typically feminine and masculine behaviours, girls and boys are encouraged to adapt to these dominant constructions (Paechter 2006). West and Sweeting (2003) points to how stress to achieve and maintain a female identity, combined with educational stressors can contribute to an increase in levels of psychological distress. Following the expansion of the educational system, girls have been exposed to new stressors and educational expectations and West and Sweeting (2003) argues that these factors along with adopting a traditional female identity contribute to psychological distress among girls.

Hjern, Alven and Östeberg (2007) have related different school stressors, such as: harassment, schoolwork pressure and poor treatment from teachers with psychosomatic pain and psychological complaints. Girls report higher level of stress symptoms (Alven, Östberg and Hjern 2008). In addition to these gender differences, girls show a greater academic motivation and experience higher demands and school performance indicators such as; demands, academic motivation, teacher support, and school marks, have a slightly stronger association with subjective health complaints among girls (Låftman and Modin 2012). Landstedt, Asplund and Gillander (2009) have found that both boys and girls strive for recognition through different forms of performances in school, yet this appears to be even more important for girls. Girls to a higher extent seem to act under a discourse of

own and others expectations of accomplishing good results. Boys however also experience stress and anxiety in relation to school performance; yet they are not afraid to disappoint neither parents nor themselves to the same degree as girls. Landstedt et. al. (2009) furthermore discusses that performance processes, among young, are perceived as having both positive and negative influence on psychological wellbeing. A contributor to poorer wellbeing was to doubt your own capacity, which girls to a higher extent did.

The relationship between education and subjective wellbeing thus appear to be gendered, but it is also important to explore other aspects of young people's wellbeing in relation to their academic achievement. When wellbeing of young is focused, school achievements are important to consider as educational attainment can have a great influence on young people's lives and health. Research has found that a relationship exists between poor health and educational achievement (Eide, Showalterm Goldhaber, 2010; Costante, 2002). Several studies have also investigated the significance of educational performance for children's adult life and weak school performances has been related to; mental ill-health and self-inflicted injury (Jablonska, Lindberg, Lindbland, Rasmussen, Östberg and Hjern, 2009), crime (Nilsson and Estrada 2009) as well as: economic hardship, increased mortality, and a weak labour market attachment in middle age (Halleröd, 2011). Extensive research have furthermore found that educational opportunities are unevenly distributed among socioeconomic groups in society (see for instance: Erikson and Jonsson 1993, 1996; Erikson and Rudolphi 2010; Erikson, Goldthorpe, Jackson, Yaish, & Cox, 2005; Gustafsson 2000). The connection between class origin, educational attainment and future health and wellbeing leads us to consider whether class origin also influences any relationship between school grades and subjective wellbeing.

The importance of youth's class origin has primarily been studied by looking at well becoming, with extensive knowledge of the relationship between class origins, educational attainment and labour

market transitions as the result (Eriksson et al. 1993, 1996; Breen and Jonsson 2005; Broady et al. 2000). Research of the significance of class background for youth's wellbeing has however shown to have some conflicting results. Östberg (2001) points to previous research showing that the relationship between class background, health and wellbeing has proved to be small or unsystematic. West (1997) argues that class differences in health and wellbeing are small during early youth, due to other inputs: the children spend more time in school and with friends, and youth is furthermore signified by a process of emancipation from home.

Some health habits have however shown to be associated with social class. Upper middle class families have more healthy habits, while children from a working class background have the unhealthiest habits (Östberg 2001). In a study of psychosomatic complaints in the Nordic countries Berntsson, Köhler and Gustafsson (2001) also found that youths from working class families with low education and income are the most vulnerable. Economic stress has furthermore been found to be connected to psychosomatic complaints and subjective wellbeing among children (Östberg; 2001, Östberg, Alven and Hjern 2006). The meaning of class origin also becomes more apparent later in life and for adults the literature clearly shows that class background, health and wellbeing are intertwined (Halleröd and Gustafsson 2011; Mackenbach et al, 2008).

When it comes to school achievements there are also clear differences depending on class origin. Research has found that individuals from less advantaged backgrounds perform less well in school and to a lesser extent proceed to the next level of education than individuals from a higher class origin (Erikson and Jonsson 1996). Young women, pupil's born in Sweden as well as children to higher white collar parents in general perform better than young men, children to foreign born parents and working class children (Gustafsson, Anderssen & Hansen, 2000; Vinnerljung, Berlin and Hjern 2010). Vinnerljung et al. 2010 have found that even when different types of family's and

recurrent financial assistance is taken into account, a strong correlation between socioeconomic background and low grades remains.

With regard to school grades there are clear differences between boys and girls and young people from different class origin. As class differentials still exists in educational attainment it is plausible that personal expectations to school achievements are not only gendered but also class-dependent. Goldthorpe (2007) argues that educational decision making, remains to be conditioned by class situations, and contains a different valuation of the costs and benefits of education. These considerations may, for example, to an upper middle class family mean preservation of stability and class position. As the educational level among the population in general has increased, advantaged families are under greater pressure to counter downward mobility and invest in their children's education. Pupils coming from a more advantaged class may therefore perceive a pressure to live up to expectations of high grades and a continuation to prestigious higher education, which in turn may influence their wellbeing. As for the less advantaged class positions Goldthorpe (2007) argues that possibilities for higher education is viewed in a more guarded way. Ambitions for good grades and higher education may still be there, but a failed attempt to obtain higher academic qualifications can for these children have more severe consequences. It is possible that children pursuing high grades and academic achievement from this class background are sensible to the success or failure of their academic performance, which in turn may influence their wellbeing. How school grades are related to subjective wellbeing, and linked to gender and class origin is the empirical question which this paper seeks to explore.

The hypotheses we explore are not novel in relation to earlier research but the data we use makes it possible to draw more precise conclusions about the relationship between well-being academic performance, expectations and gender.

Hypotheses

Given the focus on gender adopted in this paper we propose that personal school achievements, indicated by grades, influence subjective wellbeing in a gendered and class-dependent way. Hence, we operationalize subjective demands on school-achievements as socio economic belonging and expect that the way higher grades play out on wellbeing, differ between gender and ambition, operationalized as socio economic origin. This is, first, because previous research has documented a gender difference in subjective wellbeing where girls score lower than boys. Second, school grades show gender differences in Sweden as girls receive better grades and to a larger extent attend higher education and university (Swedish National Agency for Higher Education 2008). Third, previous research has found that school stressors and expectations are gendered and can be related to wellbeing (Låftman and Modin; Landstedt, Asplund and Gillander 2009). Forth, as class differentials still exists in educational attainment it is plausible that personal expectations to school achievements are not only gendered but also class-dependent.

Our more precise hypotheses are as follows: First we hypothesize that subjective wellbeing is positively associated with higher school grades (H1). Because the exploratory focus of our study it is hard to tell the direction of relationships between subjective wellbeing and school achievements and causality cannot fully be determined. It could be that higher grades boosts stronger subjective wellbeing, but it could also be that stronger subjective wellbeing lays the ground for higher grades. (see below). Second, we expect the relationship between subjective wellbeing and academic achievement to be gendered, so that grades have a greater importance for girls (H2). Third, we hypothesize that the relationships are associated with socio economic origin, so that especially girls from higher stratas are less inclined to feel better by higher grades, as their own pressure to perform well academically, is higher (H3). Fourth, we expect that the positive effect of grades might be

negated for certain groups. Following the media picture introduced in the introduction, we expect this effect to be notable among higher strata girls and lower strata boys (H4).

We only have information on wellbeing and academic performance at one point in time. To identify causal relationships between academic performance and subjective wellbeing may therefore be somewhat problematic. That is to say; if we find a relationship, it can mean that academic performance influence wellbeing, but it can also mean that wellbeing affect academic performance. Nevertheless, knowledge of any relationship is of importance for the understanding of children's wellbeing (Östberg 2001). It is also less likely that children's wellbeing would affect parents' social class and thus causal relationships are in this case less problematic.

Data

There are different ways to gather information on children's ill-and wellbeing. The most common strategy is to ask questions about children's health to adults in the child's surrounding (parents, teachers et cetera). This strategy has some advantages as teachers can make comparisons with other children and parents can have deep knowledge about their children (Östberg 2001). Another possibility is to ask the children themselves and thus having their own understanding and experiences in focus. The children are then regarded as the main informants of their own life and parents (or other adults) cannot really represent the subjective understanding of their reality (Ben-Arieh 2005).

We use a data-set collected through a mix of sources. The great advantage of this data-set is that information of the children's health and wellbeing comes from the children themselves, while information about class origin derives from the parents and data on grades are collected from a national registry. This combination of data is somewhat unique and holds credible information.

The analyses are based on the annual Child Survey of Living conditions (Child-ULF), conducted in 2001-2005, in combination with the Survey of Living Conditions (ULF) and registry data from the School Board of Education. ULF is based on a representative sample of the adult population in Sweden and each year between 6000-7000 respondents are interviewed; the response rate has been around 75 per cent. Child- ULF is an extension of ULF and is a survey directed to children and youths. The children in Child-ULF have been selected through one of the parents in the household participating in the ULF. The number of interviewed households (parent and child) each year is about 1100. The parents were personally interviewed in their home and the children were interviewed at the same time as their parents. The children's interviews were conducted using an audio-questionnaire (questions played on a tape-recorder) and the children marked their answers on a pre-printed questionnaire. Thus, data is available directly both from the children and from the adult the child live with (parent/s) and have also been complemented with registry data (grades from the School board of Education). For the purpose of this study, we selected all the respondents who were in secondary school at the time of the interview. This selection created a population of 2154 young individuals aged 12-16 (1082 boys and 1072 girls).

Dependent variables

The dependent variables relates to different forms of subjective wellbeing or lack there of. We regard the notion of wellbeing to include positive factors such as; a perceived sense of wellbeing; to feel comfortable, happy and satisfied. We also consider that subjective wellbeing is dependent on the absence of negative factors such as; discomfort, unhappiness, and psychosomatic symptoms such as stomachache and sleeplessness.

In order to minimize the number of analyses and to capture conditions that are difficult to measure directly, additive indexes were created. The purpose of indexes is to increase validity by summarizing

information from single variables and reducing the effect of wordings in individual questions (Black 1999). Defined by exploratory Principal Component Analysis with Varimax Rotation (PCA)[2] and confirmed by Cronbachs Alpha, two additive indexes were constructed:

The first is a positive dimension labeled "general subjective well-being". This index refers to positive wellbeing and confidence. It contains three statements: "I think I will have a good future", "I am for the most part pleased with myself" and " I am happy with my appearance" (Cronbachs Alpha 0,72). The introductory question, also stating the answers offered, was phrased: "I will list various statements about how one can be as person or about how one can feel. You can answer to these statements with: "exactly true", "roughly true", "not very true" and "not true at all". The three questions all relates to a positive wellbeing and confidence, albeit different elements of this dimension. The last one, being happy with one´s appearance has to do with how content one is about the outward appearance, how one looks, and the clothes one wears etcetera. "for the most part be pleased with one-self" refers also to the situation today, but is broader and deeper than the "appearance" question. To think that one has a good future is a prospective question which reflects confidence in future possibilities. A higher value on the index corresponds to higher wellbeing.

The second dimension is labeled "lack of psychosomatic symptoms". This index relates to a negative wellbeing as four psychosomatic symptoms are added together; "stomachache", "sleep disorder", "stress" and "sadness". This index contains variables from the question: "Now I will list some problems one can have. Answer how often you had such problems during the past six months. For each question, answer if you had it every day; "several times a week", "once a week", "once a month", or "rarely or never". Index 2 contains four of the problems listed in this question:

[2] All indicators used have factor scores ranged 0,42-0,81.

"stomachache", "difficulty falling asleep", "felt stressed", and "often sad and low" (Cronbachs Alpha 0,63). Also in this case a higher value on the index corresponds to higher wellbeing.

Both indexes have been standardized to a scale from 0-10, were where low values indicate poorer wellbeing[3]. In order to ensure the reliability of the indeces, all variables have also been analyzed individually. The individual analyses confirmed results and reliability of the indexes (data not shown[4]).

Independent variables

The independent variables of the study are; gender, school achievement and class origin. School achievement is measured by final grade in secondary school, also the last year of compulsory schooling in Sweden. Four grades were available at this time: "failed"; "passed" (10 credits); "passed with distinction" (15 credits) and "passed very well" (20 credits). For the final grade 16 courses are graded and the students can reach a grade value of 0 to maxium 320 ("passed very well" in 16 courses). For a greater understanding and clarity the grade variable has been transformed to a continuous variable scaling from 0-3, which corresponds to the Swedish grade-system, where 0 is equivalent to a "failed" grade in all courses, 1 a "passed" grade, 2 "passed with distinction" and 3 "passed very well" in all courses.

The class origin variable measures socioeconomic position of the adults (parent or parents partner) in the home of the respondent and is defined by the Swedish standard classification SEI (Statistics Sweden), which resembles the EGP schema (Erikson and Goldthorpe 1992) (for the differences

[3] The questions used here do not have equidistance between the alternatives, but even so, without making unreasonable assumptions, we can regard it as a continuous variable. The mean of Index 1 is 7,88, standard deviation 1,90, skewness -0,97 and kurtosis is 0,92. The mean of Index 2 is 7,23, standard deviation: 1,83, skewness; -0,61 and kurtios: -0,02.

[4] Can be requested from the author

between the two, see Erikson and Jonsson 1993: 40). The variable is based upon the adults' occupation. Attention is paid to employment relationships, whether the work is manual or non-manual, and educational prerequisites. The class-origin variable differentiates between (the description in parentheses refers to the EGP schema) Upper White-Collar (Service Class I), Middle White-Collar (service class II), Lower White-Collar (Routine Non-Manual IIIa+IIIb), Self-employed and Farming (IVa, IVb, and IVc) and finally Blue-Collar Workers (Lower-Grade Technicians, Manual Supervisors, and Skilled Manual, as well as Semi- and Unskilled Manual Workers and Unskilled Agricultural Labourers V, VI, VIIa, and VIIb). Where there are two adults/parents, the most dominant class position in the family of origin is assigned. The rationale for using the most dominant class position is that it holds the strongest influence on the conditions and life chances of individuals within the same household[5]. The dominant class position is typically the higher in the schema, except in the case of the self-employed (including farmers) who are set to dominate all classes except the highest—Upper White-Collar (Erikson 1984). This classification of the dominant has been made in accordance with the standard classifications used by Statistics Sweden (thus for parents, the highest response among the order Upper White-Collar, Farmers, Self-employed, Middle White-Collar, Lower White-Collar, Skilled Blue-Collar, Unskilled Blue-Collar, and Unknown).

TABLE ONE ABOUT HERE (DESCRIPTIVE STATICS)

[5] As we in this paper try to shed some light to gender dimensions in any correlation between youths subjective wellbeing and their academic performance, we examined if there were different outcomes for boys or girls depending on which parent's class position was analyzed. We have tried to see which of the parent's class position who prove to show the clearest result. After using; mother's class position, father's class position or the "dominant" class position of the parents, we could see that the "dominant" class position proved to display the most evident difference between the youths.

Methods and model specification

In the analyses OLS regressions are applied. To answer the hypotheses specified, we start out by examining any gender differences in wellbeing (model 1), any effect of grade on wellbeing (model 2), gendered effects of grades on wellbeing (model 3), gendered effects of grades on wellbeing uner control for socio economic origin (model 4) and interactions between grades an class fpr girls and boys separately (model 5).

Results

Index 1: General subjective wellbeing

TABLE TWO ABOUT HERE

Table 2 displays the analysis of the index of "general subjective wellbeing". The first model shows that girls generally have lower subjective wellbeing than boys, which confirms previous studies and the general discussion in Sweden cited earlier. Model 2 reveals a general positive correlation between higher grades and general subjective wellbeing, for girls and boys, as suggested by hypothesis 1. Model 3, where the analysis is split between girls and boys, presents a positive effect of grades among both girls and boys, however a slightly stronger effect among girls, as the hypothesis 2 proposed. Model 4, however, which include the class origin of pupils, reveals that the effect of grades among girls and boys become about equally strong when socio economic origin is included in the analysis. There is no independent effect of class origin. The fifth model examines the interaction hypothesis. For girls belonging to lower white collar, the analysis displays a statistically significant negative effect on wellbeing when the interaction term is included. Girls belonging to this group have a lower well being than girls from other groups given a certain grade. However, with higher grades they significantly increase their wellbeing, but they need a fairly high grade to reach the level of wellbeing

of other groups. According to the image of the high achieving princess, this is the pattern we would have expected, but for the group of higher white-collar girls. If we only examine the relationship between class origin and wellbeing for girls, the pattern disappears (not shown in table). Therefore the results must be regarded as very preliminary. For boys, however, there is a clear result, there is no significant effect of class origin in neither model 4 nor 5.

Index 2: Lack of psychosomatic symptoms

TABLE THREE ABOUT HERE

The second index relates to signs of negative wellbeing, the index is turned so that a higher value means higher wellbeing (greater lack of psychosomatic symptoms). Considering first the bivariate relationship of gender and wellbeing in Table 3 model 1, we note that girls have a lower wellbeing than boys as previous research has indicated. Girls find themselves generally almost 1 scale-step lower than boys. Model 2 shows that grades generally have no effect on psychosomatic symptoms, so hypothesis 1 does not find support in this second analysis. Interestingly, in model 3 we detect a significant increasing effect of grades on wellbeing among *boys*, but not among girls. This is unexpected and clearly contradicts our hypothesis 2. Model 4 shows that this positive effect of grades on wellbeing for boys persist under control for class origin, why we can draw the conclusion that for boys the effect is not dependent on socio economic origin. For girls however, we note that grades become significant under control for class origin. We can further note class dependent patterns that go in the hypothesized direction (hypothesis 4). Several class categories, but especially higher white collar have significantly lower wellbeing than the reference category; skilled blue collar. Grades show a significant positive effect in model 4, which indicates that lower wellbeing in these classes, can be compensated by higher grades. The model 5, examining hypothesis 4 shows no interaction effects for neither boys nor girls, and can therefor be rejected.

Conclusions and discussion

After confirming previous research on gender differences in subjective wellbeing among young the empirical analysis set out to explore four specified hypotheses. We first explored the relationship between school performance (grades) and wellbeing (H1). Our analysis of the first index, "general subjective wellbeing", confirms the first hypothesis of a positive relationship between grades and wellbeing, whereas the analysis in the second index declines it. We interpret these findings as if general well being and lack of psychosomatic symptoms are two different phenomena in terms of how grades affect them. Our results suggest that good educational achievements have positive associations with general wellbeing and that high grades can entail a positive payoff which boosts confidence and ultimately wellbeing, or, as the causal order cannot be fully determined, that wellbeing mean better conditions for studying and receiving higher grades.

The gendered analysis of the relationship between grades and wellbeing (H2) disclosed that grades had a slightly more positive effect for girls in regard of general subjective wellbeing, as the hypothesis suggested, but in relation to lack of psychosomatic problems the analysis contrarily showed that grades had more importance for boys lack of psychosomatic symptoms, whereas the effect on girls was insignificant. From this we conclude that grades and school performance has an important association to wellbeing for both boys and girls and that this association hitherto has been neglected when it comes to boys' wellbeing. In the introduction we discussed a popular image of the less advantaged boy who do not perform well in school and do not let his wellbeing be improved by better grades, as he does not care about school. Our results clearly suggest that boy's wellbeing and school performance is positively associated.

Our third hypothesis suggested that high grades would have less positive effect on wellbeing for girls from higher strata, as that they would need a higher grade to reach the same level of wellbeing as

lower socio economic stratas. The analysis showed that class origin had no significant effect on the first index "general subjective wellbeing". However, it turned out that when class origin was introduced into the analysis of the second index, the relationship between grades and lack of psychosomatic symptoms among girls became significant. Hence, lack of psychosomatic symptoms among girls is class dependent, which means that girls from ; skilled blue collar, middle white collar, higher white collar, and self-employed background all have a greater lack wellbeing than the reference category; blue collar. The analysis further showed that it was especially girls from higher white-collar background who seemed most vulnerable to this type of symptoms. This is in line with the image of the high achieving girls who do not feel well although her grades are high. The analysis suggested that girls from these class origins with low grades are the most vulnerable when it comes to signs of psychosomatic symptoms. We can only theorize about the mechanism behind this finding. One suggestion might be that girls from these backgrounds feel a pressure to succeed and do better as their parents and that failure to do so leads to a negative wellbeing.

Previous research has shown some conflicting results when it comes to the connection between class origin and wellbeing for young. These latter results to some extent support previous research that girls performance expectations influences their wellbeing (Låftman et al 2012; Alven et al 2008; Landstedt et al. 2009), yet, this association entails a class dimension. Following Goldthorpe (2007) it is possible that girls from diverse class origins have different expectations on their performance, which in turn influences their wellbeing. Our analysis of table 3 displays an association between class origin and wellbeing for girls but not for boys. Hence, our results contributes to earlier research by suggesting that also gender needs to be taken into account when this association is analyzed. The results are however only indicative as no significant interaction effects were displayed in this index.

To conclude, in the first index- "general positive wellbeing" our analysis showed that there is an interaction effect of the expected sort, but that it is only visible for girls from "lower white collar" families. Lower white-collar girls have lower well-being than other groups if grades are 0. They are at the same time more receptive to an increase in grades than other groups as the interaction term is positively significant. For all other groups there is no significant interaction effect. If the hypothesis about the high achieving princess should to sustained, we would have expected to find the relationship, but not connected to lower white girls but to higher white girls. Also empirically, we must consider the results on lower white girls as very preliminary conclusion.

If we believe the results, how can we understand the particular vulnerability that girls from lower white collar seem to have in regard of general wellbeing? It is possible that the wellbeing of these girls is affected by their class position and that educational attainment can mean opportunities in life why high grades is associated with a better wellbeing for these girls, as they want to climb the socio economic ladder. This is only speculative, but what seems clear is that greater attention needs to be put on gender when subjective wellbeing and class origin is focused.

We set out to explore how individual factors relate to subjective wellbeing and especially to discuss two popular images in the Swedish setting on why girls have lower subjective wellbeing. Our main results was that we found the expected interaction effect between grades and socio economic origin so that a higher grade was less worth in terms of wellbeing, in specific socio economic groups. However, the interaction effect was not found in the group of higher white-collar girls, as expected, but among the lower white-collar girls. These results turn against our initial idea, and should be regarded as preliminary. The second major conclusion from our analysis is the importance that grades seems to have to increase also boys wellbeing, which was not expected, and also that this relationship holds under control for class origin, thus is independent of class.

Table 1. Descriptive Statistics of Variables

	Mean (SD)	**n**
Index 1. General subjective wellbeing (0-10)	7,88 (1,90)	1714
Index 2. Lack of Wellbeing (0-10)	7,23 (1,83)	2145
Grades (0-3)	1,98 (0,59)	2126
	Percent	**n**
Class of Origin		
Blue Collar Worker	10,2	211
Skilled Blue Collar	17	352
Lower White Collar	10,6	220
Middle White Collar	25,6	530
Upper White Collar	22,6	468
Self employed	14,1	293
Boys	50,2	1082
Girls	49,8	1072

Table 2. General subjective wellbeing

	M1	M2	M3		M4		M5	
			Boys	Girls	Boys	Girls	Boys	Girls
GENDER								
Female	-0,82***							
(Male ref.)								
GRADES		0,23**	0,31**	0,43***	0,42***	0,40**	0,17	0,26
(scale 0-3)								
PARENTS CLASS								
Skilled Blue Collar					0,03	-0,08	-0,19	-0,19
Lower White Collar					-0,07	-0,54	0,77	-3,03**
Middle White Collar					-0,37	-0,04	-1,28	-0,62
Upper White Collar					-0,34	0,04	-1,77*	0,75
Self employed					-0,04	- 0,12	-0,18	0,42
(Blue collar ref.)								
GRADES X CLASS								
Skilled Blue Collar							0,13	0,07
Lower White Collar							-0,44	1,26*
Middle White Collar							0,51	0,29
Upper White Collar							0,72	-0,26
Self employed							0,09	-0,22
Intercept	8,29	7,44	7,71	6,58	7,70	6,72	8,11	6,97
R Square	0,046	0,005	0,012	0,016	0,021	0,022	0,033	0,036

Table. 3 Lack of Psychosomatic symptoms

	M1	M2	M3		M4		M5	
			Boys	Girls	Boys	Girls	Boys	Girls
GENDER								
Female	-0,93***							
(Male ref.)								
GRADES		0,02	0,17*	0,18	0,19*	0,30**	0,27	0,24
(scale 0-3)								
PARENTS CLASS								
Skilled Blue Collar					-0,28	-0,47*	-0,10	-0,99
Lower White Collar					-0,09	-0,44	0,36	-1,76
Middle White Collar					-0,18	-0,50*	-0,11	-0,51
Upper White Collar					-0,36	-0,71**	-0,14	-0,77
Self employed					-0,05	-0,54*	-0,18	0,89
(Blue collar ref.)								
GRADES X CLASS								
Skilled Blue Collar							-0,11	0,28
Lower White Collar							-0,26	0,67
Middle White Collar							-0,05	0,02
Upper White Collar							-0,12	0,04
Self employed							0,06	-0,65
Intercept	7,69	7,21	7,39	6,39	7,55	6,63	7,43	6,73
R Square	0,064	0,00	0,004	0,003	0,013	0,008	0,009	0,021

References

Alfven, G., Östberg, V. & Hjern, A. 2008. Stressor, perceived stress and recurrent pain in Swedish schoolchildren. *Journal of psychosomatic research,* 65**,** 381-387.

Ben-Arieh, A. (2001), *Measuring and monitoring children's well-being* (7: Springer Netherlands).

Ben-Arieh, Asher, and Ivar Frønes. 2007. "Indicators of Children's Well being: What should be Measured and Why?" *Social Indicators Research* no. 84 (3):249-250.

Berntsson, L. T., Köehler, L. & Gustafsson, J. E. 2001. Psychosomatic complaints in schoolchildren: a Nordic comparison. *Scandinavian journal of public health,* 29**,** 44-54.

Black, T. R. 1999. *Doing quantitative research in the social sciences: An integrated approach to research design, measurement and statistics*, Sage London.

Bradshaw, Jonathan, and Dominic Richardson. 2009. "An Index of Child Well-Being in Europe." Child Indicators Research, 2: 319–51.

Breen, R. and Jonsson, J.O. (2005), 'Inequality of opportunity in comparative perspective: Recent research on educational attainment and social mobility', *Annual Review of Sociology,* 223-43

Låftman, S,B. & Modin, B. (2012) School-related stress and subjective health: Effort and reward among school pupils.

Broady, D. Andersson, M,B. Börjesson, M. Gustafsson, J. Hultqvist, E. Palme, m. (2000), 'Skolan under 1990-talet. I SOU 2000: 39', *Välfärd och skola. Antologi från Kommittén välfärdsbokslut.*

Connell, R. W. 2002. Gender. Cambridge: Polity.

Costante, C. C. 2002. Healthy Learners The link between health and student achievement. *American School Board Journal,* 189**,** 31-33.

Eide, E. R., Showalter, M. H. & Goldhaber, D. D. 2010. The relation between children's health and academic achievement. *Children and Youth Services Review,* 32**,** 231-238.

Erikson, R. 1984. Social class of men, women and families. *Sociology* 18 no. 4: 500–14.

Erikson, R. and Jonsson, J.O. (1993), 'Ursprung och utbildning, ' *SOU 1993: 85* (Stockholm: Fritzes).

Erikson, R. and Jonsson, J.O. (1996), Can education be equalized?: the Swedish case in comparative perspective (Westview Pr).

Erikson, R. and Rudolphi, F. (2010), 'Change in social selection to upper secondary school—primary and secondary effects in Sweden', *European Sociological Review,* 26 (3), 291.

Erikson, R., et al. (2005), 'On class differentials in educational attainment', Proceedings of the National Academy of Sciences of the United States of America, 102 (27), 9730.

Erikson, R. and J. H. Goldthorpe. 1992. *The constant flux: a study of class mobility in industrial societies*. Oxford: Clarendon.

Gillander Gadin, K. & Hammarström, A. 2003. Do changes in the psychosocial school environment influence pupils' health development? Results from a three-year follow-up study. *Scandinavian journal of public health,* 31**,** 169-177.

Gillander, K. G. & Hammarström, A. 2005. A possible contributor to the higher degree of girls reporting psychological symptoms compared with boys in grade nine? *The European Journal of Public Health,* 15**,** 380-385.

Goldthorpe, J. H. 2007. *On sociology*, Stanford University Press Stanford.

Gustafsson, J.E., Andersson, A., and Hansen, M. (2000), 'Prestationer och prestationsskillnader i 1990-talets skola', Välfärd och skola, 135-211.

Haugland, S., Wold, B., Stevenson, J., Aaroe, L. E. & Woynarowska, B. 2001. Subjective health complaints in adolescence A cross-national comparison of prevalence and dimensionality. *The European Journal of Public Health,* 11**,** 4-10.

Halleröd, B. 2011. What Do Children Know About Their Futures: Do Children's Expectations Predict Outcomes in Middle Age? *Social Forces,* 90**,** 65-83.

Halleröd, B. & Gustafsson, J. E. 2011. A longitudinal analysis of the relationship between changes in socio-economic status and changes in health. *Social Science & Medicine,* 72**,** 116-123.

Halleröd, B. & Seldén, D. 2012. The Multi-dimensional Characteristics of Wellbeing: How Different Aspects of Wellbeing Interact and Do Not Interact with Each Other. *Social Indicators Research***,** 1-19.

Hjern, A., Alfven, G. & Östberg, V. 2007. School stressors, psychological complaints and psychosomatic pain. *Acta Paediatrica,* 97**,** 112-117.

Jablonska, B., Lindberg, L., Lindblad, F., Rasmussen, F., Östberg, V. & Hjern, A. 2009. School performance and hospital admissions due to self-inflicted injury: a Swedish national cohort study. *International journal of epidemiology,* 38**,** 1334-1341

Jonsson, J. O. & Östberg, V. 2010. Studying Young People's Level of Living: The Swedish Child-LNU. *Child Indicators Research,* 3**,** 47-64.

Kamerman, Sheila, Michelle Neuman, Jane Waldfogel, and Jeanne Brooks-Gunn. 2003. Social Policies, Family Types and Child Outcomes in Selected OECD Countries. OECD Social, Employment and Migration 120 V Engster and Stenso¨ ta Downloaded from http://sp.oxfordjournals.org/ at Goteborgs Universitet on October 15, 2012 Working Papers, 6. Paris: Organisation for Economic Co-ordination and Development.

Landstedt, E., Asplund, K. & Gillander Gådin, K. 2009. Understanding adolescent mental health: the influence of social processes, doing gender and gendered power relations. *Sociology of health & illness,* 31**,** 962-978.

Mackenbach, J. P., Stirbu, I., Roskam, A. J. R., Schaap, M. M., Menvielle, G., Leinsalu, M. & Kunst, A. E. 2008. Socioeconomic inequalities in health in 22 European countries. *New England Journal of Medicine,* 358**,** 2468-2481.

Nilsson, A. & Estrada, F. 2009. Kriminalitet och livschanser. *Uppväxtvillkor, brottslighet och levnadsförhållanden som vuxen [Criminality and life prospects. Childhood conditions, crime and living conditions in adults age] Arbetsrapport,* 20.

OECD 2009. Doing Better for Children. Paris: Organisation for Economic Co-operation and Development.

Paechter, C. 2006. Masculine femininities/feminine masculinities: power, identities and gender. *Gender and education,* 18**,** 253-263.

Palme, J., Bergmark, A., Backman, O., Estrada, F., Fritzell, J., Lundberg, O. & Sjoberg, O. 2003. A welfare balance sheet for the 1990s. Final report of the Swedish Welfare Commission: Scandinavian Journal of Public Health. *Scandinavian journal of public health,* 60**,** 7-143

Park, N. 2004. The role of subjective well-being in positive youth development. *The Annals of the American Academy of Political and Social Science,* 591**,** 25-39.

Rothstein, Bo (2009), 'Svensk välfärdsstatsforskning - en kritisk betraktelse', Ekonomisk Debatt, 37 (3), 5-25.

SCB. 2007. Barns hälsa [Children's health]. *Report no 115* Offical Statisticso f Sweden. Statistics Sweden

Socialstyrelsen, 2001. *Folkhälsorapport 2001.* Stockholm: Socialstyrelsen och Epidemiologiskt centrum

Socialstyrelsen, 2009. *Folkhälsorapport* 2009. Västerås: Edita Västra Aros,

Socialstyrelsen 201. *Barn och ungas hälsa, vård och omsorg 2013*, Västerås: Edita Västra Aros,

Swedish National Agency for Higher Education, 2008. Kvinnor och män i högskolan, Rapport 2008:20. Huskvarna: NRS Tryckeri

Sweeting, H. & West, P. 2003. Sex differences in health at ages 11, 13 and 15. *Social Science and Medicine,* 56**,** 31-39.

Unicef. 2007. Child Poverty in Perspective: An Overview of Child Well-being in Rich Countries. Innocenti Report Card 7. Florence: Innocenti Research Center.

West, P. 1997. Health inequalities in the early years: is there equalisation in youth? *Social Science & Medicine,* 44**,** 833-858.

West, C. & Zimmerman, D. H. 1987. Doing gender. *Gender & society,* 1**,** 125-151.

Vinnerljung, B., Berlin, M. & Hjern, A. 2010. Skolbetyg, utbildning och risker för ogynnsam utveckling hos barn.

Östberg, V., Alfven, G. & Hjern, A. 2007. Living conditions and psychosomatic complaints in Swedish schoolchildren. *Acta Paediatrica,* 95**,** 929-934.

Östberg V. 2001 Hälsa och Välbefinnande In: Jonsson J., Östberg, V., Evertsson, M. & Brolin Låftman, S. 2001. *Barn och ungdomars välfärd* [The Welfare of Children and Youth]. Antologi från Kommittén Välfärdsbokslut. SOU 2001: 55 [Swedish Government Official Reports]. Stockholm: Fritzes.