

**Satisfaction with life declines with age in Malaysia: An Exploratory Analysis of Factors
Influencing Subjective Well-being in a Developing/Middle-income Country**

Abstract

While there has been an increasing focus on the importance of studying subjective well-being, studies often miss out on the low- and middle-income countries. Malaysia has a rapidly ageing population, but there have been few studies that have looked at subjective well-being in Malaysia, and especially of older Malaysians. Our study examined levels and determinants of life satisfaction, an important component of subjective well-being, in a nationally representative Malaysian sample covering the age range of 15-20 (adolescents) to 95+. We found that life satisfaction declines with age and that it declines especially for females aged 75 and above. The predictors of life satisfaction for different age and gender groups as well as the implications of our findings, especially with regards to the elderly population, are discussed. We also propose that future studies take into consideration the sociocultural and economic factors in investigating subjective well-being and pay more attention to examining subjective well-being in the low- and middle- income countries.

Keywords: Life satisfaction, Malaysia, elderly, sociodemographic factors, developing countries, subjective well-being

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1. Introduction

The constituents and experience of subjective well-being may be context dependent. What constitutes quality of life and happiness in one's life may take on a strong influence from the sociocultural and economic contexts in which one's life is grounded. For example, the quality of interpersonal relationships may be a particularly strong indicator of happiness in the more collectivistic societies (Lu & Gilmour, 2004; Uchida et al., 2004). Jeon et al. (2016)'s study in South Korea found that family relationships and cohesion were significantly associated with happiness in elderly. Economic and social stability at the national level also matters, as it can have implications for the relative significance of particular socioeconomic factors on individual's well-being. In low- and middle- income countries, factors such as income satisfaction and community-level support may be more important as there may be less social protection and security, especially for the elderly. Anand (2016) reports that satisfaction with income increases steadily with age in developed countries, but that such a pattern is unlikely to be found in countries where the elderly may have to pay for their own healthcare. Sovet et al. (2016) found that in Togo, a low-income country, the understanding of, and meanings given to, subjective well-being differed from what was found in developed countries. With its unstable social and economic conditions, Togolese conceptions of well-being were grounded on concrete terms of financial and social security. Recognizing the importance and possible implications of the sociocultural and economic factors for subjective well-being, the current paper explored life satisfaction in a national, representative sample in Malaysia, a developing, middle-income country.

Anand (2016) argues that life satisfaction is a 'reflective judgment', which refers to the subjective nature of the individuals' reporting of how satisfied they are with the

circumstances of their lives. Subjective well-being can be defined as one's appraisal of the quality of one's life (Diener, 2000; Uchida et al, 2004), and thus, satisfaction with life often serves as an important indicator of subjective well-being (See Van Tran, 1987). Most of the research on life satisfaction to date, including that of older people, has been conducted in the West (Howell et al., 2012; Kooshiar et al. 2012). In establishing a taxonomy of quality of life, Farquhar (1995) identified general health as only one of nine dimensions of quality of life cited as most significant to older people. In a study of older people with reduced self-care capacity conducted in Sweden, Borg, Hallberg, and Blomqvist (2005) found a correlation between high life satisfaction and lower age, living in ordinary housing, low loneliness, high self-care, better health, higher physical activity, low anxiety, better economic resources, and being male. In contrast, low life satisfaction was correlated with poor health, poor economic resources, low self-care, and high anxiety.

Malaysia is a multi-ethnic, multi-religious constitutional monarchy in Southeast Asia with a population of 31 million (BBC News, 2018). The country is divided geographically into two regions, Peninsular Malaysia and Malaysian Borneo, and administratively into thirteen states and three federal territories. Similarly to developed nations such as Japan and the UK, Malaysia has a rapidly aging population, with the percentage of the elderly in the population projected to triple or quadruple in twenty years. The percentage of the population aged 65 years and older was 3.3% in 1970, is currently 6.2%, and is predicted to reach 14.5% by 2040 (Department of Statistics Malaysia, 2017). Faudzi et al. (2018) claim that Malaysia can be considered representative of Southeast Asia, with GDP per capita and subjective well-being (M=7.13; World Values Survey, 2017) comparable to those of neighboring countries. They also claim that Malaysian citizens have what they may call 'Eastern values', where they are likely to believe in collectivistic ideals, respect elders, engage in high levels of caregiving, and to have high levels of family support. Research into subjective well-being at the

population level tended to focus on Western countries. However, considering the cultural and socioeconomic differences we may find with Southeast Asian countries such as Malaysia with the Western, developed countries, we need to explore subjective well-being more closely in these contexts in order to make clearer conclusions about whether similar patterns may be found across cultures, and whether we can generalize from the Western findings about subjective well-being across the life span.

Kooshair et al. (2012) and Kooshair et al. (2014) conducted two studies on Peninsular Malaysians aged 60 and over. The former found that living arrangements are significant to life satisfaction (both directly and indirectly) and that individuals living with children had higher life satisfaction than those living alone. The latter found that life satisfaction was higher in men than women and this difference was explained by living arrangements, widowhood, financial resources, and level of education. Affectionate support was the strongest predictor of life satisfaction for all older people. Affectionate support and emotional informational support were more significant to life satisfaction than tangible support for all older people, but excessive support decreased life satisfaction by undermining perceptions of autonomy and independence. Momtaz et al. (2011) found that sociodemographic factors predict psychological well-being for the elderly population. Factors such as age, sex, marriage status and level of education accounted significantly for psychological well-being in those aged 60 and above, explaining for 9% of the variance. Males, those who are married, and those with higher education reported higher psychological well-being. Also, increasing age seemed to be associated with lower psychological well-being.

The most comprehensive study on the relationship between age and subjective well-being to date found a global U-shaped pattern (Blanchflower and Oswald, 2008). They studied 76 countries (a sample that did not include Malaysia) and found the same pattern in each. In the UK and US, happiness decreases until the age of forty and then begins to

increase at fifty. However, Laaksonen (2018: 475) points to the complexity with the types of data and analysis that have found such trends. He highlights the significance of the various controls employed and his own study made four different measurements of happiness in 28 European countries: the first controlling only for gender, the second adding objective income, the third adding education, and the fourth adding subjective health. Laaksonen (2018: 480) found that there is no U-shape in the first model, but that there are U-shapes in all three of the others. He concluded that a clear U-shape was found in only half of the countries studied, that the U-shape was a more accurate predictor of the relationship between age and happiness in men than women, and there was a great variation in the age at which minimum happiness is reached across different countries. Considering that most of such studies have included European, and mostly high-income countries only, studies that look at trends with subjective well-being in other populations are urgently required.

Our paper thus focuses on the reported life satisfaction of Malaysians by age and gender, taking account of socioeconomic indicators that may be particularly important in influencing these outcomes. As Anand (2016) argues, there may be different drivers of well-being for the elderly compared to those of the younger, working population. Taking a nationally representative sample inclusive of various age groups, genders and rural and urban populations, we aimed to investigate whether there are significant age differences, namely, whether we find a U-shape with our data or a steady decline with age. The demographic of the final sample parallels the national population in terms of the age distribution, ethnic group breakdown and level of education and other major social indicators. We also aimed to compare the two genders in old age and examine whether there are differences in the types of socioeconomic and demographic variables impacting on life satisfaction as well as the actual levels between the two genders.

2. Methods

2.1. Procedure & Participants

The data were drawn from the Gallup World Poll, which has collected random samples in Malaysia from 2006 to 2015, from individuals aged fifteen and older. Interviews were conducted face-to-face or via landline and/or mobile telephones, and conducted in Bahasa Malay, Chinese, or English, depending on the language of the participant's preference. More detailed information on data collection procedures is available in Gallup (2016). In our analyses, we pooled together the samples from all available years. This decision was motivated by our overarching goal of discovering general patterns in Malaysia. We had no intention to explore the year-by-year fluctuations in the levels of life satisfaction. In addition, we included a large list of predictors in our analyses (i.e., 24), which requires a large sample. Thus, using the whole sample (rather than annual samples) is expected to provide more power and results that are less likely to be affected by random and real annual alterations. It is acknowledged that taking into account annual changes in life satisfaction and its associations with predictors is a valuable avenue for future research, yet this falls beyond the scope of the present study that seeks to focus on general patterns.

Sample sizes were about 1000 for each year, except for 2007 ($N = 1,233$) and 2014 ($N = 2,008$). We used all available data from 2006 to 2015 in the present analyses, consisting of 11,266 participants (51.6% females, $M_{\text{age}} = 36.52$, $SD_{\text{age}} = 14.53$). The age distribution is shown in Figure 1. The average age in Malaysia is below the world average in the whole Gallop World Poll dataset (40.94).

[Figure 1]

2.2. Measures

We used several items from the collection of Gallup World Poll items. These items measure variables that are generally identified in the literature as relevant predictors of mental well-being. The items and their response formats are presented in Table 1. Included was Cantril Ladder of Life Scale (Cantril, 1965), to measure life satisfaction, which is the main outcome of the present study. Given that the intercorrelations between the items were weak, all of the items were used separately as variables. Nonetheless, we were able to calculate and use three composite variables, based on the results of separate reliability and factor analyses. The results of a principal axis factoring showed that stress, worry, sadness, and anger formed a single factor (Eigenvalue = 2.129, variance explained = 53.236%), with factor loadings ranging from .50 to .66 ($\alpha = .70$). Laughter and enjoyment formed a single factor (Eigenvalue = 1.366, variance explained = 68.314%), with factor loadings of .60 ($\alpha = .54$). Finally, perceptions of corruption in businesses and the government also formed a single factor (Eigenvalue = 1.660, variance explained = 82.982%), with factor loadings of .81 ($\alpha = .79$).

[Table 1]

3. Results

3.1. Life Satisfaction by Age and Gender

The results of a *t* test showed that women scored significantly higher than men on life satisfaction [$t(11192) = -4.768, p < .001, 95\% \text{ CI of difference: } -.227, -.095, d = 0.090$], with a very small effect size. Figure 2 shows the distribution of life satisfaction by age and gender. Locally Weighted Smoothing (LOESS) was used in the scatter graphs for a more accurate representation of the data. The graph shows that life satisfaction decreases significantly with age, especially for female Malaysians.

[Figure 2]

As a supplementary analysis, we also examined gender differences in affect. The results of t tests showed that women scored significantly higher on negative affect [$t(10218.310) = -1.972, p = .049, 95\%$ CI of difference: $-.023, -.000, d = 0.039$]. The results of t tests also showed that women scored significantly higher on positive affect [$t(10091.900) = -3.600, p < .001, 95\%$ CI of difference: $-.037, -.011, d = 0.071$]. The effect sizes were very small.

3.2. Other Demographic Predictors of Life Satisfaction

Table 2 presents the results of seven separate ANOVAs, using demographic variables as independent variables explaining life satisfaction. For religious affiliation, some categories with very small sample sizes (e.g., ‘Atheist’) were combined with the ‘other’ category. The ‘domestic partnership’ category of marital status was excluded due to a very small sample size ($n = 20$). The strongest predictor of life satisfaction was income quintile (explaining 2.7% of the variance), followed by education (explaining 2% of the variance). Lower income and less educated people had lower scores on life satisfaction.

[Table 2]

Location or rural/urban residence, employment status, relationship status, and religious affiliation explained 1.1%, .4%, .5%, and .6% of the variance respectively. A separate ANOVA indicated that gender did not moderate the relation between relationship status and life satisfaction. An overall ANOVA including all of the seven variables showed that the variables collectively explained about 6.6% of the variance in life satisfaction. When entered alongside each other, the unique contributions of the variables were reduced to .6%,

1%, .2%, 1%, .2%, and 1.6% for employment, education, location, religious affiliation, relationship status, and income quintile respectively.

3.3. Comprehensive Prediction of Life Satisfaction

We used all of the predictors of life satisfaction along with important demographic variables in a multiple regression analysis, using the *enter* method. A total sample of 8,667 participants had no missing values on all of the 25 variables, and was consequently included in the analysis. The results are shown in Table 2. The predictors collectively explained about 12.6% of the variance in life satisfaction, $F(24, 8642) = 52.132, p < .001, R^2 = .126$. Nine out of 24 variables were not significant predictors of life satisfaction at the .05 level.

Based on the results of a separate stepwise regression analysis, household income satisfaction was the strongest predictor explaining about 7% of the variance. The second strongest predictor was satisfaction with standards of living contributing an additional 2.8%.

Education, housing satisfaction, and social support came next explaining .6%, .5%, and .4% of the variance respectively. These five variables jointly explained 11.3% of the variance in life satisfaction scores. The other variables collectively added about 1.3% of explained variance. Based on the results of the stepwise regression squared age, positive affect, health problems, healthcare satisfaction, perception of corruption, volunteered, donated, freedom and safe at night did not contribute significantly over and above other variables and were therefore excluded from the equation.

We also conducted regression analyses separately across age and gender groups, using the *Enter* procedure, the results of which are shown in Table 3 and 4. Table 5 also presents the five most important predictors for each group, based on separate regression analyses using the *Stepwise* procedure for each group. We used four age categories to represent emerging adulthood (15-25), young adulthood (26-44), middle adulthood (45-64), and late adulthood (65 and older). The age categorization was based on previous work by Steger,

Oishi, & Kashdan (2009), inspired by classic works of Erikson (1968) and Arnett (2000). The results revealed that there were some differences in the predictors of life satisfaction across the age and gender groups.

[Table 3]

[Table 4]

[Table 5]

3.4. Relationship Between Household Income and Life Satisfaction

The relationship between per capita annual household income (in US Dollars) and life satisfaction is shown in Figure 6. Incomes higher than USD 75,300 are rare and not included in the graph. As can be seen, at the low-income group (under about USD 10,000, equivalent to about MYR40,600), the relationship between income and life satisfaction is very strong. After this point, the relationship remains positive, but with a less steep slope.

[Figure 3]

4. Discussion

Our study closely examined life satisfaction of Malaysians in a nationally representative sample. We focused especially on studying levels of life satisfaction across the population, and determinants for life satisfaction for different age and gender groups. Firstly, we found significant differences in reported levels of life satisfaction by location or urban/rural residence, educational level, and income. Those who live in large cities, those

with tertiary education and above, and those with higher income reported higher life satisfaction. These differences may be linked to the opportunities and resources available. Malaysia being a middle-income, developing country, opportunities for better, high-paying jobs and high standards of life may not be available to those with lower education and those living in rural areas.

We also found significant age and gender differences. Our data clearly demonstrated that life satisfaction declines with age in Malaysia, and that it is especially low for those who are 50 or older. Also, while females in general reported higher levels of life satisfaction, males surpassed females in the 75 and above groups. The significant decline in life satisfaction with age, especially with females in old age, contrasts the trend reported by Fortin, Helliwell and Wang (2015). Compared to their results, Malaysians showed a steady decline, and this was more visible in the females while in the males there is a slight reverse u-shape with life satisfaction increasing for those in the 45-50 age group before it declines again. Also, our study found a steep and continuous decline in life satisfaction for those above 65, with the females scoring lower than males from about age 75. Also, we found that the predictors of life satisfaction differed for each age group, which demonstrates that we need to come up with more age group specific support strategies and care available. The predictors of life satisfaction for men and women were slightly different, but household income, satisfaction with standards of living, and education were the three most important determinants of life satisfaction for both genders.

The decline of life satisfaction in the old age found in our study is especially worth noting given how countries around the world the issue of rapidly ageing population, considering how life satisfaction is a significant and substantial component of overall subjective well-being. In many of the developing countries, population ageing has more significant implications as it happens as a combination of different factors: rapid increase in

life expectancy as the result of improvements in healthcare coupled with decrease in fertility rate (e.g., Samsudin et al., 2019). This would mean that developing countries are pressed with the need to re-consider their existing social welfare system and ways to improve older adults' lives and well-being at a rate much quicker than the rest of the world. As the global population ages, we need to look into ways to improve subjective well-being and quality of life for age groups more specifically, and especially for those above 65. With the 'flourishing' perspective of well-being, where the emphasis is not on the absence of pathology but the positive aspects of living, it is especially important to consider the sociodemographic factors that are linked to well-being in older adults (Pratchke, Haase and KcKeown, 2017). Such will lead us to practical ways in which the outcome could be improved for this growing population worldwide, and especially for developing countries.

As Blanchflower et al. (2008) point out, the trend we find with the decline over age can be linked to the changes in life conditions, including health and likelihood of having diseases over age. However, we need to look more broadly and holistically, and take into consideration the types of factors that determine one's lived experiences and the sociocultural level determinants. Actual and perceived availability of financial and emotional resources, for instance, can be important determinants of life satisfaction, especially for the elderly in developing countries where state-level support (including healthcare services) is lacking. For the 65+ group in our study, satisfaction with standards of living and household income were the most important factors predicting life satisfaction, followed by religiosity, satisfaction with housing and positive affect.

Social inequalities within the population and its impact on the well-being of the elderly need to be examined further to design and improve policies that promote successful ageing. Our study found that satisfaction with one's standard of living and household income were the strongest predictors of life satisfaction, which resonates with Pratschke et al.'s (2016)

Irish study, which found that socioeconomic position to have a strong impact (both direct and indirect) on the well-being of the elderly. Tareque et al.'s (2015) study on self-rated health yielded similar results as well, finding socioeconomic factors such as sufficiency of income and living arrangements to be associated with the elderly's self-ratings of and projection of health in Bangladesh. In this sense, more research aimed at identifying factors that have direct and indirect impact on the health and well-being of the elderly is needed.

Further research is required in order to examine both societal (and more culture-specific) and individual predictors of life satisfaction in different cultural contexts. Lu and Gilmour (2004), for instance, discuss the importance of examining the cultural conceptualization of subjective well-being considering the emphasis on the self in the Western cultures, which may not carry an equal level of weight in the Eastern cultures. Also, we know very little about how the non-Western cultures may be changing and the implications of such change on the ageing population. For instance, Kim et al. (2016) notes on the possibility that the meaning, significance and actual experience relating to the family may be changing in South Korea, where one may no longer expect to find the traditional emphasis and reliance on family for social support for the elderly. Similarly, an increasing number of older adults are living alone in Malaysia due to labour-related migration and urbanisation of working age children, which can have implications such as increasing social isolation or lack of family support and care options and can impact on older adults' subjective well-being (Evans et al., 2018). Furthermore, as Higo and Khan (2015) rightly point out, the impact of population ageing will have a different (larger) impact on developing countries, where population ageing will happen at a much faster rate than in developed countries, and risks in securing socio-economic resources will be higher. Findings from longitudinal studies in low- and middle-income countries (e.g., WHO-SAGE) are needed for more conclusive evidence on how the speed of ageing and sociodemographic factors impact on health and

well-being of these populations. Data from longitudinal studies will be especially useful, as causal relationships cannot be inferred from the findings of the current study and other similar cohort studies.

Our results may not have replicated the U-shape found in other studies as factors such as income and marriage status, which are often treated as control or ‘confounding’ variables, were entered as direct determinants in our analysis. We agree with Laaksonen (2018) that it is important to take these factors into account in examining subjective well-being, as otherwise, we ignore the profound overall impact of an individual’s surroundings and the sociocultural sphere of life. It is also important to note that research on subjective well-being of minority ethnic groups and non-Western worlds is lacking overall, and we know little about the sociocultural, geographical and demographic factors that impact on well-being of those who live in low- and middle-income countries. For instance, our study also found living in a large city and satisfaction with city living to be significant predictors of subjective well-being, although these were more important for the younger generation than the older generation. Studies comparing the quality of life and subjective well-being in both urban and rural areas of developing countries are rare to find, with sampling often happening only in particular regions only (e.g., Peninsular/West Malaysia in majority of studies conducted in Malaysia). Further research that focuses further on life satisfaction in non-Western countries is thus needed for a more comprehensive understanding that can reflect on the impact of sociodemographic factors and social change on subjective well-being.

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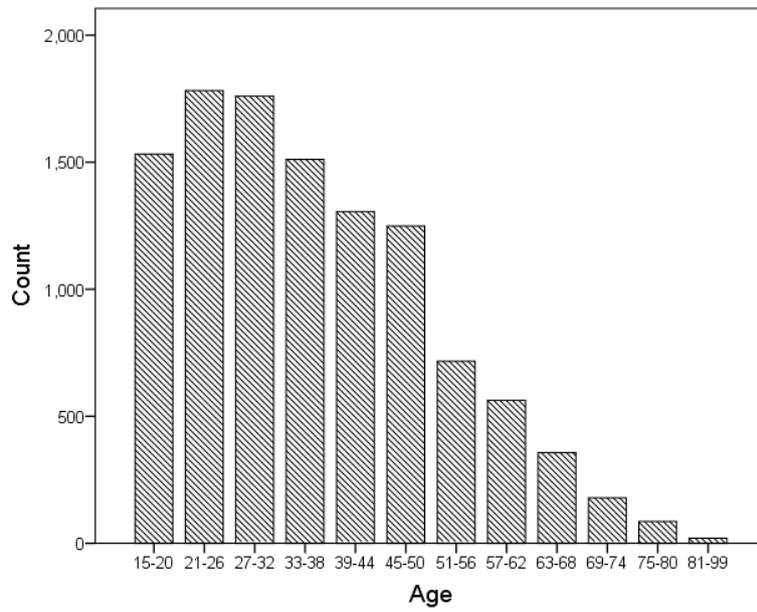


Figure 1
Age distribution

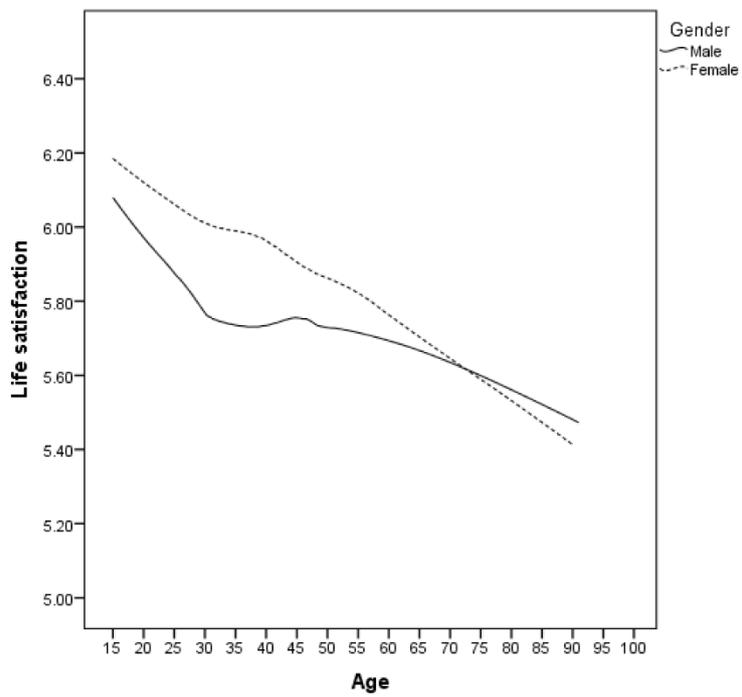


Figure 2
Life satisfaction by age and gender

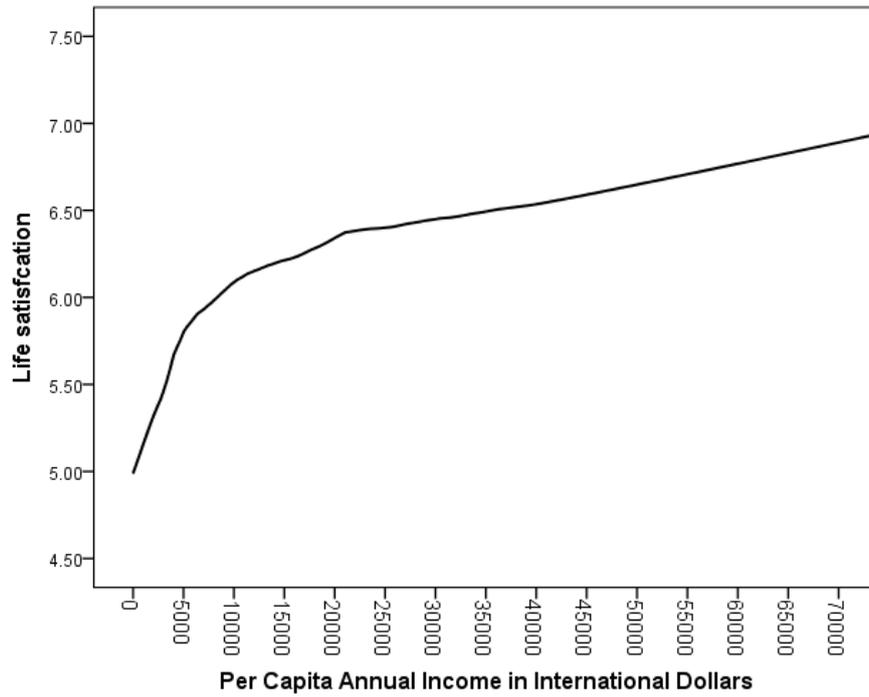


Figure 3

The relationship between annual household income (in USD) and life satisfaction in Malaysia

Table 1
Items Used in the Study

Variable	Item	Response format
Life satisfaction	Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?	00 Worst Possible to 10 Best possible
Enjoyment	Did you experience the following feelings during a lot of the day yesterday? How about Enjoyment?	1 Yes 2 No
Worry	Did you experience the following feelings during a lot of the day yesterday? How about Worry?	1 Yes 2 No
Sadness	Did you experience the following feelings during a lot of the day yesterday? How about Sadness?	1 Yes 2 No
Stress	Did you experience the following feelings during a lot of the day yesterday? How about Stress?	1 Yes 2 No
Anger	Did you experience the following feelings during a lot of the day yesterday? How about Anger?	1 Yes 2 No
Laughter	Did you smile or laugh a lot yesterday?	1 Yes 2 No
Freedom	In (this country), are you satisfied or dissatisfied with your freedom to choose what you do with your life?	1 Satisfied 2 Dissatisfied
Safe at night	Do you feel safe walking alone at night in the city or area where you live?	1 Yes 2 No
Respect	Were you treated with respect all day yesterday?	1 Yes 2 No
Learned	Did you learn or do something interesting yesterday?	1 Yes 2 No
Satisfaction with city	Are you satisfied or dissatisfied with the city or area where you live?	1 Satisfied 2 Dissatisfied
Household income satisfaction	Which one of these phrases comes closest to your own feelings about your household's income these days?	1 Living comfortably on present income 2 Getting by on present income 3 Finding it difficult on present income 4 Finding it very difficult on present income
Health problems	Do you have any health problems that prevent you from doing any of the things people your age normally can do?	1 Yes 2 No
Social support	If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not?	1 Yes 2 No
Satisfaction with standards of living	Are you satisfied or dissatisfied with your standard of living, all the things you can buy and do?	1 Satisfied 2 Dissatisfied
Donated	Have you done any of the following in the past month? Donated money to a charity.	1 Yes 2 No
Volunteered	Have you done any of the following in the past month? Volunteered your time to an organization	1 Yes 2 No
Helped	Have you done any of the following in the past month? Helped a stranger or someone you didn't know who needed help	1 Yes 2 No
Corruption in Business	Is corruption widespread within businesses located in Korea, or not?	1 Yes 2 No
Corruption in Government	Is corruption widespread throughout the government in Korea, or not?	1 Yes 2 No
Satisfaction with healthcare	In the city or area where you live, are you satisfied or dissatisfied with the availability of quality health care	1 Satisfied 2 Dissatisfied
Satisfaction with housing	In the city or area where you live, are you satisfied or dissatisfied with the availability of good affordable housing	1 Satisfied 2 Dissatisfied
Confidence in government	In (this country), do you have confidence in each of the following, or not? How about national government.	1 Yes 2 No
Religiosity	Is religion an important part of your daily life?	1 Yes 2 No
<p><i>Note.</i> All items had also two other response options: <i>Don't know</i> and <i>Refuse to answer</i>. For the outcome variable, household income satisfaction, and demographic variables, "Don't know" and "Refused" were coded as missing. All other variables were dummy coded as 1 for "Yes" or "Satisfied" and 0 for "No", "Dissatisfied", "Don't know" and "Refused".</p>		

Table 2
ANOVA Results Predicting Life Satisfaction

		<i>M</i>	<i>SD</i>	<i>N</i>
Employment <i>df</i> = 5, 7970 <i>F</i> = 6.818 <i>p</i> < .001 <i>partial η</i> ² = .004	Employed full time for an employer	5.883	1.798	2821
	Employed full time for self	5.632	1.900	832
	Employed part-time do not want full time	6.134	2.006	569
	Unemployed	5.510	2.032	245
	Employed part-time want full time	5.804	2.114	367
	Out of workforce	5.849	1.816	3142
	Total	5.846	1.858	7976
Education <i>df</i> = 2, 11078 <i>F</i> = 110.665 <i>p</i> < .001 <i>partial η</i> ² = .020	Elementary	5.397	2.060	1626
	Secondary	5.930	1.741	7053
	Tertiary (four years beyond high school)	6.244	1.663	2402
	Total	5.919	1.793	11081
Location <i>df</i> = 3, 10164 <i>F</i> = 36.651 <i>p</i> < .001 <i>partial η</i> ² = .011	Rural or farm	5.717	1.792	1828
	Small town or village	5.709	1.969	2651
	Large city	6.139	1.788	3432
	Suburb of a large city	5.924	1.600	2257
	Total	5.903	1.808	10168
Religious affiliation <i>df</i> = 4, 8962 <i>F</i> = 13.634 <i>p</i> < .001 <i>partial η</i> ² = .006	Christian	5.600	1.900	898
	Muslim	5.940	1.828	5794
	Hindu	5.943	2.055	476
	Buddhist	5.698	1.664	1451
	Other	5.506	1.923	348
	Total	5.850	1.832	8967
Relationship status <i>df</i> = 3, 11101 <i>F</i> = 17.038	Single	6.023	1.766	4097
	Married	5.894	1.785	6476
	Divorced/separated	5.336	1.967	220

$p < .001$	Widow	5.561	1.920	312
$partial \eta^2 = .005$	Total	5.921	1.790	11105
Income quintiles	1 Poorest 20%	5.369	2.156	1332
$df = 4, 7971$	2 Second 20%	5.664	1.945	1472
$F = 54.717$	3 Middle 20%	5.726	1.746	1526
$p < .001$	4 Fourth 20%	6.036	1.703	1681
$partial \eta^2 = .027$	5 Richest 20%	6.238	1.676	1965
	Total	5.846	1.858	7976

Table 3
Results of Regression Analysis

	<i>B</i>	95% CI for <i>B</i>		<i>t</i>	<i>p</i>	Beta	Semi-partial correlation
		Low	Up				
(Constant)	3.119	2.867	3.370	24.282	.000	-	-
Female	.101	.031	.171	2.835	.005	.030	.029
Age	-.004	-.007	-.001	-2.724	.006	-.033	-.027
Squared age	.000	.000	.000	1.190	.234	.014	.012
Negative affect	-.219	-.338	-.099	-3.596	.000	-.039	-.036
Positive affect	.026	-.089	.141	.440	.660	.005	.004
Health problems	-.032	-.116	.052	-.743	.458	-.008	-.007
HH income satisfaction	.410	.362	.459	16.588	.000	.180	.167
Satisfaction with standards of living	.516	.434	.598	12.346	.000	.137	.124
Satisfied with healthcare	.014	-.081	.109	.292	.770	.003	.003
Satisfied with housing	.209	.133	.285	5.384	.000	.058	.054
Confidence in government	.090	.007	.174	2.124	.034	.024	.021
Corruption	-.004	-.088	.080	-.093	.926	-.001	-.001
City satisfaction	.193	.096	.291	3.875	.000	.042	.039
Helped	.115	.039	.191	2.976	.003	.033	.030
Volunteered	-.058	-.141	.025	-1.368	.171	-.015	-.014
Donated	.054	-.022	.130	1.383	.167	.016	.014
Religiosity	.174	.058	.290	2.935	.003	.031	.030
Social support	.234	.145	.322	5.184	.000	.053	.052
Learned	.151	.077	.224	4.003	.000	.044	.040
Freedom	-.044	-.132	.043	-.991	.322	-.011	-.010
Safe at night	.040	-.031	.112	1.106	.269	.012	.011
Respect	-.115	-.212	-.019	-2.353	.019	-.026	-.024
Education	.184	.118	.249	5.488	.000	.063	.055

Large city	.192	.117	.267	5.032	.000	.052	.051
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Note. HH = household

Table 4
Unstandardized Regression Coefficients for Age and Gender Groups

	Gender		Age			
	Male	Female	15–24	25–44	45–64	65+
(Constant)	2.848***	3.481***	3.792***	3.159***	2.981***	1.235
Female	-	-	.091	.147**	.035	.174
Age	-.004	-.004*	-	-	-	-
Squared age	.000	.000	-	-	-	-
Negative affect	-.058	-.366***	-.122	-.196*	-.403**	.246
Positive affect	.071	-.025	-.135	-.061	.150	.532*
Health problems	.027	-.086	.024	.015	-.075	-.046
HH income satisfaction	.430***	.396***	.285***	.428***	.468***	.522***
Satisfaction with standards of living	.442***	.586***	.385***	.557***	.532***	.516*
Satisfied with healthcare	.014	.009	.082	-.067	.149	-.199
Satisfied with housing	.194**	.214***	-.005	.221***	.341***	.514**
Confidence in government	.118	.067	-.047	.165**	.082	.029
Corruption	.046	-.050	-.067	-.045	.087	.154
City satisfaction	.275***	.119	.505***	.143*	.057	.155
Helped	.130*	.106*	.243**	.039	.140	-.092
Volunteered	-.067	-.047	-.079	-.053	-.083	.022
Donated	-.041	.139**	.103	.014	.081	.048
Religiosity	.210*	.139	.214	.175*	.025	.904*
Social support	.233***	.244***	.174	.206**	.341***	.102
Learned	.147**	.150**	.051	.150**	.271***	.028

Freedom	-.025	-.065	-.027	-.024	-.087	.029
Safe at night	.041	.039	.086	.072	-.099	.281
Respect	-.095	-.131	.056	-.175*	-.208	.130
Education	.202***	.165***	.101	.216***	.163*	.231
Large city	.209***	.176**	.200*	.171**	.222**	.215

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 5
Regression Results Across Age and Gender Groups

	<i>R</i> ²	<i>F</i>	<i>df</i>	Most important predictors
Male	.125	25.628***	23, 4139	HH income, SWSL, education, city satisfaction, social support
Female	.131	29.406***	23, 4480	HH income, SWSL, education, satisfaction with housing, negative
15–24	.087	8.920***	22, 2050	Large city, SWSL, HH income, city satisfaction, helped
25–44	.129	27.571***	22, 4100	Education, confidence in government, SWSL, HH income, satisfaction with housing
45–64	.177	20.005***	22, 2045	Social support, SWSL, HH income, satisfaction with housing, learned
65+	.208	4.534***	22, 380	SWSL, HH income, religiosity, satisfaction with housing, positive

Note. The estimates come from regression analyses using the method of *enter*. The important predictors come from separate regression analyses using the stepwise method. The predictors are in order of predictive power. SWSL = satisfaction with standards of living; HH income = satisfaction with household income; positive = positive affect; negative = negative affect.

 $p < .001$