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Happiness and health and food-related variables: Evidence for different age groups in Chile

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ABSTRACT

This study aimed to identify the factors determining the happiness in young and middle-aged adults in Chile, including health and food-related factors, and their relationships between them. To achieve this objective, a survey was conducted on a total of 1163 people (from 20 to 65 years old), proportionally distributed in the cities over 100000 inhabitants in the central area of Chile. The main scales used were: Subjective Happiness Scale (SHS), Health Related Quality of Life Index (HRQoL), and Satisfaction with Food-related Life (SWFL). In this study, the logistic ordinal regression models were estimated. The main finding was that people have more unhealthy days, poorer perception of their health, and are less satisfied with their food-related life, and are less happy in both age groups. Therefore, health-related factors and SWFL are strong predictors of happiness.

Felicidad y variables relacionadas con la salud y los alimentos: evidencia para distintos grupos de edad en Chile

RESUMEN

En este estudio se identifican los determinantes de la felicidad en adultos jóvenes y personas de edad media en Chile, incluyendo factores relacionados con la salud y la alimentación, y las conexiones entre ellos. Un total de 1163 personas fueron entrevistadas (entre 20 y 65 años de edad), distribuidas proporcionalmente por las ciudades de más de 100000 habitantes de la zona central de Chile. Las principales escalas utilizadas fueron: Escala de Felicidad Subjetiva, Calidad de Vida Relacionada con la Salud, y Satisfacción con la Vida Relacionada con los Alimentos. En este estudio se estimaron modelos de regresión logística ordinal. El principal hallazgo es que las personas con más días no saludables, más pobre

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Happiness in the sense of a personal attribute can serve as a *proxy* for well-being (Raibley, 2012). Well-being is linked not only to income, but also to personal perceptions (Cracolici, Giambona, & Cuffaro, 2012), development of social activities, leisure-time consumption and education (Bailey, 2009; Bérenger & Verdier-Chouchane, 2007; Deutsch & Silber, 2005). Some studies show that well-being is related to health status (Chyi & Mao, 2012; Veenhoven, 2008), satisfaction with family and work (Chyi & Mao, 2012; Lyubomirsky, King, & Diener, 2005) and income (Cracolici et al., 2012; Vera-Villarroel et al., 2012). However, little research has linked well-being with food (Grunert, Dean, Raats, Nielsen, & Lumbers, 2007; Schnettler et al., 2012, 2013), although eating and drinking are perhaps the most important and frequent human behaviors (Köster, 2009). In fact, food still occupies a considerable part of an average person's life in terms of time and resources (Grunert et al., 2007), yet it also acts as a product for pleasure and social construction (Kniazeva & Venkatesh, 2007). Food is prepared in the expectation that it will be shared and enjoyed in company (Kniazeva & Venkatesh, 2007): day by day with family, and at weekends with friends (Dean et al., 2008).

Considering the paucity of research linking food consumption with well-being (Blanchflower, Oswald, & Stewart-Brown, 2013; Lobos, Grunert, Bustamante, & Schnettler, 2015; White, Horwath, & Conner, 2013), we want to show that food contributes to well-being in the hedonic sense, derived from activities such as eating, drinking, sex and having fun (Parackal, 2015). In addition, this contribution crosscuts the different age groups, regardless of the evaluation of well-being during their life and the cultural differences between the groups. All these aspects constitute the main contributions of this study.

The most frequently used scale to measure satisfaction with food is the Satisfaction with Food-related Life (SWFL) scale, developed by Grunert et al. (2007). This scale has been applied in Chile, showing a significant relation between food consumption and well-being in the sample of adults in the central zone (Schnettler, Denegri, et al., 2014), southern zone (Schnettler, Miranda, et al., 2014; Schnettler et al., 2013) and the Mapuche ethnic group (Schnettler et al., 2012).

However, the most frequently used scale to measure the perception of health status is the Health-Related Quality of Life Index (HRQoL) devised by Hennessy, Moriarty, Zack, Scherr, and Brackbill (1994). The HRQoL consists of four items to measure health in its daily manifestation. The first explores self-perceived health in general based on a personal assessment of current health or disease resistance. The second item refers to the state of physical health during the past 30 days. The third item explores the status of recent mental health. The fourth item refers to limitations for common activities during the last 30 days. Based on this scale, a significant relation has been reported between HRQoL and happiness among the elderly in Chile (Lobos et al., 2015).

In this work, we define happiness as the degree to which someone positively evaluates the overall quality of his or her present, 'life as a whole' (Veenhoven, 1984). Some studies have shown that happy individuals are successful across multiple life domains, including income (Chyi & Mao, 2012; Portela & Neira, 2012), life circumstances (Csikszentmihalyi & Hunter, 2003), education (Gerdtham & Johannesson, 2001; Gerstenbluth, Rossi, & Triunfo, 2008) and perceived health (Ferrer-i-Carbonell & Frijters, 2004; Lyubomirsky et al., 2005; Mahon, Yarcheski, & Yarcheski, 2005; Veenhoven, 2008). In addition, some authors have suggested a relationship between well-being and food (Dean et al., 2008; Grunert et al., 2007; Macht, Meininger, & Roth, 2005; Schnettler et al., 2012, 2013; Schnettler, Denegri, et al., 2014; Schnettler, Miranda, et al., 2014). For example, Berenbaum (2002) showed that eating is an important source of happiness. More specifically Dean et al. (2008) and Grunert et al. (2007) found that those who see their resources as more relevant are also more satisfied with their food-related life than those for whom they are less relevant. The finding of Macht et al. (2005) of a central role of joy in hedonic eating indicates that eating is an important source of happiness. Schnettler, Denegri, et al. (2014); Schnettler, Miranda, et al. (2014) demonstrated that the level of satisfaction with life and food-related life is related to happiness and other domains, such as health and family.

Hsieh (2011) concluded that income has a significant positive association with happiness for young and middle-aged adults. Chyi and Mao (2012) found that the elderly living with their children has a negative effect on their reported happiness. Selim (2008) reported a negative age effect and positive influences of income and health status on happiness. Additionally, married people are found to have the highest degree of happiness. Education has an insignificant effect on happiness at all levels and furthermore, being male has a significantly negative direct effect on happiness. Mahon et al. (2005) examined the relationship between happiness and several health variables and gender differences in these relationships. Results indicate that there are no gender differences in happiness, but statistically significant positive correlations were found between happiness and the health-related variables. The results of Portela and Neira (2012) showed that a person is more likely to be happy if they are married, have good or very good health, an acceptable or high subjective income level, and higher education, regardless of gender. Csikszentmihalyi and Hunter (2003) found that being alone has a negative influence on happiness levels. Veenhoven (2008) found that the effect of happiness on longevity in healthy populations is remarkably strong.