

HAPPINESS, HEALTH AND FAMILY TYPE

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S y n o p s i s. At the individual level, income is not the only and important factor that explains happiness. It can be concluded from several cross-section studies that- after controlling for inter correlations - health, marital status, ethnicity, presence of young children and religious affiliation are relevant too. Despite a secular rise in real income in the richer part of the world, happiness has not increased. Two factors that may account for this - health and family type - are discussed in this paper. Special attention is paid to the impact of obesity and the growing incidence of divorce and separation.

INTRODUCTION

In general, happiness is considered to be the ultimate goal of life, or at least desirable [Veenhoven 2004, Frey, Stutzer 2002]. Happiness can be defined as the degree to which people positively evaluate their overall life situation [Veenhoven 1997]. Happiness may be considered as the affective aspect of the general concept of subjective well-being, whereas life satisfaction captures the cognitive aspect [Veenhoven 1984, Diener 1984]. The most commonly used concept of subjective well-being in economic surveys is happiness [Easterlin 2001, Frey, Stutzer 2002].

A number of factors may influence people's happiness¹. In short, we could say that family relationships and economic circumstances are the most important in influencing people's happiness, followed by one's own health, other people's health, work and social life [Bowling, Windsor 2001]. In this paper we will focus on the impact of health and family type on happiness. Happiness in the Western world has not increased over recent decades. In the literature several reasons are mentioned to explain for this fact.: the Easterlin paradox and reference and preference drift as analysed in the Leyden approach to welfare.

¹ The perception of one's own health is considered one of the better indicators of health [Wannanthee, Shaper 1991]. Self-reported health is correlated with physical limitations and is therefore useful in our health analysis. In general, men report better health than women [CBS 2001, 1999, Ross, Bird 1994] although women generally live longer than men [Schultz 1994]. For happiness we will make use of the Cantill-indicator in sections 4 to 6. Income is used in several ways, depending on the level of analysis.

Easterlin found that there are differences in happiness across income groups in cross-sectional surveys, but that no happiness differences over the individual life cycle and across different generations can be established despite substantial income growth. Furthermore, subjective reports of happiness in the past (future) are lower (higher) than in the present. However, present happiness is constant over the life cycle. Easterlin [2001] gives the following explanation for these results: aspirations (for material goods) rise with increasing income. Since high aspirations make people unhappy, the income effect on happiness 'leaks away'.

The upward preference and reference shift was already analysed by Kapteyn and Van Praag in the 1970s, see e.g. Van Praag and Kapteyn [1973] and Kapteyn [1977]. They use the concepts preference and reference drift to analyse this change in their individual welfare functions of income (WFI) approach, also labelled the Leyden welfare approach. For an overview of the individual welfare approach, we refer to Plug [1997] and Van Praag and Ferrer-i-Carbinell [2004].

Two other possible reasons for the fact that people do not become happier are discussed in this paper. We support our argument by referring to the results of empirical research on the Netherlands. In section two we pay attention to happiness and health, and in section three we look at happiness and family type. Attention is paid to the impact of obesity and family type on happiness. The last section presents our conclusion and discussion.

HAPPINESS AND HEALTH

Obesity is a growing problem worldwide. In the US, current estimates indicate that mortality due to caloric intake and lack of exercise is second only to tobacco consumption in the number of deaths that could be prevented by a change in behaviour [Philipson 2001, McGrinnis, Foege 1993]. In 2000, the World Health Organization declared obesity to be the number one global epidemic. The Netherlands is one of the countries with the highest prevalence of obesity together with the US, UK and Germany [WHO 2000].

Obesity has a negative effect on health because of the strong relationship between the prevalence of obesity and cardiovascular disease, coronary heart disease, cancer, diabetes [Philipson 2001, WHO 2000, McGrinnis, Foege 1993] and mortality [Fontaine et al. 2003, Peeters et al. 2003]. However, the effect of obesity on overall health cannot be assessed from these results because it is not clear how the different physical aspects and symptoms should be combined in an overall measure of health [Gerdtham et al. 1999].

The structural relationships between obesity, health and happiness are still little understood. Cornelisse et al. [2006] use a Dutch survey of 700 people to estimate the relationships from a socio-economic point of view². There is a strong negative effect of BMI on perceived health, indicating that high BMI scores lead to relatively low health ratings, as expected. Perceived health had a very strong positive effect on happiness, which is consistent with findings from the literature. BMI has a small negative effect on happiness,

² BMI stands for Body Mass Index, and overweight indicator. It is computed by dividing the height of a person in centimetres by the square of the weight in kilos. If the BMI is larger than 25 he/she is considered overweighted. If the BMI is larger than 30 the person is considered to be obese. A BMI lower than 20 indicates underweight.

significant only at the 10% level³. These results indicate that the effect of BMI on happiness is mainly indirect, via perceived health. The results show that BMI, perceived health and happiness are structurally related and are determined both directly and indirectly by socio-demographic variables.

These results suggest that living a regular life with different obligations and responsibilities leads to a better perceived health. Furthermore, doing sports two or more times per week positively affects perceived health, as expected. A result which is in line with conclusions that were drawn by Kahneman et al. a decade ago [Kahneman 1994, Kahneman et al. 1997]:

„Several factors, including being married or cohabiting, moderate working hours, and owning a house, had a positive influence on perceived health. In our opinion, this effect may be due to leading a regular life. Living together may smooth one's social life and regulate meal times. Moderate working hours may be optimal because it avoids negative effects of being unemployed on the one hand, and wear-out due to long working hours on the other hand. Owning a house requires maintenance and other responsibilities demanding constant attention. We believe that a regular life has a positive effect on perceived health because it avoids (negative) peak experiences. A deregulated life is associated with large variation in experiences, both positive and negative. Since negative experiences generally count heavier than positive experiences, the resulting evaluation will be relatively negative”.

In recent literature other evidence may be found that contemporary practices with respect to food and eating, especially in the western world, are not conducive to greater happiness. Oswald and Powdthave [2007] conclude that: „We have provided simple evidence that happiness and mental health are worse among fatter people in Britain and Germany; that half the population see themselves as overweight; and that, for any given level of body mass index (BMI), a person's perception of whether they are over-weight depends on their education and income....But it already seems unwise to presume that affluence is making us happier”.

So, the increasing obesity in the OECD is a reason for happiness not to increase.

HAPPINESS AND FAMILY TYPE

There is a relationship between happiness and family type. In various investigations, it has been established that the mean self-reported happiness of both husband and wife is higher than that of singles, single parents or divorcees [Argyle 1999, Oswald 1997].

Whether happier people are more frequently married than singles in the same age-income cohorts remains the question [Frey, Stutzer 2005]. Some studies, such as Frey and Stutzer [2005], show a decline of happiness after marriage, which they attribute to getting used to pleasant stimuli, while Groot & Maassen van den Brink [2000] report a decline of the wife's happiness while the score of the husband remains stable.

In a recent Dutch survey it was established that divorced people with or without children have a lower mean self-reported happiness than singles or couples. For singles, as

³ In a different analysis, not reported here, we included BMI-squared in the happiness equation. Since the coefficient of BMI-squared was not statistically significant, we did not find evidence of a non-linear relationship between happiness and BMI.

well as for divorced people or people who are married or live together, having children makes them happier [Cornelisse-Vermaat 2005]. However, in other studies a small but negative effect of children on their parent's happiness was found [Plug 1997], and according to Argyle [1999] that is due to the young age of the child; five years or less.

The main benefits of marriage or cohabitation are obvious: giving each other love and comfort, sharing resources, gaining economies of scale and others. Of course, it is the quality and stability of relationships that really matters. Nowadays, stability is under pressure, which is connected to shifts in family types. We will discuss this issue at some more length. With respect to two parent families, it is useful to discern four family types: traditional, modern, egalitarian and individualistic, see e.g. De Hoog and Van Ophem [2006].

Couples of the traditional family type have traditional ideas about the division of work, household tasks and marriage, education of their children and about the positions of men and women. In this family type, children have to obey their parents and there is little negotiation between parents and children. In the traditional nuclear family motherhood is a dominant perspective. The socialization of children is governed by the principles of order, regularity and diligence. Spouses are seen as equal, although the wife focuses her efforts on the household and children. The climate in the traditional family is more authoritarian than in the other family types. Traditional families in the Netherlands are to be found among lower economic strata, non-western immigrants (from Turkey or Morocco), orthodox Christian religious households and among households in which both spouses are lower educated. The ideas about financial management are traditional as well; debt is to be avoided and austerity is a virtue to be practiced.

Because of the wish of egalitarianism, the boundaries of the modern family type are fluid [Te Kloeze et al. 1996]. Togetherness is a primary feature of the modern family type. The division of labour is more equal, but not completely. The husband is still the main breadwinner, works full-time, whereas the wife has a small part-time job next to her household work. Husbands perform domestic tasks, especially with the rearing of the children. Modern families are characterised by mutual affection, care and love. It is estimated that about 40 per cent of the families in the Netherlands are modern ones, mainly to be found in the middle economic strata.

The egalitarian family type strives for equality between the spouses. Its main feature is negotiation and bargaining. When children are present, considerable use is made of child care facilities, the wife works gainfully for a considerable amount of time. The family is inclined to communicate a lot and mutual aid is imminent. Equality between the spouses with respect to the division of labour is to be achieved at all stages of life and the family. About 25 per cent of the families in the Netherlands are egalitarian, mainly to be found in the middle/upper-middle economic strata.

In the individualistic family type husbands and wives have an equal task division. Both spouses are higher educated and career oriented. Both are working full time. Both are important decision makers. They spend a lot of money on different forms of child care. A nanny or au pair is frequently found in these households. Motherhood, as the most important social identity, is rejected. They are convinced that they are forerunners by their values, opinions and activities. This family type is aimed at individual freedom and self actualisation. Austerity is not a virtue, and generosity in spending and having debts is not a problem.

Table 1. Happiness of males and females in relation to family type for the Netherlands in the year 2001 (own computations)*

Family type	Self-reported happiness male	N Male	Self-reported happiness female	N female
Traditional family	7.53	30	7.68	59
Modern family	7.56	25	7.81	69
Egalitarian family	7.80	12	7.65	52
Individualised family	8.17 **	12	7.69	13
Total number of respondents		87		193

Legend: *respondents were asked to rate their happiness on a scale from 1 (low) to ten (high)

** significant difference (t-test)

Source: own calculations.

Table 1 gives our computations on self-reported happiness or well-being of partners in the four family types discerned for the Netherlands. These scores are relatively high if we compare them to the scores of singles and single parent families (average between 6 and 7) [see De Hoog, van Ophem 2006]. The results are interesting. There is no relationship between happiness and family type for females and, for males, only men in an individualised family type are significantly happier than men in other family types. The latter can be attributed to the lesser preponderance of the burden of being the main breadwinner. So, one cannot say that women in one family type are happier than women in other family types. The same holds for men, with the exception just mentioned (males in individualised families). The differences are not significant probably because of selection effects and cognitive dissonance reduction. The type of family that spouses endorse is becoming more a matter of choice than some fifty years ago. However, it is found that men and women are happier in a marriage where the husband is older and higher educated than his wife [Groot & Maassen van den Brink 2002]. In many cultures the husband tends to be older and somewhat higher educated than his wife.

The nuclear family can be conceived of as a social unit in which communism reigns: from everyone according to effort, to everybody according to need. This assumption is not only made in sociological circles, but paradoxically also made in neo-liberal strands as the New Home Economics. According to the latter, common preferences are formed in a collectivist way by means of altruism and not in an atomistic way [Vernon 1998]. For the traditional and modern family type this is certainly the case, but for the other two family types this assumption is probably more questionable.

In the egalitarian and individualistic family types negotiation, bargaining and looking for happiness in the self actualisation process are phenomena that demand time and effort. If there is not a win-win situation, the spouse is substituted for another happiness seeking individual. Shortly, it means that the logic of market choice has not only invaded the minds of people as producers or buyers of goods and services, but also the mind of people as family (wo)men. This leads to higher divorce/separation rates. High divorce rates do not lead to greater social well being and happiness, as is demonstrated in the literature.

Non-traditional life cycles and the egalitarian and individualistic family types are connected to each other. It should be kept in mind that the educational level is high in both family types for both spouses. After graduation, men and women will start their careers as singles in their mid 20s. Career-oriented men and women are living together as unmarried couples at the start of their 30s. This relationship must be perfect before they are to marry and to have children „only the best is good enough”. This is the main reason for the high

separation rates of young cohabitants. One of the results of this pattern is serial monogamy. It is the main reason, together with the career orientation, for the late start of the family stage in the egalitarian and individualistic family type. In comparison with the traditional types, the fertility of the egalitarian and individualistic family types is low. There are strong indications that men and women with a higher education will not regard fatherhood and motherhood as the only desirable option.

The emergence of the egalitarian and individualistic family types is connected with a higher prevalence of divorce. Men and women living in such a family types are not happier or unhappier than men and women in traditional and modern family types. However, the rise in the relative importance of these family types has a negative impact on happiness, because of the greater odds of divorce.

The consequences of divorce for society, partners, other family members, and especially children are noteworthy. Ex-spouses are seen as financially worse off after separation. This holds both for males and females. Financial assets, household durables are generally shared according to a one-time property settlement just as for pension and retirement income as well. Expenses for legal assistance have to be paid. The spouses have to move to lower quality housing. Even where nominal income (earnings) of the ex-spouse remains the same, (s)he normally has to pay extra monthly expenditures apart from incidental outlays: alimony for the ex-spouse, child support, payments for additional mortgage.

Moreover, the fixed costs of the household have to be paid out of the income of one spouse. It is a consequence of the loss of economies of scale incurred by a divorce. A divorce means that one house and set of fixed costs is substituted for two houses and accompanying fixed costs. In general, it leads to lower standards of living, especially in the domain of discretionary income expenditures. So, both partners are confronted with a sizable decline in economic capital, not only in the short run but in the long run as well, see e.g. De Hoog and Van Ophem [2006].

CONCLUSION AND DISCUSSION

In the section on health and happiness we saw that there is a strong negative effect of BMI on perceived health, indicating that high BMI scores lead to relatively low health ratings, as expected. Perceived health had a very strong positive effect on happiness. BMI has a small negative effect on happiness, significant only at the 10% level. The results indicate that the effect of BMI on happiness is mainly indirect, via perceived health. BMI, perceived health and happiness are structurally related and are determined both directly and indirectly by socio-demographic variables. The results suggest that living a regular life with different obligations and responsibilities leads to a better perceived health.

In the section on happiness and family type it appears that, in all types of families (traditional, modern, egalitarian and individualised) husbands and wives both have high scores on a happiness scale in comparison to singles and single parent families. There is a significant difference between husbands and wives in the individualised family. Males are, in this family type, generally happier than females, however females are not unhappy. There are two major problems with egalitarian and individualised family types: fertility and divorce. Fertility is relatively low and divorce relatively high. Especially the latter has a negative impact on happiness, which compensates the fact that in most cases egalitarian and indivi-

dualistic families are wealthier and earn a higher income in comparison to traditional and modern families.

We are aware that there is a positive relationship between real income and happiness. However, several puzzles and paradoxes about real income and happiness can be observed. In cross section survey research one usually finds that there are other factors besides a low level of income and loss of income, for example through unemployment, that make people unhappy. In that respect, proper attention should be given to the costs of bad health and lack of family life and, conversely, to the benefits of health and family.

REFERENCES

- Argyle M. 1999: Causes and correlates of happiness. [In:] D. Kahneman, E. Diener & N. Schwarz (eds.) *Well-being: the foundations of hedonic psychology*. New York, Russell Sage Foundation, pp. 353-373.
- Bowling A., Windsor J.O. 2001: Towards the good life: a population survey of dimensions of quality of life. *Journal of Happiness Studies*, 2, pp. 55-81.
- CBS (Dutch Central Bureau of Statistics). 1999: Six million people with a long-lasting disorder (Index No. 9, The Hague).
- CBS (Dutch Central Bureau of Statistics). 2001: Regional differences in health. Poorer health in four big cities and in South-Limburg (Index No. 9, The Hague).
- Cornelisse-Vermaat J.R. 2005: Household production, health and happiness A comparison of the native Dutch and non-western immigrants in the Netherlands. Wageningen, Ph.D dissertation.
- Cornelisse J., Antonides G., Ophem J.A.C. van Maassen, van den Brink H. 2006: Body mass index, perceived health and happiness: their determinants and structural relationships. *Social indicators Research*, 79, 1, 143-158.
- De Hoog K., van Ophem J. 2006: Families and changing life cycles. In: G.Meijer, W.J.M. Heijman, J.A.C. van Ophem and B.H.J. Verstegen (eds.) *Heterodox views on Economics and the Economy of the Global Society*. Wageningen, Wageningen Academic Publishers, pp 143-154.
- Diener E. 1984: Subjective well-being. *Psychological Bulletin* 95, pp. 542-575.
- Diener E., Diener M., Diener C. 1995: Factors predicting the subjective well-being of nations. *Journal of Personality and Social Psychology* 69, pp. 851-864.
- Easterlin R.A. 2001: Income and happiness: towards a unified theory. *The Economic Journal* 111, pp. 465-484.
- Easterlin R.A. 2001a: Life cycle welfare: trends and differences. *Journal of Happiness Studies* 2, pp. 1-12.
- European Commission 2006: Mental Well-being. Special Eurobarometer 248/Wave 64.4-TNS Opinion and Social.
- Fontaine K.R., Redden D.T., Wang C., Westfall A.O., Allison D.B. 2003: Years of life lost due to obesity. *Journal of American Medical Association* 2 (289), pp. 187-193.
- Frey B.S., Stutzer A. 2002: What can economists learn from happiness research? *Journal of Economic Literature* 40, pp. 402-435.
- Frey B.S., Stutzer A. 2005: Happiness research: state and prospects. *Review of Social Economy*, LXIII, 2, 177-207.
- Gerdtham U.G., Johannesson M., Lundberg L., Isacson D. 1999: The demand for health: results from new measures of health capital. *European Journal of Political Economy* 15, pp. 501-521.
- Groot W., Maassen van den Brink H. 2002: Age and education differences in marriages and their effects on life satisfaction. *Journal of Happiness Studies*, 3, 153-165.
- Kahneman D. 1994: New challenges to the rationality assumption. *Journal of Institutional and Theoretical Economics* 150, pp. 18-36.
- Kahneman D., Wakker P.P., Sarin R. 1997: Back to Bentham? Explorations of experienced utility. *Quarterly Journal of Economics* 112, pp. 37-405.
- Kaptein A. 1977: A theory of preference formation. Ph.D Leyden University.
- Layard R. 2005: *Happiness. Lessons from a new science*. London, Penguin: Allen Lane.
- McGrinnis J.M., Foege W.H. 1993: Actual causes of deaths in the United States. *Journal of the American Medical Association*, 270(18), pp.2207-2222.
- Offer A. 2006: *The challenge of affluence: self-control and well-being in the United States and Britain since 1950*. Oxford, Oxford UP.
- Oswald A.J. 1997: Happiness and economic performance. *The Economic Journal* 107, 1815-1831.

- Oswald J., Powdthave N. 2007: Obesity, unhappiness and The Challenge of affluence: theory and evidence. *The Economic Journal*, 117 (June), F441-459.
- Peters A., Barendregt J.J., Willekens F., Mackenbach J.P., Al Mamun A., Bonneux L. 2003: Obesity in adulthood and its consequences for life expectancy: a life table analysis. *Annals of Internal Medicine*, 138, 1, 24-32
- Philipson, T. 2001: The world-wide growth of obesity: an economic research agenda. *Health Economics*, 10, pp1-7.
- Plug E. 1997: Leyden welfare and beyond. Amsterdam. Tinbergen Institute Research Series.
- Ross C.E., C.E. Bird 1994: Sex stratification and health lifestyle: consequences for men's and women's perceived health. *Journal of Health and Social behaviour*, 35, pp.161-178.
- Schultz T.P. 1994: Overview, theory and measurement. Investment in schooling and health of women and men. Quantities and returns. *The Journal of human development* 28.4. 694-733.
- Te Kloeze J.W., de Hoog K., van Bergen M., Duivenvoorden M. 1996: Tussen vrijheid en gebondenheid. Het postmoderne gezin ontdekt. Leuven/Apeldoorn, Garant.
- Van Praag B., Ferrer-i-Carbonell A. 2004: Happiness quantified. A satisfaction calculus. New York, Oxford University Press.
- Van Praag B.M.S., Kapteyn A. 1973: Further evidence on the individual welfare function of income: an empirical investigation in the Netherlands. *European Economic Review*, 4, pp.33-62.
- Veenhoven R. 1984: Conditions of happiness. Dordrecht, Reidel.
- Veenhoven R. 1997: Advances in understanding happiness. *Revue Québécoise de Psychologie*, 18, pp. 29-74.
- Veenhoven R. 2004: The greatest happiness principle. Happiness as an aim in public policy. In: A.Linely and S. Joseph(eds.) *Positive psychology in practice*. Hoboken, NJ. Wiley & Sons
- Veenhoven R. 2005: Apparent quality of life in nations: how long and happy people live. *Social Indicators Research*, 71, pp 61-86.
- Vernon M. 1998: Rethinking households. An atomistic perspective on European living arrangements. London and New York: Routledge.
- Wannamethee S.G., Shaper A.G. 1991: Self-assessment of health status and mortality in middle-aged British men. *International journal of Epidemiology*, 20(1), pp.239-245.
- World Health Organization (WHO) 2000: Obesity: preventing and managing the global epidemic. WHO Technical Report Series 894, WHO, Geneva.
- Young M. *The symmetrical Family*. Harmondsworth: Allan Lane The Penguin Press.

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ZADOWOLENIE Z ŻYCIA, ZDROWIE A TYP RODZINY

Streszczenie

Opracowanie dotyczy różnych czynników wpływających na zadowolenie z życia. Na poziomie jednostki dochód nie jest jedynym ważnym czynnikiem objaśniającym zadowolenie. Z przeglądu różnych analiz wynika, że zdrowie, status rodzinny, w tym posiadanie dzieci, przekonania religijne i przynależność do grup etnicznych również odgrywają ważną rolę. Pomimo wzrostu dochodów w bogatszych częściach świata poziom zadowolenia nie podniósł się. W artykule szczególną uwagę poświęcono dwóm czynnikom – otyłości oraz zjawisku rosnącej liczby rozwodów i separacji.

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