

LIFE SATISFACTION IN 18- TO 64-YEAR-OLD SWEDES: IN RELATION TO EDUCATION, EMPLOYMENT SITUATION, HEALTH AND PHYSICAL ACTIVITY

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Objective: The aim of this study is to relate different socio-demographic, health and physical activity parameters to levels of satisfaction with life as a whole and with 10 specific domains of life.

Design: Data on socio-demographic items were sampled, using strictly structured interviews, while a checklist (LiSat-11) was used for self-reported levels of life satisfaction.

Subjects: A nationally representative Swedish sample of 1207 women and 1326 men aged 18–64 years.

Results: Univariately most of these socio-demographic variables were associated with several of the LiSat-11 items. Using logistic regression, perceived good health and not being a first generation immigrant were the most prominent positive predictors of satisfaction with life as a whole and of most of the domains. Also educational level impacted predictively on satisfaction with many LiSat-11 items. Furthermore, those who were vocationally active, perceived their financial situation as better than or similar to most people's and had a steady partner relationship were particularly likely to be satisfied with life as a whole and with two or more of the domains.

Conclusion: These results indicate that a multitude of aspects must be taken into account when assessing life satisfaction.

Key words: life satisfaction, epidemiology, education, employment, health

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INTRODUCTION

This article is the second part of an investigation focusing descriptively on levels of self-reported life satisfaction in 18- to 64-year-old Swedish women and men. In the current report, comprising the same 1207 women and 1326 men as in part I, the checklist, LiSat-11, encompassing 11 items, namely satisfaction with life as a whole and satisfaction with 10 domains of life, was used. Part I addressed mainly (univariately) life satisfaction in relation to gender, age, having or not having a partner and being or not being a first generation immigrant (1). One aim of the present report is to relate levels of life satisfaction to educational

level, employment situation, perceived financial situation, perceived health, subjective performance ability and level of physical activity (in sports/exercise and in outdoor life). The main aim is to analyse the likelihood of gross level of satisfaction with life as a whole and with the 10 domains of life to be determined by educational level, employment situation, perceived financial situation, perceived health, subjective performance ability, level of physical activity, gender, age, having/not having a partner and being/not being a first generation immigrant.

METHODS AND SAMPLE

In 1996, the Swedish National Institute of Public Health supported and financed an epidemiological study of sexuality and health in Sweden (2). A total of close to 800 variables were included in the original investigation.

The target population was randomly drawn from the Swedish central population register. They were first approached through an informative letter, pointing out that participation was voluntary and guaranteeing their anonymity in all computations. After that they were contacted by telephone to ascertain if they would participate and to determine a time and place for the interview.

Data collection was performed by specially trained interviewers, using a combination of structured face-to-face interviews, questionnaires and checklists. The interviews lasted on average 1.5 hours and were conducted mainly in the respondent's home (for further details see 1, 2). The structured interview included questions on the subject's highest educational level, employment situation, perceived financial situation, perceived health, subjective performance ability and level of physical activity (sports/exercise and outdoor life).

In Fugl-Meyer et al. (1) Swedish reference values for satisfaction with life as a whole and with the 10 domains of life were reported. Within the age range studied, life satisfaction was generally gender-independent, while age was systematically and positively associated with vocational and financial satisfaction. Having no partner and being a first generation immigrant to Sweden implied relatively low levels of satisfaction for most LiSat-11 items. Gross levels of satisfaction with 7 of the domains were significant classifiers (odds ratios 1.7–3.9) of gross levels of satisfaction with life as a whole.

The report comprises the same 1207 women and 1326 men in their potentially vocationally active age (18- to 64-year-old). For both genders the median age was 38 years (mean 39 years). The distribution of the sample within the demographic categories (and subcategories) is given in Table I. Internal drop-out rates were small, ranging between 0.2 and 2.3%. Only a few significant (χ^2 -statistics, $p < 0.01$) gender differences emerged. These were that relatively more women had a university education and the women had a less favourable view of their financial situation and more of them had an active outdoor life.

The previously described (1) 11-item self-report checklist (LiSat-11) was used for measuring life satisfaction. Among the 11 items in this generic instrument, one characterizes the level of satisfaction with life as a whole, while the remaining 10 items constitute a very stable factor construct (1). The items, satisfaction with sexual life, partner relationship and family life constitute a *Closeness* factor. A *Health* factor encompasses satisfaction with personal ADL, somatic health and

Table I. Distribution of 1207 Swedish women and 1326 Swedish men among the different subcategories of socio-demographic and health/physical activity variables. If significant gender differences are present (χ^2 statistics, $p < 0.01$) the proportions of both women/men are given

	Women/men (%)
Educational level	
University education	30/22
Upper secondary school	51/57
Comprehensive school	19/21
Employment situation	
Active (including students)	88
Unemployed	7
Sickness benefit [#]	5
Perceived financial situation	
Better than most people's	36/42
Similar to most people's	53/43
Worse than most	11/15
Perceived health	
Good	79
In between good and poor	18
Poor	3
Subjective performance ability	
Reduced	10
Not reduced	90
Level of physical activity	
Active in sports/exercise	69
Not active in sports/exercise	31
Active in outdoor life	68/59
Not active in outdoor life	32/41

[#] 2% of the women and 1% of the men were on the sick list, while 4% and 3% respectively had a disability pension.

psychological health, while a *Spare time* factor incorporates satisfaction with leisure and with contacts with friends and acquaintances. Finally, satisfaction with the vocational and financial situations constitutes a *Provision* factor. (In the text and tables this categorization is generally used).

The study was approved by the Swedish Council for Research in the Humanities and Social Sciences 1995.

Statistics

For all statistical analyses the SPSS[®] 10.0 statistical program was utilized. The Mann-Whitney U-test was used to analyse differences in levels of life satisfaction (all 11 items) between the subcategories in Table I. Variables with 3 subcategories were with 1 exception, namely the categorical variable employment situation, dichotomized thus: educational level into university education vs the 2 lower levels, perceived financial situation into better than or similar to most vs worse than most people's, and perceived health into good vs intermediate and poor health. The 1% significance level was used for hypotheses testing.

The relatively large number of tests performed clearly implies an increased risk of type 1 false significance. Therefore Bonferroni (sequentially rejective) corrections were performed.

A logistic regression (stepwise backward procedure) was applied to test which parameters were the most influential in predicting gross levels of life satisfaction, using the odds ratio (OR) to estimate the odds of membership in the target group, given the presence of independent (categorical) variables.

An OR of, for instance 2.2 implies that the likelihood of being satisfied with a specific aspect of life is slightly more than doubly as great for this particular group as compared with its counterpart within a dichotomy. In contrast, an OR of 0.7 means that the likelihood of being satisfied is smaller than it is for its counterpart within the dichotomy.

In these analyses the (dependent) LiSat-11 scale was dichotomized

into gross levels, namely satisfied or very satisfied (grades 5–6) vs grades 1–4. The validity of this dichotomy has been shown previously (1). Concerning the independent variables these were dichotomized (trichotomized) as described for the Mann-Whitney U-tests. In addition, gender, age (dichotomized over the median into relatively younger: <39 years vs relatively older subjects: ≥ 39 years), having (79%) or not having a partner and being (8%) or not being a first generation immigrant were entered. The last 4 variables and their (univariate) relation with the LiSat-11 items have been described in detail previously (1).

RESULTS

Educational level

As there were no significant differences in levels of life satisfaction between the upper secondary school and comprehensive school groups, those 2 groups were pooled. Subjects with university education (Table II) were less satisfied with contacts with friends and acquaintances than were those with lower levels of education. In contrast, the levels of satisfaction with 2 of the health (ADL and somatic health) and with the 2 provision items were significantly highest in the university education group. University education was a positive predictor (Table III) of satisfaction with ADL and with the 2 provision items. In contrast, university education was negative for satisfaction with sexual life, family life, leisure and contacts.

Employment situation

The vocationally active subjects (Table II) had a higher level of satisfaction with life as a whole than had unemployed subjects and those on sickness benefit/disability pension. Both the vocationally active subjects and those on sickness benefit/disability pension had higher levels of satisfaction with the 2 provision items than had the unemployed, while those on sickness benefit/disability pension generally had relatively low levels of satisfaction with the health items. The vocationally active were more satisfied with their psychological health than were the unemployed, and they were also more satisfied with their sexual life and vocational situation than were those on sickness benefit/receiving disability pension. Employment situation was predictive of gross level of satisfaction with life as a whole (Table III). In particular those who were vocationally active and also those who were on sickness benefit/disability pension were likely to be more satisfied with their vocational situation than the unemployed. The vocationally active were also more likely to be satisfied with their economy than were the unemployed.

Perceived financial situation

With the exception of satisfaction with ADL, those who estimated that their financial situation was worse than that of most people generally had lower levels of life satisfaction than had subjects who estimated that their financial situation was similar to or better than most people's (Table II).

The perceived financial situation significantly predicted satisfaction (Table III) with life as a whole and with the 2 provision items (an extremely high impact, OR 22.7, on

Table II. Differences in life satisfaction (columns) by educational level, employment situation, perceived financial situation, perceived health, subjective performance ability, sports/exercise and outdoor life (Mann-Whitney U test). z-values are given in brackets. Items are arranged according to factor-analytic structure. $p < 0.01$, Bonferroni corrections performed

	Overall			Health				Spare time			Provision	
	Life as a whole	Sexual life	Partner relation#	Family life	ADL	Somatic health	Psychological health	Leisure	Contacts	Vocation	Economy	
Educational level Ue vs NUe	-	-	-	-	0.001 ↑ (-5.3)	0.001 ↑ (-3.6)	-	-	0.001 ↓ (-4.5)	0.001 ↑ (-5.5)	0.001 ↑ (-4.8)	
Employment situation Va vs U	0.001 ↑ (-6.0)	-	-	-	-	-	0.001 ↑ (-3.7)	-	-	0.001 ↑ (-15.5)	0.001 ↑ (-8.3)	
Va vs S	0.001 ↑ (-3.8)	0.001 ↑ (-3.5)	-	-	0.001 ↑ (-5.9)	0.001 ↑ (-11.4)	0.001 ↑ (-5.2)	-	-	0.001 ↑ (-6.0)	-	
S vs U	-	-	-	-	-	0.001 ↓ (-8.1)	-	-	-	0.001 ↑ (-4.2)	0.001 ↑ (-4.1)	
Perceived financial situation NWm vs Wm	0.001 ↑ (-9.5)	0.001 ↑ (-4.3)	0.001 ↑ (-4.0)	0.001 ↑ (-5.8)	-	0.001 ↑ (-4.5)	0.001 ↑ (-6.2)	0.001 ↑ (-7.9)	0.001 ↑ (-3.9)	0.001 ↑ (-8.4)	0.001 ↑ (-22.7)	
Perceived health G vs NG	0.001 ↑ (-12.6)	0.001 ↑ (-6.7)	0.001 ↑ (-5.2)	0.001 ↑ (-6.1)	0.001 ↑ (-8.8)	0.001 ↑ (-27.5)	0.001 ↑ (-15.3)	0.001 ↑ (-9.9)	0.001 ↑ (-4.7)	0.001 ↑ (-9.9)	0.001 ↑ (-8.1)	
Subjective performance ability NR vs R	0.001 ↑ (-3.4)	-	-	-	0.001 ↑ (-4.5)	0.001 ↑ (-13.8)	0.001 ↑ (-3.2)	-	-	-	-	
Level of physical activity In sports/exercise A vs NA	0.001 ↑ (-4.6)	-	-	-	0.001 ↑ (-5.7)	0.001 ↑ (-7.8)	0.001 ↑ (-4.0)	0.001 ↑ (-10.3)	0.001 ↑ (-4.5)	-	0.001 ↑ (-4.8)	
In outdoor life A vs NA	-	-	-	-	-	-	-	0.001 ↑ (-5.1)	-	-	0.001 ↑ (-4.3)	

Those with partner, ↑ (↓) indicates higher (lower) level of satisfaction in the sub-categories first mentioned in the left column, - indicates non-significant Ue = University education (n = 652), NUe = Not university education (n = 1859), Va = Vocationally active (n = 2204), U = Unemployed (n = 172), S = Sickness benefit/disability pension (n = 125), NWm = Not worse than most (n = 2160), Wm = Worse than most (n = 324) G = Good health (n = 1994), NG = Not good health (n = 537), NR = Not reduced performance (n = 2253), R = Reduced performance (n = 253) A = Active, NA = Not active in sports/exercise (n = 1739 and 786) or outdoor life (n = 1597 and 924).

Table III. The probability of being satisfied (scale grades 5 or 6) with life as a whole and with the Closeness, Health, Spare time and Provision domains expressed as odds ratios (OR) calculated for the items in the LEFT column. Only independent variables that are significant contributors ($p < 0.01$) to the different equations are included

	Overall			Closeness			Health			Spare time			Provision		
	Life as a whole OR (99% CI)	Sexual life OR (99% CI)	Partner relation# OR (99% CI)	Family life OR (99% CI)	ADL OR (99% CI)	Somatic health OR (99% CI)	Psychological health OR (99% CI)	Leisure OR (99% CI)	Contacts OR (99% CI)	Vocation OR (99% CI)	Economy OR (99% CI)				
Educational level	-	0.72 (0.56-0.94)	-	0.71 (0.51-0.99)	2.1 (1.0-4.3)	-	-	0.70 (0.54-0.90)	0.65 (0.50-0.84)	1.3 (1.0-1.7)	1.4 (1.1-1.8)				
University education	-	-	-	-	-	-	-	-	-	-	-				
Employment situation	1.8 (1.2-2.9)	-	-	-	-	-	-	-	-	9.8 (5.0-19.2)	2.1 (1.2-3.8)				
Va/U	-	-	-	-	-	-	-	-	-	5.7 (2.4-13.7)	-				
S/U	-	-	-	-	-	-	-	-	-	-	-				
Perceived financial situation	1.9 (1.3-2.6)	-	1.8 (1.2-2.8)	-	-	-	2.0 (1.3-2.9)	1.9 (1.4-2.7)	-	1.5 (1.1-2.2)	22.7 (8.9-57.8)				
Good financial situation	-	-	-	-	-	-	-	-	-	-	-				
Perceived health	3.0 (2.2-4.0)	1.7 (1.3-2.3)	-	2.2 (1.6-3.1)	2.9 (1.8-4.9)	18.1 (13.0-25.2)	4.3 (3.2-5.9)	2.2 (1.7-3.0)	1.7 (1.3-2.3)	2.3 (1.7-3.0)	1.6 (1.2-2.2)				
In good health	-	-	-	-	-	-	-	-	-	-	-				
Subjective performance ability	-	-	-	-	-	3.2 (2.0-5.1)	-	-	0.55 (0.36-0.84)	-	-				
Not disabled	-	-	-	-	-	-	-	-	-	-	-				
Level of physical activity	-	-	-	-	-	-	-	-	-	-	-				
In sports/exercise	-	-	-	-	-	1.5 (1.0-2.0)	-	1.9 (1.5-2.4)	1.4 (1.1-1.8)	-	-				
Active	-	-	-	-	-	-	-	-	-	-	-				
In outdoor life	-	-	-	-	-	-	-	1.3 (1.0-1.6)	-	-	-				
Active	-	-	-	-	-	-	-	-	-	-	-				
Gender	-	-	-	-	-	-	-	-	-	-	-				
Being a woman	-	-	-	-	2.4 (1.4-4.2)	-	0.70 (0.53-0.93)	-	1.6 (1.2-2.0)	-	-				
Age	-	-	-	1.4 (1.0-1.8)	-	-	-	1.4 (1.1-1.7)	-	1.7 (1.3-2.1)	2.4 (1.9-3.0)				
Age above median	-	-	-	-	-	-	-	-	-	-	-				
Partner status	2.5 (1.9-3.3)	6.7 (4.9-9.2)	NA	2.6 (1.8-3.6)	-	-	1.7 (1.2-2.3)	-	-	-	-				
Having a partner	-	-	-	-	-	-	-	-	-	-	-				
Immigrant status	2.0 (1.3-3.0)	-	2.1 (1.3-3.5)	1.8 (1.1-2.9)	4.1 (2.2-7.6)	-	2.0 (1.3-3.2)	1.8 (1.2-2.8)	1.8 (1.2-2.6)	-	1.7 (1.0-2.7)				
Brought up in Sweden	-	-	-	-	-	-	-	-	-	-	-				

Those with partner.
 Va = Vocationally active, U = Unemployed, S = Sickness benefit/disability pension. N.A: not applicable, CI: confidence interval, - indicates non-significant.

satisfaction with economy). Perceived financial situation was also a sizeable predictor of satisfaction with partner relationship, psychological health and leisure.

Perceived health

Systematically (Table II) subjects with perceived good health had higher levels of life satisfaction than those (21%) who reported their health was not good (in between good and poor, or poor). Perceived good health was a positive predictor of gross levels of satisfaction with life as a whole and with 9 of the 10 domains (Table III). Reasonably, odds ratios were particularly high for satisfaction with somatic and psychological health.

Subjective performance ability

Those subjects who had reduced performance ability (perceived themselves to some extent disabled) had relatively low levels of satisfaction with life as a whole, and with the 3 health domains. Reduced performance ability was a negative predictor of satisfaction with somatic health, but positive for satisfaction with contacts with friends and acquaintances.

Level of physical activity

Those subjects who were active in *sports/exercise* reported higher levels of satisfaction with life as a whole than did the non-active and this was also true for all health items, the 2 spare time items and for satisfaction with economy (Table II). To be active in sport/exercise predicted higher gross level of satisfaction with the 2 spare time items and with somatic health. Differences in levels of satisfaction with leisure and economy, in favour of the active group, emerged univariately for those active in *outdoor life* but being active in outdoor life was a positive predictor only of satisfaction with leisure.

Gender

We have previously reported that only marginal differences in life satisfaction occurred between the groups of women and men in this sample (1) as there were only 2 gender differences; women being more satisfied with ADL and with contacts with friends and acquaintances. In the logistic regression performed here (Table III) those results appeared confirmed as women were more likely than men to be satisfied with ADL and contacts with friends and acquaintances. Women were, however, less likely to be satisfied with their psychological health. It should be particularly emphasized that being male or female did not influence the prospects of being satisfied with the closeness items. This was also the case for employment situation and for level of physical activity.

Age

Age was in the previous study (1) found to be closely associated with satisfaction with the 2 provision items, with family life and for the women, with leisure. These results also appear congruent with the present findings of age above median to be a positive predictor of gross levels of satisfaction with the 2 provision items, with family life and with leisure. Somewhat unexpect-

edly, this age dichotomy did not influence the health-satisfaction items.

Partner status

In the previous report (1) on this sample, those who had a partner generally had higher levels of life satisfaction than those without a partner. The odds ratios found in the present investigation indicate that those who had a partner were likely to have higher gross levels of satisfaction with life as a whole and in particular with sexual life and with family life and psychological health are only partly congruent with the previous findings.

Immigrant status

Being a first generation immigrant was a negative predictor (Table III) of gross level of most LiSat-11 items, exceptions were satisfaction with sexual life, somatic health and vocational situation. In our previous report (1) first generation immigrants univariately had lower levels of satisfaction with life as a whole, with the 2 spare time domains and generally with the health domains, but not with the closeness domains. Moreover, male but not female immigrants had lower levels of satisfaction with the 2 provision items.

DISCUSSION

A general finding of this study, and a quite expected one, is that the results of the logistic regression (OR) analyses did not systematically replicate the results of the univariate analyses. The main reason probably being complicated multifaceted relationships between the socio-demographic, health and physical activity variables. Another reason may be that in the logistic regression the LiSat items were dichotomized into gross levels of satisfaction while in the univariate analysis full scales have been used. We have here chosen to edit the discussion systematically focussing on the independent variables.

Educational level

The combination of a relatively greater likelihood of people with university education being satisfied with the provision items and with ADL performance (all of these characterizing instrumental rather than emotional facets of life) but a relatively smaller likelihood of being satisfied with relatively more emotional aspects of life may best be explained by their performance orientation. Probably these people invest much of their time in their career (where as a group they appear to have succeeded reasonably well; see the univariate analysis) but may consider that they have been appreciably less successful in emotional and spare-time life. It is very likely that they devote too little time to these aspects of life, in which aspirations may not be met by achievements.

Employment situation

In his literature survey Veenhoven (3, p. 216) noted that at least since 1933, when Jahoda et al. (4) published their study of unemployed people during the Great Depression, unemploy-

ment has been seen as detrimental to happiness (defined as satisfaction with life as a whole). Veenhoven found that having a job was important for overall life satisfaction, although rarely the most important factor. This statement appears to be underlined by the finding that although unemployed people had a particularly low level of vocational satisfaction the predictive power of being vocationally active on satisfaction with life as a whole was clearly lower than those of good health, having a partner and being brought up in this country. The present findings also appear to agree with the conclusion by Inglehart (5) from his survey of 16 nations ($n = 170,000$) that unemployed people had a much lower level of overall life satisfaction than the employed. Moreover, using the LiSat-9 (satisfaction with somatic health and with psychological health not included) Bränholm et al. (6) found low levels of satisfaction with most domains in a vocational rehabilitation clientele from Northern Sweden. Our observation that Swedish vocationally active subjects have a clearly higher likelihood of being satisfied with their vocational or financial situations supports an earlier finding in a prospective study (7) that successfully vocationally rehabilitated subjects increase their level of satisfaction with these 2 domains. That those on sickness benefit/disability pension were more satisfied than the unemployed with vocation and economy may at least in part be explained by the assumption that many of those on sickness benefit expected to return to gainful employment. Moreover, in Sweden sickness benefit/disability pension may not imply an appreciable financial loss.

Perceived financial situation

It appears logical that subjects perceiving their financial situation as worse than that of most people are extremely likely to have a relatively low level of satisfaction with their economy. That they are about twice as likely to have low satisfaction with life as a whole is consistent with results of the large-scale investigation by Inglehart (5). The finding that those who perceive their financial situation as bad were also more likely to report low satisfaction regarding partner relationship, psychological health and leisure can speculatively be explained by assuming that poor economy is associated with a partner relationship that is at risk of being psychologically trying with fewer possibilities or zest for rewarding leisure activities, again a question of aspiration-achievement gaps.

Perceived health

The present findings clearly indicate that perceived good health is a sizeable positive factor for nearly all life satisfaction items. It appears to be a truism that perceiving one's health as good is a massive positive predictor of satisfaction with somatic and psychological health. The finding that perceiving oneself to be in good health is the major predictor of being satisfied with life as a whole agrees with the results of several other investigations (see for instance 8 or 3, p. 268). The fact that not being in good health infers restrictions on personal ADL, on leisure activities and on the provision items, is a reasonable explanation for the relatively greater likelihood that people in poor health will have a low

level of satisfaction with these domains. It is also well known that not being in good health leads to a high level of sexual dysfunction which, in turn, will lead to sexual problems and hence to low levels of sexual satisfaction (9).

Subjective performance ability

That subjects with reduced performance ability had a low likelihood of being satisfied with their somatic health is not unexpected. For instance, Bränholm et al. (10), using the LiSat-9, in agreement with the present finding, found that subjects with chronically disabling neurological disorders reported lower satisfaction with life as a whole and with many of the domains, compared to a control group. However, Stensman (11), for example, reported no significant difference in quality of life between mobility-disabled subjects and matched controls. That subjects with reduced performance ability are more likely to be satisfied with contacts with friends and acquaintances may, speculatively, imply that disabled subjects may establish a closer and more rewarding social network than their non-disabled peers.

Level of physical activity

Subjects active in sports/exercise are likely to be satisfied with their somatic health and with contacts with friends and acquaintances. The reason for this is open to speculations. It may be argued that those who are in good health can be more physically active, and it can also be postulated that sports and exercise may enhance good health. Such an interaction may be the reason why relative few of the odds ratios were significant predictors while most of the LiSat-11 domains were univariably significantly associated with sports/exercise activity. It seems reasonable that subjects who are active in sports and outdoor life are more likely to be satisfied with their leisure time. Leisure, of course, involves other activities than sports and outdoor life; but the present results show that, in Sweden, physical activities are important for the concept of leisure. Most outdoor activities are carried out together with others. This may explain the finding that those who are active are more likely to be satisfied with contacts. Argyle, in his review (12), states that exercise increases happiness and that the reason for this may be both the release of endorphins and a social effect. However, in spite of a univariate close association of performance ability, sports/exercise and outdoor activities with satisfaction with life as a whole, none of these activities influenced the logistic regression analysis appreciably. A major reason for this is probably the close relationship between perceived health and these activities – weighting them out from the equation.

Gender

That gender is not a significant predictor of satisfaction with life as a whole is in agreement with findings of others (for an overview see 13). Moreover, that Swedish women are more likely than men to be satisfied only with contacts with friends and acquaintances and with personal ADL is in essential conformity with previous univariate findings in the same

sample. (1). The low probability for women to be satisfied with their psychological health confirm other epidemiological findings. In a large scale, national comorbidity survey, Kessler et al. (14) reported that in the USA women aged 15–54 years had elevated rates of affective and of anxiety disorders. Furthermore, in a regionally representative, prospective Swedish investigation, Rorsman et al. (15) found the cumulative probability of first incidence of depression to be nearly twice as high in women (45%) as in men (27%).

Age

We have found only a few investigations in which satisfaction derived from different domains has been related to age over many decades. The finding that relatively older persons are more likely to be satisfied with family life, leisure and with the 2 provision items appears to confirm our previous univariate results (1). That a relatively higher age is a positive predictor of satisfaction with family life is in principle in agreement with the results of Butt & Beiser (16).

Partner status

That having a steady partner relationship makes it more likely that there will be a high level of satisfaction with life as a whole and with the applicable closeness items, in particular satisfaction with sexual life, and also with psychological health is in essential agreement with other reports (12, 17).

Immigrant status

It has been found that ethnic minorities have relatively low levels of happiness (12). The present investigation emphasizes that over a wide range of life domains, immigrancy to Sweden implies a serious risk of attaining relatively low levels of life satisfaction. Some of these first generation immigrants may have felt forced to leave their former life situation, leading to loss of satisfaction with several domains of life and with life as a whole. But to what extent the low level of life satisfaction is a result of relatively poor Swedish immigrant integration or of culturally determined factors – though the latter is less likely (cf. 1) – remains unclear to us.

CONCLUSION

This investigation of a nationally representative Swedish population of subjects in their vocationally active years shows that a multitude of socio-demographic, health and physical activity items play significant roles for the likelihood of being satisfied with life as a whole and with 10 selected domains of life. While both gender and age appear to be of relatively minor importance, being a first generation immigrant and not being in

good health are risk factors for widespread aspiration-achievement gaps. When using measures of life satisfaction to assess the adaptation of, for instance, the patients treated within rehabilitation medicine such factors should be taken into account.

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