



The impact of differences between subjective and objective social class on life satisfaction among the Korean population in early old age: Analysis of Korean longitudinal study on aging



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ABSTRACT

Background: Several previous studies have established the relationship between the effects of socioeconomic status or subjective social strata on life satisfaction. However, no previous study has examined the relationship between social class and life satisfaction in terms of a disparity between subjective and objective social status.

Objective: To investigate the relationship between differences in subjective and objective social class and life satisfaction.

Methods: Data from the Korean Longitudinal Study of Aging with 8252 participants aged 45 or older was used. Life satisfaction was measured by the question, "How satisfied are you with your quality of life?" The main independent variable was differences in objective (income and education) and subjective social class, which was classified according to nine categories (ranging from high-high to low-low). This association was investigated by linear mixed model due to two waves data nested within individuals. **Results:** Lower social class (income, education, subjective social class) was associated with dissatisfaction. The impact of objective and subjective social class on life satisfaction varied according to the level of differences in objective and subjective social class. Namely, an individual's life satisfaction declined as objective social classes decreased at the same level of subjective social class (i.e., HH, MH, LH). In both dimensions of objective social class (education and income), an individual's life satisfaction declined as subjective social class decreased by one level (i.e., HH, HM, HL).

Conclusion: Our findings indicated that social supports is needed to improve the life satisfaction among the population aged 45 or more with low social class. The government should place increased focus on policies that encourage not only the life satisfaction of the Korean elderly with low objective social class, but also subjective social class.

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1. Introduction

To date, the inverse gradient between social class and health outcomes such as mortality, morbidity, and disease has been widely reported across age spans including older people (Adler & Ostrove, 1999; Bassuk, Berkman, & Amick, 2002; Grundy & Sloggett, 2003; Marmot, Kogevinas, & Elston, 1991). In many

cases, the relationships between the traditional measures of social class (i.e., education, income) and health outcomes take the form of a gradient: the lower the social class, the worse the health outcome (Dalstra et al., 2005; Huisman et al., 2005; Mackenbach, Kunst, Cavelaars, Groenhouf, & Geurts, 1997). In addition to socioeconomic status, perceived social class, which refers to an individual's perception of his/her own position in the social hierarchy, has been considered a strong indicator of health (Collins & Goldman, 2008; Demakakos, Nazroo, Breeze, & Marmot, 2008; Hu, Adler, Goldman, Weinstein, & Seeman, 2005; Jackman & Jackman, 1973; Singh-Manoux, Adler, & Marmot, 2003; Singh-Manoux, Marmot, & Adler, 2005). Moreover, social class has a positive gradient of life satisfaction (Ferrer-i-Carbonell, 2005; Lachman and Weaver, 1998;

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Singh-Manoux et al., 2003; Spreitzer and Snyder, 1974). Indeed, the Whitehall II Study reported that subjective social class is associated with general life satisfaction (Singh-Manoux et al., 2003). Spreitzer and Snyder (1974) also demonstrated that social class is correlated with life satisfaction among older people.

Life satisfaction, one of the indicators of subjective well-being, has been conceptualized as an assessment of life as a whole, based on the fit between personal goals and achievements (Andrews & Withey, 1976; Horley, 1984). In both adults and the elderly, life satisfaction is affected by many factors including health status, physical, functional, psychological and social support, and types of activities (Coke, 1992; Headey, Kelley, & Wearing, 1993; Lemon, Bengtson, & Peterson, 1972; Menec, 2003). Indeed, life satisfaction is an important predictor of mortality, morbidity, depression, and health status through life course (Koivumaa-Honkanen et al., 2000; Koivumaa-Honkanen et al., 2001; Koivumaa-Honkanen, 1998; Koivumaa-Honkanen, Kaprio, Honkanen, Viinamäki, & Koskenvuo, 2004). As such, life satisfaction is directly affected by socioeconomic circumstances or is indirectly influenced by health status.

Although previous studies provided strong evidence that the association between traditional measure of social class (or subjective social class) and life satisfaction or health being affected to life satisfaction, previous studies are limited as they have only demonstrated that education, income, and subjective social strata are correlated with each other (Islam, Wills-Herrera, & Hamilton, 2009; Singh-Manoux et al., 2003), or that subjective social stratum better predicts health (Singh-Manoux et al., 2005) associated with life satisfaction when controlling for traditional measures of socioeconomic status (Islam et al., 2009). To best of our knowledge, however, no previous study has examined the relationship between social class and life satisfaction in terms of a disparity between subjective and objective social status.

In this context, we focused on the multidimensional nature of social class using a novel approach to measure differences between subjective and objective social status, and investigated the association between these differences and life satisfaction in early old age. This study may be of particular importance in South Korea where the proportion of older persons is rapidly increasing and life satisfaction is below the Organization of Economic Co-operative Development average (OECD, 2014). Thus, our findings may lead to a further understanding of the multidimensional nature of social status in relation to life satisfaction in later life.

2. Methods

2.1. Data collection and participants

This study used data from the Korean Longitudinal Study of Aging (KLoSA), which was ongoing study from 2006. It developed a research network with the Health and Retirement Study (HRS, US), Studies on Health and Retirement in Europe (SHARE, EU), and the English Longitudinal Study of Ageing (ELSA, UK). The KLoSA team designed research study to enable the usage of KLoSA for international comparative studies (Boo & Chang, 2006).

The KLoSA focused on Koreans aged 45 and older who lived in households selected by multistage stratified probability sampling based on geographic area to be representative of the nation. In the 2006 baseline survey, the original panel interviewed 10,254 individuals among 6171 households (1.7 per household). This survey followed up with 8875 subjects in 2008 and 8229 subjects in 2010. Detailed information about the study is available on the KLoSA website (<http://survey.keis.or.kr>).

We could not use data from 2006 due to the absence of survey data on the subjective social class. We excluded 187 dead panel subjects from the 2006 survey data. In addition, we eliminated 187

subjects lacking information on household income and education, 435 subjects with no information on subjective social class, and 1 subject with no information on smoking status. Thus, our analysis included 8252 individuals from the 2008 survey. The 2010 survey included 8229 respondents (646 respondents from 2008 were lost to follow-up). Of those, we excluded 309 individuals lacking information on income and education. Moreover, we eliminated nine individuals with no information on subjective social class. Thus, the 2010 data included a total of 7911 individuals. Overall, our analysis included data on 8252 individuals collected over two years.

2.2. Dependent variable

We used a measure of global life satisfaction in early old age, which was developed by a research team to compare responses to other cultures in different nations. The question was phrased as follows: "Overall, how satisfied are you with your quality of life?" Respondents rated their life satisfaction on a 10-point bar graph scale ranging from 0 to 100, with a higher score indicating a higher level of life satisfaction. KLoSA data used a 10-point bar graph scale as the subjective quality of life scale after pretesting to compare three different measures (i.e., 100-point scale (%), 10-point scale bar graph, existing 5-point likert scale) to determine which was the most suitable scale for the aging Korean population (Boo & Chang, 2006).

2.3. Independent variable

2.3.1. Objective social class

We mainly focused on two dimensions of objective social class (i.e., household income, educational level). Household income was calculated by dividing the annual household income by the square root of the number of persons in the household. Household incomes were ranked from lowest to highest and divided into three groups (high, middle, and low) using the SAS Rank function. Education level was categorized into three groups taking into account the cultural environment of South Korea: middle school or lower (low), high school (middle), and college or higher (high).

2.3.2. Subjective social class

Subjective social class was measured by asking the respondents to assess their social class using the questionnaire in the survey: "What is your subjective social class?" There were six possible answers (i.e., high in high, low in high, high in middle, low in middle, high in low, low in low). We re-categorized three levels from high to low (i.e., high including high in high and low in high, middle including high in middle and low in middle, low including high in low and low in low).

2.3.3. The differences between objective and subjective social status

The differences represent the gaps between objective social status (household income and education level) and subjective social class. We categorized the reported gaps into nine groups: high socioeconomic status (household income or education level), high subjective social class to low socioeconomic status, and low subjective social class (i.e., High-High, HH, High-Mid, HM, High-Low, HL, Mid-High, MH, Mid-Mid, MM, Mid-Low, ML, Low-High, LH, Low-Mid, LM, and Low-Low, LL).

2.3.4. Covariates

The covariates in this study were sex, age (categorized into seven groups), marital status (married or single), employment status (employed or unemployed), residential region (urban or rural), smoking status (never, former smoker, smoker), alcohol use (yes, former user, no), number of social encounters (never,

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