

## ORIGINAL ARTICLE

# SOCIO-DEMOGRAPHIC FACTORS AND EARLY LIFE EVENTS ASSOCIATED WITH HAPPINESS IN ADULTS OF METROPOLITAN LIMA

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## ABSTRACT

**Objectives:** To estimate socio-demographic factors and early life events associated with happiness in adults in metropolitan Lima. **Materials and methods:** A secondary analysis was carried out on the Epidemiological Study of Mental Health of Metropolitan Lima 2012. The instruments used were the Quality of Life Index; a brief and modified version of the EMBU; a questionnaire of early adverse events; a Happiness Index built from Andrews' single item of Happiness and the Life Satisfaction Scale. Adjusted multivariate analyses were performed. **Results:** Happiness was significantly associated with gender, marital status, poverty, and level of education. Parenting styles associated significantly with less happiness were: behaviors of rejection and sexist attitudes; and with higher happiness: emotional warmth. No association was found with overprotection or favoritism breeding practices. Early adverse events significantly associated with lower happiness were discussions within the family, father with problems of alcohol, parental absence, behaviors of emotional blackmail or threats. **Conclusions:** This study highlights the importance of developing intensive programs in the first years of life that promote parenting styles and healthy development environments.

**Keywords:** Happiness, Adult Survivors of Child Adverse Events, Child Rearing. (source: MeSH NLM)

## INTRODUCTION

Happiness corresponds to the area of psychology linked to positive health. Emotions such as happiness, contentment or enjoyment expand the repertoire of “thought-action” of people at any given time, therefore, they become more durable personal resources and would serve to prevent and treat problems rooted in negative emotions, such as anxiety, depression or others related to stress <sup>(1)</sup>. Positive health has also been found to be linked to biological correlations such as survival in people with coronary heart disease <sup>(2)</sup>, and even longevity <sup>(3)</sup>. Other authors claim that economic growth is not necessarily associated with happiness. Therefore, the latter is a population priority and a need for research <sup>(4)</sup>.

The World Happiness Report, a publication of the General Assembly of the United Nations, used two questions to estimate happiness in countries (“in general, how happy are you?”; and “taking all your life into account, how satisfied do you feel?”) and found out that Peru ranked 65th out of 104 countries, and 9th in Latin America, just ahead of Venezuela. According to this study, the external factors that determined happiness were income, work, satisfaction with the community and governance, values and religion; and the personal factors —physical and mental health, family experience, education, sex and age <sup>(5)</sup>. This study found that rich countries tended to be happier, although social factors such as strength of social support, absence of corruption and personal freedom were more important for happiness than income. Other studies have related adverse early experiences and parenting styles to subjective well-being in adulthood, although less so to feelings of happiness <sup>(6-8)</sup>.

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As far as we know, there are no other population studies in the region that have specifically explored the feeling of happiness and its relationship with early experiences. Therefore, the objective of this study was to estimate the socio-demographic factors and early life events associated with happiness in the adult population of Metropolitan Lima.

## MATERIALS AND METHODS

### Study design

The present secondary analytical cross-sectional study used the database of the Epidemiological Study of Mental Health in Metropolitan Lima and Callao (EESMLMC in Spanish), a survey conducted in 2012 using a representative sample of adults in Metropolitan Lima, selected through a three-stage probabilistic process <sup>(8)</sup>.

### Instruments

The following instruments were used in this study and they have been validated in previous studies conducted by the National Institute of Mental Health (INSM in Spanish) in different regions of Peru <sup>(9)</sup>:

**Mezzich's Quality of Life Index.** It is composed of 10 dimensions, which evaluate aspects related to the quality of life. Each item is to be rated on a 10-point line.

Summarized and modified version of My memories of upbringing or EMBU (Egna Minen av Bardoms Uppfostran). In previous INSM studies, they prepared a summarized version of 13 questions, and then they added 5 questions about "machismo", personal autonomy, overprotection and control without affection <sup>(8)</sup>. The internal consistency of this psychometric analysis of 18 questions was of 0.74 as per the Cronbach Alpha. Three dimensions were identified —affective attitudes (rejection or affection), sibling favoritism, and overprotection or demands <sup>(9)</sup>.

**Negative life events before the age of 18.** The study included 8 situations of adverse life events related to threats and living conditions determined by other parental behaviors. The INSM experts considered that said situations were important in the country context (Table 5).

**Andrews' Happiness Item (IUFA) <sup>(10)</sup>.** A single question with categorical and polytomous answer options. In a score from 1 to 5, 5 is the highest feeling of happiness —Would you describe yourself as happy and interested in life? (5 points), somewhat happy? (4 points), somewhat unhappy? (3 points), unhappy and with little interest in life? (2 points), so unhappy that life has no meaning? (1 point).

**Diener's Satisfaction with Life Scale (SWLS) <sup>(11,12)</sup>.** There are 5 items on a 5-point Likert scale that measure the per-

### KEY MESSAGES

**Motivation for the study:** Public health has placed emphasis on studying negative aspects of health. Less attention has been given to the study of factors associated with people's well-being and positive health aspects such as happiness.

**Main findings:** Happiness in adults was associated with sex, marital status, education and poverty level. Happiness was also associated with received parenting styles and early life events.

**Implications:** Both negative and positive early life events can have implications for the development of happiness in individuals.

ception of satisfaction with one's life. The score goes from 5 to 25, and 15 is considered a neutral score. Finally, we obtain 5 categories very dissatisfied (5-9), dissatisfied (10-14), neither satisfied nor dissatisfied (15), satisfied (16-20), and very satisfied (21-25). For this study, scores from 1 to 5 were reassigned to the categories according to the level of satisfaction, where one point corresponded to extremely dissatisfied and five points to extremely satisfied.

**Happiness Index (HI).** This index results from the addition of IUFA scores to the SWLS reassigned scores mentioned above. Therefore, the HI score was from 2 to 10. The cut-off points were intentionally set by taking the extremes first, i. e., those people who responded to the IUFA as "somewhat unhappy" (3 points) and "neither satisfied nor dissatisfied" (3 points) in the SWLS score were considered to be people with low happiness, with a score of 6. Thus, "low happiness" was determined when the score was 6 or less in the HI and it included people who were considered so unhappy that life had no meaning and were dissatisfied with life; "high or very high happiness" when the responses to one of the instruments had a maximum score of 5 and the other instrument at least a score of 4 (9 10 points); and "medium happiness" (7 8 points) for the rest of the combinations of responses with both instruments. The study was programmed to estimate the convergent validity of the index created and its categories (supplementary material).

**Demographic data and poverty indicators.** They included questions from the National Household Survey (ENAHO in Spanish) 2000 <sup>(13)</sup> about age, sex, marital status, educational level, employment situation, area of residence and the assigned healthcare system, in addition to variables for calculating poverty, according to the unsatisfied basic needs (UBN) method, such as housing characteristics, etc. <sup>(14)</sup> The

presence of two or more UBNs corresponds to families in extreme poverty, one UBN to poor families and the absence of UBNs to non-poor families.

### Statistical analysis

The sample was weighted to reproduce the demographic structure of the population studied. Since the HI was created for this study, it was decided to evaluate the convergent validity by estimating its association with the Mezzich's quality of life index, following theoretical suggestions around these two constructs<sup>(15)</sup>, as well as the type of statistical analysis required<sup>(16)</sup>. The HI was categorical and the quality life index numerical, so we used the analysis of variance (ANOVA) which, in the case of complex samples, implies the use of SPSS general linear model.

In order to estimate the association between HI and socio-demographic variables and to identify the variables to be included in the regression models, we performed bivariate analyses with chi-square tests converted to the F statistic as a variant of the second-order Rao-Scott corrected chi-square statistic and the significance based on their degrees of freedom and a significance level of  $p < 0.05$ . For multivariate analysis we considered HI as a response variable, and socio-demographic variables, quality of life, parenting styles and adverse life events as predicting variables, each one separately. In each case, it was adjusted with the socio-demographic variables identified at the beginning with a significance level of  $p < 0.05$ . We ensured that the predicting variables met the non-multicollinearity assumption. Multivariate logistic regression analyses were included to estimate the adjusted OR and to have a better possibility of interpretation of the relationship between the factors studied at each level of happiness.

### Ethical considerations

The original study was approved by the Ethics Committee of the National Institute of Mental Health "Honorio Delgado - Hideyo Noguchi" and the informed consent was signed by the persons interviewed. The present study was presented to the referred committee looking for an exoneration from review because it performs a secondary analysis of a database. The database used for this study was anonymized.

## RESULTS

A total of 4445 adults were interviewed. The weighted sample was distributed to 48.0% men and 52.0% women. The average age was 42.6 years (95% CI, 41.8-43.3). Most of the people surveyed were married or cohabiting (56.6%) with

high school education (44.8%); an illiteracy frequency of 3.1% (95% CI, 2.5-3.8). 63.7% (95% CI, 61.9-65.4) of the sample had a paid job the previous week; and 21.5% of the population was in poverty according to UBN.

According to the HI, 8.4% (95% CI 7.4-9.4) of the population expressed low or no happiness; 29.9% (95% CI 28.1-31.7) had a medium level of happiness; and 61.7% (95% CI 59.7-63.7) of the population manifested high or very high happiness. The type of happiness reported at the time of the survey according to socio-demographic factors is shown in Table 1.

The bivariate analyses showed a significant association with sex, marital status, educational level, poverty level, native tongue, illiteracy and unemployment, with the exception of age. However, in the multivariate analysis, the native tongue, illiteracy and unemployment variables did not continue to show significant differences. With respect to sex, it is observed that men are 1.79 times more likely to have "high or very high happiness" over "low happiness" compared to women. The group that was once attached (separated, divorced or widowed) shows a lower probability of having "high happiness" compared to people who were attached (married or cohabiting). People with higher education are 3.18 times more likely than people with lower education to have "high happiness" versus "low happiness". Non-poor people are 2.54 times more likely than extremely poor people to have "high or very high happiness" versus the "low happiness" category (Table 2).

It was found that there is a significant relationship between the quality of life index dimensions and the HI according to the scores obtained in the bivariate analysis and between each of the categories adjusted with socio-demographic variables (Table 3).

Some of the parenting style variables are inversely linked to happiness, especially those related to rejection and "macho" attitudes, and directly linked to styles involving emotional warmth. Among the variables with a more intense association there is "you were given more punishments than deserved". On the other hand, the positive style most strongly associated with happiness was "there was love and tenderness between you and your parents", people with this background were 3.18 times more likely to have high or very high happiness. No parenting styles that involved favoritism or overprotection were statistically associated with happiness (Table 4).

With respect to adverse life events all the situations considered showed a significant association and an intense inverse relationship with happiness, highlighting situations such as "one of your parents threatened to kill you" and "one of your parents threatened to stop loving you" (Table 5).

**Table 1.** Socio-demographic characteristics according to levels of self-reported happiness by adults in Metropolitan Lima

Characteristic	n	%	Low happiness	Medium happiness	High / very high happiness
			% (95% CI)	% (95% CI)	% (95% CI)
Sex					
Female	2,548	52.0	10.6 (9.2-12.2)	30.5 (28.4-32.7)	58.9 (56.4-61.3)
Male	1,897	48.0	5.9 (4.8-7.2)	29.3 (26.7-31.9)	64.8 (62.0-67.5)
Age (years)					
18-24	703	18.2	7.6 (5.8-9.9)	32.1 (28.1-36.4)	60.3 (55.9-64.6)
25-44	1,970	40.6	9.0 (7.6-10.6)	28.0 (25.5-30.6)	63.0 (60.2-65.8)
45-64	1,171	27.5	7.0 (5.5-8.8)	32.2 (29.2-35.4)	60.8 (57.5-64.0)
65 and over	601	13.8	10.4 (7.8-13.8)	28.0 (23.7-32.8)	61.5 (56.5-66.3)
Marital status					
Attached	2,500	56.6	7.7 (6.6-9.0)	28.5 (26.3-30.8)	63.8 (61.3-66.3)
Once attached	962	16.5	12.2 (9.8-15.2)	35.0 (31.4-38.8)	52.8 (48.7-56.9)
Never attached	981	26.9	7.4 (5.7-9.6)	29.8 (26.4-33.4)	62.8 (58.9-66.5)
Education level					
None/Primary	632	18.3	12.5 (9.8-15.7)	38.5 (34.2-43.0)	49.0 (44.5-53.5)
High school	2,037	44.8	10.4 (8.9-12.2)	33.3 (30.7 - 36.0)	56.3 (53.5-59.1)
Non-university higher education	851	20.0	5.0 (3.6-6.9)	27.3 (23.8-31.2)	67.6 (63.6-71.4)
University	844	20.1	4.1 (2.9-5.7)	18.5 (15.7-21.7)	77.4 (73.9-80.5)
Poverty level					
Extremely poor	248	4.4	15.3 (10.9-21.0)	44.0 (37.5-50.7)	40.7 (33.5-48.4)
Poor	853	17.1	11.0 (8.7-13.8)	37.7 (33.7-41.9)	51.3 (46.9-55.6)
Not poor	3,344	78.5	7.4 (6.4-8.5)	27.3 (25.4-29.3)	65.3 (63.1-67.4)
Native tongue					
Spanish	3,958	90.2	7.9 (7.0-9.0)	29.4 (27.6-31.4)	62.6 (60.5-64.7)
Quechua	438	8.7	13.3 (9.9-17.6)	35.4 (29.9-41.2)	51.4 (45.6-57.1)
Aymara or other	46	11.0	8.6 (3.0-22.5)	23.8 (12.5-40.6)	67.6 (48.5-82.3)
Illiteracy					
Yes	144	3.1	17.3 (10.4-27.5)	37.6 (28.7-47.3)	45.1 (35.1-55.5)
No	4,299	96.9	8.1 (7.2-9.2)	29.7 (27.9-31.5)	62.2 (60.2-64.2)
Unemployment					
Yes	1,608	36.3	10.1 (8.5-11.9)	30.7 (28.1-33.5)	59.2 (56.3-62.1)
No	2,835	63.7	7.4 (6.4-8.6)	29.4 (27.5-31.5)	63.2 (61.0-65.2)

CI: confidence interval

## DISCUSSION

The present study is one of the first in Peru to relate the variables exposed. The study provides evidence about the importance of the relationship between socio-demographic aspects and happiness, as well as elements of personal history that could influence in people's emotional future.

A large proportion of Lima's adult population considers themselves to experience a high or very high level of happiness. These findings are similar to the Survey on Happiness, Hope and Economic Optimism, conducted by Gallup International, which found that 59% of the world's population reported feeling happy, or very happy, Latin America showed

69%<sup>(17)</sup>. With respect to socio-demographic variables, this study found a significant association with sex, marital status, educational level and poverty. These findings are compatible with another study conducted in Iran<sup>(18)</sup>. Other variables such as illiteracy, native tongue and unemployment, although significantly associated with happiness in the bivariate analyses, did not retain the association at the time of comparing to other socio-demographic variables. Likewise, some studies did not find any association between sex and happiness<sup>(19)</sup>.

With regard to the relationship between poverty and happiness, some authors postulate that the perception of social differences with other people leads to the search for

**Table 2.** Socio-demographic characteristics associated with happiness in adults in Metropolitan Lima

Socio-demographic factors	Bivariate analysis of happiness		Multivariate analysis of happiness	
	Medium vs. low	High / very high vs. low	Medium vs. low	High / very high vs. low
	OR (95% CI)	OR (95% CI)	OR (95% CI) <sup>a</sup>	OR (95% CI) <sup>a</sup>
Sex				
Female	1.00	1.00	1.00	1.00
Male	1.72 (1.31-2.26)	1.98 (1.52-2.57)	1.68 (1.22-2.29)	1.79 (1.31-2.42)
Age (years)				
65 and over	1.00	1.00	-	-
45-64	1.72 (1.10-2.69)	1.48 (0.98-2.24)	-	-
25-44	1.15 (0.76-1.75)	1.19 (0.81-1.73)	-	-
18-24	1.58 (0.99-2.51)	1.35 (0.87-2.10)	-	-
Marital status				
Attached	1.00	1.00	1.00	1.00
Once attached	0.78 (0.57-1.06)	0.52 (0.39-0.71)	0.85 (0.61-1.19)	0.58 (0.42-0.81)
Never attached	1.08 (0.77-1.53)	1.02 (0.72-1.44)	0.92 (0.65-1.32)	0.71 (0.50-1.02)
Education level				
None/Primary	1.00	1.00	1.00	1.00
High school	1.04 (0.73-1.48)	1.38 (0.99-1.92)	0.80 (0.53-1.18)	1.02 (0.70-1.50)
Non-university higher education	1.76 (1.12-2.79)	3.43 (2.20-5.34)	1.40 (0.84-2.32)	2.54 (1.54-4.18)
University	1.47 (0.91-2.36)	4.82 (3.05-7.60)	1.08 (0.64-1.82)	3.18 (1.90-5.31)
Poverty level				
Extremely poor	1.00	1.00	1.00	1.00
Poor	1.19 (0.74-1.91)	1.75 (1.04-2.94)	1.11 (0.68-1.82)	1.58 (0.93-2.68)
Not poor	1.29 (0.86-2.94)	3.33 (2.08-5.33)	1.15 (0.75-1.78)	2.54 (1.58-4.11)
Native tongue				
Aymara or other	1.00	1.00	1.00	1.00
Quechua	0.96 (0.29-3.25)	0.49 (0.14-1.74)	0.98 (0.27-3.63)	0.55 (0.12-2.54)
Spanish	1.34 (0.43-4.25)	1.01 (0.30-3.37)	1.25 (0.36-4.32)	0.78 (0.18-3.42)
Illiteracy				
Yes	1.00	1.00	1.00	1.00
No	1.69 (0.89-3.21)	2.95 (1.52-5.70)	1.35 (0.65-2.78)	1.27 (0.59-2.70)
Unemployment				
Yes	1.00	1.00	1.00	1.00
No	1.30 (0.99-1.70)	1.44 (1.11-1.87)	1.12 (0.82-1.52)	1.14 (0.85-1.53)

<sup>a</sup> Adjusted for sex, marital status, education and poverty, illiteracy, mother tongue and unemployment  
CI: confidence interval

satisfying material or physical needs that affect, to the detriment of the time dedicated to social relations, which are considered to generate happiness in people<sup>(4)</sup>. However, we must emphasize that a significant proportion of people in extreme poverty were at the level of high or very high happiness. Some authors highlight that the situation of poverty can favor collectivism or the propensity to integrate into social groups and would explain why some poor countries

would have a higher perception of happiness than some rich countries<sup>(20)</sup>.

In relation to quality of life and happiness, this study set out to analyze the relationship between both variables as a way of validating the HI —used as an instrument to measure happiness, and found a significant association between all the dimensions of the quality of life index and the levels of happiness and corroborated other authors' proposals re-

**Table 3. Quality of life associated with happiness in adults in Metropolitan Lima**

Quality of Life Index	n	Populational Average (SE)	Bivariate analysis of happiness <sup>a</sup>			Multivariate analysis of happiness <sup>b</sup>	
			Low Average (95% CI)	Medium Average (95% CI)	High / very high Average (95% CI)	Medium vs. low OR (95% CI) <sup>c</sup>	High / very high vs. low OR (95% CI) <sup>c</sup>
Dimensions							
Physical well-being	4,413	7.59 (0.04)	6.32 (6.13-6.52)	7.13 (7.03-7.24)	7.97 (7.89-8.06)	1.32 (1.22 - 1.43)	1.87 (1.72 - 2.03)
Psychological or emotional well-being	4,413	7.98 (0.03)	6.45 (6.24-6.66)	7.59 (7.49-7.68)	8.38 (8.31-8.45)	1.53 (1.4-1.67)	2.27 (2.07-2.49)
Self-care and functionality	4,414	8.50 (0.03)	7.70 (7.51-7.89)	8.25 (8.15-8.34)	8.74 (8.68-8.80)	1.28 (1.17-1.40)	1.67 (1.51-1.83)
Occupational functionality	4,412	8.47 (0.03)	7.66 (7.46-7.87)	8.20 (8.10-8.30)	8.70 (8.64-8.77)	1.24 (1.14-1.34)	1.58 (1.45-1.73)
Interpersonal functionality	4,411	8.30 (0.03)	7.33 (7.12-7.54)	7.96 (7.86-8.06)	8.59 (8.53-8.65)	1.28 (1.17-1.40)	1.76 (1.60-1.92)
Social-emotional support	4,410	7.77 (0.04)	6.67 (6.45-6.89)	7.35 (7.23-7.48)	8.11 (8.03-8.20)	1.18 (1.11-1.26)	1.50 (1.40-1.61)
Community and services support	4,386	6.43 (0.05)	5.39 (5.14-5.65)	6.22 (6.07-6.37)	6.68 (6.57-6.79)	1.18 (1.11-1.24)	1.31 (1.24-1.38)
Personal fulfillment	4,412	7.81 (0.04)	6.39 (6.17-6.61)	7.34 (7.24-7.45)	8.23 (8.16-8.30)	1.37 (1.26-1.48)	1.99 (1.82-2.17)
Spiritual satisfaction	4,409	8.13 (0.03)	7.10 (6.90-7.30)	7.76 (7.66-7.86)	8.44 (8.37-8.51)	1.27 (1.17-1.36)	1.73 (1.59 -1.89)
Overall quality of life	4,414	8.24 (0.03)	6.82 (6.64-7.01)	7.79 (7.69-7.88)	8.64 (8.58-8.71)	1.46 (1.35-1.59)	2.38 (2.17-2.62)
Total ICV score	4,416	7.92 (0.03)	6.78 (6.65-6.92)	7.56 (7.49-7.63)	8.25 (8.20-8.30)	1.93 (1.69-2.20)	3.71 (3.22-4.28)

<sup>a</sup> ANOVA; <sup>b</sup> multinomial regression; <sup>c</sup> adjusted for sex, marital status, education and poverty

SE: Standard error

CI: confidence interval; SE: standard error.

garding the correlation between the variables<sup>(15)</sup>. This relationship is also expressed in the findings that would indicate that happiness is associated with diverse results of success in work, income, community involvement, interpersonal relationships, and health in general, all related to the concept of quality of life<sup>(21)</sup>.

With respect to parenting styles, early adverse events are not only associated with mental disorder problems in adulthood<sup>(22)</sup>, but are also associated with aspects of positive health, such as happiness. A study of 3,292 people in Japan found out that adverse experiences in childhood were related to subjective well being in adulthood, regardless of socio economic factors<sup>(7)</sup>. In contrast, the study developed by Caycho and collaborators from Lima university students<sup>(6)</sup> found no significant relationship between happiness and overprotective and favoring parenting styles. One explanation may lie in the age and socio economic context of the participants, since Caycho's study was conducted on young adults from private universities. However, it cannot be ruled out that the relationship between adverse events in childhood and happiness is mediated by other factors. In this sense, one study reported that self-esteem is an important moderator between parental styles and happiness and that the mother's democratic style, linked to self-esteem, was the most associated with happiness.

A negative relationship was found between adverse life events and happiness. These findings are consistent with a community study that reported a relationship between the intensity of abuse in childhood and the state of mental health in adulthood<sup>(23)</sup>. Other authors have found that childhood abuse is negatively correlated with various indicators of adult well-being, self-esteem, happiness and life satisfaction<sup>(24)</sup>. One explanation for this relationship may be that early traumatic experiences have been associated with emotional dysregulation<sup>(25)</sup>, and follow-up studies of emotional dysregulation in childhood 14 years later reported a greater increase of emotional problems in adulthood<sup>(26)</sup>. A study of 17,337 primary care adults showed a cumulative effect of adverse experiences in childhood on various emotional and behavioral domains in adulthood, which could possibly explain the reduced happiness of people who lived adverse events in childhood<sup>(27)</sup>.

Within happiness, it has been considered to develop tolerance<sup>(28)</sup>, to nurture spirituality, to give priority to close relationships, acting positively in the face of circumstances, managing stressful emotions, providing a pleasant physical environment, promoting healthy physical activities, seeking jobs compatible with their abilities, including recreation, not making comparisons, and caring about others<sup>(29)</sup>. Little attention is given in primary care to the identification of adverse experiences in childhood, despite the impact it has<sup>(30)</sup>. Putting happiness at the

**Table 4.** Parenting styles associated with happiness in adults in Metropolitan Lima

Parenting styles	n	%	Bivariate analysis of happiness		Multivariate analysis of happiness	
			Medium vs. low	High / very high vs. low	Medium vs. low	High / very high vs. low
			OR (95% CI)	OR (95% CI)	OR (95% CI) <sup>a</sup>	OR (95% CI) <sup>a</sup>
Negative affect style (control and rejection)						
You were punished more than deserved	969	20.0	0.60 (0.45-0.78)	0.30 (0.23-0.40)	0.62 (0.47-0.82)	0.34 (0.26-0.45)
You were severely (or very) punished for small things	726	14.8	0.76 (0.57-1.01)	0.40 (0.30-0.54)	0.80 (0.60-1.07)	0.46 (0.34-0.62)
They controlled you but didn't give you any affection	496	9.9	0.79 (0.55-1.15)	0.42 (0.30-0.60)	0.84 (0.58-1.22)	0.47 (0.33-0.67)
Machismo attitudes						
Your parents thought boys shouldn't cry	1,083	23.9	0.90 (0.67-1.22)	0.62 (0.47-0.83)	0.92 (0.68-1.25)	0.69 (0.51-0.93)
Your parents preferred sons to daughters	599	12.6	0.68 (0.49-0.94)	0.39 (0.28-0.54)	0.74 (0.53-1.03)	0.47 (0.34-0.66)
Positive affective style (emotional warmth)						
If things went wrong, your parents tried to confront, encourage and support you	3,397	79.2	1.46 (1.10-1.92)	3.25 (2.50-4.22)	1.38 (1.04-1.83)	2.88 (2.20-3.76)
There was love and tenderness between you and your parents	3,842	88.9	1.41 (1.03-1.95)	3.80 (2.79-5.19)	1.3 (0.93-1.82)	3.18 (2.30-4.40)
You were shown that they loved you	3,866	88.8	1.19 (0.85-1.64)	2.41 (1.74-3.33)	1.12 (0.80-1.56)	2.16 (1.56-2.99)
You were allowed to make your own decisions, e. g., choose clothes, friends, studies, hobbies, etc	2,058	49.1	1.18 (0.89-1.58)	1.77 (1.35-2.32)	1.09 (0.81-1.47)	1.51 (1.13-2.01)
Your parents showed interest in you having good grades	3,189	74.7	1.57 (1.21-2.04)	2.59 (1.99-3.37)	1.48 (1.13-1.94)	2.17 (1.65-2.86)
Your parents were interested in your opinions or ideas	2,720	63.7	1.54 (1.17-2.03)	2.92 (2.23-3.81)	1.46 (1.09-1.95)	2.54 (1.91-3.37)
Favoritism						
You were allowed to do things that your siblings were not allowed to do	556	12.8	1.07 (0.75-1.55)	0.91 (0.64-1.29)	1.04 (0.72-1.5)	0.87 (0.60-1.25)
You were more conceited than your siblings	690	16.1	1.12 (0.76-1.64)	1.09 (0.75-1.59)	1.16 (0.79-1.71)	1.19 (0.81-1.73)
You were favored in relation to your siblings	612	13.9	1.27 (0.87-1.85)	1.2 (0.83-1.72)	1.33 (0.9-1.95)	1.34 (0.92-1.96)
Overprotection						
You were forbidden to do things that other children were allowed to, because your parents were afraid something bad might happen to you	1,500	33.0	1.04 (0.80-1.36)	1.15 (0.89-1.47)	1.02 (0.78-1.34)	1.08 (0.83-1.39)
Your parents were very demanding about your school grades, sports performances or similar activities	2,058	45.0	1.22 (0.93-1.61)	1.36 (1.06-1.75)	1.18 (0.89-1.55)	1.26 (0.97-1.64)
Your parents' anxiety that something bad might happen to you was exaggerated	987	22.2	1.1 (0.81-1.49)	1.05 (0.78-1.41)	1.11 (0.82-1.50)	1.08 (0.80-1.46)
Your parents cared for you excessively (or too much) to keep you from having problems	1,134	25.1	1.15 (0.86-1.53)	0.99 (0.75-1.31)	1.18 (0.89-1.56)	1.07 (0.81-1.41)

<sup>a</sup> Adjusted for sex, marital status, education and poverty  
CI: 95% confidence intervals

center of government policy is suggested by the fact that economic growth in developed countries has not been accompanied by improvement in happiness surveys. However, controversies related to high subjectivity still persist<sup>(31)</sup>.

The results of this study should be considered with the following limitations —the happiness indicator used was created for this study and, despite having evidence of its convergent validity, other validation studies may be neces-

**Table 5.** Adverse life events associated with happiness in adults in Metropolitan Lima

Parenting styles			Bivariate analysis of happiness		Multivariate analysis of happiness	
	n	%	Medium vs. low OR (95% CI)	High / very high vs. low OR (95% CI)	Medium vs. low happiness OR (95% CI) <sup>a</sup>	High / very high vs. low OR (95% CI) <sup>a</sup>
When you were under 11, your parents argued a lot	1,325	29.9	0.87 (0.66-1.16)	0.55 (0.42-0.72)	0.89 (0.67-1.18)	0.59 (0.45-0.78)
Anyone of your parents came home drunk or intoxicated regularly (or often)	1,323	28.3	0.86 (0.66-1.13)	0.52 (0.41-0.67)	0.89 (0.68-1.17)	0.59 (0.45-0.76)
Anyone of your parents was away from home for a long time	1,247	27.1	0.71 (0.54-0.92)	0.45 (0.35-0.58)	0.72 (0.55-0.94)	0.47 (0.37-0.61)
Anyone of your parents was unfaithful in the relationship	916	20.2	0.78 (0.58-1.05)	0.53 (0.40-0.71)	0.78 (0.58-1.06)	0.53 (0.40-0.71)
Anyone of your parents threatened with not wanting you	164	3.2	0.53 (0.31-0.89)	0.22 (0.13-0.38)	0.55 (0.33-0.93)	0.27 (0.15-0.47)
Anyone of your parents threatened to kill you	43	0.9	0.63 (0.25-1.58)	0.14 (0.05-0.38)	0.64 (0.24-1.65)	0.16 (0.06-0.44)
Anyone of your parents made you feel guilty about family disagreements or arguments	227	4.5	0.6 (0.38-0.95)	0.30 (0.19-0.48)	0.62 (0.39-1.00)	0.33 (0.21-0.53)
Anyone of your parents threatened to abandon you	150	3.1	0.49 (0.29 - 0.82)	0.21 (0.13-0.35)	0.51 (0.30-0.87)	0.25 (0.15-0.42)

<sup>a</sup> Adjusted for sex, marital status, education and poverty  
CI: confidence interval

sary; this study explored only some aspects of early events and some parenting styles, and did not integrate all the factors that may mediate and be important for happiness. Likewise, we cannot dismiss the influence of memory and social desirability in interviewees' responses.

In conclusion, the findings show the importance of both negative and positive early life events for developing happiness and contribute with relevant information for a paradigm shift in the study of mental health with a public health approach not focused on diseases but on health as a whole. This study adds evidence on the importance of developing programs aimed during the first years of life, with promo-

tional and preventive measures in the development of healthy parenting behaviors and environments conducive to the welfare of people's life.

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