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Do Volunteering and Charity Pay Off? Well-being Benefits of Participating in Voluntary Work and Charity for Older and Younger Adults in Finland

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Do Volunteering and Charity Pay Off? Well-being Benefits of Participating in Voluntary Work and Charity for Older and Younger Adults in Finland

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Abstract

Happiness and health are commonly used well-being indicators, and studies have shown that engaging in voluntary work and charity is associated with increased well-being. However, few studies have analysed the association between volunteering or charity and well-being using nationally representative data from two adult generations. Utilising the Generational Transmissions in Finland surveys collected in 2012, we examined whether volunteering and charity were associated with self-perceived happiness and health in older (born 1945–1950) and younger (born 1962–1993) generations. We found that older adults who engaged in voluntary work were happier than those who did not. Further, younger adults who had made donations to charity were found to be happier than those who had not. With both older and younger generations, we found no correlations between volunteering or charity and self-perceived health. Results are discussed in the light of different life course phases older and younger generations are going through.

Keywords: charity, Finland, happiness, health, older adults, volunteering, younger adults.

¿Es Beneficiosa la Participación en Actividades de Voluntariado y Caritativas? Un Estudio con Personas Adultas Mayores y Jóvenes en Finlandia

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Resumen

Diversos estudios han mostrado que la participación en actividades de voluntariado y caritativas está asociada con un incremento del bienestar. Pocos han analizado esta relación utilizando datos a escala nacional de dos generaciones adultas. Utilizando las encuestas *Generational Transmissions in Finland* (2012), hemos examinado la relación entre la participación en actividades de voluntariado y caritativas, por una parte, y la felicidad y salud subjetiva, por otra, de las generaciones de personas mayores (nacidas entre 1945 y 1950) y adultas (nacidas entre 1962 y 1993). Las personas mayores involucradas en actividades de voluntariado eran más felices que las no involucradas, y las personas adultas que habían efectuado donaciones caritativas eran más felices que las que no lo habían hecho. No se han encontrado correlaciones entre la participación en actividades de voluntariado ni caritativas con la salud para ninguna de las dos generaciones estudiadas. Los resultados son discutidos considerando las etapas del curso vital en que se encuentran las personas mayores y adultas.

Palabras clave: caridad, felicidad, Finlandia, personas adultas, personas mayores, salud, voluntariado.

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Social policy research investigates the social relations which are important for human well-being and the institutions which can promote well-being (Dean, 2012). In contemporary societies human well-being can be promoted by four institutional sectors, namely the public sector (states and communities), private sector (enterprises), civic society (e.g., voluntary and charity organisations) and informal social relations (families, friends and neighbours). The present study concentrates on the third sector, and analyses volunteering and charity.

Social policy studies concerning the outcome of institutional support typically investigate whether these institutions increase the well-being of the recipients of help, and to what extent. In this study, however, we analyse whether engaging in volunteering and charity is associated with the well-being of the help providers themselves. Here, we measure individual well-being as self-described health and happiness. The notion of happiness is frequently used to measure life satisfaction, and may be defined as “the degree to which one evaluates one’s life-as-a-whole positively” (Veenhoven, 2009). Some have argued that self-described happiness may not measure life satisfaction accurately, since people may answer, for instance, that they are happier than they actually are or that they are as happy as they think they should be (see Veenhoven, 2010 for discussion). However, in a previous study Abdel-Khalek (2006) showed that self-perceived happiness highly correlate with several other measures of life satisfaction and well-being. Thus, self-perceived happiness seems to be a relevant variable when the aim is measuring life satisfaction (Veenhoven, 1984; 1998).

We analyse self-perceived health in particular, since studies have shown that it tends to correlate with health assessments made by physicians as well as morbidity and mortality (Anderson et al., 2014). For instance, studies have shown that self-described health is a strong predictor of the risk of mortality (e.g., Benjamins et al., 2004; Franks et al., 2003; Idler & Angel, 1990). Moreover, using data from Finland, Miilunpalo and colleagues (1997) have found that self-rated health assessments correlate with medical care visits, a commonly used “objective measure” of health. In the present study we look at whether engaging in voluntary work or donating to charity is associated with increased health and happiness in Finland.

The role of volunteering and charity is influenced by the cultural and political context of any country. In Finland, as well as in other Nordic

welfare states, volunteering and charity complement the services provided by the state (Grönlund, 2012). Although the public sector in Finland holds the main responsibility for human well-being, volunteering and charity also exist. National surveys show that over 30% of Finns engage in voluntary work (Hanifi, 2011) and over 70% donate money to charity (Pessi, 2008).

Differences between countries with respect to the types of voluntary activities are often considerable (Stadelman-Steffen & Freitag, 2011). In Finland, volunteering mostly takes place in the social and health sectors, and in connection with cultural, religious, sporting or other activities (Grönlund, 2012). Thus in Finland and other Nordic welfare states, the volunteering mostly takes place through activities other than welfare services, which, in contrast, are typical forms of volunteering in the liberal welfare states (Salamon & Sokolowski, 2003). When donating money, Finns tend to most often support Finnish Second World War veterans, children, and international disaster relief (Pessi, 2008). As voluntary workers and donors to charities, Finns are close to the European average (Bauer et al., 2012).

Outcomes of Volunteering and Charity

Why do individuals sacrifice time and money to help others? Researchers have noted several factors that encourage volunteering and charity, and these can be divided to extrinsic and intrinsic reasons (Meier & Stutzer, 2006). First, people may help others because it provides an external reward to them. By volunteering, individuals may improve their own future earnings (e.g., Hackl et al. 2004) and maintain employment skills (e.g., Schram & Dunsing, 1981). By engaging in both voluntary work and charity people can increase personal reputation (e.g., Bereczkei et al., 2010) and social status (e.g., Gurven et al., 2000). Second, by helping others, individuals may receive internal rewards. Participating in voluntary work may be internally rewarding because individuals tend to enjoy taking part in social activities (Dolan et al., 2008). In addition, people may receive physical (i.e., better health) or psychological (e.g., happiness) rewards by engaging in voluntary work and charity (Anderson et al., 2014). Thus, sacrificing time or money for the benefit of others may be self-rewarding independently of the visible outcome of these activities (e.g., increase in salary etc.).

Evolutionary researchers have even argued that helping others is part of human nature. In the present study is worth mentioning this evolutionary

argument since it may provide an ultimate explanation to why humans have so strong tendencies to help others via volunteering and charity (see also Post, 2005). In our evolutionary past, individuals who were unable to cooperate and help others were likely to be ostracised, which would have endangered their lives since it was difficult to survive outside the group (West et al., 2011). In addition, in our evolutionary past those who provided help to others were more likely to be seen as altruistic, which would have resulted in them more likely receiving reciprocal help later, and possibly acquiring a reputation as a desirable partner (Trivers, 1971). Thus, the evolutionary view emphasises that helping others has produced fitness benefits for the benefactors themselves in terms of survival and reproduction in our evolutionary past. And, since helping others may have provided fitness benefits for altruists themselves, it is likely that these altruistic tendencies have been chosen in the process of natural selection (West et al., 2011). Moreover, evolutionary researchers claim that behaving in ways that have produced fitness benefits in our evolutionary past may still give us physical and psychological rewards (e.g., health and happiness) (Buss, 2000). Thus, in terms of evolutionary theorising, those who provide help to others could be healthier and happier than those who do not.

Several studies have shown that sacrificing time to help others may have positive outcomes for the helpers themselves in terms of physical and psychological well-being. The research suggests that people who volunteer have fewer depressive symptoms, fewer functional limitations, better self-rated health and lower rates of mortality than their non-volunteering counterparts (e.g., Hong & Morrow-Howell, 2010; McMunn et al., 2009; Musick, Herzog, & House, 1999; Tang, 2009; Young & Janke, 2013). Moreover, research has shown that volunteering may be beneficial for older adults in particular. Based on a recent review of 73 studies by Anderson and colleagues (2014), volunteering was consistently associated with health benefits for people over the age 50. Moreover, a review of 11 studies by Okun and colleagues (2013) showed that in older adults between 55 and 75 years of age, organisational volunteering reduced the risk of mortality by 47%.

In the case of happiness, Meier and Stutzer (2006) found that German volunteers were happier than non-volunteers. Similar results have been found in studies conducted in Britain (Whiteley, 2004), the US (Borgonovi, 2008; Thoits & Hewitt, 2001) and elsewhere (e.g., Dulin et al., 2012).

Moreover, evidence shows that volunteering tends to increase well-being more in older than in younger age groups (e.g., [Musick & Wilson, 2003](#); [Van Willigen, 2000](#); [Wheeler, Gorey, & Greenblatt, 1998](#)).

Studies have also shown that donating money to others is associated with increased happiness. [Dunn and colleagues \(2008\)](#) found that Americans who spent money on others (e.g., via charity donations) were happier than those who spent money on themselves. Similarly, using data from the US, [Aknin and colleagues \(2012\)](#) showed that individuals who recalled a situation where they spent money on others were happier when recalling the event than individuals who had spent money on themselves. Moreover, the happier the individuals were, the more often they reported spending money on others later. These results show that spending money on others may increase happiness, and that happiness may then increase the probability of continuing to spend money on others.

Although contributing time and money to others may have benefits for altruists themselves, the outcome of these activities tends to vary during the individual life courses (e.g., [Van Willigen, 2000](#)). For younger adults in the middle of their active years (e.g., they usually are involved in paid work and often have dependent children) engaging in voluntary work may be too stressful, because they tend to not have sufficient time to devote to others. Thus, because of their life situations, engaging in volunteering may not promote younger adults' well-being. In contrast, older individuals may have an abundance of time, because they rarely have dependent children and are often past work-related responsibilities. This should be the case, in particular, if older adults do not have dependent parents. The presence of elderly parents may at least partly determine how stressful it is for older respondents to engage in other helpful activities because many of those Finns whose older parents are alive do help them ([Danielsbacka et al., 2013](#)), although in Finland children have no legal responsibility to support their parents. In particular to those older adults who have uncommitted time, voluntary work may not be stressful but rather satisfying, since by volunteering they may retain their status as active, useful and productive citizens ([Van Willigen, 2000](#)). In addition, engaging in volunteering may increase the social networks of older adults, which in turn may improve their well-being ([Post, 2005](#)).

However, the situation may be different in the case of charity donations. For older adults, who often are retired and thus may have a lower income, giving money to others may be more of a burden and thus less satisfying than engaging in voluntary work (Van Willigen, 2000). In contrast, for younger working adults it may be more satisfying to give money rather than time to others, meaning that by donating to charity younger adults can “buy” happiness (Dunn et al., 2008).

Hypotheses

Studies have shown that engaging in volunteering and charity may improve the well-being of the helpers. However, few studies have analysed the association between volunteering, charity and well-being in two adult generations (but see Van Willigen, 2000). We predict that engaging in voluntary work should increase the well-being of older adults, since by volunteering they may, for instance, retain their status as active and productive citizens. Younger adults, who tend to be in the middle of their active years, may have less time to devote to others (e.g., via volunteering), but by donating to charities younger adults may receive emotional reward, which can be measured by improved health and happiness. Here we test two hypotheses:

H1) Older adults who engage in voluntary work are healthier and happier than those who do not

H2) Younger adults who donate money to charity are healthier and happier than those who do not

Material, Methods and Measurement

We use data collected from the Generational Transmissions in Finland (Gentrans) project. The aim of the project is to gather longitudinal information on the social relations of two generations: the Finnish baby boomer generation born between 1945 and 1950 ($M = 1947$, $SD = 1.67$) (i.e., the older generation), and their adult children born between 1962 and 1993 ($M = 1976$, $SD = 5.6$) (i.e. the younger generation). Two representative surveys (one for each generation) were conducted in 2012 by Statistics Finland via mail. The surveys of the older and younger generations were independent samples gathered separately. The older generation’s sample

included 2,161, and the younger generation's sample included 1,701 respondents. The data are presented more precise elsewhere (Danielsbacka et al., 2013).

In this study, dependent variables measure self-perceived happiness and health. These factors have been commonly used in previous studies to measure individual well-being (see Anderson et al., 2014 for a review). In the Gentrans surveys, respondents were asked to report how happy they considered themselves to be on an 11-point scale (ranging from 0 = very unhappy, to 10 = very happy) (older generation: mean = 7.3, SD = 1.71, n = 2,161; younger generation: mean = 7.6, SD = 1.70, n = 1,701). The variable measuring happiness was normally distributed in both the older and younger generation's data.

In addition, the respondents were asked to report how they regarded their health on 4-point scale (ranging from 0 = very poor, to 3 = very good) (older generation: mean = 1.6, SD = 0.75, n = 2,161; younger generation: mean = 2.1, SD = 0.66). For the analyses, we dichotomised the self-perceived health variable as 0 = very poor, poor or fair, and 1 = good or very good. 52.1% of the older generation's and 85.9% of the younger generation's respondents reported having good or very good health. The self-perceived health variables were dichotomized because these were not normally distributed, and thus the analyses with continuous variables could not have been performed properly. However, the sensitivity analyses with continuous variables produced results (not shown) similar to the analyses with the dichotomised variables, so that the loss of information appears to have been very small. Although happiness and health tended to be reciprocally related, they did not measure exactly the same matter, and thus were not perfectly correlated. In the older generation's data the correlation between happiness and health was 0.41 (two-tailed $p < .001$, $n = 2,161$) and in the younger generation's data 0.37 (two-tailed $p < .001$, $n = 1,701$).

The main independent variables measured whether the respondents were engaged in voluntary work or made donations to charity (Table 1). In the surveys, respondents were asked if they had given money to a voluntary organisation in the last 12 months (0 = no, 1 = yes). In addition, the respondents were asked to report whether they had engaged in voluntary work in the last 12 months (0 = no, 1 = yes). The descriptive statistics for the main independent variables are presented in Table 1.

Table 1
Distribution of charity and volunteering (%)

	<u>Older generation</u>	<u>Younger generation</u>
Charity		
No	42.0	42.3
Yes	58.0	57.7
Voluntary work		
No	78.6	83.3
Yes	21.4	16.8
n	2,161	1,701

In the analyses we control for several potential confounding variables that have been shown to correlate with self-perceived happiness and health in previous studies (e.g., Bekkers & Wiepking, 2011; Dolan et al., 2008; Wilson, 2012). In the case of both generations, we controlled for the number of children and employment status. Employment status was coded 1 for employed full or part time and 0 for others. In addition, in the older generation's data, we took into account whether the respondents still had at least one living parent (0 = no, 1 = mother, father or both alive). During the data collection in 2012, the parents of the older generation respondents were approximately 89 years old.

Other control variables included gender, birth year, residential area, partnership status, education, employment status, financial condition, number of children, religiousness, number of close persons and health. With the exception of the respondent's birth year, number of children and religiousness, all independent variables were categorical, and were transformed into dummy variables for the analyses (Table 2). When investigating happiness we used linear regression analysis. For self-perceived health, we used logistic regression analysis. The analyses were conducted with the statistical software Stata version 12.0.

Table 2
Sample descriptive statistics (%/ mean)

	Older generation		Younger generation	
	%/mean	SD	%/mean	SD
Gender (%)				
Female	57.0		62.6	
Male	43.0		37.5	
Year of birth (mean)	1947	1.67	1975.0	5.60
Residential area (%)				
Urban	66.9		76.0	
Rural	33.1		24.0	
Partnership status (%)				
No spouse	24.9		23.6	
Have a spouse	75.1		76.4	
Educational level (%)				
Primary or lower secondary	32.3		3.4	
Upper secondary	50.4		42.9	
Tertiary: lower degree	6.8		27.0	
Tertiary: higher degree or doctorate	10.5		26.7	
Working status (%)				
Not working	83.0		22.6	
Working	17.0		77.4	
Financial condition (%)				
Low-income	44.8		29.8	
Middle-income	37.4		48.4	
Comfortably off or wealthy	17.8		21.8	
Number of children (mean)	2.0	1.54	1.4	1.36
Religiousness (mean)	1.5	0.92	1.0	0.93
Number of close persons (mean)	10.2	7.31	9.6	5.57
Parent alive (%)				
No	77.9			
Yes	22.1			
n	2,161		1,701	

Results

Older Generation

Table 3 shows that in the case of older adults no significant association was found between the happiness of those who had donated to charity and those who had not. However, volunteers tended to be happier than non-volunteers. In addition, several other factors were associated with happiness. According to gender, women were happier than men, and those with a spouse were happier than those without. Those who were living in cities were found to be happier than those in rural areas. Employed persons were happier than non-employed, and those who managed better financially were happier than those who managed poorly. Number of children was positively associated with happiness. When the degree of religiousness and number of close persons were high, so was the degree of happiness.

Neither volunteering nor charity correlated with self-perceived health (Table 4). Based on gender, women were healthier than men. Better educated respondents were healthier than their less educated counterparts. Those employed were healthier than the non-employed and those managing better financially were healthier than those managing poorly. The number of close persons was positively associated with health. Number of children was positively associated with health. Finally, those living in cities were healthier than others.

Finally, in the case of the older generation, we added volunteering \times employment status interaction, volunteering \times having parent alive interaction, charity \times employment status interaction and charity \times parent alive interaction terms in the regression models (results not shown in the tables). However, we found no significant interactions in any of these models.

Table 3

Older generation's happiness (linear regression analysis, β coefficients)

	Model 1 Charity						Model 2 Voluntary work					
	β	SE	t	p	95% CI lower upper		β	SE	t	p	95% CI lower upper	
Charity												
No	ref.						ref.					
Yes	0.12	0.07	1.72	0.086	-0.02	0.26						
Voluntary work												
No							ref.					
Yes							0.18	0.09	2.10	0.035	0.01	0.35
Gender												
Female	ref.						ref.					
Male	-0.28	0.07	-3.96	<0.001	-0.42	-0.14	-0.29	0.07	-4.02	<0.001	-0.43	-0.15
Year of birth	0.02	0.02	1.15	0.249	-0.02	0.07	0.03	0.02	1.27	0.206	-0.02	0.07
Residential area												
Urban	ref.											
Rural	-0.22	0.07	-2.96	0.003	-0.36	-0.07	-0.22	0.07	-3.02	0.003	-0.37	-0.08
Partnership status												
No spouse	ref.						ref.					
Have a spouse	0.68	0.08	8.27	<0.001	0.52	0.85	0.70	0.08	8.53	<0.001	0.54	0.86

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Table 3 (continue)

Educational level													
Primary or lower secondary	ref.						ref.						
Upper secondary	0.11	0.08	1.40	0.163	-0.04	0.26	0.11	0.08	1.43	0.154	-0.04	0.26	
Tertiary: lower degree	0.08	0.15	0.53	0.596	-0.21	0.37	0.08	0.15	0.51	0.611	-0.21	0.37	
Tertiary: higher degree or doctorate	0.02	0.13	0.12	0.907	-0.25	0.28	0.02	0.13	0.14	0.889	-0.24	0.28	
Working status													
Not working	ref.						ref.						
Working	0.22	0.10	2.31	0.021	0.03	0.41	0.23	0.10	2.38	0.017	0.04	0.42	
Financial condition													
Low-income	ref.						ref.						
Middle-income	0.57	0.08	7.33	<0.001	0.42	0.73	0.58	0.08	7.47	<0.001	0.43	0.73	
Comfortably off or wealthy	1.06	0.10	10.07	<0.001	0.85	1.26	1.07	0.10	10.18	<0.001	0.86	1.27	
Number of children	0.05	0.02	2.08	0.038	0.003	0.09	0.05	0.02	2.09	0.037	0.003	0.09	
Religiousness	0.20	0.04	5.11	<0.001	0.12	0.27	0.19	0.04	5.01	<0.001	0.12	0.27	
Number of close persons	0.03	0.005	6.04	<0.001	0.02	0.04	0.03	0.005	5.99	<0.001	0.02	0.04	
Parent alive													
No	ref.						ref.						
Yes	0.08	0.08	0.93	0.350	-0.09	0.24	0.07	0.08	0.82	0.410	-0.09	0.23	
Adjusted R2	0.16						0.16						
n	2,161						2,161						

Table 4
Older generation's health (logistic regression analysis, odds ratios)

	Model 1 Charity						Model 2 Voluntary work					
	OR	SE	z	p	95% CI lower upper		OR	SE	z	p	95% CI lower upper	
Charity												
No	ref.											
Yes	1.09	0.11	0.90	0.370	0.90	1.32						
Voluntary work												
No							ref.					
Yes							0.89	0.10	-1.04	0.300	0.71	1.11
Gender												
Female	ref.						ref.					
Male	0.75	0.07	-2.92	0.004	0.62	0.91	0.75	0.07	-3.02	0.003	0.62	0.90
Year of birth	0.98	0.03	-0.54	0.592	0.93	1.04	0.98	0.03	-0.61	0.544	0.93	1.04
Residential area												
Urban	ref.						ref.					
Rural	0.69	0.07	-3.68	<0.001	0.57	0.84	0.70	0.07	-3.55	<0.001	0.57	0.85
Partnership status												
No spouse	ref.						ref.					
Have a spouse	1.06	0.12	0.49	0.621	0.85	1.32	1.06	0.12	0.53	0.595	0.85	1.32

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Table 4 (continue)

Educational level												
Primary or lower secondary	ref.						ref.					
Upper secondary	1.23	0.13	1.98	0.048	1.00	1.51	1.25	0.13	2.12	0.034	1.02	1.53
Tertiary: lower degree	1.52	0.31	2.05	0.040	1.02	2.28	1.59	0.32	2.25	0.024	1.06	2.37
Tertiary: higher degree or doctorate	1.58	0.30	2.45	0.014	1.10	2.29	1.64	0.31	2.64	0.008	1.14	2.37
Working status												
Not working	ref.						ref.					
Working	2.12	0.29	5.51	<0.001	1.62	2.77	2.11	0.29	5.48	<0.001	1.62	2.76
Financial condition												
Low-income	ref.						ref.					
Middle-income	1.90	0.20	6.24	<0.001	1.55	2.33	1.92	0.20	6.34	<0.001	1.57	2.35
Comfortably off or wealthy	3.81	0.57	8.99	<0.001	2.84	5.09	3.86	0.57	9.11	<0.001	2.89	5.17
Number of children	1.11	0.04	3.30	0.001	1.04	1.18	1.11	0.04	3.31	0.001	1.04	1.18
Religiousness	1.06	0.06	1.12	0.261	0.96	1.18	1.08	0.06	1.45	0.147	0.97	1.20
Number of close persons	1.02	0.01	2.61	0.009	1.00	1.03	1.02	0.01	2.79	0.005	1.01	1.03
Parent alive												
No	ref.						ref.					
Yes	1.06	0.12	0.50	0.618	0.85	1.32	1.06	0.12	0.47	0.636	0.85	1.32
Nagelkerke R2	0.09						0.09					
n	2,161						2,161					

Younger Generation

Table 5 shows a positive correlation between charity and happiness among the younger generation. Thus, those who had given money to charity tended to be happier than those who did not. However, volunteering tended not to increase or decrease happiness. Table 5 shows that several other factors correlated with happiness. Women were happier than men, and those living with a spouse were happier than those living without one. When the financial condition improved and the rate of religiousness increased, happiness increased as well. Finally, the number of close persons was positively associated with happiness.

Table 6 shows that engaging in either volunteering or charity did not correlate with self-perceived health in the case of the younger generation. Several other factors, however, correlated with health. Women were healthier than men, and older respondents were healthier than younger ones. In addition, working and having a spouse were associated with better health. Better educated and higher-income respondents were healthier than their counterparts with lower socioeconomic circumstances. The number of close persons was positively associated with health.

Finally, in the case of the younger generation we added volunteering \times employment status interaction, and charity \times employment status interaction terms in the regression models (results not shown in tables). However, no significant interactions were found in any of these models.

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Table 5

Younger generation's happiness (linear regression analysis, β coefficients)

	Model 1 Charity						Model 2 Voluntary work					
	β	SE	t	p	95% CI lower upper		β	SE	t	p	95% CI lower upper	
Charity												
No	ref.						ref.					
Yes	0.19	0.08	2.35	0.019	0.03	0.35						
Voluntary work												
No							ref.					
Yes							0.02	0.11	0.17	0.861	-0.19	0.23
Gender												
Female	ref.						ref.					
Male	-0.52	0.08	-6.18	<0.001	-0.68	-0.35	-0.54	0.08	-6.44	<0.001	-0.70	-0.38
Year of birth	0.01	0.01	1.40	0.161	0.00	0.03	0.01	0.01	1.37	0.170	0.005	0.03
Residential area												
Urban	ref.						ref.					
Rural	0.10	0.09	1.02	0.307	-0.09	0.28	0.10	0.09	1.07	0.283	-0.08	0.29
Partnership status												
No spouse	ref.						ref.					
Have a spouse	0.75	0.10	7.43	<0.001	0.55	0.95	0.76	0.10	7.48	<0.001	0.56	0.96

Table 5 (continue)

Educational level												
Primary or lower secondary	ref.						ref.					
Upper secondary	-0.02	0.22	-0.08	0.936	-0.45	0.41	-0.01	0.22	-0.03	0.973	-0.44	0.42
Tertiary: lower degree	-0.10	0.23	-0.43	0.664	-0.55	0.35	-0.07	0.23	-0.32	0.748	-0.53	0.38
Tertiary: higher degree or doctorate	-0.13	0.23	-0.55	0.582	-0.59	0.33	-0.10	0.23	-0.43	0.667	-0.56	0.36
Working status												
Not working	ref.						ref.					
Working	-0.05	0.11	-0.44	0.661	-0.26	0.16	-0.04	0.11	-0.41	0.680	-0.25	0.17
Financial condition												
Low-income	ref.						ref.					
Middle-income	0.59	0.10	5.72	<0.001	0.38	0.79	0.60	0.10	5.84	<0.001	0.40	0.80
Comfortably off or wealthy	0.98	0.13	7.70	<0.001	0.73	1.23	1.00	0.13	7.85	<0.001	0.75	1.25
Number of children	0.01	0.03	0.16	0.871	-0.06	0.07	0.005	0.03	0.14	0.889	-0.06	0.07
Religiousness	0.12	0.04	2.79	<0.001	0.04	0.21	0.13	0.04	2.96	0.003	0.04	0.22
Number of close persons	0.03	0.01	4.47	<0.001	0.02	0.05	0.03	0.01	4.51	<0.001	0.02	0.05
Adjusted R2	0.13								0.12			
n	1,701								1,701			

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Table 6

Younger generation's health (logistic regression analysis, odds ratios)

	Model 1 Charity						Model 2 Voluntary work					
	OR	SE	z	p	95% CI lower upper		OR	SE	z	p	95% CI lower upper	
Charity												
No	ref.						ref.					
Yes	1.09	0.16	0.55	0.584	0.81	1.46						
Voluntary work												
No							ref.					
Yes							0.82	0.16	-1.01	0.310	0.56	1.20
Gender												
Female	ref.						ref.					
Male	0.61	0.10	-3.13	0.002	0.45	0.83	0.60	0.09	-3.27	0.001	0.44	0.82
Year of birth	1.07	0.02	4.94	<0.001	1.04	1.11	1.07	0.02	4.87	<0.001	1.04	1.10
Residential area												
Urban	ref.						ref.					
Rural	0.86	0.14	-0.90	0.369	0.62	1.20	0.87	0.15	-0.84	0.403	0.62	1.21
Partnership status												
No spouse	ref.						ref.					
Have a spouse	1.45	0.26	2.02	0.044	1.01	2.07	1.43	0.26	1.95	0.051	1.00	2.05

Table 6 (continue)

Educational level												
Primary or lower secondary	ref.						ref.					
Upper secondary	1.99	0.60	2.26	0.024	1.10	3.60	2.03	0.62	2.33	0.020	1.12	3.69
Tertiary: lower degree	2.47	0.83	2.71	0.007	1.28	4.76	2.55	0.86	2.80	0.005	1.33	4.92
Tertiary: higher degree or doctorate	3.60	1.30	3.56	<0.001	1.78	7.30	3.72	1.34	3.64	<0.001	1.83	7.53
Working status												
Not working	ref.						ref.					
Working	1.51	0.28	2.20	0.028	1.05	2.18	1.51	0.28	2.18	0.029	1.04	2.17
Financial condition												
Low-income	ref.						ref.					
Middle-income	1.88	0.33	3.57	<0.001	1.33	2.66	1.87	0.33	3.53	<0.001	1.32	2.64
Comfortably off or wealthy	3.20	0.86	4.34	<0.001	1.89	5.41	3.23	0.86	4.38	<0.001	1.91	5.45
Number of children	1.05	0.07	0.82	0.411	0.93	1.19	1.05	0.07	0.83	0.408	0.93	1.19
Religiousness	0.91	0.07	-1.18	0.238	0.77	1.07	0.92	0.08	-0.96	0.335	0.79	1.09
Number of close persons	1.04	0.01	2.96	0.003	1.01	1.07	1.04	0.01	3.03	0.002	1.02	1.07
Nagelkerke R2	0.10						0.10					
n	1,701						1,701					

Discussion and Conclusions

In the previous section we have analysed whether volunteering and charity are associated with self-perceived health and happiness in Finland. We found that older adults who had engaged in voluntary activity were happier than those who had not. We also found that younger adults who donated to charity were happier than those who did not. In the case of older adults, however, we found no correlation between charity donations and happiness, and in the case of younger adults, no associations were noted between volunteering and happiness. This may be due to the different phases of life course the older and younger generations are going through.

Regarding the older generation, the lack of a correlation between charity donations and happiness may have resulted from the position of these individuals with respect to the labour market. Since almost 80% of older adults in the study are retired (Danielsbacka et al., 2013) and do not receive a regular income from work, spending money on others may be stressful, and therefore not conducive to happiness. However, because most older adults are retired and do not have dependent children, they may have more uncommitted time to devote to others. This may explain our finding that volunteering tends to increase older adults' happiness. In addition, voluntary work is often carried out together with other people, and the social networks typically involved in volunteering may also increase the happiness of older adults.

The life course position of younger adults appears to differ substantially from that of older adults. The great majority of younger adults are employed and have dependent children. Thus, younger adults may have less time to devote to others. If younger adults engage in volunteering, it may be too stressful for them and therefore it does not increase their happiness. However, by making donations to charity, younger adults may “buy” happiness (see also Dunn et al., 2008).

Results concerning difference between generations in relation to the associations between volunteering, charity, and happiness hold even after controlling for several factors related to life course situations (e.g., partnership and working status). This indicates that some other life course related factors may make the difference which we were not able to control for. Moreover, there could be differences in volunteering activities between

older and younger adults. Younger adults may have higher levels of responsibility in volunteering organisations than older adults and, thus, volunteering may be more stressful to younger than older adults. This may also lead to the situation where volunteering does not provide well-being benefits for younger adults. However, we call for future studies to response these questions.

For both the older and younger generation examined in this study, volunteering and charity were not correlated with self-perceived health as initially stated in the hypotheses. Hence our hypotheses may be deemed as just partially supported. In addition, our results contrast with several studies, which have found volunteering and charity to be associated with several health benefits, particularly among older adults (see [Anderson et al., 2014](#) for a review). These previous studies have shown that in older adults volunteering is often associated with both self-perceived health as well as with fewer depressive symptoms, reduced functional limitations, and lower risk of mortality. Our results may be explained by the fact that in our sample, the older adults were “young old” rather than “middle old” or “very old” ([Forman et al., 1992](#)). At the time of the data collection they were between 62 and 67 years old, and were still in relatively good condition (i.e., only 1% of the older adults in the study sample defined their health as “very bad”). Engaging in voluntary activity may prevent several health problems, but this might only apply when people are at least “middle old” rather than “young old” (e.g., [Anderson et al., 2014](#); [Van Willigen, 2000](#)). Another explanation is that older adults who regularly volunteer may generally be healthier than others, but because of our data limitations we were unable to explore this question.

Our study has several strengths. Its results are based on large-scale and nationally representative data from two generations. Since the data include answers about both volunteering and charity, we were able to analyse whether these forms of altruism are differently related to self-perceived health and happiness. In addition, we were able to control for several potential confounding variables which have been shown to correlate with health and happiness. The results can therefore be considered robust. However, the study also has limitations. In the surveys, the respondents were asked if they had engaged in voluntary activity or charity either to any degree or not at all. Thus, information on the frequency of the involvement is not provided. In addition, the surveys did not include information

concerning the type of volunteering and charity. It might therefore be worthwhile for future studies to address these questions. Finally, proven correlation does not necessary mean causality. That is to say it could be that our results could be explained by the fact that happier individuals are more likely to help others rather than helping others is what makes them happy. On the other hand, based on the findings by Aknin and colleagues (2012) it could be that there is “a positive feedback loop” between volunteering or charity and happiness. This means that helping others make individuals happier and after that they want to help others again, since it provides an emotional reward (i.e., happiness) to them. Thus, prosocial actions and happiness may run on a circular motion.

Finally, our results are also relevant in terms of social and public policy. Since becoming involved in charity may improve the self-perceived happiness of younger adults and engaging in voluntary work happiness of older adults, it is important that individuals’ opportunities to engage in these activities are available when people are willing to participate.

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