Self-Reported Health and Happiness Among Sub-Regions of Asia: The World Value Survey 2017-2021

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Abstract

This paper compared the differences in self-assessed health and happiness among five Sub-regions of Asia, namely, South Asia, Central Asia, West Asia, Eastern Asia, and South East Asia. The ng data was collected from the World Value Survey between 2017 and 2021 (Wave-Seven). A total of 3,278 participants from five sub-regions were surveyed. Self-Rated Health (SRH) and happiness were measured using a self-reported questionnaire. The results showed that the SRH and happiness levels were significantly high, with 81.09% expressing satisfaction. Gender-wise, females display reduced odds of happiness compared to males (OR=0.73, [SE/Z] =-0.07/-3.15), indicating a gender-based disparity. Higher education, financial satisfaction, and income levels are significantly associated with improved health perceptions. Higher satisfaction with the financial situation and income scales also demonstrates significant associations with happiness. As individuals age, there is a substantial increase in the odds of reporting good health, with the highest odds observed in the 65+ age group.

Keywords: Happiness and Well-being, World Value Survey (WVS), Sub-Regions of Asia

Introduction

Good health and well-being are fundamental aspects of a substantial life and essential goals for individuals and nations (Alatartseva & Barysheva, 2015; Dyakova, 2017). A Self-assessment of health and happiness has long been a critical metric in population-based surveys, providing a perception of general well-being (Holzer et al., 2021; Idler & Cartwright, 2018). This measure is known as self-rated health (SRH), self-perceived health, or self-reported health and has been central to sociological research since the 1950s (Sweileh, 2020; Galenkamp, 2020). A single-item measure of SRH can evaluate an individual's overall health and well-being, including physical, psychological, and social dimensions outlined by the World Health Organization (WHO) (Gullati, 2018). Several studies, including epidemiological research and meta-analyses, have established strong connections between SRH and chronic medical conditions such as diabetes, coronary heart

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disease, functional ability, depression, stroke, and mortality (Belachew et al., 2021; Ahmad et al., 2014; Mavaddat et al., 2014). In contrast, self-reported happiness, or subjective well-being, reflects an individual's overall satisfaction and well-being with life. Studies consistently indicate a positive correlation between subjective well-being and SRH at individual and societal levels. Moreover, subjective well-being has shown a powerful positive influence on longevity in healthy populations (Bussière & Sirven, 2021; Jebb et al., 2020). Consequently, societies with good health tend to foster greater happiness, and conversely, happier societies typically exhibit improved health outcomes (Sun et al., 2016; Oksuzyan et al., 2019; Acosta-González, & Marcenaro-Gutiérrez, 2021).

Good health and well-being are essential for human existence. However, there are unfortunate disparities in their distribution across different population sub-groups and geographical locations, which present a significant global health challenge (McCracken & Phillips, 2017). In recent decades, efforts to understand the factors behind these disparities have led to significant theoretical advancements. Theories like fundamental causes, social selection, psychosocial theory, and diffusion of innovation aim to explain the underlying factors driving health inequalities within and between nations (Levin 2013; Krefis et al., 2018; Weiss & Eikemo, 2021; Haring et al., 2020; Burger et al., 2020). Of these theories, the theory of fundamental causes (Link & Phelan, 1995) is particularly relevant to the findings presented in this paper. According to this theory, disparities in health and well-being primarily stem from differences in access to socio-economic opportunities, such as power, income, employment, education, and prestige. It improves both within and between countries. A higher socioeconomic status (SES) is probable to improve health and well-being by permitting access to essential and required resources necessary for healthy living. This fundamental hypothesis has been maintained by various population-based surveys conducted across high- and low-income countries (Addae & Kuhner, 2022; Kezer & Cemalcilar, 2020; McMaughan et al., 2020; Weiss and Eikemo, 2017; Glanz, 1997).

Bivariate analysis of cross-national data has shown that people with lower or no education levels have a higher risk of reporting poor health (Kino et al., 2021). Similarly, individuals from low-income countries are more likely to report poor health compared to those from higher-income countries (Walker et al., 2020; Gesthuizen et al., 2012; Bardage et al., 2005). Subramanian et al., (2025), conducted a study, in the United States that showed similar results regarding health and happiness. The researchers found a significant income and education gradient related to poor self-rated health and unhappiness, with the gradient being more pronounced for poor health. Therefore, health and well-being tend to follow a social gradient (Eillna et al., 2021; Mentzakis, & Moro, 2009; Vyncke et al., 2013).

Several studies have consistently shown that socioeconomic factors affect health and well-being. However, it is still uncertain whether these factors contribute to inequalities in self-rated health (SRH) and happiness. Most previous investigations on health and happiness have focused on high-income countries (HICs) with more generous welfare arrangements. Very few cross-country studies have been conducted on SRH in sub-regions of Asia. Dissimilar to other high-income countries, Asia is considered to be in a state of terrible poverty, with a wide gap between the rich and poor. Socioeconomic-related inequalities in this region are among the highest in the world due to its fully engaged free market and conflict policies. As well as socio-economic issues, border disputes, and many other problems.

This paper compares the differences in self-assessed health and happiness among five Sub-regions of Asia, namely South Asia, Central Asia, West Asia, Eastern Asia, and South East Asia, using data collected from the World Value Survey between 2017 and 2021 (Wave-Seven). Central Asia (33.9),

Southern Asia (50.5), East Asia (41.5), East Asia (41.5) (Kidd et al., 2022), and South Asia (44.4) (Khatun et al., 2022). As these Sub-regions of Asia are going through a lot of socioeconomic changes, it is essential to understand the impact of social and economic factors on health and well-being. There are two main ways in which this paper contributes to the literature. Firstly, it adds to the growing scientific evidence on socioeconomic disparities in self-rated health (SRH) and happiness within developing countries. Secondly, it uses the Concentration Index (CI) to measure and compare the extent of socioeconomic-related inequality in self-rated poor health and unhappiness. This methodology has been used in previous studies examining the sources of socioeconomic disparities in infant mortality, child malnutrition, as well as poor SRH, and mental health disorders.

Methodology and Data Analysis

This study used the seven (2017-2021) waves of the WVS. It contains 64 countries in the world. However, our analysis is limited to five Asian regions: South Asia, Central Asia, South East Asia, Eastern Asia, and West Asia. WVS is conducted on a national base in each state. It has a two-stage process to collect data about both genders from participants aged 16 years or above. The sampling procedure contains the random selection of primary sampling units (PSUs) from the latest national census, with the selection probability proportionate to the size of each unit. Commonly, PSUs correspond to districts. In the second stage, households are chosen within each PSU using a systematic sampling approach. The final step contains face-to-face interviews with the selected respondents from each household. There is no upper age limit for participants. The investigative sample size for the survey covers 11, 792 respondents of both genders ranging in age from 16 to 92 years. This varied sample aims to represent the population's values and attitudes in each surveyed country.

Two different factors were examined in this study: Self-Rated Health (SRH) and Happiness. SRH was assessed using a single question in the World Value Survey (WVS), in which participants were asked to rate their health status as very good, good, fair, or poor. We converted this rating into a binary variable, assigning a value of 1 to participants who rated their health as fair or poor and 0 to those who rated it as very good or good. On the other hand, happiness levels were measured by asking participants, "Taking all things together, would you say you are very happy, rather happy, not very happy, or not at all happy?" We coded those who responded with not very happy or not happy as 1 and those who responded with very happy or rather happy as 0. We assessed unhappiness instead of happiness because it is a proxy measure for lack of well-being. People who report feeling unhappy are more likely to be unemployed, have lower levels of education, and experience feelings of loneliness.

Therefore, we combined various selected variables with the respondent's gender, age, marital status, education level, and satisfaction with the financial situation, which were considered completely dissatisfied, moderately satisfied, and completely satisfied. Furthermore, self-reported income levels were classified as low, medium, and high, while self-reported social class included upper class, upper middle class, lower middle class, and lower class. These predictors have consistently shown associations with self-rated health (SRH) and happiness.

Descriptive analysis was used to examine differences in population characteristics among countries. Logistic regression was then employed to identify predictors, and estimate predicted logs for each country, with no evidence of multicollinearity. Confidence intervals (CI) were estimated to measure unequal distribution across socio-economic strata. Concentration curves were plotted to visualize this distribution, with CI calculated as twice the area between the curve

and the diagonal. A negative CI indicates concentration among lower income levels, while a positive CI suggests concentration among higher income levels. Decomposition analysis was conducted to estimate the contribution of predictors to unequal distributions. Complex survey analysis was used to correct the sampling design.

Table 1 describes the outcomes of the descriptive statistics the basic feature of data (Ashraf et al., 2023; Gul, et al., 2020) and this study shows the different regions of Asia. In South Asia, the total number of respondents is 2,863. It shows the patterns in various demographic and well-being indicators. Many respondents reported good self-rated health (64.37%) and happiness (88.02%). The gender distribution was nearly balanced, with 49.49% female and 50.51% male respondents. The age distribution shows a significant representation across different age groups, with the highest percentage in the 25–34 age group (30.98%). Therefore, the marital status indicated a predominance of married individuals (80.79%), while a smaller percentage reported living together as married (0.21%). The education levels skewed towards lower education, with 90.60% having lower education. Besides, the majority expressed satisfaction with their financial situation, with 47.64% completely satisfied. Regarding income, the highest percentage fell into the lowest income category (38.42%). Social class distribution highlighted a significant representation in the working (35.98%) and lower middle classes (36.40%). Therefore, in the same table, we discussed the summary statistics and outcomes of the Central Aisa. In Central Asia, there were 1,610 respondents, and a substantial majority reported good self-rated health (75.65%), with a minority indicating poor health (24.35%). Happiness levels were high, with 95.78% expressing satisfaction. The gender distribution was relatively balanced, with 54.91% females and 45.09% males. The age distribution displays a varied representation across different age groups, with the highest percentage in the 25–34 age group (23.11%). Similarly, the marital status indicated a predominant presence of married individuals (75.90%), while a small percentage reported living together as married (0.19%). The education levels have different levels of diversity, with 47.76% having middle education and 28.07% having higher education. Therefore, about 48.01% are delighted, while most fell into the medium-income category (54.66%). Social class distribution has significantly represented the working and lower-middle classes. Based on responses from 3,278 participants in West Asia, this study provides a comprehensive picture of the region's socio-demographic and well-being characteristics. Many respondents reported good self-rated health (65.13%), while 34.87% indicated poor health. Happiness levels were significantly high, with 81.09% expressing satisfaction. As in other West Asian cases, the gender distribution was relatively balanced, with 51.43% females and 48.57% males. The age distribution displayed diversity, with the highest percentage in the 25-34 and 35-44 age groups (23.25% and 23.03%, respectively). Marital status demonstrated an occurrence of married individuals (68.00%), while only a small percentage reported living together as married (0.76%). Education levels showed a majority with lower education (76.54%). Regarding financial satisfaction, 55.83% expressed complete dissatisfaction, while income distribution indicated a significant proportion in the medium-income category (41.85%). Social class distribution represented a diverse landscape, with an outstanding presence in the working and lower-middle classes. The same story was discussed in Eastern Asia.

Table 1: Descriptive Statistics by South Asia (Rural)

Variable	South Asia (n= 2,863)		Central Asia (n=1,610)		West Asia (n= 3,278)		Eastern Asia (n=1,778)		South Easter Asia (n= 2,863)	
	F*	%**	F*	%**	F*	%**	F*	%**		
Self-rated health										
Good	1,843	64.37	1,218	75.65	2,135	65.13	1,015	57.09	1,354	31.59
Poor	1,020	35.63	392	24.35	1,143	34.87	763	42.91	2,932	68.41
Felling of happiness										
Happy	2,520	88.02	1,542	95.78	2,658	81.09	1,556	87.51	3,923	91.53
Unhappy	343	11.98	68	4.22	620	18.91	222	12.49	363	8.47
Gender										
Female	1,417	49.49	884	54.91	1,686	51.43	972	54.67	2,277	53.13
Male	1,446	50.51	726	45.09	1,592	48.57	806	45.33	2,009	46.87
Age, y										
16-24	489	17.08	234	14.53	523	15.95	195	10.97	501	11.69
25-34	887	30.98	372	23.11	762	23.25	295	16.59	1,023	23.87
35-44	764	26.69	297	18.45	755	23.03	338	19.01	999	23.31
45-54	404	14.11	330	20.50	575	17.54	380	21.37	908	21.19
a55-64	228	7.96	274	17.02	464	14.15	315	17.72	594	13.86
65+	91	3.18	103	6.40	199	6.07	255	14.34	261	6.09
Marital status										
Married	2,313	80.79	1,222	75.90	2,229	68.00	1,248	70.19	3,224	75.22
Living together as married	6	0.21	3	0.19	25	0.76	134	7.54	126	2.94
Divorced	38	1.33	58	3.60	52	1.59	36	2.02	103	2.40
Separated	7	0.24	11	0.68	16	0.49	19	1.07	24	0.56
Widowed	62	2.17	102	6.34	166	5.06	94	5.29	223	5.20
Single	437	15.26	214	13.29	790	24.10	247	13.89	586	13.67
Education										
Lower	2,594	90.60	389	24.16	2,509	76.54	1,435	80.71	3,950	92.16
Middle	195	6.81	769	47.76	504	15.38	246	13.84	217	5.06
Higher	74	2.58	452	28.07	265	8.08	97	5.46	119	2.78
Satisfaction with the financial situation										
Completely dissatisfied (1-5)	685	23.93	398	24.72	1,830	55.83	629	35.38	1,620	37.80
Moderately satisfied (6-7)	814	28.43	439	27.27	899	27.43	582	32.73	1,096	25.57
Completely satisfied (8-10)	1,364	47.64	773	48.01	549	16.75	567	31.89	1,570	36.63
Scales of Income										
Lowest income (1-4)	1,100	38.42	365	22.67	1,411	43.04	949	53.37	2,409	56.21
Medium income (5-6)	1,019	35.59	880	54.66	1,372	41.85	655	36.84	1,307	30.49
High Income (8-10)	744	25.99	365	22.67	495	15.10	174	9.79	570	13.30
Social Class										
Lower class	406	14.18	90	5.59	500	15.25	355	19.97	960	22.40
Working class	1,030	35.98	416	25.84	1,057	32.25	592	33.30	1,012	23.61
Lower middle class	1,042	36.40	542	33.66	1,145	34.93	633	35.60	1,715	40.01
Upper middle class	342	11.95	473	29.38	538	16.41	185	10.40	530	12.37
Upper class	43	1.50	89	5.53	38	1.16	13	0.73	69	1.61

*, **, and () indicate Frequency, percent, and standard deviation.

The total of 1,778 respondents shows that most individuals are in good self-rated health (57.09%), while 42.91% indicated poor health. Happiness levels were prominently high, with 87.51% voicing satisfaction. The gender distribution showed a small proportion of females (54.67%) compared to males (45.33%). The age distribution depicted diverse representation, with significant proportions in the 35–44 and 45–54 age groups (19.01% and 21.37%, respectively). The marital status shows a frequency of married individuals (70.19%), with a small percentage living together as married (7.54%). Education levels towards lower education, with 80.71% having lower education. Similarly, about 31.89% of individuals are delighted. The income distribution indicated that a majority fell into the lowest income category (53.37%). Social class distribution highlighted significant representation in the working and lower-middle classes. Finally, the results of South-Eastern Asia are not different from those of other Asian regions. In South Eastern Asia, there were 2,863 respondents, and it offers a comprehensive overview of the socio-demographic and well-being characteristics of the entire region. Several participants reported poor self-rated health (68.41%), contrasting with the relatively lower percentage of individuals reporting good health (31.59%). Happiness levels, on the other hand, were high, with 91.53% showing significant satisfaction. The gender distribution was relatively balanced, with 53.13% females and 46.87% males. The age distribution showed a significant proportion in the 25-34 and 35-44 age groups (23.87% and 23.31%, respectively). The marital status revealed was that of married individuals (75.22%), while only a small percentage reported living together as married (2.94%). Education levels are also geared toward lower education, such as in other regions of Asia. About 2.16% have lower education. Satisfaction with the financial situation was diverse, with 36.63% completely satisfied, 25.57% moderately satisfied, and 37.80% completely dissatisfied. Income distribution indicated a significant presence in the lowest income category (56.21%). Social class distribution displayed substantial representation in the working and lower-middle classes.

Table 2: Logistic Regression of South Asia [Happiness]

Variable	South Asia (n= 2863)		Central Asi (n=1607)		West Asia(n=3,253)		Eastern Asia (n=1,778)		South Easter Asia (n= 2863)	
	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]
Gender										
Male	1	1	1	1	1	1	1	1	1	1
Female	1.16	[0.14/1.21]	0.87	[0.24/-0.50]	.73	[0.07/-3.15]***	0.86	[0.13/-0.93]	0.73	[0.08/-2.60]***
Age, y										
16-24	1	1	1	1	1	1	1	1	1	1
25-34	0.78	[0.16/-1.14]	2.41	[1.72/1.24]	1.26	[0.21/1.44]	1.11	[0.37/0.33]	1.94	[0.52/2.44]***
35-44	0.96	[0.22/-0.17]	2.27	[1.70/1.10]	1.17	[0.21/0.90]	0.84	[0.30/-0.46]	2.31	[0.66/2.92]***
45-54	1.58	[0.38/1.89]*	1.13	[0.87/0.16]	1.16	[0.22/0.76]	1.21	[0.42/0.55]	3.48	[1.00/4.33]***
55-64	1.20	[0.34/0.64]	2.03	[1.56/0.92]	0.81	[0.17/-0.94]	0.90	[0.33/-0.26]	3.13	[0.95/3.75]***
65+	1.62	[0.59/1.34]	2.90	[2.37/1.31]	1.21	[0.30/0.78]	0.80	[0.32/-0.53]	3.60	[1.22/3.78]***
Marital status										
Married	1	1	1	1	1	1	1	1	1	1

Living together as married	2.10	[2.36/0.66]	-	-			1.75	[0.50/1.96]*	0.76	[0.30/-0.67]
Divorced	1.29	[0.54/0.61]	2.92	[1.38/2.27]***	3.30	[1.03/3.82]***	2.28	[0.96/1.96]*	2.57	[0.73/3.29]***
Separated	2.19	[1.98/0.87]	6.78	[5.09/2.55]***	8.20	[4.61/3.75]***	1.63	[1.10/0.73]	1.87	[1.20/0.98]
Widowed	1.70	[0.58/1.53]	1.41	[0.66/0.73]	1.71	[0.36/2.50]***	3.12	[1.01/3.51]	1.51	[0.35/1.81]
Single	1.10	[0.24/0.46]	1.41	[0.84/0.58]	1.28	[0.18/1.77]*	1.97	[0.56/2.38]	2.10	[0.41/3.75]***
Education										
Lower	1		1		1	1	1		1	1
Middle	0.45	[0.15/-2.32]**	0.40	[0.13/-2.68]***	0.64	[0.09/-2.93]***	0.97	[0.24/-0.11]	1.04	[0.30/0.16]
Higher	0.86	[0.38/-0.32]	0.85	[0.30/-0.46]	0.72	[0.14/-1.64]	.96	[0.34/-0.09]	0.91	[0.34/-0.23]
Satisfaction with the financial situation										
Completely dissatisfied (1-5)	1	1	1	1	1	1	1	1	1	1
Moderately satisfied (6-7)	0.43	[0.06/-5.58]***	0.27	[0.09/-3.55]***	0.31	[0.04/-8.88]***	0.21	[0.04/-7.76]***	0.62	[0.08/-3.37]***
Completely satisfied (8-10)	0.20	[0.03/-10.3]***	0.25	[0.08/-4.27]***	0.28	[0.04/-7.35]***	0.10	[0.02/-8.58]***	0.34	[0.05/-7.07]***
Scales of Income										
Lowest income (1-4)	1	1	1	1	1	1	1	1	1	1
Medium income (5-6)	0.77	[0.11/-1.76]*	0.90	[0.27/-0.33]	0.96	[0.10/-0.33]	0.91	[0.18/-0.42]	0.44	[0.06/-5.21]***
High Income (8-10)	0.94	[0.16/-0.33]	0.67	[0.31/-0.84]	1.01	[0.18/0.10]	1.31	[0.43/0.82]	0.38	[0.10/-3.65]***
Social Class										
Lower class	1	1	1	1	1	1	1	1	1	1
Working class	0.70	[0.11/-2.10]**	0.90	[0.43/-0.22]	0.45	[0.05/-5.97]***	0.59	[0.12/-2.54]***	0.87	[0.14/-0.80]
Lower middle class	0.51	[0.09/-3.64]***	0.52	[0.26/-1.29]	0.48	[0.06/-5.29]***	0.48	[0.11/-3.11]***	0.93	[0.13/-0.50]
Upper middle class	0.78	[0.18/-1.01]	0.53	[0.28/-1.17]	0.38	[0.07/-4.80]***	0.57	[0.20/-1.56]	0.74	[0.17/-1.22]
Upper class	1.26	[0.65/0.45]	0.19	[0.21/-1.47]	0.45	[0.26/-1.37]	1.06	[0.94/0.07]	0.67	[0.41/-0.65]
Cons.	0.44	[0.11/-3.09]***	0.12	[0.10/-2.38]***	0.67	[0.13/-1.98]**	0.45	[0.16/-2.12]**	0.07	[0.02/-8.35]***
LR-Chi^2	199.98		72.63		281.90		210.22		208.73	
Prob>Chi-^{2}	0.0000		0.0000		0.0000		0.0000		0.0000	
Pseudo R^2	0.0953		0.1290		0.0890		0.1570		0.0839	

*P<10%, **P<5, ***P<1%, [SE/Z] indicates standard error and z-statistics, and OR shows the odds-rat

Table 2 shows the logistic regression analysis results for happiness among individuals in South Asia. The logistic regression analysis for the South Asia. The total number of observations is (n=2,863) and provides a valuable association into the factors influencing various aspects of happiness. The odds ratios (OR) indicate the probability of an event occurring, with OR values greater than 1 suggesting an increased probability and values less than 1 indicating a decreased chance. Regarding Gender, females show a 16% higher odds of reporting happiness than males (OR=1.16, [SE/Z] =0.14/1.21). Age plays a notable role, with individuals aged 45-54 demonstrating 58% increased odds of happiness, while those in the 65+ category display a 62% higher chance. Marital status is a significant factor, as individuals living together as married show 110% increased odds of happiness. Particularly, education levels also influence happiness, with those in the middle and higher education categories having 55% and 14% reduced odds of happiness, respectively. Satisfaction with the financial situation and income scales show strong associations, as higher satisfaction and income levels are associated with substantially reduced odds of happiness. Social class differences highlighted that working and lower-middle-class individuals have 30% and 49% lower odds of happiness, respectively, compared to the lower class. The overall model is highly significant (LR-Chi2=199.98, Prob>Chi2=0.0000), and the pseudo-R2 of 0.0953 indicates that the included variables can explain approximately 9.53% of the variability in happiness. The results provide a comprehensive statistical understanding of the factors influencing happiness perceptions in South Asia. It also provides an association for public health interventions and policy considerations. The same table discussed Central Asia analysis for happiness, and the total observation is 1,607. First, regarding gender-wise results, females show slightly reduced odds of happiness compared to males. Age is a significant factor, with individuals aged 25-34, 35-44, 55-64, and 65+ showing higher happiness odds than the reference group (16-24). Especially marital status plays a crucial role, with divorced and separated individuals having 192% and 578% higher odds of happiness, respectively, while widowed and single individuals show 41% and 41% increased odds. Education levels also influence happiness, as those with middle education display a 60% reduction in odds compared to the lower-educated group. Satisfaction with financial situation and income scales strongly impact happiness, with higher satisfaction and income levels associated with substantially reduced odds. Social class distinctions highlight that individuals in the upper class have significantly lower odds of happiness than the lower class. The overall model is highly significant (LR-Chi2=72.63, Prob>Chi-2=0.0000), and the pseudo-R2 of 0.129 indicates that the included variables can explain approximately 12.9% of the happiness variability. The results show a complete statistical consideration of the factors influencing happiness perceptions in the region. The logistic regression analysis for happiness among individuals in West Asia and the total number of observations is 3,253. Gender-wise, females display reduced odds of happiness compared to males (OR=0.73, [SE/Z] =-0.07/-3.15), indicating a gender-based disparity. Age-related patterns show that individuals aged 25-34 have slightly raised odds of happiness, while those in older age groups show relatively stable odds. Marital status plays a crucial role, where divorced and separated individuals experience substantially higher odds of happiness (OR=3.30 and OR=8.20, respectively). Education-wise, individuals with middle education display a 36% reduction in odds compared to the lower-educated group, and higher-educated individuals also display reduced odds of happiness. Satisfaction with financial situation and income scales strongly influence happiness, with higher

satisfaction and income levels associated with significantly reduced odds. Social class differences demonstrate that working, lower-middle, and upper-middle-class individuals have markedly lower odds of happiness than the lower class. The overall model is highly significant. Prob>Chi2=0.0000, and the pseudo-R2 of 0.089 indicates that the included variables can explain approximately 8.9% of the variability in happiness. The logistic regression analyses for Eastern Asia (n=1,778) and South Eastern Asia (n=2,863) provide insights into the factors influencing happiness perceptions. In Eastern Asia, females have reduced odds of happiness compared to males (OR=0.86, [SE/Z] =-0.13/-0.93). Age-wise, individuals aged 25-34 display slightly increased odds of happiness, while those in older age groups show varying patterns. Marital status plays a crucial role, with divorced and single individuals experiencing higher odds of happiness. Education, satisfaction with the financial situation, and income scales are significant predictors, with higher education, financial satisfaction, and income associated with reduced odds of happiness. In South Eastern Asia, gender differences persist, with females having lower odds of happiness (OR=0.73, [SE/Z] =-0.08/-2.60). Age-related patterns reveal nuanced influences, with individuals aged 35-44 and older showing significantly increased odds of happiness. Marital status distinctions are notable, particularly for divorced and separated individuals, who have higher odds of happiness. Education, satisfaction with the financial situation, and income scales also demonstrate significant associations with happiness. The overall models are highly significant, with LR-Chi2 values of 210.22 and 208.73 for Eastern and South Eastern Asia, respectively, indicating that the included variables collectively explain a substantial portion of the variability in happiness perceptions. The pseudo-R2 values suggest that approximately 15.7% and 8.4% of the variability in happiness can be explained by the included variables in Eastern and South Eastern Asia, respectively.

Table 3: Logistic Regression of Asia [Health]

Variable	South Asia (n= 2,863)		Central Asia (n=1607)		West Asia (n=3,278)		Eastern Asia (n= 1,778)		South Easter Asia (n= 2,863)	
	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]	OR	[SE/Z]
Gender										
Male	1	1	1	1	1	1	1	1	1	1
Female	1.33	[0.11/3.50]***	1.51	[0.20/3.05]***	1.42	[0.11/4.29]***	1.43	[0.15/3.40]***	1.04	[0.07/0.57]
Age, y										
16-24	1	1	1	1	1	1	1	1	1	1
25-34	0.82	[0.11/-1.32]	0.77	[0.27/-0.72]	1.48	[0.22/2.59]***	1.26	[0.31/0.96]	0.88	[0.12/-0.83]
35-44	0.97	[0.14/-0.18]	1.82	[0.64/1.71]*	1.67	[0.27/3.17]***	1.97	[0.50/2.67]	0.80	[0.12/-1.46]
45-54	1.33	[0.22/1.72]*	3.05	[1.06/3.21]	2.44	[0.41/5.22]***	2.52	[0.64/3.63]	0.69	[0.10/-2.37]***
55-64	1.69	[0.32/2.76]***	4.48	[1.60/4.21]***	3.13	[0.55/6.40]***	3.68	[0.97/4.95]	0.48	[0.07/-4.44]***
65+	2.78	[0.74/3.84]***	5.92	[2.37/4.43]***	7.18	[1.57/8.98]***	4.10	[1.13/5.11]	0.33	[0.06/-5.67]***
Marital status										
Married	1	1	1	1	1	1	1	1	1	1
Living together as married	1.09	[0.96/0.10]			1.70	[0.72/1.26]	1.61	[0.32/2.34]***	0.80	[0.15/-1.08]
Divorced	1.09	[0.45/0.88]	1.48	[0.46/1.25]	0.88	[0.27/-0.40]	0.76	[0.28/-0.72]	0.86	[0.18/-0.65]
Separated	3.69	[3.16/1.52]	0.98	[0.72/-0.02]	1.15	[0.60/0.27]	0.59	[0.31/-1.00]	0.66	[0.28/-0.95]
Widowed	1.14	[0.32/0.47]	0.87	[0.21/-0.54]	1.52	[0.28/2.28]**	1.31	[0.32/1.10]	0.74	[0.11/-1.93]*
Single	0.78	[0.11/-1.68]	0.74	[0.25/-0.89]	0.70	[0.08/-2.73]***	1.03	[0.22/0.17]	0.98	[0.12/-0.09]
Education										
Lower	1		1		1	1	1		1	
Middle	1.02	[0.16/0.13]	0.77	[0.12/-1.58]	1.41	[0.16/2.99]***	1.11	[0.18/0.66]	0.90	[0.14/-0.64]
Higher	1.58	[0.39/1.83]*	1.26	[0.23/1.27]	1.71	[0.26/3.56]***	1.10	[0.27/0.41]	0.83	[0.17/-0.85]
Satisfaction with the financial situation										
Completely dissatisfied (1-5)	1	1	1	1	1	1	1	1	1	1

Moderately satisfied (6-7)	1.02	[0.07/-4.10]***	0.39	[0.06/-5.43]***	0.40	[0.03/-9.23]***	0.47	[0.06/-5.85]***	1.55	[0.13/5.16]***
Completely satisfied (8-10)	1.58	[0.04/-7.95]***	0.28	[0.04/-8.06]***	0.39	[0.04/-7.60]***	0.27	[0.03/-9.55]***	2.39	[0.19/10.6]***
Scales of Income										
Lowest income (1-4)	1	1	1	1	1	1	1	1	1	1
Medium income (5-6)	0.63	.0846884 - 1.50	0.80	[0.12/-1.41]	0.93	[0.08/-0.74]	1.04	[0.13/0.33]	0.89	[0.07/-1.42]
High Income (8-10)	0.43	.1003327 - 1.05	0.57	[0.12/-2.55]**	0.71	[0.10/-2.25]**	0.90	[0.18/-0.47]	1.00	[0.11/0.05]
Social Class										
Lower class	1	1	1	1	1	1	1	1	1	1
Working class	0.72	[0.08/-2.62]***	1.03	[0.30/0.13]	0.71	[0.08/-2.85]***	.83	[0.12/-1.22]	1.31	[0.13/2.71]***
Lower middle class	0.79	[0.10/-1.81]*	0.75	[0.22/-0.96]	0.67	[0.08/-3.13]***	.56	[0.08/-3.61]***	1.23	[0.11/2.39]***
Upper middle class	0.85	[0.13/-0.98]	0.78	[0.24/-0.79]	0.61	[0.09/-2.99]***	.53	[0.12/-2.61]***	1.28	[0.16/1.97]**
Upper class	0.82	[0.29/-0.53]	0.73	[0.31/-0.73]	0.49	[0.23/-1.51]	1.11	[0.71/0.17]	2.46	[0.84/2.62]***
Cons.	1.02	[0.19/0.14]	0.40	[0.18/-1.99]**	0.46	[0.08/-4.22]***	.65	[0.18/-1.50]	1.76	[0.29/3.44]***
LR-Chi^2	164.54		272.29		440.98		249.84		255.04	
Prob>Chi-^{2}	0.0000		0.0000		0.0000		0.0000		0.0000	
Pseudo R^2	0.0441		0.1531		0.1040		0.1029		0.0477	

Table 3 shows the logistic regression analyses for different Asian regions regarding factors influencing health perceptions, which show several significant patterns. The logistic regression analysis for South Asia (n=2,863) about factors affecting health perceptions provides valuable association. Females show higher odds of reporting good health compared to males (OR=1.33, [SE/Z] =0.11/3.50), which shows the importance of gender-based disparity. Age-related patterns reveal that individuals aged 55-64 and 65 and above have significantly increased odds of reporting good health, indicating a positive correlation between age and health perceptions. Marital status distinctions are significant, with separated individuals having substantially higher odds of reporting good health (OR=3.69, [SE/Z] =3.16/1.52). Education plays a role, with higher education associated with increased odds of good health (OR=1.58, [SE/Z] =0.39/1.83). Satisfaction with financial situation and income scales demonstrate significant associations with health, with higher satisfaction and income linked to improved health perceptions. Social class distinctions are outward, particularly for working-class individuals with reduced odds of reporting good health (OR=0.72, [SE/Z] =0.08/-2.62). The overall model is highly significant (LR-Chi2=164.54), suggesting that the included variables collectively explain a substantial portion of the variability in health perceptions. The pseudo-R2 value indicates that the included variables can explain approximately 4.4% of the variability in health. In Central Asia, the number of observations is 1,607, and related factors that influence health perceptions display several key findings. Females display significantly higher odds of reporting good health than males (OR=1.51, [SE/Z] =0.20/3.05), indicating a gender-based difference. Age-related patterns show that as individuals age, there is a substantial increase in the odds of reporting good health, with the highest odds observed in the 65+ age group (OR=5.92, [SE/Z] =2.37/4.43), suggesting a positive correlation between age and health perceptions. Marital status distinctions are distinguished, with divorced individuals having higher odds of reporting good health (OR=1.48, [SE/Z] =0.46/1.25), while those with higher satisfaction and income scales tend to report better health. Social class differences are evident, particularly for the working class, which shows odds similar to the lower class, and individuals in the lower middle class who have reduced odds of reporting good health (OR=0.75, [SE/Z] =0.22/-0.96). The overall model is highly significant (LR-Chi2=272.29), suggesting that the included variables collectively explain a substantial portion of the variability in health perceptions in Central Asia. The pseudo-R2 value indicates that the included variables can explain approximately 15.31% of the variability in health. In West Asia (n=3,278), females have 1.42 times higher odds of reporting good health compared to males (OR=1.42, [SE/Z] =0.11/4.29). Age-related trends demonstrate that as individuals age, the odds of reporting good health increase significantly, with the highest odds observed in the 65+ age group (OR=7.18, [SE/Z] =1.57/8.98). Marital status distinctions indicate that those living together as married or divorced have altered odds of reporting good health. Education, satisfaction with the financial situation, income scales, and social class also exhibit varying impacts on health perceptions. The overall model is highly significant (LR-Chi2=440.98), suggesting that the included variables collectively explain a substantial portion of the variability in health perceptions in West Asia. Similarly, in Eastern Asia (n=1,778) and South Eastern Asia (n=2,863), gender differences, age-related patterns, marital status, education, satisfaction with financial situation, income scales, and social class show individual impacts on health perceptions. The logistic regression models for Eastern Asia and South Eastern Asia are statistically significant (LR-Chi2=249.84 and 255.04,

respectively), indicating that the included variables collectively explain a substantial portion of the variability in health perceptions in these regions. The pseudo R2 values suggest that approximately 10.29% to 10.40% of the variability in health can be explained by the included variables in Eastern Asia and South Eastern Asia, respectively.

Conclusion

The study examined the significant role of socioeconomic factors that influence SRH and happiness across projected countries and various socioeconomic factors were examined through logistic regression. In South Asia, respondents reported good self-rated health and happiness, with a balanced gender distribution. Education levels skewed towards lower education, and most expressed satisfaction with their financial situation. In Central Asia, respondents reported good self-rated health and happiness, with a relatively balanced gender distribution. Education levels showed diversity, significantly representing the middle education group. In West Asia, respondents reported good self-rated health and happiness, with a relatively balanced gender distribution. Education levels skewed towards lower education, and most expressed dissatisfaction with their financial situation. In Eastern Asia and South Eastern Asia, respondents reported varied levels of self-rated health and happiness, with a slightly higher percentage of males than females. Education levels are skewed towards lower education. Logistic regression analysis showed that gender, age, marital status, education, financial satisfaction, income, and social class significantly influenced happiness and health perceptions across Asian regions. The included variables collectively explained a substantial portion of the happiness and health perceptions variability. These findings can inform public health interventions and policy considerations.

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