III. QUALITY OF LIFE
WHY DOES IT MATTER FOR WELL-BEING?

People’s health is one of the most valued aspects of people’s life. Surveys in many countries consistently found that people put health status, together with jobs, at the top of what affects their living conditions. People’s health status matter in itself, but also for achieving other dimensions of well-being, such as having good jobs and adequate income, being able to participate as full citizens to community life, to socialise with others, to attend school and adult education.

INDICATORS

The indicators of people’s health status presented here are life expectancy at birth and people’s self-reported satisfaction with their health status.

- Life-expectancy is the standard measure of the length of people’s life. Life-expectancy measures how long on average people could expect to live based on the age specific mortality rates currently prevailing. Life-expectancy can be computed at birth and at various ages.
- The indicator of self-reported satisfaction with health status is based on questions of the type: “How is your health in general?”. Data are based on general household surveys or on more detailed Health Interviews undertaken by statistical offices in various countries.

Life-expectancy at birth is based on mortality records that, at least in OECD countries, are among the most reliable statistics. The length of life is however not necessarily informative of the quality of health conditions, and thus well-being of individuals. Indicators of perceived health status provide an imperfect proxy of the underlying concept of morbidity, as it may be affected by cultural influences and country-specific contexts. Measuring morbidity is challenging as morbidity encompasses a variety of conditions (physical and mental) of varying severity (e.g. disability, chronic conditions) for which internationally comparable instruments are not currently available.

MEASURING AVERAGE OUTCOMES AND TRENDS

Among OECD countries, life-expectancy at birth in 2008 ranged between more than 82 years in Japan and Switzerland, and around 74 years in a number of central and eastern European countries. Life-expectancy in China, Brazil, Indonesia and in the Russian Federation is lower than the OECD average and it is much lower in India and South Africa. Poorer countries have converged rapidly towards the levels of life-expectancy prevailing in richer ones, but there have also been important setbacks – as in the case of the Russian Federation during the transition to a market economy, and of South Africa, due to the devastating HIV/AIDS epidemic.

The percentage of adults reporting good or very good health was 85% or more in Switzerland and countries in North America and Oceania but only half as high in Korea, Japan, Portugal and the Slovak Republic. Self-reported health has recorded declines since 1995 in Japan, Austria and Slovak Republic. It has increased significantly in Portugal, Poland, Hungary, Czech Republic and Turkey. No information is available for emerging countries.

WHAT DO WE KNOW ABOUT INEQUALITIES IN HEALTH STATUS?

Women have longer life-expectancy than men but also report lower satisfaction with their health status. Satisfaction with health also declines with people’s age. Regardless of countries’ political structures or health systems, people with lower income or education experience higher mortality and morbity (OECD, 2010a), due to a combination of more difficult life- and work-circumstances, less healthy life-styles (e.g. higher incidence of smoking and obesity) and lower access to appropriate health care.

There is a positive relationship across countries between average measures of life expectancy and measures of the dispersion in the ages of death, suggesting that countries where the influence of socio-economic background on life expectancy is lower tend to be those where citizens live the longest.
**Life expectancy at birth**

*Number of years*

- 2008 or latest available year
- 1960 or first available year

**Note:** The first available year is 1961 for Canada, Italy and New Zealand; 1970 for the Russian Federation. The latest available year is 2007 for Belgium, Canada, Italy and the United Kingdom.

**Source:** OECD Health Data, OECD (2009), *Health at a Glance 2009: OECD Indicators*, OECD, Paris

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**Self-reported health**

*Percentage of people reporting good/very good health*

- 2008 or latest available year
- 1998

**Note:** The first available year is 1996 for Luxembourg and Poland; 1997 for Australia, Belgium, New Zealand, Spain and Switzerland; 1998 for Sweden; 1999 for Austria, the Czech Republic, Italy and Portugal; 2000 for Chile, Denmark, Hungary and Mexico; 2002 for France and Israel; 2003 for Turkey; 2004 for Estonia; 2006 Greece, and 2007 Slovenia. The latest available year is 2006 for Chile and Mexico; 2007 for Australia, Japan, New Zealand and Turkey; and 2009 for Spain and Switzerland. Results for countries marked with a “1” are not directly comparable with those for other countries, due to differences in reporting scales, which may lead to an upward bias in the reported estimates.

**Source:** EU-SILC; OECD Health Data, OECD (2010), *Health at a glance: Europe 2010*, OECD, Paris.

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**For further reading**

- OECD (2010a), *Health Data – Statistics and Indicators*, OECD, Paris
- OECD (2010c), *Obesity and the Economics of Prevention – Fit Not Fat*, OECD, Paris
WHY DOES IT MATTER FOR WELL-BEING?

- Striking the right balance between the commitments of work and those of private life is central to people’s well-being. Too little work can prevent people from earning enough to attain desired standards of living. But too much work can also have a negative impact on well-being if people’s health or personal lives suffer as a consequence, or if they cannot perform other important activities, such as looking after their children and other relatives, having time for themselves, etc. (OECD, 2011a). The way people allocate their time is determined by both necessity and personal circumstances, which in turn are shaped by individuals’ preferences and by the cultural, social and policy contexts in which people live.

INDICATORS

Three indicators of work and life balance are presented here:

- The first indicator shows the proportion of employees who usually work for pay for more than 50 hours per week. The data exclude self-employed workers who are likely to choose deliberately to work long hours.

- The second indicator presents data from national time use surveys on the hours devoted to leisure and personal care in a typical day for the population aged 25-64 who is more likely to face work-life conflicts. Leisure includes activities such as sports, participating/attending events, visiting or entertaining friends, hobbies, etc. Personal care includes sleeping, eating and drinking, and personal or household medical services and travel related to personal care.

- The third indicator shows the employment rate of mothers with children aged 6-14 years. The employment rate for all women of roughly the same age group is also shown to provide contextual information on labour market access for women overall (OECD, 2010).

The first two indicators provide an indirect and direct measure of available time to spend on non-work activities contributing to individual and family well-being. While informative of a balanced time allocation, they do not shed any light on the quality of the time spent outside work and thus of their possible enjoyment. The third indicator provides information on the ability of mothers to meet the challenge of combining paid work and family responsibilities (OECD, 2007); it is however not illustrative of the possible time crunch, stress or frustration that those mothers may feel.

MEASURING AVERAGE OUTCOMES AND TRENDS

- On average, 8% of OECD employees work more than 50 hours per week. This proportion is highest in Turkey, where it is close to 50%, followed by Mexico and Israel. In the Netherlands, Sweden and Denmark, long working hours are rare with only around 1 to 2% of employees working over 50 hours per week on a regular basis. A similar pattern is also visible for the Russian Federation, the only emerging country with available information.

- On average, people in OECD countries spend over 15 hours per day on personal care and leisure, with less than one-third of this amount devoted to leisure. In Mexico and Japan, personal care and leisure takes up around 14 hours, compared to around 16.5 in Denmark and Belgium. Time allocation in South Africa is roughly similar to the latter countries.

- On average, across the OECD, 66% of mothers with children of compulsory school age are working in some capacity, compared to an average employment rate for all women aged 25 to 49 of 72%. The maternal employment rate varies from a high of around 87% in Iceland, to a low of 24% in Turkey. The gap between maternal employment rate and women employment rate is higher in countries where women’s participation in the labour market is lower. Cultural factors and inflexible working arrangements and family policies in support of working women may explain this pattern.

WHAT DO WE KNOW ABOUT INEQUALITIES IN WORK-LIFE BALANCE?

- Gender is a key determinant of inequalities in work and life (OECD, 2011b). Although men spend longer hours in paid work than women, women have less leisure time than men due to the longer hours that women devote to unpaid work such as housework and caring for children and elderly relatives. Age is also a factor shaping work life-balance, with the young and elderly having more leisure time than the working-age population.

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8 Unfortunately, employee-only data on usual working hours are not available for Japan and Korea – two countries with very high annual and weekly working hours.
Employees working very long hours

Percentage of employees working more than 50 hours a week

Note: Usual hours worked in the main job for Austria, Canada, the Czech Republic, Finland, Hungary, Mexico, Poland, the Slovak Republic, Sweden, Turkey and the United States, and in all jobs for other countries. The first available year is 1996 for Chile; 1998 for Hungary; 2001 for Austria; 2002 for Estonia, Norway, Poland, Slovenia and Sweden; and 2004 for the Czech Republic and Finland. The latest available year is 2007 for Israel and the Netherlands; and 2008 for Chile and the Russian Federation.


Time devoted to leisure and personal care

Hours per day for the population aged 25-64, latest available year

Note: Data refer to 1998-99 for France and New Zealand; 1999 for Portugal and India; 1999-2000 for Estonia, Finland and Hungary; 2000 for South Africa; 2000-01 for Norway, Slovenia, Sweden and the United Kingdom; 2001 for Denmark; 2001-02 for Germany; 2002-03 for Italy and Spain; 2003-04 for Poland; 2005 for Belgium, Canada and Ireland; 2005-06 for the Netherlands; 2006 for Australia, Japan and Turkey; 2008 for United States and China; 2008-09 for Austria and 2009 for Korea and Mexico. The indicator refers to people aged 20-59 for Hungary and 30-59 for Korea. Data have been normalized to 1440 minutes per day.


Employment rate of women with children of compulsory school age

2008 or latest available year

Note: Maternal employment rates refer to mothers with a child aged between 6 and 14 for Australia, Canada, Denmark, Iceland, Japan, New Zealand, Sweden, Switzerland and the United States. Data refer to 1999 for Denmark; 2001 for Canada; 2002 for Iceland; 2005 for Australia, Japan, New Zealand and the United States; 2007 for Sweden; and 2009 for Switzerland.


For further reading

- OECD (2010), OECD Employment Outlook, Moving beyond the Jobs Crisis, OECD, Paris.
**WHY DO THEY MATTER FOR WELL-BEING?**

Education is a basic need and an important aspiration of people. It has a strong influence on their well-being. Better educated individuals earn higher wages and have a higher probability to have a job. They live longer lives, report a better health status and a lower occurrence of chronic diseases and disabilities. Better educated individuals also participate more actively in politics and in the community where they live, they commit fewer crimes and rely less on social assistance. At the level of the society as a whole, better education leads to higher GDP growth, higher tax revenues and lower social expenditures.

**INDICATORS**

The indicators of education outcomes presented here refer to the educational attainment of the adult population and the literacy of 15-years old students.

- The first indicator profiles the education of the adult population as captured through formal educational qualifications. Educational attainment is measured as the percentage of the adult population (15 to 64 years of age) holding at least an upper secondary degree, as defined by the OECD-ISCED classification.
- The second indicator measures the capacity of 15 years-old students (those near the end of compulsory education) to understand, use, reflect on and engage with written texts in order to achieve their own goals, to develop their knowledge and potential. This indicator comes from the 2009 edition of OECD’s Programme for International Student Assessment (PISA), which focused on reading.

The two indicators presented here are good measures of competencies which help individuals undertake a broad range of tasks necessary to live in modern societies. While competencies of youths aged 15 are a key driver of achievements in later stages of people’s life, it is also important to consider the skills of the adult population. Such information will be available through the OECD Programme for the International Assessment of Adult Competencies (PIAAC), whose first results are expected in 2013. In the future it will be also important to extend the measurement of competencies to include social and emotional skills as well as civic competencies which are key to the well-being of individuals and the society (OECD, 2010e).

**MEASURING AVERAGE OUTCOMES AND TRENDS**

The large majority of the adult population in OECD countries holds at least an upper secondary education degree. This proportion is above 90% in Czech Republic, but is below 35% in Portugal, Turkey and Mexico. The share of the adult population who has reached at least upper-secondary education has increased by around 9 percentage points in the OECD as a whole over the past ten years, with larger increases in Ireland, Spain, Hungary and Korea and small declines in Denmark. In Brazil, the only emerging country with comparable information, educational attainment level is similar to that of the OECD countries with the least educated population, and has not recorded significant changes in the recent period.

Average reading scores of 15-years old pupils vary strongly across countries. They are much lower than the OECD average in Mexico and Chile, as well as in major emerging countries, and much higher in Finland and Korea. When looking at changes over the period 2000 to 2009, Chile, Israel, Portugal and Poland recorded substantial improvements, while substantial declines occurred in Ireland and Sweden. These trends have led to a small decline in cross-country differences (OECD, 2010a). In emerging countries, reading scores are generally lower than in OECD countries, but have risen significantly in some of them, as for instance in Brazil and Indonesia.

**WHAT DO WE KNOW ABOUT INEQUALITIES IN EDUCATION AND SKILLS?**

Educational outcomes vary significantly within each country. Educational attainment is higher for younger generations (OECD, 2010b). In OECD countries women are generally more educated than men, while a different gender pattern in educational attainment is visible in some emerging countries. Girls have higher reading competencies but, often, lower mathematics skills. Children of immigrant origins display lower competencies than children of native born (OECD, 2010c). In addition, cognitive skills are strongly influenced by the socio-economic background of the family where students live (OECD, 2010d), particularly in Hungary, Belgium, Turkey, Chile, Luxembourg and Germany.

There is a positive relationship between average achievements and equity of achievements (OECD, 2010d). Countries where 15-years old display higher cognitive skills tend to be characterised by a more equitable distribution of outcomes, suggesting that the trade-off between equity and efficiency is either limited or non existent. This is in line with research showing that policies which are beneficial for efficiency have no adverse effect on equity (Schütz et al., 2007).
Educational attainment

Percentage of adults with at least upper secondary education

Note: The 2008 figure for Japan refers to an OECD estimate. The first available year is 1998 for Denmark, Italy, the Netherlands and Portugal; 1999 for Luxembourg; 2002 for Estonia, Israel and Slovenia; 2007 for Chile and Brazil. For Norway and Switzerland data for 1997 and 2008 are not strictly comparable due to changes in the educational classification.

Source: OECD (2010), Education at a glance 2010: OECD Indicators, OECD, Paris

Literacy

PISA scores in reading

Note: PISA scores are measured on a scale which is normalised to be 500 for the OECD average of the countries in which PISA survey has been conducted.


For further reading

- OECD (2010b), Education at a Glance, OECD, Paris
WHY DO THEY MATTER FOR WELL-BEING?

Humans are social creatures. The frequency of their contacts with others and the quality of their personal relationships are crucial determinants of well-being. People get pleasure from spending time with others, be it their family, friends or colleagues. Activities are more satisfying when shared with others. Furthermore, social networks can provide material and emotional support in times of need, as well as providing access to jobs and other opportunities. The nature of social interactions also has wider implications beyond the immediate social circle, impacting levels of trust within their community, which is an important driver of other outcomes including democratic participation, crime and health (OECD, 2001).

INDICATORS

The indicators of social connections presented here refer to the frequency of contact with others and the support offered by social networks.

- The first indicator, available only for selected European countries, shows the proportion of people who report socialising with friends and relatives at different frequencies (i.e. once a month, once a week, and every day). The data shown here present the proportion of respondents declaring that they socialise with either relatives or friends at least once a week. They are taken from the special module of the European Survey on Income and Living Conditions (EU-SILC) on social participation. Data for non-EU countries are not comparable and therefore not included in this Compendium.

- The second indicator shows the share of people in OECD and selected non-OECD countries who say that, in times of need, they can count on someone to help. Data are taken from the Gallup World Poll.

The first indicator provides a good proxy of the frequency of human contacts but not necessarily of the strengths of these bonds, nor of the quality of time spent with others and of the pleasure derived from it. The second indicator remedies some of these limitations, by measuring the perceived strength of social networks. The OECD is undertaking work to improve the collection of comparable data on important aspects of social capital, including indicators on social contact and social network support (OECD and UK Office of National Statistics 2002).

MEASURING AVERAGE OUTCOMES AND TRENDS

Over half of the European population socialises with friends at least once a week, and for a significant proportion of people (around 1 in 5) socialising with friends is a daily occurrence. However, there are large differences between countries. For example, in Poland only around 40% of people see friends and relatives once a week, whereas this share is around 80% in Greece. Only in France, Hungary, the Slovak Republic, the Czech Republic, Belgium and Iceland is it more common to socialise with relatives than with friends. In France and Hungary there is also a relatively low share of the population socialising with friends on a weekly basis.

Across OECD countries, around 90% of people say that they have at least one person they can count on in times of need. The countries with weakest support networks are Greece, Korea, Chile and Mexico, and those with the strongest support networks are Iceland, the United Kingdom and Ireland. The share of respondents declaring that they have no one to turn to in case of need is more than four times higher in Greece and Korea than in the United Kingdom and Iceland. Perceived social network support is generally lower in emerging countries than in OECD countries, in particular in India and China.

WHAT DO WE KNOW ABOUT INEQUALITIES IN SOCIAL CONNECTIONS?

Men are more likely to have contacts with friends at least once a week, while women are more likely to have contact with relatives. Age and income also affect the frequency of social contacts. Poor people are roughly twice as likely to have no contact with friends or relatives. The elderly are three times more likely to report no contacts with friends than the general population.

Education and economic status also influence social network support. Over 90% of people with secondary or tertiary education can count on someone for help in an emergency, compared with only 72% of people with only primary education. Similar differences apply between upper and lower income quintiles, with 92% of top earners saying they can count on someone, compared with 73% of people at the bottom of the income ladder.
Contact with others
Percentage of people socialising with friends or relatives at least once a week during a usual year, 2006

Note: The indicator refers to the percentage of friends/relatives the respondent gets together with in his/her spare time (i.e. after working hours, at weekends, or for holidays) and with whom the respondent shares private matters more than once a week during a usual year. Only friends/relatives who do not live in the same household as the respondent are considered. Relatives include father/mother/children, siblings, grandparents, aunts, uncles, cousins, nephews, nieces and families-in-law. Data for Ireland, the Netherlands and Norway are uncertain, while the value for the United Kingdom is provisional.

Source: European Union Statistics on Income and Living Conditions (EU-SILC), 2006

Social network support
Percentage of people who have relatives or friends they can count on, 2010

Note: Data refer to 2008 for Iceland and Norway; and to 2009 for Estonia, Israel, Switzerland and South Africa.


For further reading
WHY DO THEY MATTER FOR WELL-BEING?

Participating in society, through for instance the expression of political voice, is essential to individual well-being. Political voice is not only part of basic freedoms and rights that are worthwhile to all humans, but it also enhances the accountability and the effectiveness of public policy. This has in turn a strong impact on well-being as public policy has a strong bearing on individual lives, for instance through the public services provided, the regulation and framing of various institutions and markets, the justice system, etc. In addition to these benefits, participating into community life allows individuals to develop a sense of belonging and trust in others.

KEY INDICATORS

The key indicators of civic engagement and governance presented here refer to voter turnout and the existence of formal and open consultation processes on rule making.

- The first indicator measures the extent of electoral participation in major national elections. Two definitions of voter turnout are considered here: the first refer to the number of votes casted over the voting-age population; the second to the number of votes casted over the population registered to vote. The voting-age population is generally defined as the population aged 18 or more, while the registered population refers to the population listed on the voters’ register. The number of votes casted are gathered from national statistics offices and national electoral management bodies.

- The second indicator describes the extent to which formal consultation processes are built-in at key stages of the design of regulatory proposals, and whether mechanisms exist for the outcome of that consultation to influence the preparation of draft primary laws and subordinate regulations. This indicator is a composite index aggregating various sources of information on the openness and transparency of the consultation process used when designing rules.

Voter participation is a proxy for civic and political engagement and of how this can effectively shape the society where people live. Information on electoral participation should be complemented by measures of other types of participation in society and institutional trust. The indicator of open consultation processes refers to the existence of institutional practices, but does neither gauge whether these procedures are effective nor whether they are used by citizens. Comparability of this index can also be limited by cultural, institutional and historical contexts. Ideally indicators of the quality of governance should measure whether public policy is effective and transparent in achieving its goals. Broader measures of civic engagement and governance, sometimes based on specific survey modules, are available for only a few OECD countries.

MEASURING AVERAGE OUTCOMES AND TRENDS

Partly because of differences in electoral systems, participation varies substantially across OECD countries. In general, voter turnout is high in Nordic countries and low in Eastern European countries. Despite these differences in levels, many OECD countries experienced declining levels of participation over the past three decades, after a long increase in previous decades (OECD, 2006; López Pintor, R. and M. Gratschev, 2002). The pattern of political participation is mixed in emerging countries: Brazil and Indonesia display very high voter turn-out; conversely, India and the Russian Federation record relatively low levels of electoral participation.

Most OECD countries experienced important progress in enhancing the transparency of their primary and subordinate regulations, but large disparities across countries remain. The openness of consultation has significantly increased in Australia, the Czech Republic and Mexico between 2005 and 2008, while it has slightly decreased in Finland, the Netherlands, the Slovak Republic and Switzerland. In South Africa, the only emerging country with available information, consultation procedures on rule-making are not widespread.

WHAT DO WE KNOW ABOUT INEQUALITIES IN CIVIC ENGAGEMENT?

People in the bottom quintile of the income distribution report lower rates of voting than those in the top. Voting increases with income but this effect tappers off at the very top of the distribution. Education is also a major driver of political participation. Electoral participation increases with age, with youth voter turnout being, on average, 20 percentage points lower than that of individualls aged 65 and more (OECD, 2006). In principle, the existence of open consultation processes in the design of policies benefits all citizens of a given jurisdiction, although not all individuals may get to avail themselves of the opportunities that exist.

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9 The two definitions of voter turnout highlight different facets of the same phenomenon. Looking at the voting-age population tends to overstate the size of the electorate in countries where a large share of the population is not eligible for voting (e.g. foreigners) or, as a deliberate act, does not register. Comparing these two indicators of voter turnout provides information on the proportion of residents without political voice in a country.
Voter turnout in most OECD countries

Note: The first available year is 1980 for Australia, Canada, Germany, Japan, Portugal, the United States and India; 1981 for Belgium, Denmark, France, Greece, Ireland, Israel, the Netherlands, New Zealand, Norway; 1982 for Finland, Mexico, Spain, Sweden and Indonesia; 1983 for Austria, Iceland, Turkey and the United Kingdom; 1984 for Luxembourg; 1989 for Chile, Poland and Brazil; 1990 for the Czech Republic, Estonia, Hungary and the Slovak Republic; 1992 for Slovenia; 1993 for the Russian Federation; 1994 for South Africa; and 1997 for Korea. The latest available year is 2004 for Luxembourg, India and Indonesia; 2005 for Chile, Germany, Japan, Norway, Portugal and the United Kingdom; 2006 for the Czech Republic, Finland, Hungary, Israel, Mexico, the Netherlands, the Slovak Republic, Sweden and Brazil; 2007 for Australia, Belgium, Denmark, Estonia, France, Greece, Iceland, Ireland, Korea, Poland, Switzerland, Turkey and the Russian Federation; 2008 for Austria, Canada, Italy, New Zealand, Slovenia, Spain and the United States; and 2009 for South Africa. Presidential elections, instead of parliamentary and legislative elections, are considered for Brazil, Finland, France, Korea, Mexico and the United States. For Greece, data refer to the voter turnout as a share of the registered population in 1981.

Source: International Institute for Democracy and Electoral Assistance (IDEA); OECD (2007), Society at a glance 2006: OECD Social Indicators, OECD, Paris

Consultation on rule-making

Formal and open consultation processes on rule-making index

Note: The composite indicator rises with the number of key elements of formal consultation processes. It does not gauge whether these processes have been effective. Data for Chile, Estonia, Israel and Slovenia refer to 2009.


For further reading

WHY DOES IT MATTER FOR WELL-BEING?

The environment where people live is a key component of people’s quality of life. The impact of environmental pollutants on health is sizeable, with around one fourth of the global burden of diseases deemed to be associated with poor environmental conditions. But the environment also matters intrinsically when people attach importance to the beauty and the cleanliness of the place where they live.

INDICATOR

The indicator of environmental quality presented here refers to the population-weighted average concentrations of fine particles (PM10) in the air we breathe (measured in micro grams per cubic meter); the data is drawn from monitoring sites located into residential areas of cities larger than 100,000 inhabitants. Particulate matters consist of small liquid and solid particles floating in the air, and include sulphate, nitrate, elemental carbon, organic carbon matter, sodium and ammonium ions in varying concentrations. Of greatest concern to public health are the particles small enough to be inhaled into the deepest parts of the lung; these particles are less than 10 microns in diameter (PM10). The data shown here are collected by the World Bank.

Measuring air pollution is not easy, as air quality is the result of a complex mixture of pollutants that may vary over time, space and chemicals. Ideally several measures of air quality should be grouped together to form a composite air quality index. However, constructing such an aggregate indicator is difficult, involving contentious issues in terms of gathering and weighting data (given that pollutants mixed together can have additive, synergistic and offsetting effects on human health). The indicator presented here is the best proxy for this ideal.

MEASURING AVERAGE OUTCOMES AND TRENDS

In the last two decades, PM10 concentrations have significantly decreased in many OECD countries, yet they are still above the annual guideline limit of 20 µg/m3 set by the World Health Organisation. Across OECD countries, the highest concentration levels are found in Chile, Turkey and Poland. PM10 concentrations have drastically declined in Estonia, the Czech and Slovak republics, mostly as a result of structural shifts in the economy and the introduction of new vehicle engine technologies, but also in Chile, Mexico, Greece and Israel. Air pollution is at least three times as high in emerging countries than in the OECD area. These countries have however reduced significantly their level of air pollution in the past few years, often at a higher rate than OECD countries.

Despite significant reductions, air pollution remains a major concern in developing countries. OECD projects a further increase of PM10 concentrations by 2030 in the most polluted regions of the world, where 50-90% of the urban population would be exposed to concentrations above 70 µg/m3.

WHAT DO WE KNOW ABOUT INEQUALITIES IN EXPOSURE TO AIR POLLUTION?

The risk and severity of adverse health consequences due to exposure to air pollution differ across people, depending on their characteristics, biological susceptibility and capacity to cope with risks and outcomes (OECD, 2008). Children and the elderly are more at risk than other population groups. Subjects with pre-existing cardiovascular and respiratory disease have also been reported to be more susceptible to health impact from ambient PM.

The effects of PM are more severe on subjects with low socio-economic status, due to a combination of greater susceptibility, higher exposure and worse access to health care. First, individuals facing lower socio-economic circumstances have poorer health in general, making them more susceptible to the harmful effects of air pollution. Second, they are likely to experience increased exposure to air pollutants, as they may reside closer to roadways and/or face large risks of occupational exposure. Distributional effects of environmental policies are discussed in depth in Serret and Johnstone, 2006.
Air pollution
PM10 concentrations, micrograms per cubic meter

Note: Data are urban-population weighted PM10 levels in residential areas of cities with more than 100,000 residents. The first available year is 1994 for Slovenia.

Source: World Bank; OECD (2008), OECD Environmental Outlook to 2030, OECD, Paris

For further reading

- Serret Y. and N. Johnstone (2007), The distributional Effects of Environmental Policy, OECD, Paris
- WHO (2003), Health aspects of air pollution with particulate matter, ozone, and nitrogen dioxide – report on a WHO working group, WHO Regional Office for Europe, Copenhagen.
- WHO (2005), The effects of air pollution on children’s health and development: a review of evidence, WHO Regional Office for Europe, Copenhagen.
- World Bank (2008), Study of Ambient Particulate Matter Concentration in Residential and Pollution Hotspot Areas of the World Cities: New Estimates Based on the Global Model of Ambient Particulates (GMAPS), World Bank, Washington
WHY DOES IT MATTER FOR WELL-BEING?

Personal security is a core element for the well-being of individuals and of society as a whole, and the experience of crime is one of the main factors shaping people’s personal security. Crime may lead to loss of life and property, as well as engendering physical pain, post-traumatic stress and anxiety. It may also cause impairments in occupational activities (e.g. lower productivity and higher absenteeism) and disruption in social functioning (e.g. restriction in freedom of movement and erosion of social cohesion within communities). The biggest impact of crime on people’s well-being appears to be through the feeling of vulnerability that it causes (Anand and Santos, 2006).

INDICATORS

The indicators of personal security presented here refer to reported homicides and self-reported victimization.

- The first indicator measures the number of police-recorded intentional homicides reported each year, per 100,000 people. The data come from the United Nations Office on Drugs and Crime (UNODC) and are based on national data collected from law enforcement, prosecutor offices, and ministries of interior and justice, as well as Interpol, Eurostat and regional crime prevention observatories.

- The second indicator is based on the percentage of people who declare that they have been victim of an assault crime in the last 12 months. The data presented here are drawn from the Gallup World Poll.

Homicide rates only represent the most extreme form of contact crime and thus they do not inform of more typical safety conditions. They have however the strong advantage of being among the best comparable safety statistics available and of suffering the least from underreporting and idiosyncratic classification. Crime victimization surveys are a useful tool for measuring people’s experiences with respect to other types of crimes. While many countries have undertaken national victimisation surveys, these are typically infrequent and differ across countries in several aspects. Even when relying on comparable victimisation surveys, self-reported victimisation may suffer from under-reporting (United Nations 2010). Additional useful measures of personal security would measure crimes against property, non-conventional crimes (such as frauds), as well as people’s perception of safety in their community and their confidence in law enforcement agencies. While these data exist, they are not fully comparable across OECD countries and therefore not presented here.

MEASURING AVERAGE OUTCOMES AND TRENDS

Homicide rates are low in most OECD countries, with an average value of 2.2 homicides per 100,000 people. They are, however, more than twice higher in the United States (5.2) and higher in Chile and Mexico. Over the past ten years, homicide rates have declined in all OECD countries, with such decline being especially large in countries with high homicides in the early 2000s. Homicide rates are generally higher in emerging countries, particularly in Brazil and South Africa.

In 2010, only a small minority of people in OECD countries reported that they had been victim of an assault over the preceding 12 months. Rates for Canada, United States, Japan and the United Kingdom are below 2%. Rates are significantly higher (i.e. assaults have been more common) in Chile and especially in Mexico. Reported victimisation is higher in emerging countries, especially in Brazil, South Africa and India.

WHAT DO WE KNOW ABOUT INEQUALITIES IN PERSONAL SECURITY?

Men are far more likely than women to be victim of violent crime, with the exception of intimate killings and sex-related homicides. In the case of less extreme forms of crimes, socio-economic inequality (measured in terms of wages and education) seems to play a central role in the occurrence of criminal victimization. Disadvantaged people are likely to live in neighbourhoods with high criminality and to lack the resources enabling them to protect themselves against crimes and assaults (Kelly, 2000).
**Intentional homicides**

*Rate per 100,000 population*

Note: The first available year is 2004 for South Africa; 2005 for New Zealand and Spain; 2006 for Luxembourg and 2007 for Brazil. The latest available year is 2004 for Indonesia; 2007 for Austria, Denmark, Ireland, Italy, the Netherlands, Norway, China and India. Data for the United Kingdom are collected by three different jurisdictions: England and Wales, Scotland and Northern Ireland and here they are presented unweighted.

Source: UNODC; Eurostat - Crime and Criminal Justice Statistics is the source for Austria, Denmark, Ireland and the Netherlands

**Self-reported victimisation**

*Percentage of people declaring that they have been assaulted over the previous 12 months, 2010*

Note: Data refer to 2008 for Iceland and Norway; 2009 for Estonia, Israel, Switzerland, the Russian Federation and South Africa.

Source: Gallup World Poll.
WHY DOES IT MATTER FOR WELL-BEING?

Notions of “happiness”, “utility”, or “welfare” have a long tradition as part of conceptions of a good life. They capture the notion that what matters in a good life is not the presence of a specific set of life circumstances, but the impact these have on how people feel about their life. Life satisfaction captures a reflective assessment of how things are going in one’s own life, and allows assessing which life circumstances and conditions are important for subjective well-being (Kahneman and Krueger, 2006). Looking at life satisfaction measures also helps understanding the gap between objective living conditions of people and their own evaluation of these conditions (Heliwell, 2008).

INDICATOR

The indicator of subjective well-being presented here measures overall life satisfaction as perceived by individuals. Life satisfaction measures how people evaluate their life as a whole rather than their current feelings. It is measured via the Cantril Ladder (also referred to as the Self-Anchoring Striving Scale), which asks people to rate how they value their life in terms of the best possible life (10) through to the worst possible life (0). The score for each country is calculated as the mean value of responses to the Cantril Ladder for that country.

While the Cantril Ladder represents the best available measure of overall life satisfaction (Kahneman et al., 2006), it can be affected by personality, mood, cultural norms and relative judgements, especially when the samples over which the information is collected are small (which is the case for the Gallup World Poll data used here). There are only few official sources of data on subjective well-being collected over large samples and these surveys are not directly comparable. The OECD is currently working with Eurostat and a range of national statistical agencies and researchers to prepare a set of guidelines on the collection and use of measures of subjective well-being. The implementation of these guidelines should result in comparable official statistics becoming increasingly available over time.

MEASURING AVERAGE OUTCOMES AND TRENDS

Across OECD countries, the gap between countries with the highest life satisfaction and those with the lowest is approximately 3 points on an 11 point scale. Hungary, Portugal, Turkey and Estonia have a relatively low average life satisfaction compared to other developed countries, with average scores of less than 5.5. The group of countries reporting the highest life satisfaction comprises predominantly Nordic European and English-speaking countries, which have scores of over 7.

Some Asian countries have lower levels of life satisfaction than might be expected given their level of economic development. Both Japan and Korea report a life satisfaction score half a point below the OECD average, and China has the lowest reported life satisfaction of all the countries covered, despite being wealthier than India or Indonesia. By contrast, a number of Latin American countries, including Chile, Brazil and Mexico, have relatively high average levels of life satisfaction compared to their level of economic development.

WHAT DO WE KNOW ABOUT INEQUALITIES IN SUBJECTIVE WELL-BEING?

While some OECD countries have a relatively equal distribution of life satisfaction (e.g. the Netherlands and most of the Nordic countries), other countries (e.g. Slovenia, Portugal, Chile, and Brazil) display a much greater variance. In general, countries with a less equal distribution of life satisfaction tend to have a lower average level of life satisfaction. However, there are exceptions; for example Mexico, Chile and Brazil combine relatively high variance in life satisfaction scores and very different average levels of life satisfaction.

Life satisfaction is higher among more educated individuals and higher-income people (Dolan et al., 2008). The relationship between age and life-satisfaction is U-shaped. Women also tend to be more satisfied than men. Life satisfaction is lower among unemployed individuals and individuals affected by health problems.
Life satisfaction
Cantril Ladder, mean value in 2010

Note: The Cantril Ladder is measured on a scale from 0 to 10. Data refer to 2008 for Iceland and Norway; to 2009 for Estonia, Israel, Switzerland and South Africa.


For further reading
- OECD (2010), Society at a Glance 2009, OECD, Paris