

Correlates of Life Satisfaction among Aboriginal Adolescents

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Background and Purpose: To investigate the correlates of life satisfaction among aboriginal adolescents in northern Taiwan. **Methods:** This study was a panel design follow-up survey. In total, 234 aboriginal adolescent participants from a preliminary survey (N=318) were recruited into this follow-up survey. Data were collected through face-to-face interviews, using structured questionnaires. **Results:** Findings indicated five leading causes of subjects' daily life distress: poor academic performance (50.9%), economic difficulties (40.6%), relationships and/or emotional problems (26.9%), health problems (15.8%), and poor family communication (15.4%). Overall, 79.5% of the subjects perceived their health status as being good, and 66.2% were satisfied with their lives. Roughly 53.4% showed poor academic performance, yet 76.9% felt stressed about this. According to the multiple logistic regression analyses, subjects without economic problems (OR=2.08, 95% CI=1.06-4.08) and those willing to publicly reveal themselves as being aboriginal (OR=2.73, 95% CI=1.37-5.43) were more likely to be satisfied with their current lives than their counterparts. **Conclusion:** Economic factors and a willingness to reveal oneself as an aborigine were two of the strongest predictors for subjects' life satisfaction. (Full Text in English)

Key words: aboriginal population, adolescents, life satisfaction

Taipei City Med J 2006; 3(11): 1119-1129

Introduction

Aboriginal minorities comprise roughly 2% of the total population in Taiwan. Health-related issues of these tribes have become one of the most important national health policies in recent years due to the transition of society and modification

of the Constitution in order to respect and ensure one's indigenous status based on multiple cultural perspectives^[1]. In Taiwan, wide differentials continue to exist in mortality rates and other health outcomes^[2-4], and behavioral risk factors^[5] between aboriginal and non-aboriginal groups. In 2003, most standardized mortality ratios of aborigines

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Received: 15 February 2006; Accepted: 30 September 2006

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were significantly higher than those of the general population. Life expectancy at birth among aborigines is substantially lower than that of the general population, being 9.5 years less for men (73.3 vs. 63.8 years) and 6.5 years less for women (79.0 vs. 72.5 years)^[6]. Taiwan embarked on a National Indigenous Health Strategy that aimed to give aborigines equal access to health services as of 1998. Yet, aborigines still suffer from health disparities in Taiwanese society.

A number of studies regarding the mental health of aborigines have been conducted in recent years, in terms of acculturation^[7], alcoholism^[8-10], and mental illness^[11], but few researchers have conducted studies related to aboriginal adolescents^[12]. Adolescent health is becoming a vital issue of health policy and governmental programs. Previous studies emphasized adolescent behavioral risk factors rather than their positive well-being^[13-18]. Promoting mental health is considered to be an integral part of public health. Mental health promotion is shifting to positive mental health rather than in terms of negative factors. Research methods need to focus on the processes and outcomes of enabling positive mental health and identify the necessary conditions for successful implementation^[19]. The importance of positive subjective well-being in the promotion of optimal human functioning has been well documented^[20-23]. Happiness or life satisfaction judgments have been included among various suggested indicators of positive well-being^[23-25], desired subjective feelings, as well as health predictors^[26]. High life satisfaction relates to good adaptation and optimal mental health and looms as an indicator of positive youth development^[23].

Previous studies of life satisfaction in a school context tended to focus on college students^[27-34];

relatively few studies have addressed concerns of minority adolescents. Sam^[35] found mastery and ethnic identity to be the two key predictors of life satisfaction among teens from immigrant families in Norway. According to the nationwide "Youth Status Survey" in Taiwan, adolescents not living with their parents or having poorer economic status reported less life satisfaction than their counterparts^[36]. The chief aim of this study was to investigate correlates of life satisfaction among aboriginal adolescents in northern Taiwan.

Materials and Methods

Subjects

Data analyzed for this study were derived from the first wave of data collection for a Longitudinal Survey of Aboriginal Adolescents (LSIA) on Mental Health Status and Substance Abuse Behaviors^[37] in 2000. Subjects were enrolled in junior high schools located in Taipei City or Taipei County. Sampling strategies differed in these target areas due to the fact that only a small potential sample size was found in Taipei City. All seventh and eighth grade aboriginal teenagers from Taipei City were assigned as potential subjects. A stratified random sampling technique was employed to select aboriginal seventh graders residing in Taipei County. Stratification criteria were based on the number of aboriginal students distributed in junior high schools and the urbanization level of a school's location. Data were collected through face-to-face interviews using a structured questionnaire during home visits, yielding a sample of 318 aboriginal teens who participated in the LSIA in 2000. In total, 234 subjects from the preliminary survey (N=318) were recruited for this follow-up survey in 2001. The response rate was 73.6%.

Measurements

This survey was implemented using a structured questionnaire. Measurements of demographic information, selected characteristics, and life satisfaction are described as follows.

The following independent variables were included.

Demographic information. Subjects' background information included age, gender, ethnicity, religious beliefs, and living arrangements. According to the Council of Indigenous Peoples, there were ten major indigenous tribes identified in 2001 and thanks to a more-detailed description, there are currently 13 tribes recognized at present. Among these ethnic groups, the Amis and Atayal are the two largest ethnic groups.

Daily life distress. Causes of distress in a subject's daily life were measured by a single question: "Have you ever experienced the following distress in your life?" The answers include eight aspects: academic performance problems, economic problems, relationships or emotional problems, health problems, poor family communication, assimilation, public acceptance, and transportation problems. Subjects were asked to check all aspects that applied to them.

Selected characteristics. Several aspects of these subjects' characteristics were evaluated including a self-rated health status, academic performance, and ever having felt stressed. Subjects' perception of aboriginal culture was measured by two questions: "Are you willing to reveal that you are an aborigine in public?" and "Are you proud of your traditional aboriginal culture?"

The dependent variable of this study was "life satisfaction," defined as a person's evaluation of various areas of his/her life^[25]. In this study, a

subject's life satisfaction was measured by a single question: "Generally speaking, are you satisfied with your life at present?" It was based on a life satisfaction measurement used in the nationwide "2001 Youth Status Survey"^[36]. It relied on a subject's comprehensive evaluation of his/her present family life, school life, and life in other aspects. Answers included three choices: satisfied, no comment, and unsatisfied.

Results

Descriptive statistics. Subjects' ages ranged from 13 to 18 years with a mean of 15.2 years (SD=0.69); 123 (52.6%) male and 111 (47.4%) female students were enrolled in grades eight and nine in 2001. About 59.8% belonged to the Amis ethnic group, 23.9% to the Atayal, and 16.3% to remaining tribes. Approximately 76.9% lived with their parents, and 88.0% had religious beliefs (Table 1).

Table 2 illustrates the causes of subjects' daily life distress; 29.9% had none. The five leading causes were academic performance (50.9%), economic problems (40.6%), relationships or emotional issues (26.9%), health problems (15.8%), and poor family communication (15.4%). Other causes included assimilation (12.4%), public acceptance (11.1%), and transportation problems (8.1%). Regarding subjects' feelings about their lives, 66.2% felt satisfied, 17.5% felt dissatisfied, and 16.3% had no comment. Overall, 79.5% perceived their health status as being good. Of the sample, about 53.4% had poor academic performance, and 76.9% felt stressed about this. Interestingly, while 71.7% took pride in their traditional aboriginal culture; only 56.0% were willing to publicly reveal themselves as being

aboriginal. Subjects' selected characteristics are shown in Table 3.

Bivariate analyses. Several demographic and selected factors displayed significant links with life satisfaction, according to the bivariate analyses. Being a male ($\chi^2 = 4.34$, $p < 0.05$), having religious beliefs ($\chi^2 = 3.68$, $p < 0.05$), living with parents ($\chi^2 = 3.58$, $p < 0.05$), having a better self-rated health status ($\chi^2 = 13.85$, $p < 0.01$), having pride in one's traditional aboriginal culture ($\chi^2 = 5.48$, $p < 0.05$), and having a willingness to publicly reveal oneself as an aboriginal ($\chi^2 = 9.77$, $p < 0.01$) were associated with greater satisfaction with one's life (Tables 1, 3). Furthermore, several causes of daily life distress were negatively related to life satisfaction (Table 2): problems with academic performance ($\chi^2 = 10.69$, $p < 0.01$), economic status ($\chi^2 = 15.37$, $p < 0.001$), personal relationships or emotions

($\chi^2 = 7.40$, $p < 0.01$), health ($\chi^2 = 12.98$, $p < 0.001$), family communication ($\chi^2 = 9.04$, $p < 0.01$) and public acceptance ($\chi^2 = 10.09$, $p < 0.01$).

Multivariate analyses. Demographic characteristics, significant factors in the bivariate analysis, and potential correlates of life satisfaction according to previous research were included in the multivariate analyses as a full model. Multiple logistic regression analyses indicated that subjects without economic problems (OR=2.08, 95% CI=1.06-4.08) and those willing to publicly reveal themselves as being aboriginal (OR=2.73, 95% CI=1.37-5.43) had higher levels of life satisfaction. In other words, economic factors and a willingness to reveal oneself as being aboriginal were the strongest predictors of a subject's life satisfaction. Table 4 illustrates the odds ratios for variables associated with life satisfaction.

Table 1. Bivariate analyses of subjects' demographic characteristics and life satisfaction.

Variable	Satisfied with life		Total n (%)	χ^2
	Yes n (%)	No n (%)		
Gender				
Male	89 (72.4)	34 (27.6)	123 (52.6)	4.34*
Female	66 (59.5)	45 (40.5)	111 (47.4)	
Ethnicity				
Other aboriginal groups	21 (55.3)	17 (44.7)	38 (16.3)	2.63
Atayal	37 (66.1)	19 (33.9)	56 (23.9)	
Amis	97 (69.3)	43 (30.7)	140 (59.8)	
Religious beliefs				
Yes	140 (68.3)	65 (31.7)	205 (88.0)	3.68*
No	14 (50.0)	14 (50.0)	28 (12.0)	
Living arrangements				
Living with parents	125 (69.4)	55 (30.6)	180 (76.9)	3.58*
Not living with parents	30 (55.6)	24 (44.4)	54 (23.1)	

* $p < 0.05$

Discussion

As compared to findings of the nationwide "2001 Youth Status Survey"^[36], the status of the current subjects is substantially inferior to that of the general population. First, the average ages for eighth and ninth graders from the present study in 2001 were 13 and 14 years, respectively. The mean age of subjects (15.2 years) was greater than that of the general junior high school population, maybe

due to a higher dropout rate or poorer academic performance among aboriginal students compared to their ethnic Taiwanese counterparts. Second, the percentages of adolescents aged 12~14 and 15~19 years living with their parents were 88.8% and 75.8%, respectively^[36]. The present study reveals that only 76.9% of subjects lived with their parents: i.e., as high as 23.1% did not live with their parents. This may be due to differences in the single parent rate. According to the 2000 census data, the single

Table 2. Bivariate analyses of causes of daily life distress and life satisfaction of subjects.

Cause of daily life distress	Satisfied with life		Total n (%)	χ^2
	Yes n (%)	No n (%)		
Academic performance problems				
Yes	67 (56.3)	52 (43.7)	119 (50.9)	10.69**
No	88 (76.5)	27 (23.5)	115 (49.1)	
Economic problems				
Yes	49 (51.6)	46 (48.4)	95 (40.6)	15.37***
No	106 (76.3)	33 (23.7)	139 (59.4)	
Relationships or emotional problems				
Yes	33 (52.4)	30 (47.6)	63 (26.9)	7.40**
No	122 (71.3)	49 (28.7)	171 (73.1)	
Health problems				
Yes	15 (40.5)	22 (59.5)	37 (15.8)	12.98***
No	140 (71.1)	57 (28.9)	197 (84.1)	
Poor family communication				
Yes	16 (44.4)	20 (55.6)	36 (15.4)	9.04**
No	139 (70.2)	59 (29.8)	198 (84.6)	
Assimilation				
Yes	16 (55.2)	13 (44.8)	29 (12.4)	1.81
No	139 (67.8)	66 (32.2)	205 (87.6)	
Public acceptance				
Yes	10 (38.5)	16 (61.5)	26 (11.1)	10.09**
No	145 (69.7)	63 (30.3)	208 (88.9)	
Transportation problems				
Yes	12 (63.2)	7 (36.8)	19 (8.1)	0.09
No	143 (66.5)	72 (33.5)	215 (91.9)	

p<0.01; *p<0.001

parent rate (5.2%) among aboriginal people was higher than that of the general population (2.3%). Third, dissatisfaction with one's current life among subjects (17.5%) was higher than that of adolescents in the general population. Percentages of unhappiness with one's current life among those aged 12~14 and 15~19 years were 5.7% and 10.7%^[36]. Finally, the percentage bothered by daily life distress among these subjects (70.1%) was higher than that of mainstream adolescents: 52.8% of those aged 12~14 and 54.8% of those aged 15~19^[36]. Note that "academic performance

problems" consistently ranked as the leading cause of daily life distress among subjects (50.9%), especially those aged 12~14 (97.2%) and 15~19 (82.1%) years in the general population^[36]. Nearly 40.6% of subjects were disturbed by "economic problems." The median income among Taiwan's general population was 1.4 times higher than that for aboriginal people in 2002^[38]. It was noted that the "economic factor" was a strong predictor among all causes of daily life distress. Shek's^[39] study found that the psychological well-being (including life satisfaction) of teens experiencing

Table 3. Bivariate analyses of subjects' selected characteristics and life satisfaction.

Variable	Satisfied with life		Total n (%)	χ^2
	Yes n (%)	No n (%)		
Self-rated health status				
Poor	1 (16.7)	5 (83.3)	6 (2.6)	13.85**
Fair	21 (50.0)	21 (50.0)	42 (17.9)	
Good	133(71.5)	53 (28.5)	186 (79.5)	
Felt stressed				
Yes	114(63.3)	66 (36.7)	180 (76.9)	2.95
No	41 (75.9)	13 (24.1)	54 (23.1)	
Academic performance				
Poor	85 (68.0)	40 (32.0)	125 (53.4)	0.42
Fair	48 (64.9)	26 (35.1)	74 (31.6)	
Good	22 (62.9)	13 (37.1)	35 (15.0)	
Being proud of one's traditional aboriginal culture				
No	36 (54.5)	30 (45.5)	66 (28.3)	5.48*
Yes	118 (70.7)	49 (29.3)	167 (71.7)	
Willing to reveal oneself as an aborigine				
No	57 (55.3)	46 (44.7)	103 (44.0)	9.77**
Yes	98 (74.8)	33 (25.2)	131 (56.0)	

*p<0.05; **p<0.01.

Table 4. Multiple logistic regression analyses of life satisfaction.

Independent variable	OR	95% CI
Demographic factors		
Female	1	
Male	1.65	0.86-3.17
No religious beliefs	1	
Having religious beliefs	2.26	0.88-5.81
Not living with parents	1	
Living with parents	1.3	0.59-2.85
Belonging to other aboriginal groups	1	
Belonging to the Atayal ethnic group	2.33	0.82-6.65
Belonging to the Amis ethnic group	2.37	0.93-6.00
Academic performance		
Poor	1	
Fair	0.75	0.36-1.55
Good	0.38	0.14-1.04
Self-rated health		
Poor	1	
Fair	5.57	0.41-75.95
Good	10.01	0.76-131.75
Causes of life distress		
Having academic performance problems	1	
No academic performance problems	1.63	0.81-3.31
Having economic problems	1	
No economic problems	2.08*	1.06-4.08
Having relationship or emotional problems	1	
No relationship or emotional problems	1.05	0.48-2.30
Having health problems	1	
No health problems	1.01	0.38-2.68
Having family communication problems	1	
No family communication problems	1.29	0.49-3.37
Having public acceptance problems	1	
No public acceptance problems	2.84	0.97-8.29
Cultural factors		
Not willing to reveal oneself as an aborigine	1	
Willing to reveal oneself as an aborigine	2.73**	1.37-5.43
Not proud of one's traditional aboriginal culture	1	
Proud of one's traditional aboriginal culture	1.64	0.79-3.39

*p<0.05; **p<0.01.

economic disadvantages was weaker than that of those not experiencing economic disadvantages in Hong Kong.

Generally speaking, aboriginal students have poorer academic performance than non-aboriginal groups^[37]. The first-year research finding of the LSIA revealed that 49.8% of aboriginal and 67.8% of non-aboriginal students planned to attend senior high school. Roughly 28.3% of aboriginal and 40.1% of non-aboriginal students were also planning to attend college^[37]. Rather surprisingly, only half were disturbed by their academic performance, perhaps due to different value systems: i.e., aboriginal subjects may consider academic achievement less important than their counterparts. The cultural value of mainstream society stresses the achievement of a higher education as a goal of self-actualization and family pride. Moreover, 15.4% of subjects were bothered by poor family communication. According to Li and Chang^[12], family factors loom as the foremost predictor for psychiatric symptoms and an unhealthy lifestyle. Kao et al.^[13] found that maladjustment behaviors were affected by inept parenting practices. Obviously, there is a need to explore family interactions among aboriginal adolescents in future research, especially those who are not living with their parents.

Although 71.7% of subjects were proud of their traditional aboriginal culture, only 56.0% voiced a willingness to publicly reveal themselves as being aboriginal. This discrepancy may arise from a perception of the public acceptance of aboriginals. Note that 11.1% of subjects reported public acceptance as one cause of daily life distress, which implies that “perceived discrimination” can pose an obstacle to aboriginal identity. Williams et al.^[40] reviewed population-based studies and found

that discrimination was associated with multiple indicators of a poorer physical and mental health status.

Adolescence is considered to be a key transitional period. The major developmental task during adolescence is identity formation. It is noted that the willingness to reveal oneself as an aborigine in public was also correlated with life satisfaction. However, the present study did not measure the degree of acculturation or assimilation of the subjects. Future research might need to focus on the roles of cultural influences, self-esteem, and perceived discrimination on the mental health of aboriginal adolescents, especially ethnic differences. Generalizability of the findings may be limited due to the fact that subjects were recruited from urban areas. In spite of these methodological limitations, this study yields vital implications for policymakers: e.g., a need to strengthen interpersonal communication and stress coping skills for this population. A culturally appropriate mental health education program should be developed for aboriginal adolescents.

Acknowledgements

This research was funded by the Department of Health, Executive Yuan, Taiwan. The authors would like to express particular thanks to Prof. Donald E. Morisky from the Department of Community Health Sciences, UCLA School of Public Health, Los Angeles, California, for his inspiring comments and assistance in editing this manuscript.

References

1. Hong AI, Lin CF, Peng EY, Lyu SY: A review of aboriginal health policy in Taiwan. Taiwan

- J Public Health 2002; 21:235-42.
2. Hsieh SF, Liu BH, Pan BJ, Chang SJ, Ko YC: Mortality patterns of Taiwan aborigines due to accidents. *Kaohsiung J Med Sci* 1994; 10:367-78.
 3. Ko YC, Liu BH, Hsieh SF, Wang TN: Cancer mortality analysis among aborigines in Taiwan. *Kaohsiung J Med Sci* 1994; 10:379-91.
 4. Wu SL, Lu MI, Chang FC: Aboriginal health status in Taiwan. *Public Health* 2001; 28:1-24.
 5. Li YM, Shaw CK: A telephone survey of health behavioral risk factors in Hualien County. *Tzu Chi Med J* 1997; 9:241-8.
 6. Council of Indigenous Peoples: 2003 Health Status Statistics Annual Report for Indigenous Peoples. Taipei: Council of Indigenous Peoples, Executive Yuan, Taiwan. 2005.
 7. Cheng AT, Hsu M: Development of a new scale for measuring acculturation: the Taiwan Aboriginal Acculturation Scale (TAAS). *Psychol Med* 1995; 25:1281-7.
 8. Hsu YP, Loh EW, Chen WJ, Chen CC, Yu JM, Cheng AT: Association of monoamine oxidase A alleles with alcoholism among male Chinese in Taiwan. *Am J Psychiatry* 1996; 153:1209-11.
 9. Chen WJ, Cheng AT: Incidence of first onset alcoholism among Taiwanese aborigines. *Psychol Med* 1997; 27:1363-71.
 10. Liu SI, Cheng AT: Alcohol use disorders among the Yami aborigines in Taiwan. An inter-ethnic comparison. *Br J Psychiatry* 1998; 172:168-74.
 11. Cheng AT: Mental illness and suicide: a case-control study in east Taiwan. *Arch Gen Psychiatry* 1995; 52:594-603.
 12. Li YM, Chang TK: The differences in psychiatric symptoms and unhealthy lifestyle between aboriginal and Chinese adolescents. *Tzu Chi Med J* 1999; 11:237-45.
 13. Kao MY, Wu CI, Lue BH: The relationships between inept parenting and adolescent depression dimension and conduct behaviors. *Chin J Fam Med* 1998; 8:11-21.
 14. Li YM, Yen LL: Self-rated psychiatric symptoms and their correlates among senior high school students in Hualien City. *J Formos Med Assoc* 1998; 97:593-9.
 15. Li YM, Yen LL: Daily life stress and its correlates among high school students in Hualien City. *Kaohsiung J Med Sci* 1998; 14:234-41.
 16. Yen LL, Sun YC, Weng HC: Predictors of substance abuse behaviors among junior high school students in Taipei City. *J Med Education* 1998; 2:420-8.
 17. Lee MC, Lee SH, Chou MC: Association of risk-taking behaviors with adolescent childbearing. *J Formos Med Assoc* 2001; 100:533-8.
 18. Wang CS, Chou P: Differing risk factors for premature birth in adolescent mothers and adult mothers. *J Chin Med Assoc* 2003; 66:511-7.
 19. World Health Organization: Promoting Mental Health: Concepts, Emerging Evidence, Practice: A Summary Report. Geneva, Switzerland: World Health Organization, 2004.
 20. Seligman MEP, Csikszentmihalyi M: Positive psychology: an introduction. *Am Psychol* 2000; 55:5-14.
 21. Diener E, Oishi S, Lucas RE: Personality, culture, and subjective well-being: emotional and cognitive evaluations of life. *Annu Rev Psychol* 2003; 54:403-25.

22. Vaillant GE: Mental health. *Am J Psychiatry* 2003; 160:1373-84.
23. Park N: The role of subjective well-being in positive youth development. *Ann Am Acad Pol Soc Sci* 2004; 591:25-39.
24. Huebner ES: Initial development of the student's life satisfaction scale. *Sch Psychol Int* 1991; 12:231-40.
25. Diener E, Diener M: Cross-cultural correlates of life satisfaction and self-esteem. *J Pers Soc Psychol* 1995; 68:653-63.
26. Koivumaa-Honkanen H, Honkanen R, Viinama H, Heikkila K, Kaprio J, Koskenvuo M: Self-reported life satisfaction and 20-year mortality in healthy Finnish adults. *Am J Epidemiol* 2000; 152:983-91.
27. Bailey RC, Miller C: Life satisfaction and life demands in college students. *Soc Behav Pers* 1998; 26:51-6.
28. Pilcher JJ: Affective and daily event predictors of life satisfaction in college students. *Soc Indic Res* 1998; 43:291-306.
29. Cheung CK: Studying as a source of life satisfaction among university students. *Coll Stud J* 2000; 34:79-95.
30. Makinen JA, Pychyl TA: The differential effects of project stress on life-satisfaction. *Soc Indic Res* 2001; 53:1-16.
31. Seibel FL, Johnson BW: Parental control, trait anxiety, and satisfaction with life in college students. *Psychol Rep* 2001; 88:473-82.
32. Simons C, Aysan F, Thompson E, Hamarat E, Steele D: Coping resource availability and level of perceived stress as predictors of life satisfaction in a cohort of Turkish college students. *Coll Stud J* 2002; 36:129-41.
33. Yetim U: The impacts of individualism/collectivism, self-esteem, and feeling of mastery on life satisfaction among the Turkish university students and academicians. *Soc Indic Res* 2003; 61:297-317.
34. Chow H: Life satisfaction among university students in a Canadian prairie city: a multivariate analysis. *Soc Indic Res* 2005; 70:139-50.
35. Sam DL: Predicting life satisfaction among adolescents from immigrant families in Norway. *Ethn Health* 1998; 3:5-18.
36. Directorate-General of Budget, Accounting and Statistics: Report on the Youth's Status Survey, Taiwan Area, Republic of China. Taipei: Directorate-General of Budget, Accounting and Statistics, Executive Yuan & National Youth Commission, Executive Yuan, 2002.
37. Lyu SY, Wu CI: Longitudinal survey of aboriginal adolescents on mental health status and substance abuse behaviors: the first year findings. Research report. Taipei: Department of Health, Executive Yuan, Taiwan, 2000.
38. Council of Indigenous Peoples: 2002 Investigation Report of Indigenous Peoples' Employment Status in Taiwan. Taipei: Council of Indigenous Peoples, Executive Yuan, Taiwan, 2002.
39. Shek DT: Perceived parental control processes, parent-child relational qualities, and psychological well-being in Chinese adolescents with and without economic disadvantage. *J Genet Psychol* 2005; 166:171-88.
40. Williams DR, Neighbors HW, Jackson JS: Racial/ethnic discrimination and health: findings from community studies. *Am J Public Health* 2003; 93:200-8.

原住民青少年生活滿意度相關因素

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目的：探討臺北都會區原住民青少年生活滿意度之相關因素。**方法：**本研究使用一項長期追蹤調查的其中一波資料，進行橫斷性研究。針對第一波研究之原住民青少年樣本(N=318)，進行面對面問卷訪視調查，共訪得234位樣本。結果：樣本的前五大生活困擾依序為學業問題(50.9%)、經濟問題(40.6%)、感情或心理問題(26.9%)、健康問題(15.8%)，以及家庭不和問題(15.4%)。整體而言，有79.5%的樣本自評健康狀況良好，有66.2%的樣本對目前生活感到滿意，有

53.4%的樣本學業成績不佳，然而也有76.9%的樣本感覺壓力。依據多變項邏輯式迴歸分析的結果顯示，沒有經濟困擾者(OR=2.08, 95% CI=1.06-4.08)，以及願意在公開場合承認原住民身份者(OR=2.73, 95% CI=1.37-5.43)比他們的對照組更傾向於對目前生活感到滿意，且達顯著水準。**結論：**經濟因素以及承認原住民身份之意願，是樣本生活滿意度的顯著預測因子。

關鍵詞：原住民，青少年，生活滿意度
北市醫學雜誌 2006; 3(11):1119-1129

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受理日期：2006年2月15日；接受日期：2006年9月30日
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