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Artículo de Investigación

Bienestar subjetivo y apoyo social percibido en personas adultas mayores que participan en el Programa 60 y Piquito en los barrios del sur del Distrito Metropolitano de Quito

Subjective well-being and perceived social support in older adults who participate in the 60 and Piquito Program in the southern neighborhoods of the Metropolitan District of Quito

Bem-estar subjetivo e suporte social percebido em idosos que participam do Programa 60 e Piquito nos bairros da zona sul do Distrito Metropolitano de Quito

Silvia Susana Baldeón Loza ^I

ssbaldeon@uce.edu.ec

<https://orcid.org/0009-0002-5921-7960>

Ivanovna Cadena Rodríguez ^{II}

ikcadena@uce.edu.ec

<https://orcid.org/0000-0003-4898-2755>

William Toapanta Pacheco ^{III}

wmtopantap@uce.edu.ec

<https://orcid.org/009-0009-0982-2047>

Raquel Borges Silva ^{IV}

raquelborges@usp.br

<https://orcid.org/0000-0002-0372-400X>

Julio César Moriguti ^V

moriguti@fmrp.usp.br

<https://orcid.org/0000-0001-5499-3552>

María Paula Foss ^{VI}

mpfoss@alumni.usp.br

<https://orcid.org/0000-0003-1420-2423>

Correspondencia: ssbaldeon@uce.edu.ec

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- I. Magíster en Psicoterapia y PhD. en Ciencias. Subdecana de la Facultad Ciencias Psicológicas, Universidad Central del Ecuador, Quito (DMQ), Ecuador.
- II. Magíster en Ciencias Psicológicas con mención en Psicoterapia. Docente de la Facultad Ciencias Psicológicas, Universidad Central del Ecuador, Quito (DMQ), Ecuador.
- III. Magíster en Gestión para el Desarrollo Local Sostenible, Docente Facultad Ciencias Psicológicas, Universidad Central del Ecuador, Quito (DMQ), Ecuador.
- IV. Mestre em Ciências Ambientais. Docente de la Escola de Enfermagem de Ribeirão Preto, da Universidade de São Paulo (EERP-USP). Brasil.
- V. Profesor, Docente de la Faculdade de Filosofia, Ciência e Letras Ribeirão Preto, da Universidade de São Paulo (SP), Brazil.
- VI. Ph.D. in Medical Science, Neurosciences Program, Department of Neurosciences and Behavioral Sciences, School of Medicine of Ribeirão Preto, University of São Paulo (FMRP-USP). Docente de la Faculdade de Filosofia, Ciência e Letras Ribeirão Preto, da Universidade de São Paulo (FFCLRP-USP). Brasil.

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Resumen

La percepción subjetiva de bienestar parece relacionar-se con el apoyo social percibido (ASP) que sufre cambios importantes entre los adultos mayores. Entonces se pretende establecer la relación entre Bienestar Subjetivo y Apoyo Social Percibido en adultos mayores que participan en un proyecto social en los barrios del sur de Quito-Ecuador, para lo cual, se realizó un estudio observacional, transversal y correlacional, en 269 adultos mayores usuarios del programa “60 y Piquito”, excepto aquellos con deterioro cognitivo no perteneciente al envejecimiento normal, depresión y discapacidad auditiva total o intelectual. Se pretende establecer la relación entre Bienestar Subjetivo y Apoyo Social Percibido en 269 adultos mayores que participan del programa “60 y Piquito” parte de proyectos sociales en los barrios del Sur de Quito-Ecuador. Se evidencia en este estudio que bienestar subjetivo no declina con el incremento de los años, sin embargo, la percepción del apoyo de amigos y otros significativos declina a medida que aumenta la edad, el bienestar alto y, en cierto sentido, el bienestar medio, se asocian al ASP alto, en particular en mujeres de 70-77 años y con secundaria aumenta la edad. La correlación entre el bienestar y apoyo social fue obteniendo como baja correlación (0.24), se pudo identificar que existen altos y medios niveles de Bienestar Subjetivo y apoyo social percibido en los adultos mayores.

Palabras Claves: bienestar subjetivo; apoyo social percibido; factores socio demográficos; envejecimiento; adulto mayor.

Abstract

The subjective perception of well-being seems to be related to the perceived social support (PSA), which undergoes important changes among the elderly. Then, it is intended to establish the relationship between Subjective Well-being and Perceived Social Support in older adults who participate in a social project in the southern neighborhoods of Quito-Ecuador, for which an observational, cross-sectional and correlational study was carried out, in 269 older adults. users of the “60 y Piquito” program, except those with cognitive deterioration not belonging to normal aging, depression and total or intellectual hearing disability. It is intended to establish the relationship between Subjective Well-being and Perceived Social Support in 269 older adults who participate in the "60 and Piquito" program, part of social projects in the neighborhoods of the South of Quito-Ecuador. It is evident in this study that subjective well-being does not decline with increasing years,

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however, the perception of support from friends and significant others declines as age increases, high well-being and, in a certain sense, medium well-being, They are associated with high ASP, particularly in women aged 70-77 years and with increasing age. The correlation between well-being and social support was obtained as low correlation (0.24), it was possible to identify that there are high and medium levels of Subjective Well-being and perceived social support in older adults.

Keywords: subjective well-being; perceived social support; sociodemographic factors; aging; Elderly.

Resumo

A percepção subjetiva de bem-estar parece estar relacionada ao suporte social percebido (PSA), que sofre alterações importantes entre os idosos. Em seguida, pretende-se estabelecer a relação entre o bem-estar subjetivo e o apoio social percebido em idosos que participam de um projeto social nos bairros do sul de Quito-Ecuador, para o qual foi realizado um estudo observacional, transversal e correlacional, em 269 idosos usuários do programa "60 y Piquito", exceto aqueles com deterioração cognitiva não pertencente ao envelhecimento normal, depressão e deficiência auditiva total ou intelectual. Pretende-se estabelecer a relação entre o bem-estar subjetivo e o suporte social percebido em 269 idosos que participam do programa "60 e Piquito", parte de projetos sociais nos bairros do sul de Quito-Ecuador. Fica evidente neste estudo que o bem-estar subjetivo não declina com o passar dos anos, porém, a percepção de apoio de amigos e entes queridos declina com o aumento da idade, alto bem-estar e, em certo sentido, médio bem-estar, Estão associados a níveis elevados de ASP, particularmente em mulheres com idades compreendidas entre os 70 e os 77 anos e com o aumento da idade. A correlação entre bem-estar e suporte social foi obtida como correlação baixa (0,24), foi possível identificar que existem níveis altos e médios de bem-estar subjetivo e suporte social percebido em idosos.

Palavras-chave: bem-estar subjetivo; suporte social percebido; fatores sociodemográficos; envelhecimento; Idoso.

Introduction

Societies have increased life expectancy over time, a process that can be defined as demographic aging, characterized by the relative increase in the number of older adults and a relative reduction in

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children and young people, taking into account that a rate of more than 10 % of people aged 60 years or over is considered an aging population (Torres-Degró, 2010). It is a global phenomenon linked to economic and social progress (World Health Organization [WHO], 2015; Pan, 2017) that Latin America emulates in 50 years what it took Europe two centuries, with the disadvantage of having less time to make adjustments and face the new population scenario (Huenchuán-Navarro, 2018).

Aging implies a decline in the body's own functions, related to the increase in pathologies and disabilities that require care, hence the importance of promoting healthy aging (Aparicio, 2002). Or healthy degradation is considered as the process aimed at promoting the functional capacities of the elderly, encouraging their well-being (American Health Organization [PAHO], 2019). In this sense, the quality of life of the older adults (OA) depends on the Subjective Well-being (SW), in addition to economic and social indicators. Considering how people evaluate the quality of their lives according to their criteria and in a global way is essential to understand well-being (Denegri et al., 2015).

For its part, social support represents a critical aspect in the daily life of older adults (OA), understood as interpersonal transactions that involve help, affection and affirmation (Khan & Antonucci, 1980, as cited in Castellano Fuentes, 2014) hence the importance of identifying the sources of support for older adults, since these contribute to keeping them integrated into society, through interactions with family, friends and interest groups (Cardozo et al., 2020).

It is considered that the social support variable could contribute to the better SW of the elderly, being necessary to determine how social support is related to the subjective well-being of the elderly users of the 60 and Piquito program in the southern neighborhoods of Quito?, also specifying how sociodemographic characteristics can predict the perception of social support and this, in turn, the subjective well-being of older adults?

In this sense, this research seeks to explain the relationship between Subjective Well-being and Perceived Social Support of older adults who participate in Program 60 and Piquito in the south of Quito-Ecuador, modulated by sociodemographic factors. The proposed hypotheses are that the subjective well-being of OA people who have high social support is different from the subjective well-being of those who have low social support. In addition to age, other sociodemographic variables may be related to education and sex.

Therefore, this study were developed in four phases, the first being screening of clinical indicators to select the study sample. The second phase concerns the psychometrics measures of the instruments

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to verify if they could be applied to OA. The third phase corresponds to the description of individual demographics necessary to understand their influence on Well-being and Support. Finally, the fourth phase allowed us to find the contribution of the Perceived Social Support (PSS) in the Subjective Well-being (SW) of the elderly.

METHOD

Study design

Observational, cross-sectional, correlational study of non-experimental design.

Participants

The research was carried out with the support of 269 older adults, users of the 60 and Piquito project in the southern neighborhoods of the Metropolitan District of Quito - Ecuador from June to September 2021.

The population is distributed between men and women aged 60 years and over, of medium-low socioeconomic status. People with indicators of cognitive impairment not belonging to normal aging, depression, and those with total or intellectual hearing impairment were excluded.

Program 60 and Piquito

It is an emblematic project of the San José Municipal Board of the Metropolitan District of Quito, called "60 y Piquito". It is part of the Comprehensive System of Care for the Elderly and works through the Centers of Reference for the Elderly (CEAM). In the southern zone there are 36 centers distributed in the parish of La Ecuatoriana, Chillogallo, Turubamba, Guamaní and Quitumbe, centers that the target population of the research attends.

Data collection instruments

The questionnaire-assisted interview was applied to collect data from the participant, information on the respondent's family, health and disability, and may also affect affective and cognitive states, which lead to the perception of deterioration in health and well-being. The Folstein MMSE Minimal State Examination Scale (Folstein et al., 2018), the Yesavage Geriatric Depression Scale, abbreviated (Spanish version), GDS-VE (15 items) (Yesavage et al., 1983) was used for screening. and for the

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evaluation of the SW and PSS, the EFL Lima Happiness Scale, adapted version (Árraga & Sánchez, 2012) and the MSPSS Perceived Social Support Scale (Zimet et al., 1998) respectively.

The MSPSS scale is made up of 12 items, grouped into three subscales referring to three sources of social support: family, friends, and significant others. The total score of the scale corresponds to the sum of the scores of each item answered, since a higher score corresponds to a greater perceived social support and vice versa (Santuber et al., 2014).

This internal support scale is made up of three components: Family (questions 1, 2, 3, 4), Friends (questions 9,10, 11, 12) and Others (questions 5, 6, 7, 8).

The general assessment of perception of social support is as follows:

High degree of perception of social support (36-48 points);

Average degree of perception of social support (25 – 35 points);

Low degree of perception of social support (12-24 points).

The internal happiness scale is made up of 4 components: Satisfaction (questions 3, 5, 6, 8, 9, 10, 13), Fulfillment (questions 1, 4, 7), Positive sense (questions 11,12) and Joy (questions 2,14).

The general assessment of happiness is as follows:

High degree of perception of subjective well-being (36 – 48 points);

Average degree of perception of subjective well-being (25 – 35 points);

Low degree of perception of subjective well-being (12 – 24 points).

Procedure

The instruments were applied between June and September 2021, with the support of Psychology students from the last semester of the Faculty of Psychological Sciences of the Central University of Ecuador and the CEAM-SUR technical team of the program. For the administration of the instruments and the selection of the participants, the corresponding training was developed.

Due to the pandemic context, the instruments were applied in the homes of each AM. They were previously contacted by telephone to be informed about the objectives of the project and the benefits of the evaluation of indicators, and thus, to know their availability, proceeding with their consent to be visited. A Guide for mobile brigades and/or home visits to OAs in vulnerable situations who live in urban and rural areas in the south of the DMQ was prepared.

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The anonymity of the participants was respected at all times, and they were informed of their right to withdraw from participating in the research at any stage of it. In this way, the consent was signed voluntarily, freely and informed.

Analysis of data

The data was processed with the free software R v 4.2.1; the significant level adopted was 0.05. working, as appropriate, measures of central tendency, dispersion or position (number of cases in the sample, projected OA, minimum value, maximum value, mean, median, mode, standard deviation and coefficient of variation), in addition to the calculation of proportions. If this is the case, Tables or graphs are shown that reveal the situation of the OA population.

The Pearson correlation for well-being and social support was considered, categorized into low-medium-high levels on which the chi-square test of independence was performed, the confidence intervals and for the computations were estimated at 95%.

The level of support on a scale from zero to 10 points allows for comparisons by characteristics of the MAs. Reviewing the average scores and their corresponding 95% confidence levels.

Additionally, the variables of interest are broken down by demographic variables; this, together with the estimation of confidence intervals (equivalent to the t-Student tests of hypotheses) for the discriminative validity that allows contrasts between groups of interest.

RESULTS

In the group of OAs that participate in the 60 Y Piquito Program, the majority are women with 80.7%, with a ratio of 4 to 1 women per man. The mean age is 71.9 years and education less than secondary predominates (47%). The marital status of the MAs is married (57.3%), followed by widowers (22%), single (8.4%) and a total of (12.3%) divorced persons (Table 1).

Table 1. Characterization of the older adults who participate in the 60 and Piquito Program in the southern neighborhoods of Quito-Ecuador in terms of sex, age, education, and marital status. Ecuador, 2022.

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Variable	Category	AM	%*	Min	Máx	Style	Med	Pro	S.D	C.V	Li	Ls
				*	*	*	*	*	*	*	*	*
Sex	Man	569	19.3	5.4	10	7.1	7.6	7.6	1.0	13.1	7.5	7.7
	Women	237	80.7	0.4	10	7.6	7.7	7.7	1.2	15.7	7.6	7.7
Age	60-69	119	40.2	0.4	10	8.0	7.8	7.7	1.3	16.8	7.6	7.8
	70-77	113	38.8	4.6	10	7.6	7.7	7.7	1.0	13.7	7.6	7.7
	78 o +	612	20.8	5.4	10	7.3	7.6	7.6	1.1	14.7	7.5	7.7
Instruction	less than primary	685	23.3	4.6	10	7.1	7.6	7.6	1.2	15.5	7.5	7.7
	less than secondary	138	47.3	4.8	10	7.5	7.6	7.6	1.0	13.7	7.6	7.7
	Completed secondary	537	18.2	5.2	10	7.7	7.8	7.7	1.1	14.0	7.7	7.8
	Superior	337	11.5	0.4	10	7.9	8.0	7.8	1.6	20.8	7.6	8.0
Civil status	Single	248	8.4	5.2	10	7.7	7.9	7.7	1.2	15.5	7.5	7.8
	Married	168	57.6	0.4	10	7.9	7.8	7.7	1.2	15.5	7.7	7.8
	Divorced	362	12.3	4.8	10	7.6	7.8	7.7	1.4	17.9	7.5	7.8
	Widower	646	22.3	4.6	10	7.3	7.4	7.5	0.9	12.2	7.4	7.6

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Total	294	10	0.4	10	7.6	7.7	7.7	1.2	15.2	7.	7.
	2	0								6	7

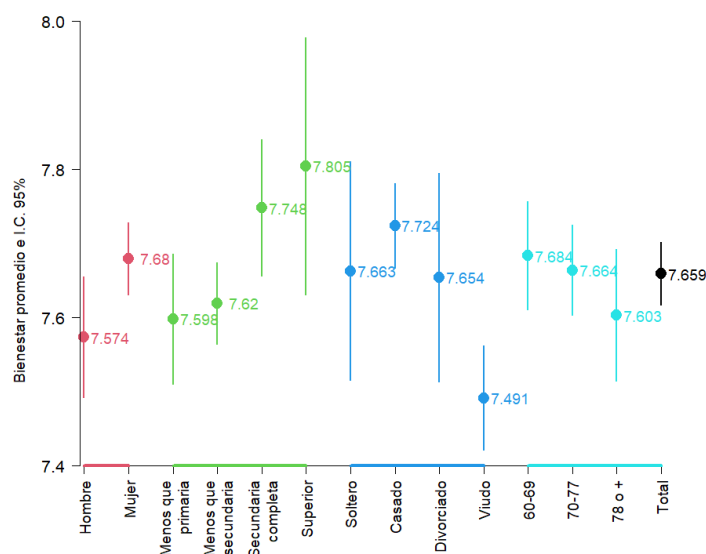
Legend*: AM: Older adults; Percentage: %; Min: Minimum; Max: Maximum; Style: Fashion; Med: Median; Pro: Average; S.D.: standard deviation; C.V.: coefficient of variation; Li: lower limit; Ls: upper limit.

Source: Own authorship (2022).

Subjective well-being can be classified as low, medium and high. In this group of OAs, 41.9% value their SW as average, 35.6% as high and 22.5% as low (Graph 1).

Women reveal a higher BS (mean, 95% CI) compared to men, despite the fact that the numerical difference is not relevant, but it is significant. Although there is a certain tendency that the greater the age, the lower the level of well-being, the differences between the average scores between OAs are not significant. On the other hand, significant differences were found regarding the level of education, in which OAs with secondary or higher have a higher assessment of well-being than, and there was no significant difference between those with less than secondary or less than primary. When evaluating average well-being according to marital status, it is observed that widows have lower well-being than the rest (graph 1).

Graph 1 - Average Subjective Well-being Score and I.C. 95% of the elderly who participate in the Program 60 and Piquito in the neighborhoods of the South of Quito-Ecuador, 2022.



Source: Own authorship (2022).

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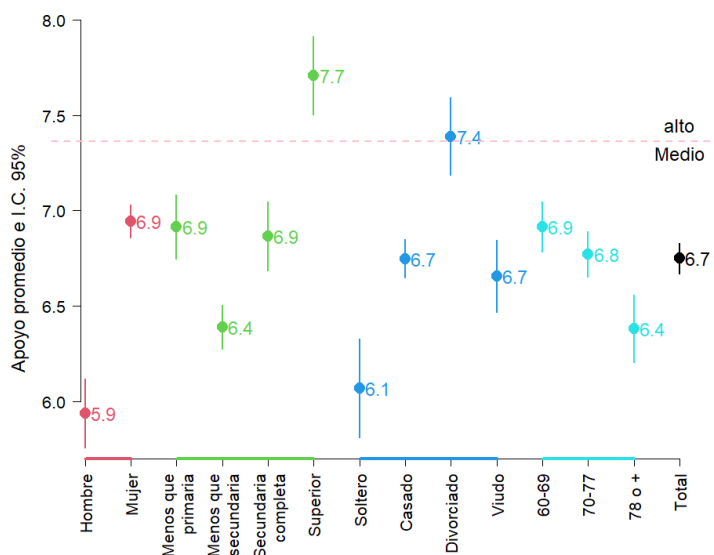
In the case of Perceived Social Support (PSS), it is established that 19.2% of OA have a low level of support. It is also observed that the percentage of OA with a medium level of support (40.7%) does not have a relevant or significant difference with the percentage of OA with a high level of support (40.1%) (Graph 2). In addition, women show a higher score than men, with a difference of one point out of 10, a difference that is significant. However, in men or women a medium level of support is established.

In the case of age, it is observed that the older there is a trend of less perceived support that is more reflected in the age group of 78 years or older. An average level of support is established for the other three age groups.

Regarding marital status, married and widowed show similar average values (not significant), while singles show a lower level of support than the rest. The divorced show a higher value of the level of support.

According to educational level, it is highlighted that OA with a higher level show a higher level of support, followed by those who have completed secondary school, similar to those who did not complete primary school. Those who did not complete high school show the lowest level of support.

Graph 2 - Average scores of Perceived Social Support and I.C. 95% of the older adults who participate in the 60 and Piquito Program in the southern neighborhoods of Quito-Ecuador. Ecuador, 2022.



Source: Own authorship (2022).

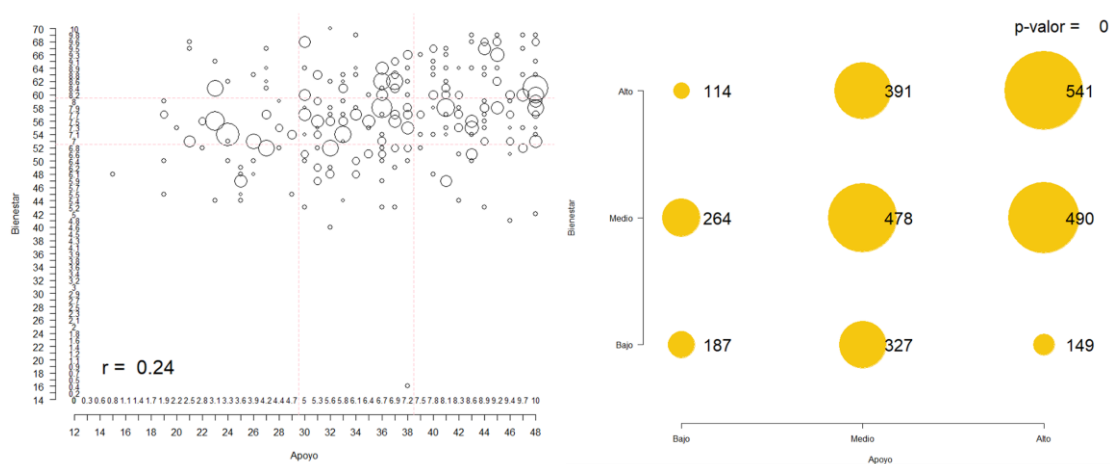
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These results are also confirmed when evaluating the average scores according to the breakdown by interest groups (Graph 2). In general, average scores are located in average scores; Thus, for example, women rate a medium score of 5.3 points and men rate a low score of 4.1 points; also noting a significant difference between the scores of women and men.

The diagram on the left side (Graph 3), called the scatter diagram, shows the distribution of MAs according to the different well-being and support scores; in this, the size of the circle shown is proportional to the number of OAs that match the corresponding scores; the value of the correlation between well-being and support scores is also shown at the bottom. It should be noted that there is no marked trend with respect to the scores included, which is reflected in a low correlation (0.24); and, under this context, it could be affirmed that well-being and support are independent.

Additionally, the bubble diagram (Graph 3), on the right side, shows the number of OAs that are located according to the low, medium or high level in well-being and support. It should be noted how high-level cases predominate; In this sense, the p value of the independence test (chi square) indicates that the levels of well-being and support are not independent.

Graph 3 - Diagram of dispersion and distribution by levels of Well-being and Support of the elderly who participate in the Program 60 and Piquito in the neighborhoods of the South of Quito-Ecuador. Ecuador, 2022.



Source: Own authorship (2022).

In the correlation and the independence test carried out at the total level, once disaggregated in the scatter diagram for men and women, it is seen that there is no correlation between well-being and

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support for men ($r = 0.048$) or for women ($r = 0.277$). Likewise, the chi-square test of independence in both cases yields a p value of zero, which reaffirms that the levels of well-being and support for men and women are not independent (Graph 4).

Graph 4 - Diagram of dispersion and distribution by levels of Well-being and Support according to sex of the older adults who participate in the 60 and Piquito Program in the neighborhoods of the South of Quito-Ecuador. Ecuador, 2022.

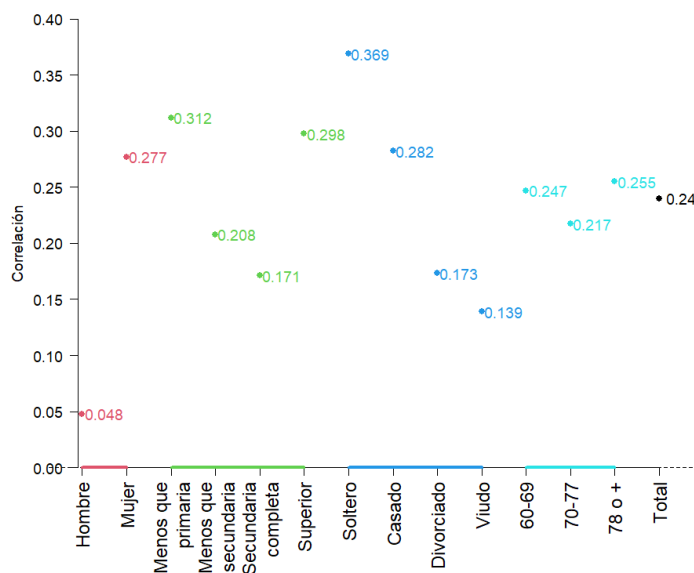


Source: Own authorship (2022).

Similar results are achieved when disaggregating by the variables of interest; that is, uncorrelated scores, but with certain levels of association between Well-being and Support with sociodemographic variables (Graph 5).

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Graph 5 - Correlation values between Well-being and Support according to sociodemographic characteristics of the elderly who participate in the 60 and Piquito Program in the southern neighborhoods of Quito-Ecuador. Ecuador, 2022.



Source: Own authorship (2022).

The hypothesis is verified to the extent that low SW is associated with low PSS, particularly in men with less than primary education; on the other hand, high well-being and, in a certain sense, medium well-being, are associated with high PSS, particularly in women aged 70-77 and with secondary education.

Although the correlation between SW and PSS is numerically low and not significant (not null), this correlation is presented as an association between levels of Well-being and Support, that is, the greater the well-being, the greater the support and vice versa.

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DISCUSSION

Women primarily attend the social programs at 60 and Piquito. Many of these women did not receive formal education and only completed a few years of schooling. Their past work experience often involved domestic work, reflecting women's unequal and subordinate role in society during their generation (Montes de Oca, 1997). The high attendance of women (4 to 1) in these programs can be attributed to their longer life expectancy than men in accordance with Quito demographics with 49,660 women (6.4%) for 40,967 men (5.5%) (Morales, 2008).

Studies suggest that women are more socially active and engaged in household duties. Many individuals participating in the 60 and Piquito initiatives have yet to complete high school and have only acquired primary education. Their interest in social programs such as 60 Piquito may indicate their significant involvement in social activities.

Subjective well-being associated with the concept of happiness is understood as the sum of two components: affective and cognitive (Veenhoven, 2009). The affective component called the hedonic level of affect is understood as the evaluation of how good we can feel based on the pleasant estimation of feelings, emotions, and moods; while the cognitive component is understood as the perception of satisfaction that an individual has according to their desires.

Females tend to have a higher level of subjective well-being (SWB) than men, particularly regarding affective dimensions (Marrero Quevedo et al., 2014). This divergence between genders is most apparent during challenging situations (García Martín, 2002). Women tend to have a more optimistic perspective on life events and their current situation and a greater emotional capacity, contributing to their overall emotional well-being. Furthermore, the nature of their roles may also impact their emotional SWB.

When examining the well-being and aging of individuals, it is vital to consider how social age impacts them in different situations. Men who retire may feel vulnerable due to a loss of social role, while women often continue to care for their families and maintain their social role (Dorina, 2004; Dias da Rocha et al., 2017; Siedlecki et al., 2014; Woyciekoski et al., 2012). These gender roles are shaped by social norms and expectations rather than inherent behaviors (Colom Bauzá, 1999). Research shows that men tend to confront or ignore the situation head-on, while women tend to think about it obsessively and seek support from others (Martínez Pérez & Sánchez Aragón, 2014). Therefore, older women need to have a close friend to help alleviate symptoms of depression (García Martín, 2002).

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From a present perspective, men and women have a moderate level of satisfaction with their lives based on cognitive factors, following several studies that reported high levels of life satisfaction reported in several Latin American and Caribbean countries (Hernández Acosta, 2018; Zubieta et al., 2012). Furthermore, as people age, their satisfaction with life tends to increase in this age group (Alvarado-San Román et al., 2017; Torres-Palma & Flores Galaz, 2018). However, satisfaction levels can be influenced by educational background and marital status, especially in impoverished countries and social classes (Tapia et al., 2002). Despite gender inequality, some studies suggest that women feel they have achieved more and are optimistic about personal growth (Zubieta et al., 2012).

Married people tend to be more satisfied with their lives than single, widowed, or divorced (Acock & Hurlbert, 1993, as cited in Martín Cabrera, 2016). Being in a relationship during old age can positively impact health and well-being due to increased social interaction (Fusté Bruzain et al., 2018). A spouse's death can threaten one's safety and well-being (García Martín, 2002). Regarding widowed individuals, women are less likely to desire remarriage, while men are more likely to consider returning to their homes (Colom Bauzá, 1999). As a result, men may experience more significant depressive symptoms than women after losing a spouse (García Martín, 2002).

Different factors such as gender, education level, marital status, and age group can affect personal fulfillment. Studies have shown that men have higher scores in terms of feeling fulfilled and independent in a socio-economic sense, which could be related to their societal role (Ortiz Granja, 2008). On the other hand, women tend to have a better perception of social support, which can lead to positive attitudes like optimism and decrease negative emotions even in stressful situations (Marrero Quevedo et al., 2014). This combination of optimism and social support can contribute to overall well-being and affect global measures more than specific domains (Marrero Quevedo & Carballeira Abella, 2010; González-Villalobos & Marrero, 2017)

The level of PSS particularly from their family and significant others, can also be influenced by gender roles (Gómez et al., 2007), their assessment of their coping abilities (Cheng & Chan, 2006; Mella et al., 2004), and their overall quality of life (Durán et al., 2008). This support is crucial for their adaptation to their environment and their well-being within their community (Rodríguez Marin et al., 1993). Satisfaction with these ties is a crucial indicator of high levels of support (Torres Palma & Flores Galaz, 2018). On the other hand, feeling lonely or excluded from family ties is a significant source of dissatisfaction for individuals (MIES, 2013). As such, social policies should aim to prevent

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loneliness by creating environments that encourage social contact, as well as prevent physical, mental, and social decline as part of a strategy for active aging (Fernández-García & Ponce-de-León, 2013). As people age, their social support networks usually include their partners, children, and friends (Arias, 2013). Our study group found that the support from friends was perceived to be low, similar to other studies where older individuals often feel less supported by their friends (Arechabala & Castillo, 2002). The authors of those studies discovered that friendships change over time and differ by gender; males usually find their friends around shared activities that decrease after retirement, while women's friendships tend to be more intimate and intense (Arber & Ginn, 1996). Having "significant others" can provide companionship, pleasure, and support during difficult times, improving social support and reducing loneliness and isolation in older adults. Programs based in the community that encourage social engagement and establish social ties are more effective than individual interventions in promoting healthy aging (WHO, 2015).

Close relationships with significant others may fulfill the roles of companionship and social integration that friends traditionally provide. The individuals in question are part of OA and share the same social network. They attend workshops through the 60 and Piquito social program, which includes physical and other activities, providing a source of social support (Aranda & Pando, 2013; Urzúa et al., 2011). This sense of belonging and participation in society helps them remain active (Rioseco et al., 2008; Power et al., 2005) and strengthens their social interactions with peers (Clemente, 2003). This group also experiences greater relationship satisfaction, including autonomy and competence, stability, and trust (García Martín, 2002; Zubieta et al., 2012).

The OA group's higher self-assessment of SWB and perception of social support may be linked to protective factors such as good physical and mental health, higher self-esteem and self-concept, and greater adaptability to biological deterioration. These factors have been associated with fewer depressive symptoms and a sense of stability, predictability, and control that improve their perception of the environment (Arias, 2013; Castro et al., 1997; Clemente, 2003; Cutrona, 1986; Durá & Garcés, 1991; Mella et al., 2004; Nakano et al., 2019; Siedlecki et al., 2014; Svensson et al. 2012; Villatoro, 2012).

A high level of education is associated with medium and high levels of SW and PSS. Thus, the higher the education, the greater the perception of well-being associated with less negative affectivity or

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SW, more work activity and income (Tapia et al., 2002), and healthier habits and behaviors (Gayer Carvalho et al., 2020).

Individuals in the OA group with less than primary education or no formal education tend to have lower averages in SW and PSS compared to those with higher levels of education. Similar to a study conducted on the indigenous population of Ecuador, which revealed that they had lower SW levels than the general population (Marín Romo, 2009). The study also found that lower educational attainment and income contributed to this difference. Therefore, it is evident that there is a correlation between SW and PSS influenced by factors such as gender and educational level (Auné et al., 2017). Additionally, low levels of education among women are a risk factor.

It can be verified that the majority of people from 60 to 77 years of age attend the 60 and Piquito program, and to a lesser extent 77 or more years of age, results that show similarities with the data offered in the SABE Ecuador survey, which indicate that 70% of the OAs are located in this age group (MIES, 2010).

This study group has shown that as people age, their PSS decreases, consistent with previous studies that found a correlation between age and higher SW (Torres Palma & Flores Galaz, 2018). It has also been found that individual differences in SW tend to remain stable over time (Escalante Gómez, 2016), with age having a positive correlation with the cognitive component but a negative correlation with both positive and negative affect (Martín Cabrera, 2016).

The direct factors of SW in this study are trust in family relationships, age, and the fact of living with a partner; and indirect factors, which act as mediators are gender and educational level (Auné et al., 2017). These structural social determinants impact not only people's life expectancy, but also the healthy life expectancy of OA people and, therefore, their potential care needs. This study reaffirms that a greater knowledge of the relationships between well-being and health can lead to the development of prevention programs, prediction of future health problems and evaluation of the impacts of social policies (Castro et al., 1997; García- Alandete, 2014).

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prevention programs, predicting future health problems, and evaluating the impacts of social policies (Castro et al., 1997; García- Alandete, 2014).

However, the current cross-sectional and correlational design needs to enable us to confirm the hypotheses of causality. It is imperative to conduct comparative studies using longitudinal designs and analyze the data using causal models. Additionally, the sample size does not accurately represent the DMQ population. Thus, it is recommended that further investigations be conducted on the OA population attending social programs with larger sample sizes that include the general population and other sectors of DMQ and other cities.

Another limitation of the study is that the SW and PSS were measured through self-administered scales. This means that individuals had to evaluate themselves, which may not necessarily align with their actual reality. Nonetheless, self-perception is crucial for measuring well-being and social support.

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