

Psychological Well-being and Quality of Life among the Indigenous Elderly Ecuadorians

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Abstract

The current study aims to measure the levels of psychological health and life satisfaction among older persons in Ecuador. There were 280 elderly people from the Cañari indigenous village of Cuenca, Ecuador whose ages ranged from 65 to 100 (Mage = 1.4643, DE =.49962) were assessed through online interviews conducted over the phone and email. A study using sociodemographic records, Ryff Psychological well-being questionnaires, and WHOQOL AGE found low and very low levels of psychological well-being and quality of life in the elderly population. The study concluded that there is no direct relationship between these factors.

Keywords: Cañari, psychological well-being, sociodemographic, quality of life, elderly, relationship, etc

1. Introduction

Aging is a universal, inevitable process involving function loss, physical, mental, psychomotor, and social changes (Peña et. al., 2009) that the elderly individuals' psychological well-being impacted by high stress levels (Prieto et. al., 2008). Topic focuses on improving living conditions and quality of ageing (Alvarado & Salazar, 2014; Aponte, 2015; Creagh, García, & Valdés, 2015; Martínez, Gonzalez et. al., 2018). Latin America life expectancy rises 17 years; Ecuador's elderly face vulnerability due to poverty (Freire et. al., 2010), 620,000 indigenous people in Ecuador face low quality of life due to poverty National Survey of Health, Well-being and Aging 2009- 2010 (INEC, 2010). Poor health, nutrition, and education access hinder progress due to limited resources. Well-being is a complex concept linked to individual satisfaction with life, influenced by both positive and negative factors. Current research has improved its understanding (Diener, 1994; Anguas, 2001; Ryan, & Deci, 2001).

Psychological well-being is related to the positive effect where development is considered abilities and personal growth (Maslow, 1968). Psychology studies well-being from two perspectives: hedonic (subjective) and eudamonic (psychological). Hedonic well-being focuses on pleasure and displeasure, while eudamonic well-being focuses on personal development and effort to fully function and realize talents (Ryan, & Deci, 2001; Moreta et. al., 2017). Elderly psychological well-being involves adapting to satisfaction and unsatisfactory aspects in their subjective state (Ramos, 2001), criterion aligns with person's subjectivity, generating reflections that define.

The World Health Organization defines quality of life as an individual's perception of their position within their cultural context and values, focusing on goals, expectations, norms, and concerns. It aims to satisfy needs, desires, and personal development, fostering self-realization and satisfying relationships. Elderly individuals prioritize evolutionary development as they adapt to biological, social, and psychological changes, affecting their physical and mental health, resulting in a destabilized quality of life (Ramos, 2001; Vera, 2007; Urzua & Caqueo, 2012). Appreciations closely align with universal definition of quality of life in population's culture and value system.

Quality of life involves satisfying needs, self-sufficiency, maintaining good social relationships, feeling satisfied, and being useful for life, enabling individuals to self-sufficiency and self-reliance (Robles-Espinoza, Rubio-jurado, De la Rosa-Galván, & Nava-Zavala, 2016; Botero & Pico, 2007), Studies in Ecuador analyze

well-being, psychological well-being, and life satisfaction in university populations, promoting happiness and fulfilment (Moreta et. al., 2017), The study shows a positive correlation between psychological well-being, social support, physical and mental health status, and quality of life in older adults indicate a significant correlation (Cuadra-Peralta, 2016). Analyzing elderly perceptions of quality of life in public health centers in the country (Herrera & Mora, 2016), No correlation found between study variables.

Research indicates state priority for protection and care during development stages. However, economic crisis and access challenges hinder full coverage of vulnerable populations in Ecuador. Determine psychological well-being and quality of life in elderly indigenous Cuenca residents by examining relationships between variables and identifying living conditions.

2. Method

The research aimed to understand the prevalence of well-being and quality of life in Ecuador's elderly population and their relationship (Alto, López, & Benavente, 2013).

2.1 Participants

The present investigation was carried out in the community of Cañari, located in the Cuenca canton, province of Azuay in Ecuador, the study consisted of 280 older adults. According to him gender 130 men (46.4%) and 150 women (53.6%), aged between 65 and 100 years (Mage =1.4643, SD= .49962). The selection of the participants was carried out through a non-probabilistic sampling with criteria of Defined inclusion: a) Elderly indigenous residents of Cuenca; b) Meet the age required from 65 years and older; and c) Accept voluntary participation in the study by the informed consent letter. The application of the tests took place between the month of September 2022 to December 2022 through the phone/emails.

2.2 Instruments

2.2.1 Psychological Well-being

Psychological well-Being Questionnaire (Ryff, 1989) in the proposed version of Van Dierendonck (2004) which consists of 39 items and which was adapted to the Spanish version in an analysis in which reduced the instrument to 29 items (Díaz et. al., 2006). The response format is a Likert scale of six options: from totally disagree (1) to totally agree (6). The questionnaire measures the psychological well-being with six original subscales: a) Self-acceptance, b) Positive Relationships, c) Autonomy, d) Mastery of the Environment, e) Purpose in Life and e) Personal Growth. The scale It has high internal consistency between $\alpha = .78$ and $\alpha = .81$ in the Spanish population. In the analysis of the study sample, the internal consistency values reached were $\alpha = .86$, which is equivalent to a high internal consistency reliability.

2.2.2 Quality of Life Questionnaire

The World Health Organization Quality of Life by Age Questionnaire (WHOQOL AGE, WHO. (Santos, D., Abad, FJ, Miret, M. et al, 2018) adapted for elderly in Ecuador according to with Ortega and others (2018). The test was specifically designed to assess the quality of life in elderly people. The items have been derived from the EUROHIS-QOL instruments (E. Braehler, H. Muhlan, C. Albani et al. al., 2007) and World Health Organization Quality of Life of Older_Adults WHOQOL-OLD (World Health Organization, 2006). It is composed of 13 items in_a Likert scale with five response options: Very bad/very dissatisfied to very good/very satisfied (5) for factor one; none/none (1) to completely (5) for factor two. The validity_convergent is estimated at $\alpha = 0.75$ and adequate discriminant validity was shown. in the study_of_the current population, the internal consistency values reached were $\alpha = .71$, which represents_to acceptable reliability. The study analyses sociodemographic factors of the elderly using closed-ended questionnaires, collecting information on gender, age, and marital status.

2.3 Procedure

Trade requested permission from the Ministry of Social Inclusion and Economic for data collection in Cuenca Parish, Ecuador. Participants were informed about research project, objectives, and participation methods. The process evaluation involved elderly homes individually, following biosafety regulations, and obtaining written consent from participants. Participants participated freely and voluntarily, adhering to the last two weeks' questions. After evaluations, data purification and systematization were performed, adhering to Helsinki Convention ethical standards for human research.

2.4 Analysis of Data

The statistical processing involved using SPSS version 25.0 to calculate instrument reliability and conduct descriptive analysis of psychological well-being questionnaires. The analysis included arithmetic mean and

standard deviation for global scales, ensuring internal consistency. The results were analysed for internal consistency and overall quality of life. These results are also compared by gender, in order to know statistical differences between groups ($p < .05$). To do this, the t of student test is used for independent samples. Finally, a correlation analysis is carried out between the components of psychological well-being and the quality of life, by calculating the Pearson Correlation Coefficient (r) the presence or not of association between variables.

3. Results

3.1 Descriptive Analysis of Psychological Well-being and Quality of Life

Table 1 shows the global analysis on psychological well-being and it was found that the results of the factors fluctuated between Mean= 3.51; SD= 4.64 (Self-Acceptance) and Mean= 2.96; SD= 3.77 (Personal Growth). The scores are homogeneous among factors, with all except Personal Growth falling into 'moderate presence' category, with psychological well-being being moderate overall. The second variable, functionality, is the most significant factor affecting quality of life, with health being the most affected. Both factors are categorized as bad and very bad, indicating inadequate quality of life in the sample analysed.

3.1.1 Comparative Analysis by Gender

Table 1 displays gender-based psychological well-being and quality of life, with slightly higher scores in women compared to men. No significant differences ($p < .5$) found in components except life purpose, with women having more presence than men. Gender inverts quality of life values, with men scoring higher than women, without significant differences ($p > .05$).

Table 1. Comparative analysis by gender of Psychological Well-being and Quality of Life

Factors	Item	Total		Women		Men		t
		Mean	SD	Mean	SD	Mean	SD	
Self- Acceptance	4	3.51	4,64	3,58	4,60	3,43	4,68	1.05
Positive Relation	5	2.61	3,12	2,66	3,17	2,57	3,06	1.19
Independence	6	3.21	4,11	3,24	4,01	3,17	4,219	0.85
Purpose in life	5	3.32	5,26	3,43	5,09	3,18	5,39	2.05*
Personal Growth	4	2.96	3,77	2,97	4,06	2,95	3,41	0.19
Environment	5	3.24	4,09	3,27	3,94	3,21	4,27	0.65
Psychological Well-Being	29	3.14	19,66	3,19	19,43	3,08	19,87	1.33
Health	8	3.11	5,67	2,10	5,47	2,13	5,93	-0.84
Ability	5	1.58	1,71	1,58	1,71	1,58	1,71	-0,12
Quality of Life	13	1.91	6,64	1,90	6,49	1,98	6,84	-0.27

Note: * $p < .05$

3.2 Categorical Analysis of Psychological Well-being and Quality of Life

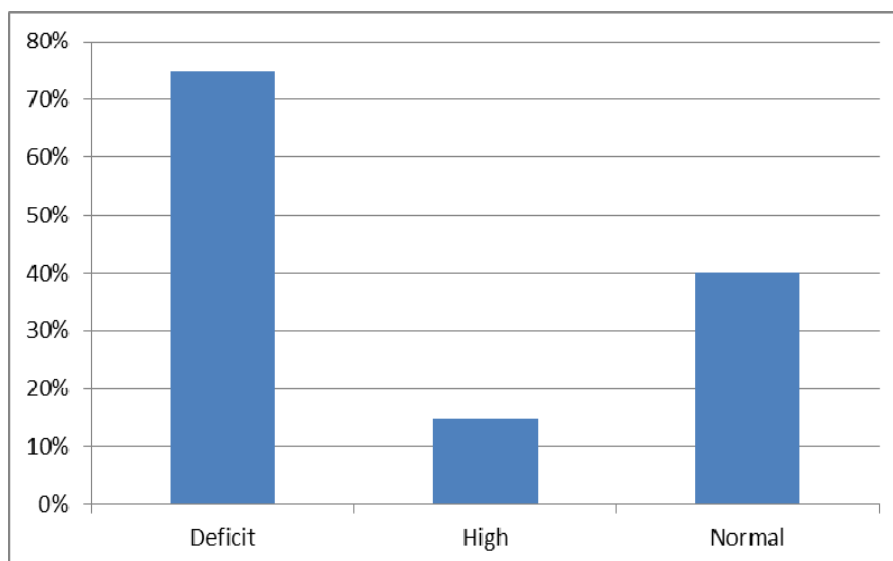


Figure 1. Categorical distribution of the levels of Psychological Well-being of older adults Cañari indigenous community of Cuenca in Ecuador

The sample's interpretation of psychological well-being shows a deficit in 40% of participants, followed by normal or moderate conditions at 40%. High psychological well-being barely exceeds 15%, indicating a predominantly bad or deficient overall well-being.

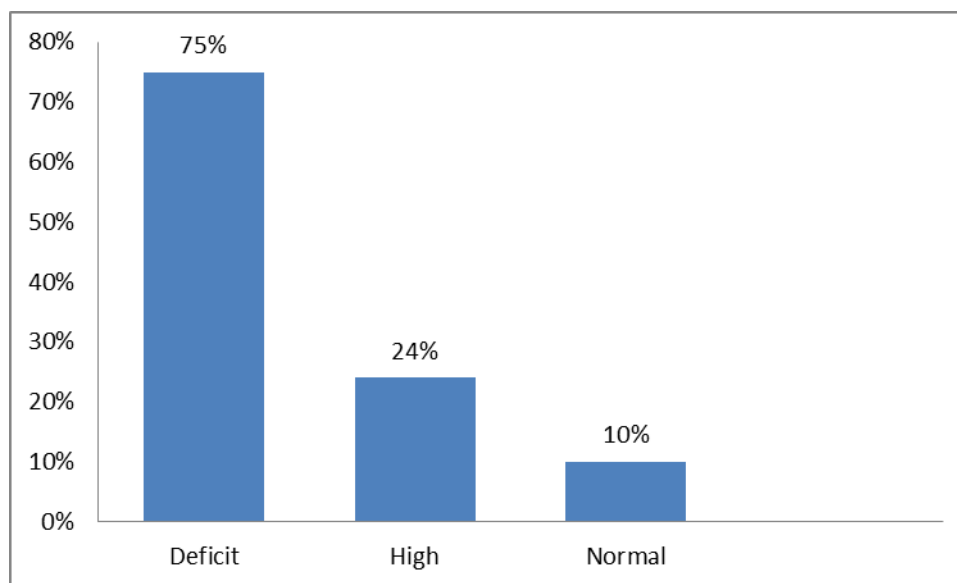


Figure 2. Categorical distribution of the levels of Quality of life of older adults Cañari indigenous community of Cuenca in Ecuador

Figure 2 shows a high percentage of deficiency in 75% of the study sample, with 24% being high and 1% normal. This indicates a precarious and unstable global quality of life.

3.3 Correlational Analysis between Psychological Well-being and Quality of Life

Table 2 reveals no correlation between psychological well-being and quality of life, but internal factors influencing both have inter-correlations. Global values do not show a relationship between these variables.

Table 2. Analysis d

	SA	PR	I	PL	PG	E	PW	F1	F2	QOL
Self- Acceptance	1	,384**	,468**	,811**	,685**	,588**	,865**	,105	,160**	,131*
Positive Relation		1	,466**	,428**	,341**	,474**	,625**	,085	,098	,098
Independence			1	,543**	,343**	,572**	,723**	,006	,020	,000
Purpose in Life				1	,612**	,593**	,881**	,061	,109	,080
Personal Growth					1	,520**	,751**	,027	,074	,042
Environment						1	,800**	-,015	,072	,006
Psychological Well-Being							1	,056	,116	,077
Health								1	,456**	,0974**
Ability									1	,655**
Quality of Life										1

Note: * $p < .05$, ** $p < .01$ (Acronyms: SA Self-Acceptance, PR Positive Relation, I Independence, PL Purpose in Life, PG Personal Growth, E Environment, PW Psychological Well-Being, F1 Health, F2 Ability, QOL Quality of Life)

4. Discussion

This research aimed to assess psychological well-being and quality of life in indigenous elderly from Cuenca, Azuay, Ecuador. The sample, residing in rural areas with poverty, showed low and very low levels of well-being. The first variable represents Ryff's psychological well-being scale, with 5 subscales showing moderate results and one, personal growth, showing low results at the researcher's discretion.

The results indicate a lack of opportunities in this sector, with low schooling and 22% illiteracy (INEC, 2010). This subscale indicates self-development, but there is little interest in personal growth. Factors like poverty force them to rely on agriculture, which increases physical load and health issues. Quality of life is low globally, with factors such as poverty and physical labor affecting overall well-being.

Health and functionality are determinant factors affecting the results. Health is compromised due to lack of resources and habits, while functionality is crucial for autonomy and a retirement pension. These low results reflect the quality of life individuals need to survive. Gender differences in psychological well-being and quality of life remain invariant. The only significant difference is in the purpose variable with life in the psychological well-being, with women scoring higher than men. Study finds no gender difference in quality of life among older Ecuadorian adults (Herrera & Mora, 2016).

Studies show gender-related differences in perception of quality of life, indicating a potential impact on overall well-being (Perafán, 2007), This research examines the correlation between psychological well-being and quality of life in a small indigenous population with generational differences, generating debate due to culture and ideology. Studies show no correlation between variables like psychological well-being, social support, and physical and mental health, unlike previous positive correlations (Cuadra-Peralta et al., 2016). Satisfaction with life and psychological well-being are linked through social participation, civic associationism, and proactive behaviours, with a correlation between variables (Moreta et al., 2017).

The study faced limitations in conducting online interviews with Ecuadorian participants via India. A qualitative analysis is crucial to understand factors affecting psychological well-being and quality of life in the population.

5. Conclusion

The study concludes that participants' quality of life is inadequate, influenced by socioeconomic characteristics and psychological well-being. This highlights the importance of socializing the needs of this population to improve their quality of life and make significant changes. The study aims to address these issues and improve the overall well-being of participants.

6. Contribution of the Authors

The Authors had full access to all of the information in this research study, which has been studied and approved the final manuscript. The author is sole responsible for the conceptualization, design of the study, review of related literature and discussion.

7. Funding

No external funding is received for this study.

8. Declaration of Conflict of Interest

The authors declared that they have no competing interests.

9. Ethics Approval

Applicable and Approved

10. Consent to Participants

Applicable and Approved/Received

References

- Alto, M., López, J., & Benavente, A. (2013). A design classification system psychology research. *Annals of Psychology*, 29(3), 1038-1059. <https://doi.org/10.6018/analesps.29.3.178511>
- Alvarado, A., & Salazar, Á. (2014). *Analysis of the concept of aging*, 25(2), 57-62. <https://doi.org/10.4321/S1134-928X2014000200002>
- Anguas, A. (2001). Identification and validation of the meaning of subjective well-being in Mexico: foundations for the development of a measurement instrument. *Interamerican Journal of Psychology*, 35(1), 163-183.
- Aponte, V. (2015). Quality of life in the elderly. *Ajayu Organ for Scientific Dissemination of the Department of Psychology UCBSA*, 13(2), 152-182.
- Botero, B., & Pico, M. (2007). *Health-Related Quality of Life (HRQoL) in Adults*.
- Braehler, E., Muhlan, H., & Albani, C. (2007). Testing and standardization of the German version of the EUROHIS-QOL and WHO-5 quality of life indices. *Diagnostic*, 53, 83-96. <https://doi.org/10.1026/0012-1924.53.2.83>
- Brazil. (2006). *World Health Organization. WHOQOLOLD Manual*. Comprehensive Care of the Elderly in Quito. Pontifical Catholic University of Ecuador.
- Creagh, M., García, D., & Valdés, R. (2015). Population aging as a challenge for science, technology and society. *Havana Magazine of Medical Sciences*, 14(6), 884-886.
- Cuadra-Peralta, A., Medina, E., & Salazar, K. (2016). Relationship of Psychological Well-being, Social Support, Physical and Mental Health Status with Quality of Life in Older Adults in the City of Arica. *Limit, Interdisciplinary Journal of Philosophy and Psychology*, 11(35), 56-67.
- Díaz, D., Rodríguez-Carvajal, R., Blanco, A., Moreno-Jiménez, B., Gallardo, I., Valle, C., & Diener, E. (1994). Assessing Subjective well-being: Progress and Opportunities. *Social Indicators Research*, 31, 103-157. <https://doi.org/10.1007/BF01207052>
- Dierendonck, D. van. (2006). Spanish adaptation of the psychological well-being scales of eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Freire, W., Rojas, E., Pazmiño, L., Fornasini, M., Tito, S., Buendía, P., & Álvarez, J. (2010). Faculty of Medicine, Quito. *family. Annals of the Faculty of Medicine*, 284-290.
- Herrera, C., & Mora, J. (2016). *Perception of Quality of Life Through the Questionnaire*.
- INEC. (2010). *National Survey of Health, Well-being and Aging 2009-2010, Quito*.
- Martínez, T., González, C., Castellón, G., & González, B. (2018). Aging, old age and quality of life: success or difficulty? *Finlay Magazine*, 8(1), 59-65.
- Maslow, A. H. (1968). *Toward a psychology of being*. New York: D. Van Norstrand.
- Moreta, R., Gaibor, I., & Barrera, L. (2017). Psychological Well-being and Life Satisfaction as Predictors of Social Well-being in a Sample of Ecuadorian University Students. *Health and Society*, 172-184. motivation,

- social development and well-being. *American Psychologist*, 55, 68-78. National Institute of Statistics and Censuses.
- National Survey of Health. (2009-2010). *Well-being and Aging SABE I Ecuador*. Ecuador.
- OMS. (2000). *Global Forum for Health Research: the 10/90 Report on Health*. Geneva.
- Ortega, A., Quinche, A., Moreno, E., & Alvarez, L. (2018). Validation of the Whoqol-old test to determine the quality of life in geriatric older adults in the City of Loja-Ecuador, 2018. *Ocronos*, (7), 12-24. Over 60 Years: A Theoretical Approach. *Towards the Promotion of Health*, 12, 11-24.
- Peña, P., Terán, T., Moreno, A., & Bazán, C. (2009). Self-perception of the quality of life of the elderly at the ISSSTE East Family Medicine Clinic. *Rev Esp Med Quir*, 14(2), 53-61.
- Perafán, A. (2007). Quality of life and gender, an exploratory study in the city of Popayán, Colombia. *Studies in Biological Anthropology*, XII, 515-532.
- Prieto-Flores, M., Fernández-Mayoralas, G., Rojo-Pérez, F., Lardiés-Bosque, R., Rodríguez-Rodríguez, V., Ahmed-Mohamed, K., & Rojo-Abuín, J. (2008). Sociodemographic and health factors in emotional well-being as a domain of quality of life of the elderly in the Community of Madrid: 2005. *Spanish Journal of Public Health*, 82, 301-313. <https://doi.org/10.1590/S1135-57272008000300006>
- Robles-Espinoza, A., Rubio-jurado, B., De la Rosa-Galván, E., & Nava-Zavala, A. (2016). Generalities and concepts of quality of life in relation to health care. *Resident*, 11(3), 120-125.
- Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic.
- Ryan, R., & Deci, E. (2001). On happiness and human potentials: A review of hedonic and.
- Ryff, C. (1989). Beyond Ponce de Leon and life satisfaction: New directions in quest of Ryff. *Psychothema*, 18(3), 572-577.
- Santos, D., Abad, F., & Miret, M. (2018). Measurement invariance of the WHOQOL-AGE questionnaire in three European countries. *Quality of Life Res*, 27, 1015-1025. <https://doi.org/10.1007/s11136-017-1737-8> successful aging. *International Journal of Behavioral Development*, 12, 35-55. <https://doi.org/10.1007/s11136-017-1737-8>
- Van Dierendonck, D. (2004). The construct validity of Ryff's Scale of Psychological well-being and its extension with spiritual well-being. *Personality and Individual Differences*, 36(3), 629-644. [https://doi.org/10.1016/S0191-8869\(03\)00122-3](https://doi.org/10.1016/S0191-8869(03)00122-3)
- Vera, M. (2007). *Meaning of the quality of life of the elderly for himself*. WHOQOL- OLD in older adults who attend the outpatient clinic of the Hospital.

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