

Wellbeing and Aging in Older Adults in Ecuador: A grounded Theory Approach

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Abstract

Reflection on the wellbeing of the elderly is a priority factor for the design of public policies to ensure the quality of life of this age group at an unusual demographic moment. This article summarizes the findings from applying a focus group technique to two groups of older adults selected by convenience and located in two-day centers. The organization of the focus group responded to a tripartite temporal structure -looking at the past, the present and the future- to evoke in the informant's previous experiences that would allow the researchers to evaluate variations in the perception of wellbeing according to the advance of the lifeline in order to conclude that, at this stage of life, more is lost than gained. The information obtained, analyzed according to the triple coding system of Grounded Theory, resulted in a grounded theory in which family attachment serves as the substantive element of the perception of subjective wellbeing of the older adult. This theory was contrasted with what is suggested by the specialized literature to conclude that the older adult advocates autonomy over-dependence, is not comfortable with family ties that he/she considers dysfunctional and, from a

chronological perspective, evokes the past in a gratifying way, copes with the present with attempts at adaptation that are not always successful and imagines the future from a perspective of uncertainty and resigned acceptance in the face of a possible state of dependence and death.

Keywords: Elderly, subjective wellbeing, family attachment, demographic transition, Ecuador

1. Introduction

The processes of globalization of human relations, internationalization of the economy and trade, national and supranational integration and regionalization that have accompanied the rapid scientific-technological growth of contemporary societies since the end of the last century are defined as socio-economic phenomena whose transformational impact on society is enormously significant (ECLAC, 2008) and is linked to an unprecedented accelerated demographic transition. Demographic dynamics impact both the age structure of society and the size, welfare and social progress of its populations (Forttes-Valdivia, 2020), with special incidence on segments with greater vulnerability in terms of equity and sustainability in health and social protection systems -children, women, older adults or ethnic groups, among others- (ECLAC, 2008). Global processes to which Ecuador is no stranger as its demographic transition is characterized by a progressive population aging accompanied by an increase in the incidence of non-communicable diseases in the older adult population, which in turn raises the rate of functional dependence and, therefore, the need for care (Forttes-Valdivia, 2020) in the form of institutional, social and family responses capable of addressing present and future challenges (INAPAM, 2014) arising from changes in life expectancy and fertility rates, emigration or the transformation of social roles to ensure the welfare status of the older adult population (Kinsella and Phillips, 2005; Richardson, Pearce, Mitchell, Shortt and Tunstall, 2013).

1.1 Ecuador's demographic bonus

A cursory review of the demographic indicators will help to frame the context in which the older adult population is developing in a country that, in 2019, totaled 17,268,000 people, with a population change rate for the 2020-2019 period of 1.5. The country's birth rate in 2018 was 19.72‰, which translates into a decrease of -22.66% compared to 2000, with a fertility rate of 2.43 children/woman, in 2018 --21.1 % compared to 2000-, which ensures the stability of the population pyramid by exceeding the replacement fertility rate estimated at 2.1 children/woman. For the same year, the mortality rate stood at 5.11‰ and life expectancy at 76.8 years - -1.35% and + 5.55% for 2000, respectively- (Datosmacro.com, 2021). In general, as can be seen in Figure 1, both the fertility and the mortality rates have remained practically stable over the last two decades, while life expectancy rose slightly while the birth rate shows a more pronounced decline. The behavior of these indicators explains the reduction in population growth and the country's income in a period of demographic bonus, i.e., in a phase of balance between age sectors in which the population of productive age has a greater relative weight than that of non-productive age (Forttes-Valdivia, 2020). However, according to MIES (2016) and IDB projections (Aranco et al., 2019; Forttes-Valdivia, 2020), the gradual population aging phase of the Ecuadorian population is coming to an end, and the pace of aging will accelerate in the next three decades, such that the 1,049,824 of people over 60 years of age, equivalent to 6.5% of the total population estimated by the MIES (2016) for 2020 will increase to reach 14.5% in 2030 and 21.9% in 2050 (Aranco et al., 2019, p. 66) given that from 2030, when the estimated replacement fertility rate will be less than 2.1‰, a generational replacement cannot be guaranteed and, consequently, the population will age faster and faster (FIAPAM, 2014).

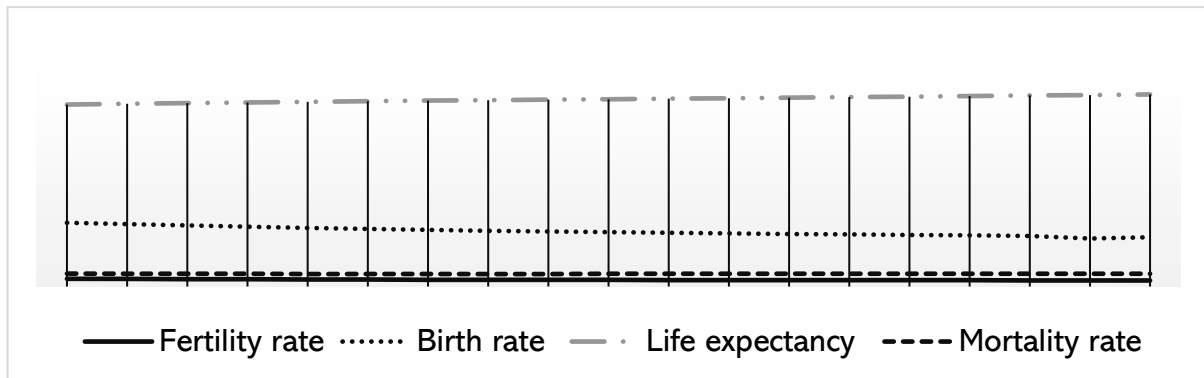


Figure 1. Demographic indicators: Ecuador, 2000-2018

Data from Datosmacro.com (2021) contrasted with MIES and INEC projections for different years.

1.2 State of the art

Although the use of indicators tends to standardize any situation, the truth is that aging is a process of great individual variability (Criollo-Capelo, 2018) and that living longer. However, not necessarily better is significant in an age segment that faces, in regional terms at least, recurrent unprotection, economic insolvency, absence and scarcity of health services and social protection, precarious housing, exclusion from culture, education and participation in social and political life in addition to family detachment (Gutiérrez-Robledo and Kershenovich-Stalnikowitz, 2015). On the other hand, although the literature is profuse in the treatment of topics alluding to the wellbeing of the elderly, Bustillos-López and Fernández-Ballesteros (2012) state that it tends to measure this based on activities and emotions that, by convention or tradition, consider that the elderly cannot perform or are obliged to feel, which results in a paternalistic and discriminatory view of this population segment, not always coinciding with the personal, social and emotional reality of the older adult, which has refocused the academic debate on the generation and recovery of studies on satisfactory (Rowe and Kahn, 1997), successful (Ryff, 1989), active (World Health Organization, 2002) or healthy (Peel et al., 2005) aging, but also on the state of wellbeing as a desirable element in old age (Ku et al., 2016). In such a scenario, the approach to wellbeing from the individual perception of the person who lives or desires it acquires relevance insofar as it offers a better approximation to the being, feeling and acting of this age segment as a collective without discarding the variability of the individual as a significant factor to be considered.

In this regard, Carmona-Valdés (2009, p. 50) points out that the concept of wellbeing “ceased to be equated with quality of life” when it began to integrate “in addition to the presence of conditions considered necessary for a good life, the practice of living well” in terms of Lawton (1983), for whom the concept of wellbeing in the elderly includes personal factors such as behavioral competence, perceived quality of life, psychological wellbeing from the perspective of positive and negative affect, the objective environment, personal causality and introversion/extroversion, among others. Castro-Solano (2009) affirms the existence of a link between personal priorities and self-perception of wellbeing, in turn, associated with the prioritization of short, medium and long-term vital objectives, in congruence with Emmons, Cheung and Tehrani (1998), but establishing a dependent relationship between the achievement of these objectives and individual coping strategies in the face of environmental barriers, as previously pointed out by Cantor and Sanderson (1999); Chekola (1974) and Klinger (1977).

On the other hand, there are numerous authors (Emmons and Diener, 1985; Neubauer et al., 2017, among others) who assume the triple criterion established in 1976 by Andrews and

Withey, for whom positive affect, negative affect and cognitive judgments are the elements on which the concept of wellbeing is built. Diener et al. (2009) add the sum of happy experiences accumulated throughout the individual's life experience, coinciding with Castro-Solano (2009), Costa and McCrae (1984) and Hotard et al. (1989), for whom wellbeing is natural in individuals who experience satisfaction with life, even when the degree of satisfaction increases or decreases in certain periods of life. For their part, Kozma and Stones (1980) distinguish between positive/negative affect linked to the subject's emotion and satisfaction, which they associate with cognitive and judgmental processes. All the authors cited assume personality traits to be the main predictors of individual subjective wellbeing, to which Deci and Ryan (2000) add the fulfillment of the basic psychological needs of competence, kinship and autonomy. In general, with a varying degree of importance, the literature links socio-physical variables -age, health, gender or marital status, among others- to the subjective wellbeing of the individual at any stage of life, given that, according to Pinquart and Sörensen (2000), this does not decline in old age because it is intrinsically associated, according to Newman (1989), with satisfaction and happiness throughout life. This opinion is qualified by Horley and Lavery (1995) and Mroczek and Kolarz (1998), for whom the subjective conception of wellbeing begins to decline after age 74. Another group of authors associates the factor of culture, understood as a socio-ideological convention and imaginary that brings together the subject's experiential experience with the relationships established with the other and diverges depending on the type of society in which the individual develops (Ingersoll-Dayton et al., 2004; Keith et al., 1994; Ku et al., 2014). Work factors such as retirement or relationships with colleagues are considered by Jurkuvėnas et al. (2017) and Kim and Moen (2002), while other authors point out that regular physical activity and other leisure activities raise the degree of wellbeing of older adults in that, they contribute to strengthening their health (Ku et al., 2014; Morgan and Bath, 1998; World Health Organization, 2015).

Family attachment, especially in adulthood, is a recurring indicator in the measurement of subjective wellbeing in that it strengthens self-esteem and mental health and, therefore, the quality of life of the older adult (Bodner and Cohen-Fridel, 2010; Bosson, Swann, & Pennebaker, 2000; La Guardia et al., 2000; Peterson et al., 2014; Schimmack & Diener, 2003; Zhang et al., 2016, to name a few). From another perspective, some authors associate attachment to the presence or absence of the social network and its importance when the individual has withdrawn from working life, in that it favors generativity, stress buffering, physical and cognitive health, resignification of objects and people, (Arévalo-Avecillas et al., 2019; Carstensen et al., 2000; Cohen 1988; Huxhold et al., 2013; Huxhold et al., 2014; Seemaan & Berkman, 1988; Shankar et al., 2013; Slater, 2003, among others). Finally, subjective wellbeing has been linked to filial relationships, associated with intergenerational support, and positively related to mental health, life satisfaction, self-esteem and gratitude (Wang et al., 2013). Relationships that, in their inverse version, support from the elder to the children also favor the level of subjective wellbeing of the subject (Peng et al., 2015; Tian, 2016).

1.3 Methodological process

This article partially summarizes the findings obtained from the application of a *focus group* technique to two groups of older adults selected by convenience and located in two-day centers in the cities of Guayaquil -11 informants- and Cañar -12 informants-, belonging to the Coast and Highlands regions, respectively, which account for 94% of the country's population (see Table 1). The organization of the *focus group* responded to a tripartite temporal structure -looking at the past, present and future- to evoke in the informant's previous experiences that would allow the researchers to evaluate variations in the perception of wellbeing according to

the advancement of the lifeline. The technique was carried out in an informal setting after explaining to the informants the purpose of the meeting and verbally obtaining their informed consent. Given the age and socio-educational context of the informants, the researchers flexibly guided the process, so that when the time sequence was eventually altered, the group could be redirected to the corresponding segment. The whole process was audio-recorded and later transcribed for its arrangement, systematization and analysis through *Grounded Theory* procedures, an appropriate methodology for analyzing social representations from a processual approach.

Table 1. Sociodemographic data of informant's own elaboration

Sociodemographic data of informants		
Number of informants	23	
Age distribution	Between 60 and 65 years old	5
	Between 66 and 70 years old	8
	Between 71 and 75 years of age	4
	Between 76 and 80 years old	1
	More than 80 years old	5
Distribution by gender	Men	10
	Women	13
Distribution by marital status	Singles	3
	Married	0
	Widowers	20
	Housing	Own home
	Children's home	16

The analysis method responded to the induction criteria commonly used in Grounded Theory, in which the researcher simultaneously codes and analyzes the data to derive theoretical ideas closely related to them progressively. The analysis process was divided into two stages: one descriptive and one relational, in each of which progress was made in terms of organization, synthesis, codification and relationship of the data, accompanying the procedures above with the writing of reflective notes. The descriptive stage, corresponding to a process of open coding, resulted in the assignment of 85 codes to data segments to identify the subject's concepts, properties and dimensions to be treated. During the relational stage, axial coding was carried out to define linked categories and subcategories. Subsequently, selective coding grouped all the categories around the core wellbeing category to facilitate the conceptualization process from which the theory emerged (Figure 2).

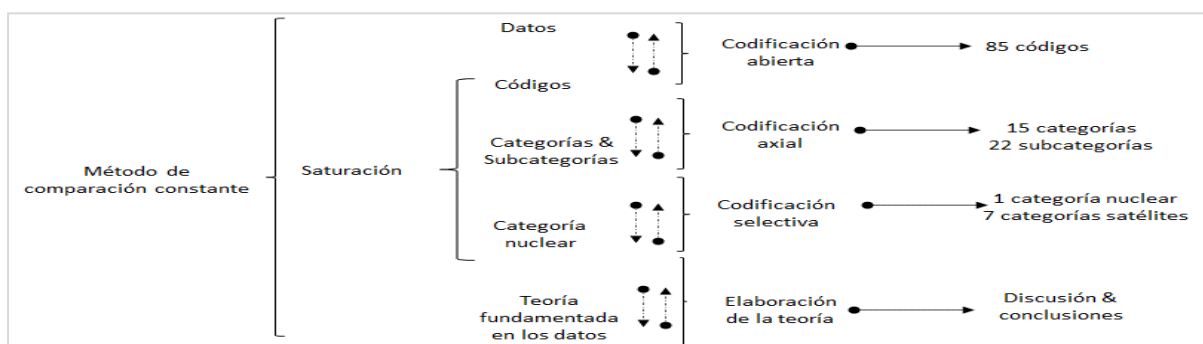


Figure 2. Methodological process

The reduction of the data yielded seven satellite categories grouped around the core of wellbeing: quality of life, dependence vs. autonomy, technology and current worldview, social network, activation, family attachment and geriatric centers, of which this article addresses some of the most recurrent. Finally, a general matrix of findings was constructed (see Table 2) from which the grounded theory of the self-perception of wellbeing in the Ecuadorian elderly could begin to be elaborated. In this specific work, we have not considered the socio-physical variables -age, health, gender or marital status, among others- which will be dealt with in subsequent works.

Table 2. *General matrix of findings (fragment) Own elaboration*

Informant	Data	Code	Category satellite	Reference
I-14	<i>But the important thing for me is activity and tranquility, (...) if we have problems, let's face them, if we can solve them, fine, if not, what can we do, we have to prepare ourselves. I do not worry about death, if it comes, what can I do? But I have cultivated this tranquility.</i>	Uncertainty	Quality of life	Forttes-Valdivia, 2020 Carmona-Valdés, 2009 Lawton, 1983
I-7	<i>I tell my children that everyone has their own house, if they want to get married it is because they have a house, so I live alone.</i>	Autonomy	Dependence vs. autonomy	Deci & Ryan, 2000 O'Shea, 2003
I-23	<i>On Saturdays I gather my family and I tell them "Now this is for sharing".</i>	Affiliation	Family attachment	Peterson et al., 2014 Forttes-Valdivia, 2020 La Guardia et al., 2000
I-2	<i>Now "I have come to this center because I am alone in the house" (...) so that I would not stay crying in the house they put me here and it has been very good for me because here I no longer feel alone (...) it helps a lot and to do things to look for another way, because really being alone in the house is bad for someone.</i>	Soledad	Social network	Huxhold, 2014 Wang et al., 2013 Peng et al., 2015

2. Result of Grounded Theory

In Ecuador, the state of wellbeing of older adults does not correspond to a successful

aging process since they consider that more has been lost than gained with age since the substantive element on which the perception of the state of wellbeing is based corresponds to a social representation of the family that can only be defined as dysfunctional from the perception of the older adult, for whom the values that traditionally sustained the family structure have disappeared or are in the process of doing so. The dysfunctionality of the family structure is framed in an ambivalent vision of the world in which the older adult recognizes the need for technology to advance in social progress but does not accept the variations that technological intrusion has generated in the dynamics of family behavior. Additionally, the Ecuadorian older adult prioritizes autonomy over-dependence, sustained more by the social network generated from the relationships established with their peers in the day centers than by the family network, which tends towards detachment or morally obliged attachment. From a chronological perspective, he evokes the past in a gratifying way, copes with the present with attempts at adaptation that are not always successful and imagines the future from a perspective of uncertainty and resigned acceptance in the face of a possible state of dependence and death.

3. Discussion

In a broad sense, older adults associate subjective wellbeing with quality of life, understood as the maintenance of a desirable life (Carmona-Valdés, 2009) from a double perspective: personal life satisfaction for what they assume to be the life satisfaction of others and, secondly, to the subjective perception of their past [*Our life, despite all the difficulties we have gone through (was) better*, I-12] associated with the sum of happy experiences [*we used to ride horses, (...) and we did the swings, (...) and we did the swings, (...) and we did the swings, (...) and we did the swings, (...) and we made the swings and we fell, we climbed trees, we went swimming in the rivers, it was for me the most wonderful thing that could exist, I tell my children, my grandchildren*, I-22] in terms of Dieter et al. (2002). Beyond referring to eventual moments of nostalgia linked to gratifying vital stages or situations, the older adult carries out a comparative exercise between before and now, where what has been lost is more than what has been gained, and the present seems incapable of surpassing the past. The above is congruent with what is expressed by Bustillos-López and Fernández-Ballesteros (2012) concerning the focus of literature towards that which the older adult no longer possesses [...*We also had a vast education (...) that we do not have now because everything has been cut off*, I-12] or towards what, by convention or tradition, he is supposed to feel: nostalgia, impotence or uncertainty, to cite only some examples of latent and present emotions.

The loss of values [...*And the respect we were taught, because before there really were values but nowadays*, I-4] and of family attachment [...*We lived in a peaceful home, in a home where there was family unity*, I-12] are the two core factors that negatively impact the older adult's degree of satisfaction in relation to the present life experience. In such a scenario, the older adult perceives an important lack of cohesion in the family structure derived from the loss of authority [...*On the other hand, we now speak and they do not pay attention to us*, I-4], that which they inexorably maintained concerning their elders [...*A look from our parents was enough for us to bow our heads*, I-4] and that they would like to recover for themselves. The loss of the social representation of the father/mother as head of the family, as a subject of moral authority, leads the older adult to move from the figure of the subject who was obeyed to that of the subject who obeys [...*And they come to me with "mommy let's eat there," that's why I don't count on Sunday at all, sometimes Saturday too*, I-21]. A role that does not satisfy her, although she tends to hide it behind some socially desirable response [...*For me it is fine because the food is shared and everyone helps*, I-19] that does not always manage to hide the disappointment at the lack of recognition of the children for the effort of a whole life dedicated

to them and the renunciation that such effort entailed [...*Everything has changed for the youth, the youth of today do not sacrifice as we sacrificed ourselves*, I-1; ...*I tell my children you do not know the sacrifice of money*, I-17].

On the other hand, even when it is not explicit in the informants' narratives, it is easy to perceive in their judgment of their children a tendency to detachment [...*So that I would not stay crying at home they put me here*, I-22] or to morally obliged attachment [...].*And they come to me with the "mommy let's eat there" so I don't count on Sunday at all, sometimes Saturday too*, I-21] that they blame on work or the technologization of modern life, factors that have a negative impact on filiation relationships from which the older adult does not seem to expect responsibility or special care [...*Our children all work and now what do we have to do? What do we do when our old age comes, when we are no longer conscious?* I-16], which is congruent with what is expressed by Forttes-Valdivia (2020) but contrary to the ideas suggested by Wang et al. (2013). It is relevant to point out at this point the importance of the socio-cultural context of the countries understood under the terms of Ingersoll-Dayton et al. (2004) and Keith et al. (1994), that is, as the socio-ideological imaginary in which the individual sustains the construction of his or her filial or non-filial relationships. In such a scenario, it is expected that a Guayaquil informant's perception of a healthy filial relationship differs from a Beijing informant's perception of the same relationship inasmuch as Ecuadorian and Chinese societies are substantially different. A difference that informants recognize even for different areas of the national territory [*I know that many people, depending on the place they come from, do have many values, but it is not the same (... to what) we had*, I-4].

In summary, the perception of wellbeing associated with quality of life is closely linked to family attachment, which in the specific case of the informants is not as satisfactory as it should be since the children's generation does not return to the parents what was given to them. This assessment is congruent with Gutiérrez-Robledo and Kershenovich-Stalnikowitz, 2015 regarding detachment and filiation relationships, as well as with Peterson et al. (2014) and La Guardia et al. (2000). Likewise, it adapts to what is described by Forttes-Valdivia (2020, p. 32) on the situation of the older adult in Ecuador in terms of problems that "having traditionally rested in the family, have not managed to be solved." Regarding values, or what the informants consider as their lack, it cannot be considered that the Ecuadorian older adult presents a successful aging process in terms of Ryff (1989) since this would imply satisfaction with life and social commitment assumed through feelings and actions following reference values, which is not the case of the older adult's family environment according to their perception.

The findings obtained are also contrary to what O'Shea (2003) concluded when he maintains that the quality of life and, therefore, the perception of the subjective wellbeing of the older adult is satisfactory in terms of the different representations of what constitutes a good life, which is not the case of the informants' present. Likewise, the Bustillos-López and Fernández-Ballesteros (2012) thesis on the distancing between literature and the reality of aging is refuted when the former presents a negative and unsuccessful image of the old age of the latter.

In terms of dependence vs. autonomy, it is complex to standardize physical and mental dependence based on the narrative of the informants (Criollo-Capelo, 2011; O'Shea, 2003), since aging is a process of enormous variability, even though Deci and Ryan (2000) emphasize that beyond the differences, the fulfillment of the basic psychological need for autonomy is essential for a positive perception of subjective wellbeing in the older adult. Nevertheless, the findings obtained to corroborate the preference of the informants for personal autonomy over

dependence, associating the former with factors such as communication, active participation and the exercise of citizenship, social integration, supportive relationships, accessibility of the environment and adequate economic resources for the development of daily life; when one of these factors fails or is annulled, the perception of dependence rises and the degree of wellbeing decreases (Forttes-Vitale, 2020; O'Shea, 2003).

In this regard, most of the literature reviewed points out a causal relationship between the degree of autonomy of individuals and the degree of perceived wellbeing, associated in turn with the strength, dignity and pride of the subject in being able to fend for himself [...*They made me grow up fast, because I had to work, that gave me a little bit of quality, one learns to be a little bit more of a man, to be strong, I-13; ...When the father reaches a certain age he should not be pampered, when they did that to me I said "you are pampering me, I don't want to", because when he is pampered the older adult is used to having everything done for him and he cannot fend for himself, I-5*].

In this regard, it was possible to perceive an expressed desire for resilience on the informants' part in the need to preserve their independence [...*I tell my children that everyone has their own house, if they want to get married it is because they have a house, so I live alone, I-21*] even when living conditions are not the most favorable in terms of economy or health, so in this area, the perception of the subjective wellbeing of the elderly would be positive and corresponding to successful aging according to Ryff (1989); it is also congruent with the continued decline in the dependency rate in Ecuador since 1990 (Forttes-Vitale, 2020). This does not mean that the uncertainty regarding the degree and time of autonomy they will be able to maintain in the future is not a recurrent element in all the informants [... *We talk about what now, now what do we have to do, what do we do when our old age comes, when we are no longer conscious? I-16*]. Uncertainty that in some cases, particularly when there is a solid support network, evolves towards acceptance [...*If we have problems, let's face them, if we can solve them, fine, if not, what can we do, we have to prepare ourselves (...)* *I have cultivated this tranquility, I-14*], in accordance with Puijalón (2009).

About the use of technology as a disruptive element of the world and its relationships, the knowledge of the older adult is reduced to personal communication devices, which he perceives from an ambivalent acceptance: [he accepts its usefulness and the unstoppable of its progress, [(Technology)... *one sees that it is indispensable, (because) everything is moved by technology, I-1*] but blames the excessive use of them for the fracture of intrafamily relationships [...*Now you cannot share with the family, because now everything is technology, once you are talking and everyone is with cell phones, I-13*]. Although no previous studies analyze the technological context for the older adult, the Theory of Corrective and Preventive Proactivity (Kahana and Kahana, 2003) includes the acceptance of technology as part of the external resources that make up a favorable historical context for positive aging. However, such acceptance is in the informants rather reluctant as they consider the disadvantages of technological devices with a greater specific weight than their benefits [...*Now we have the economic and the technological, which is wonderful, but there is less happiness, now the disease is stress, really, so I try to tell my children that, I-16*].

Finally, although the literature usually agrees on the importance of the social network in the acquisition of a positive perception of wellbeing, in the case of the informants in this study, this network is inextricably linked to the daycare centers [...(My greatest) *strength is when I come here to see my companions and friends because here there is a sincere friendship that we have with each other, I-20*]. Thanks to them, older adults maintain a good part of their

independence and autonomy by finding a framework of social protection in which quality, warmth, kindness and respect prevail [... *There are no distinctions, revanchism or social strata, everyone is equal*, I-8], which strengthens their capacity to interact, share interests or carry out activities with their peers [...]. *Here I am sitting here, I have some very nice friends, we are united for different reasons, it is true that this is like a remedy for us*, I-3] that keeps us away from social isolation behaviors that are not very beneficial for a healthy lifestyle [...] *It is not only socializing but the fact of the benefit that we feel in our bodies. The pains and all things are relieved and we rejoice*, I-11], as Uribe (2013) points out.

4. Conclusion

In a scenario marked by an unprecedented demographic transition that has convulsed the social dynamics of care for the elderly, Ecuador is obliged to face the challenges arising from the challenges imposed by the progressive aging of its population in terms of defining social policies aimed at the attention and care of this highly vulnerable age group. These policies should focus on the generation of new aging profiles associated with promoting the autonomy and functionality of the older adult collective that give way to a new welfare culture marked by sustainability, equity and wellbeing, as provided for in the current legislation on these issues.

The cultural transformation of the country must be a priority if we wish to safeguard the effective protection of human rights of the elderly, strengthen their autonomy and guarantee access to basic welfare criteria. This is in the understanding that the cultural change must permeate downwards from the programmatic work of the state to the rest of society; that is, the inclusion of all social sectors and all actors is required because only a joint action will ensure future generations of older adults the development of a healthy and dignified, independent and functional old age that translates into an increase in the state of physical, biological, psychological and social wellbeing, without the presence of moral obsolescence or negligent practices in the support network.

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