MAIN SOCIO-ECONOMIC VARIABLES AND THE WELL-BEING OF THE ELDERLY IN THE CITY OF SAN FRANCISCO DE CAMPECHE.

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Introduction:
Gañan and Vallafruela (2015), point out that the social and economic evolution that the world has experienced in the last century has led to an increase in life expectancy, making aging a challenge for family members and possible sick people in the future; being already a problem that involves the participation of society to improve the living conditions of today's and future seniors.

This situation is already manifesting itself in many countries, the increase in the population of working age is nearing its end, and the future will be dominated by the increase in the population over 60 years old, as has occurred in some developed countries, experience that in coming decades will be presented in lower income countries with a notable aging of their populations, so it is expected that there are more difficulties to live a full life in this stage of life, (Mason and Lee, 2011).

The scenario of the elderly by nature is not very encouraging when there is deterioration of their health, their well-being, the environments where they reside and, in particular, a shortage in the availability of monetary resources to
cope with basic consumption expenditures made with independence when having economic income or not (Uriona, 2012), this being a matter of economic analysis addressed by the aging economy.

What is alarming is not the moment in which this change in demographic structure will be reached, but rather, how and what measures are being implemented to face the problems of the aging population, such as retirement, health services, consumption of goods and services and especially living with the necessary satisfactions that provide welfare.

Addressing the needs of this group of the population requires a joint and coordinated study of institutions, organizations and the family, which is why this research aims to analyze the relationship of the main socioeconomic variables that impact on the quality of life of the elderly, in the City of San Francisco de Campeche.

It will be supported by the contributions made to welfare theories and the economics of aging to understand that at this stage of human development, age should not be an obstacle to living with quality of life, but rather a challenge for governments, society and society. Older adults, will also be considered concepts and proposals that explain why the aging population requires the development of public policies to ensure their welfare.

Aging and Wellbeing

In the City of San Francisco de Campeche, the total population in the urban area in the year 2010 registered 220,389 people, of which 20,378, are older adults, that is 9.2% and the life expectancy of the population It has increased from the 2010-2015 period, being on average 72.4 years in men and 78.2 in women in 2015, above the national average of 72.3 and 77.7 respectively, as a result of medical advances in health, in This sense García (2012), points out that the 21st century, is the century of accelerated aging result of two victories of humanity: the increase of longevity (a victory over death and disease thanks to medical technology) and the decline of the birth rate (the triumph of the unwanted birth rate) and that aging is inevitable, so one of the main concerns about longevity is undoubtedly the quality of life rather than the prolongation of tâ and generate the perception that it is not about living longer, but living in better biological, psychological, environmental, political and economic conditions.

It also mentions that the analysis of the aging process and its impact at the individual and collective level is a matter of life or death that compromises the sustainability of the demographic transition, the attention and control of chronic-degenerative diseases (epidemiological transition), to the policies and the sustainability of intergenerational relationships (including the future of the family). Therefore, the problem of aging must be analyzed from a welfare perspective.

Welfare has been considered as multidimensional and occurs throughout life, the above is proposed by Amayta Sen, under the human development approach and defines well-being as the possible set of states and actions open to people, where each feasible transformation for individuals or feasible action is a facet of well-being, from its metabolic change for feeding, to its intellectual and social activity expressed in work, science or art, also points out that these multiple dimensions refer to different needs of people among them, the following stand out (De la Torre, 2011):

It considers that the individual and collective well-being can be evaluated through the criterion of the capacities, under the premise of the real freedom that the people have to choose their way of life, in this way it is possible to achieve a socioeconomic development that will mark the present and the future, as it is the case of older adults in developed countries, which is characterized by having a better standard of living and spending their time in pleasant journeys, mainly once they have retired from the labor force.

The concern for the wellbeing of the elderly is latent as indicated by the World Health Organization, considering it as a challenge for society, specifically in health, the functional capacity of older people, in their social participation and your safety.

It should be noted that to meet the needs of older adults, it is important to segment it at different levels in order to obtain as much information as possible of their situation and thus distribute resources effectively and fairly, in this sense Gil Galvo (cited by Sánchez, P. 2012, indicates the following criteria:
1. at the age of. A 65-year-old person is not the same as one of 80
2. To the genre
3. To the resources. Know the origin of class or status of the elderly
4. To the territory and habitat. It is not the same situation that rural elders present that of the urban or a city of 20 thousand inhabitants than a 2 million
5. Depending on the degree of access to interpersonal solidarity networks, such as the family situation or access to support networks

The aforementioned makes reference to socioeconomic determinants, such as economic income, social security and transfer or family support that are considered the main challenges of old age (García, J. 2012), as well as the role that people play in the economy throughout life: being producers and consumers, for which they must first obtain sufficient income to cover their basic needs; it is known as the economic life cycle and is an element of the generational economy that shows how production and consumption vary during a person's life, and therefore wellbeing. In the case of older people, changes in behavior depend on different situations: they do work, if they resort to their income and if their demands for health care services are very high.

According to Althusser (cited by Sánchez, P. 2012), the needs that are the object of the consumption process, this is that they have an economic content, are not defined by human nature in general, but by the solvency, that is to say by the level of income available to individuals and by the nature of the products available, which at a given time, are the result of technical production capabilities. In this sense says Sanchez, P. (2012) that consumption can bring welfare and, taken with good sense, can extend life and make it more pleasant.

Aging is now a reality for a greater number of people and therefore it is important to develop public policies with a human approach, which considers the capacities of older people to integrate them productively into society, whether in the family or social environment. For example, according to Hoff (cited by Flasha, M. 2012) in family relationships, the greatest prolongation of timeshare in intergenerational relationships has advantages: children could have greater resources (emotional, emotional and educational) to achieve good development in his youth

To achieve human development, Sen points out, it requires actions and states of people, calling them operations, these are: to be healthy, well nourished, to be protected from the elements, to avoid illness and pain, to read and write, to be acceptably informed, to move from a place to another, be respected by others, get a job and choose political representatives (De la Torre, 2011). The right to have the means to develop such operations is possible through public policies with human sense, equity and respect for the elderly.

Material And Method:-
The present investigation is of quantitative and descriptive type; Its objective is to analyze the relationship of the main socioeconomic variables of the elderly with their well-being, as well as to be a reference for the creation of actions in public policies in order to achieve a better quality of life. The obtaining of the primary data was collected by means of the application of a questionnaire to a sample of random non-probabilistic type, where 70 elderly people who attended the ISSSTE, stays and the INAPAM, in the city of San Francisco de Campeche, were interviewed. The questionnaire consists of two sections, the first where sociodemographic data is collected and the second on the socioeconomic status of older adults. Once the data and information of the sample were obtained, the Excel program and the Stata software were used for statistical processing and analysis.

Results:
The sample consisted of 70 adults over 60 years of age living in the city of San Francisco de Campeche, with an average age of 71.95 years, in an age range of 65 to 88 years, the age of 65 being predominant. (the same number of men and women was considered). The predominant marital status among people aged 60 and over is married, with 50% of the total, where the number of men is greater than that of women, followed by the percentage of widowed persons with 41.4%, with women predominating (18). In this situation and finally with percentages below 10% are the divorced (7.1%) and single (1.4%).

Main socioeconomic variables of the elderly and their relationship with welfare
The study addresses three socioeconomic variables that explain the quality of life of older adults, the first is the income variable, which shows a dynamism that is still predominant in today's societies: men obtain a higher income than women (negative correlation low: -0.1779), observing that the source of income of 40% of men get a job, 48% of their retirement and 14.2% of a pension, in the case of women 11.40% have a employment, 17.14% for retirement
and 51.3% is pensioned as shown in figure 1, in this way the elderly of the City of San Francisco de Campeche manages to satisfy their basic needs.

In relation to the variables Income-schooling, a positive correlation was obtained (0.5248) indicating that the higher the schooling, the higher the income, that is, the people who have a higher level of education obtain a higher income.

Retired seniors receive income in the range of $ 2,600.00 to $ 30,000.00, where 56% receive income greater than $ 2,599.00 and less than $ 8,079.00, followed by pensioners whose income ranges from $ 1,000.00 to $ 16,000.00. In this group, 60% of people receive incomes greater than $ 999.00 and less than $ 3,999.00, as can be seen that retirees obtain relatively twice as much income as compared to pensioners. With respect to working seniors, the income ranges from $ 100.00 to $ 20,000.00, of which 60% of seniors are earning more $ 999.00 and less than $ 3,999.00. Finally, those who obtain income from government programs (Pension for seniors, prospers and state employment grants), are in a range of $ 1,000 to 1,250.00, where they are supported with an amount greater than $ 1,152.90 and less than 1,202.90.

With regard to the expenses incurred by the older adults in the sample, the items that most impact on their well-being were considered, firstly, the income that they spend on food ranging from $ 100.00 to $ 6,000.00 per month, whose behavior by level does not present significant variations, since 32% of older adults spend more than $ 1,240.90 on food to less than $ 2,430.00, followed by 26% who spend more than $ 49.00 and less than $ 1,239.00 and more than $ 2,431.00 and less than $ 3,621.90. In relation to transportation expenses, the registered range was $ 28.00 to $ 4,000.00, where 56% of seniors spend more than $ 27.00 and less than $ 821.40. The income allocated to the item of clothing was found that only 14 adults carry out this expense, ranging from $ 100.00 to $ 1,500.00, not finding a significant variation in the behavior of the ranges of expenditure levels in this area (29% and 21%). With regard to spending on medicines, it was recorded that 17 older adults (38.63% of a total of 44 patients) spend between $ 100.00 and $ 5,000.00 monthly, with 70% of seniors spending more than $ 99.90 and less than 1,079.90.

Regarding the variable School-sex, a low negative correlation was obtained (-0.3050), men reach a higher level of education with respect to women and age is not a factor that determines the schooling of people, it was observed that despite the fact that 60% of women finish primary school, only 11.4% reach the undergraduate level, which is the opposite for men, since 40% of them finish primary school and of these 26% become professionals.

Of the 70 older adults, 95% have basic education as shown in Figure 2, and have acquired knowledge that allows them to take advantage of the opportunities offered by public institutions to continue their personal and social
development, integrating productively into society and society, establishing family and social interrelationships essential for mental health, as well as being aware of their rights as people.

The Health-gender variable showed a negative correlation (-0.4730), showing that women suffer more diseases than men, of the respondents almost twice as many women (86%) suffer from some disease with respect to men (50%). It was also found that 85.71% of the sample is attended by a public institution, of them 58.85% belong to the IMSS, 24.28% in the ISSSTE, and 4.2% in the popular insurance, the rest go to the private doctor (14.29%). The most prevalent diseases are diabetes and less frequently high blood pressure, arthritis, thyroid, heart, uric acid, prostate, glaucoma, kidney, asthma and purpura thrombocytopenia, these diseases are present in 62.9% of the total of older adults.

Conclusion:
The population of 60 years and older, has a tendency to increase, which implies a challenge in terms of welfare, however and according to the theory and the results of the research it can be concluded that the elderly of the City of San Francisco de Campeche are developing capacities and taking advantage of the opportunities offered by institutions to face this stage of life. It is interesting to note that 77.14% of the older adults in the sample are earning an income, which is destined to satisfy their basic needs and on the other hand to show that there is still much to be done to reduce the gap between women's rights adults to be remunerated fairly, to conclude a degree and greater attention in the prevention of diseases that allow them to develop operations such as being healthy, protected, avoiding illnesses, moving from one place to another, being respected by others and obtaining a job.

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