

QUALITY OF LIFE OF OLDER ADULTS OF BARANGAY BONFAL PROPER: STUDY ON COMMUNITY-BASED HEALTH INTEGRATED SYSTEM

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ABSTRACT

In a rapidly aging global population, the well-being of older adults has become a significant concern for healthcare systems, communities, and societies worldwide. It is important to emphasize the quality of life of elderly individuals. The purpose of this study was to explore the quality of life of older adults in Barangay Bonfal Proper, Bayombong, Nueva Vizcaya, through the Community-Integrated Systems. A descriptive-qualitative research design was employed. Twenty senior citizens aged 60 to 80 years participated in the study. The data were gathered through face-to-face interviews. The study's findings show that participants received free check-ups, medicines, and vitamins, and benefited from medical missions conducted in the locale. They are autonomous in performing daily activities and making decisions, and most of them are doing livelihood activities. In terms of social relationships, most have positive relationships with their families and neighbors. The participants occasionally feel loneliness but feel fulfillment being with their families. The participants rely on financial support from family members, their monthly pension, and assistance from the barangay. The healthcare services given lessen their expenses. However, there were gaps in the delivery of healthcare services. Recommendations to improve the quality of life of older adults were derived from the study's findings and addressed to the Barangay, family members, Barangay Health Workers (BHWs), Rural Health Unit (RHU), Municipal Social Welfare and Development (MSWD), and future researchers.

Keywords: Older adults, healthcare services, quality of life

INTRODUCTION

According to the World Health Organization (WHO) in 2020, more individuals were 60 years old and above than there were children under the age of 5. Over the period from 2015 to 2050, the percentage of the global population aged 60 or older is projected to almost double, increasing from 12% to 22%. In 2020, the elderly population in the Philippines aged 60 and above accounted for 8.5% of the total population, or 9.2 million people. This marked a significant increase from 2,000, when they constituted only 5.9% of the population, totaling 4.5 million (Children's population down, elders' up in last 20 years: POPCOM, 2022).

An older adult is typically an older individual, often aged 60 or 65, particularly one who has retired from employment. According to Meiner (2018), as cited from Pashmdarfard (2020), the basic Activities of Daily Living (ADLs) include essential self-care tasks such as bathing, dressing, eating, transferring, and toileting. In addition, Meiner (2015), citing Lawton and Brody (1969), identifies Instrumental Activities of Daily Living (IADLs) as more complex tasks necessary for independent living, including shopping, cooking, housekeeping, laundry, and managing finances. The transition from working adulthood to retirement often brings financial challenges, leading many older adults to rely on others to help cover their daily living expenses. This dependency extends beyond financial needs, as various health-related concerns commonly accompany aging. From a medical standpoint, seniors are more susceptible to age-related conditions such as reduced mobility, hearing and vision impairments, chronic pain, and multimorbidities. These issues frequently require external assistance and long-term care to ensure their well-being and quality of life.

Quality of life refers to the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. It is measured in terms of the different experiences people had with the services/programs they received from the institutions. (Jenkinson, 2023). Quality of life for older adults, as revealed in van Leeuwen et al.'s (2019) study, is a multifaceted concept characterized by autonomy, positive social relationships, emotional well-being, and a sense of security in both health and finances. Autonomy signifies the ability to make independent decisions and maintain control over one's life, fostering a sense of purpose and fulfillment. Positive social relationships emphasize the importance of meaningful connections with family, friends, and the community, contributing to emotional comfort and a sense of belonging. Emotional well-being reflects the mental and emotional states, encompassing contentment, happiness, and resilience in the face of challenges. Additionally, a sense of security in health and finances underscores the significance of feeling safe and supported in managing health conditions and financial resources. These intertwined aspects highlight the holistic nature of quality of life for older adults, emphasizing the need for comprehensive support and tailored interventions to enhance their overall well-being (van Leeuwen et al., 2019).

According to Steckermeier (2021), the impact of opportunity, choice, and autonomy on life satisfaction in Europe is based on the capability approach. Findings reveal that increased opportunity and choice, along with perceived autonomy, positively correlate with life satisfaction (Steckermeier, 2021). Beyond the characteristics of individuals and their relational dynamics, positive relationships contribute to well-being by sharing positive moments, offering support for autonomy, and displaying an attitude of interest and emotional engagement (Stalikas, 2020). Positive financial health correlates strongly with better physical and mental health outcomes. The study identifies and measures four key domains—spend, save, borrow, and plan—confirming their alignment with established measures. Borrowing and planning components independently impact self-rated health and depressive symptoms, emphasizing financial health as a standalone social determinant of health (Weida et al., 2020).

Siette et al. (2021) found that individuals receiving community care services reported a higher quality of life (QoL) than anticipated, indicating that continuous community care may positively influence overall well-being. Similarly, Pollack (2021) emphasized that integrated community health systems significantly enhance the quality of life for both individuals and the broader community. In line with this, Rural Health Units (RHUs) provide essential services such as medical check-ups and the issuance of free medical certificates. The concept of free healthcare for older adults encompasses various programs that aim to reduce or eliminate healthcare costs for older adults. For example, in the Philippines, senior citizens are entitled to several healthcare benefits, including free medical consultations, discounts on prescription medications, and access to immunizations.

Central to the investigation was the objective of evaluating the quality of life of older adults in relation to the healthcare services they receive through community-based, integrated health systems. By exploring the perspectives of the older adults themselves, the study aimed to generate meaningful insights into the effectiveness of these systems from the viewpoint of those most directly affected. Gaining this deeper understanding is essential for refining and tailoring healthcare services to better align with the specific needs and expectations of the elderly population, ultimately enhancing their overall quality of life within a community-based care framework.

Statement of the problem

Generally, this research aimed to explore the quality of life of older adults in Barangay Bonfal Proper, Bayombong, Nueva Vizcaya, through the Community-Integrated Systems. The

research study was conducted for 4 to 6 weeks, a time frame that allowed thorough data collection, analysis, and interpretation while ensuring efficient completion.

This research sought to answer the following research questions:

1. What are the local health services acquired by older adults in Barangay Bonfal Proper?
2. What is the quality of life for older adults in the community?
3. What intervention is needed to enhance the QOL of older adults?

METHODOLOGY

The research employed a descriptive qualitative research design, a methodological approach centered on elucidating the characteristics, behaviors, attitudes, opinions, or perceptions inherent within the subject group or population under investigation. The research was conducted in the municipality of Bayombong, province of Nueva Vizcaya, specifically in Barangay Bonfal Proper, with a total population of 4,793. The research respondents consisted of twenty older adults aged 60 to 80 years old who were part of a Community-Based Health Integrated System in Bonfal Proper, Bayombong, Nueva Vizcaya. Respondents were selected purposively using criterion sampling, yielding a total of 20. The study included older adults aged 60 to 80 years old, who are residents of Barangay Bonfal Proper for almost 6 months. Those who have availed themselves of at least one of the health services implemented by the Barangay within the year 2023. Able to verbalize their response to the research question with minimal assistance from any family member.

This study employed a one-on-one interview method to gather in-depth qualitative data. An interview guide consisting of five open-ended questions was used, designed to align with or explore the respondents' mindsets. Prior to the interview, informed consent was obtained from each participant individually. Participants were also briefed on their rights to privacy, including assurances of confidentiality and the anonymization of their personal information outside the research context. Thematic Analysis was employed to transcribe and categorize words, phrases, and sentences into codes, which were then developed into recurring themes. To ensure accuracy and depth, coding was conducted in two rounds, allowing the researchers to re-examine and contextualize the data for more robust findings.

RESULTS AND DISCUSSION

Section 1. Health Services Acquired by Senior Citizens

The most common health service they receive at the barangay health center is blood pressure monitoring, especially for those with hypertension and diabetes. Nanay C expressed: *"Agpakpakita ak itta center, agpapabp ak gamin diabetic ak adda pay high blood ko, binibigyan ako ng gamot"* (I had myself checked at the center since I have diabetes and hypertension. I receive medicine). Meanwhile, the distributed medicine includes those used for fever, like paracetamol and vitamins, particularly ascorbic acid. Nanay V stated: *"Binibigyan ako ng bitamina, yung ascorbic"*. (They give me vitamins, particularly ascorbic acid) Those who have hypertension receive maintenance medicines, which are amlodipine and losartan. Nanay E verbalized that: *"Yun kwan lang pang maintenance ko na amlodipine at losartan."* (I receive maintenance medicine like amlodipine and losartan). The quantity of these maintenance medicines is good for one month for every recipient. One of the participants has hyperacidity and received omeprazole from the center. Nanay M stated that: *"Acidic ako. yung nireseta saakin noon na omeprazole meron din diyan kaya kapag kumukuha ako binibigyan ako."* (I am acidic, and

I obtain the prescribed medicine there, which is omeprazole, and they give it every time I need it). The medicines and vitamins are given for free and distributed every Thursday.

The findings of the study are similar to those of Carandang et al. (2024), which show that Filipino senior citizens in Pampanga demonstrated high healthcare access and moderate QOL. A study revealed that these seniors often encounter unmet healthcare needs due to staffing shortages, drug supply issues, and difficulty accessing primary healthcare (Carandang et al., 2019). Despite the availability of community healthcare services, several gaps were identified. Some participants were unaware of the services offered. In contrast, others reported inconsistent access to essential supplies such as medicines and vitamins, forcing them to purchase these items from pharmacies—often located far from their homes—adding to their financial burden due to transportation costs. To address this, regular inventory checks and improved coordination with supply agencies are recommended to ensure consistent supply availability. One participant had not received the anti-pneumonia vaccine due to scheduling conflicts, suggesting the need for a comprehensive registry of older adults and the implementation of house-to-house vaccination programs. Additionally, one participant did not receive free medicine because she receives a pension. This highlights the importance of ensuring equal access to healthcare services for all older adults, regardless of their socioeconomic status.

Section 2.1 Functional Dependence

The majority of respondents remain autonomous in performing their daily activities. Despite their age, most of them still need to work. One of the participants is a tricycle driver. Tatay M verbalized: *"Ay ma'am nu pang gappu dita khut maibagak mhut nga makadecision nak mhut agijai araramidek iti pang inaldaw nangruna nga agtatricycle ak."* (In terms of that aspect, I can say that I can decide for myself in terms of daily activities, especially that I am a tricycle driver). The female participants can still do their usual routine, such as cleaning and laundry. One participant works as an on-call house cleaner, and the other works as a laundry woman. Nanay Q expressed: *"Kayak mhut iti aglaba, agdalos wen kayak mhut ken maaramid ko mhut isuda amin nga siyak iti agdecision iti para sarilik nukwa ma'am lalo nu adda iti agayab nga apan agpadalos iti balay na."* (I can do laundry and cleaning. I can do them all by myself especially if there if I am paid to do house cleaning) while Nanay S verbalized that: *"Nu kasta mayat mhut ta maka decision nak mhut para iti sarilik lalo nu adda agayab nga apan agpalaba khut apan ak mhut nukwa."* (It is good that I can decide for myself especially if someone calls me to do laundry). These participants need to earn a living so they do not entirely depend on their children. Although some of them still want to apply for extra work, they are not hired because of their age and health condition. Nearly half of Filipino older adults are still working, and many face health risks due to poverty, according to the Commission on Population and Development (POPCOM).

Section 2.2. Support System

The study's findings show that most participants have positive relationships with their families. Tatay M said: *"Nu panggep mhut iti pamilyak khut mayat mhut naragsak nga duray nu dadduma khut adda saan nga pagkaka awatan."* (In terms of family relationships, it is happy although there are disagreements at times). Most of them are taking good care of their grandchildren, which brings them greater happiness and a sense of fulfillment. Nanay A said: *"Kasama ko mga apo ko dito, maayos naman."* (I stay with my grandchildren here, and everything is fine). Some of the participants live in compounds surrounded by the houses of their children, families, and other relatives, which assures them that there are people who can help them during difficult times. Tatay B stated: *"Wala naman problema eh sa totoong ano, may anim kaming anak, lahat nakapaligid dito sa amin. Likod anak ko, yan anak ko, oo nakapaligid sila saakin."* (There is no problem. We have six children, and they are just living nearby. The other

one stays at the back. All of them are just within the vicinity). The family members are also supportive of their older adults' participation in religious activities such as the Black Rosary and Simbang Gabi. Tatay P said: "*Lagi kami lumalabas pag panahon ng black rosary, sa itong pasko nag aano kami tuwing umaga, simbang gabi.*" (We frequently go out every black rosary and this christmas, we attend simbang gabi).

As cited by Oraclon et al. (2020), traditional ways of caring for older persons may have been modified. However, the family value of supporting aging parents or grandparents has remained in the hearts of many Filipinos, who have still observed traditional ways of living arrangements and familial support, wherein co-residence with or near married children increased as parents aged.

However, an identified factor that irritates participants is their children's laziness, but it does not result in a serious conflict. Nanay Q said: "*Nukwa mamuryutan nak ta nasasadot da.*" (I get irritated at times because they are lazy). There is also a participant who reprimands children who answer back during family disagreements. Nanay E verbalized: "*Ay Oo hindi pwedeng sagu-sagutin nila ako, mga anak ko, hindi pwede saakin yung ganyan na walang respeto.*" (It is not right for them to answer me back; I don't tolerate such disrespect). All of them have a sound relationship with their family members but sometimes disagree with their in-laws. Nanay Y expressed: "*Kwan maganda naman kwan relasyon namin na magpamilya. Hindi kami nagaaway-away, yung mga manugang ko ah.*" (We have a nice family relationship; there are no disagreements except for my in-laws).

The participants also have a harmonious relationship with their neighbors, maintained through mutual respect. Their bonds with neighbors are further strengthened by inviting one another during special occasions. Tatay M said: "*Nu panggep mhut iti gagayyem ken karruba mayat iti relasyon me irerespeto mi mhut isuda nu kasatnu da kami nga irespeto. Nu kasta nga adda ocasion khut agin imbitar kami mhut nga agpapada.*" (In terms of relationships with neighbors, we have good relationships, we respect them on how they respect us, and we invite each other during family occasions). It was also concluded that neighbors of the older adults provide help, particularly with household chores such as laundry. Nanay R expressed that: "*Ay nasingpet iti karrubak isu da nukwa iti mangtultulong kanyak ken mang asasikaso lalo nu kailangak iti mang laba ta madik mhut kayan.*" (My neighbors are kind, and they are the ones who render help when I need it).

Research shows that supportive social networks are vital for mental and emotional well-being, leading to happier, healthier, and longer lives (Vila, 2021). Therefore, programs should focus on enhancing both environmental quality and social connections for older adults to improve their overall QOL. As cited by Loa et al. (2023), maintaining social relationships with others, such as forming meaningful connections and having positive relationships with others, is essential for older adults to live independently. Meaningful connections significantly impact Filipino older adults' mental and emotional well-being. Regular interaction and quality time spent with family and friends help combat feelings of loneliness and isolation, which are common challenges for older adults. By engaging in regular conversations, participating in activities, and sharing experiences, older adults feel a sense of companionship and belonging. The strong family ties in Filipino culture contribute to the psychological well-being of older adults.

Section 2.3. Sense of Contentment

The emotional well-being of older individuals should be emphasized, as it affects how they navigate their daily lives and interact with their families and the community. This study shows that participants feel more physical exhaustion than loneliness and stagnation, especially those who need to earn a living. The participants' sense of happiness stems from the presence of

their families, especially their grandchildren, which brings them fulfillment. Tatay M expressed: *"Saan nga nabiiit dadduma khut mariknak mhut iti rigat lalo ta agtatrycycle ak tapos lakay nak mhutten. Bassit lang nukwa iti mapasadaan isu daduma duray marigatan nak nga agpasada khut ikarkarigatak latta. Ngem nu ijai balay mhut ket naragsakak ta adda ni bakket ko nga mang tultulong kinyak ken kadwak."* (Sometimes it is difficult since I still work as a tricycle driver at my age. There are times when I earn a little, so I really have to work. But at home, I am happy since I have my wife with me.

This aligns with the findings of Carandang et al. (2020), which show that both men and women with positive self-rated health and higher psychological resilience and perceived social support reported higher levels of subjective well-being. It can also be supported by the findings of Portero et al. (2023), which indicated that those living with family members have better social integration, well-being, and happiness than those living alone. Research has linked social isolation and loneliness to several physical and mental conditions. People who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation are at particular risk (National Institute on Aging, 2019).

Section 2.4. Financial Stability

Financial support for older individuals is very important, especially for those who cannot earn a living. Some of the female participants rely on their husbands' income and manage household expenses. Nanay S said: *"Siyak nukma ma'am, shempre nu adda ti itted ni lakay ko shempre siyak nukwa iti agig iggem iti kwarta"*. (I am the one, ma'am. Of course, if my husband gives something, I will be the one who manages the money.) The majority of them rely on the support of their children and grandchildren. Nanay E said: *"Lahat sila magbibigay saakin kapag kwan, yung panganay ko na nasa ibang bansa, kapag nagsweldo siya may 2000 ako ganon kapag walang gasul. Lahat sila nagbibigay nukwan."* (All of them give, my eldest is abroad, during salary, I receive 2,000 if I do not have an LPG tank. All of them give) while Nanay A said: *"Mga apo ko."* (My grandchildren). However, there are instances in which some of them need to slash a portion of their allowance to support their grandchildren. Some of the participants rely on their monthly pension. Nanay O said, *"Kaming dalawa (pertaining to her husband) kasi may pension naman kami."* (Both of us pertaining to her husband) because we have our pension. Some receive financial assistance from the barangay. P9 stated that: *"diyan sa barangay."* (There at the barangay). Lastly, a participant earns a little income by helping a neighbor's business. Nanay U expressed: *"minsan may nakukuha ako jan oh sa pagtulong ko sa pagbalot ng lumpia."* (At times I earn from wrapping spring rolls).

Section 3. Impact of Health Services

According to the participants, the healthcare services provided are of great help, as they will lessen their burden of spending on check-ups and medicines, especially since commercial medicines are sold at high prices. Tatay M expressed: *"Malag anan kami mhut iti magastos ahh ta gamin ada iti tulong nga checkup ken agas. nukwa saan min nga kailangan nga agastos para iti agasen lalo ta ang ngina amin iti magatang tatta."* (It lessens our burden on expenses on check-ups and medicines. We do not have to spend on medicines, especially because prices of commodities are high nowadays). It was supported by Nanay R, who said: *"Dakkel ta gamin iti kina ngina iti magatang khut maka alaak iti libre nga agas"* (It is a big help right now that goods are expensive and we can avail free medicines). However, some participants stated that it does not help them, as they do not receive healthcare services. Nanay O verbalized: *"It doesn't help me at all, sabi ko nga wala akong nakukuha namga services nila."* (It does not help me at all, as I have said, I do not receive services from them).

The study by Ma and Shen (2023) shows that community care services led to significant improvements in both objective and subjective health and well-being among older adults. Community care services led to significant improvements in both objective and subjective health and well-being among older adults (Ghenta et al., 2022). Older adults face various challenges related to physical health, technology use, and social support. These challenges can negatively impact their overall well-being and quality of life. It is important to address these issues and provide better support and resources to help older adults improve their physical health, access technology, and maintain social connections.

CONCLUSION & RECOMMENDATIONS

Conclusion

Based on the findings, it can be concluded that the quality of life of older adults in Barangay Bonfal Proper, Bayombong, Nueva Vizcaya is generally supported through community-integrated systems. The provision of free medical check-ups, medicines, vitamins, routine medical missions, and essential vaccines reflects the community's strong commitment to addressing the health needs of older people.

In terms of functional independence, most older adults demonstrate the ability to manage daily activities and make independent decisions, with many engaging in work or livelihood activities despite age-related challenges. This functional capacity is reinforced by strong family support systems and deep-rooted cultural values that prioritize the care and respect for older people. Regarding support systems and sense of contentment, the findings reveal that positive family relationships, neighborly support, and active participation in religious and community activities enhance the emotional well-being of older people. Although some participants experience challenges such as family conflicts, physical exhaustion, and occasional loneliness, their strong social networks and active community engagement foster resilience, happiness, and a sustained sense of fulfillment. Strengthening community ties and encouraging social participation can be pivotal in reducing the negative effects of isolation and improving the mental and emotional health of older adults.

In terms of financial stability and access to health services, it can be concluded that older individuals largely depend on family support, pensions, and minimal income-generating activities to meet their financial needs. While assistance from children, government pensions, and barangay programs alleviates some financial burdens, economic vulnerabilities persist, particularly among those who share their limited resources with younger family members. The provision of free healthcare services has been instrumental in reducing the financial burden of medical expenses; however, gaps in service accessibility persist, underscoring the need for more inclusive and consistent healthcare delivery.

Recommendations

The findings reveal that although healthcare services are available, many older adults are not fully aware of them. To address this, more consistent and comprehensive information dissemination is recommended. Strategies such as announcements during barangay meetings, home visits, and local radio broadcasts can help ensure seniors are well informed about the services they can access. Improving communication will empower older adults to engage more actively with healthcare programs, ultimately enhancing health outcomes and optimizing the use of available resources.

The barangay health centers should prioritize providing adequate facilities, including necessary medical equipment and appropriate bedding, to meet the immediate needs of older adults, particularly those with physical health concerns. Also, it is recommended that healthcare services be made more equitable, ensuring that marginalized and financially disadvantaged older adults receive the support and services they require. Ensuring equitable access to healthcare for all seniors, regardless of their socioeconomic status, will promote social justice and reduce disparities in health outcomes, contributing to a more inclusive and supportive community.

The researchers suggest implementing a comprehensive profiling system for older adults that will allow policymakers and healthcare providers to tailor services to each individual's unique needs, ensuring efficient and effective resource allocation and improving the quality of life for older people. And so, data collection on demographics such as age, sex, educational background, financial status, and living arrangements should be institutionalized to allow for more targeted, customized interventions that address specific vulnerabilities and needs. Also, partnerships between local government units, healthcare providers, and community organizations should be strengthened to promote age-friendly initiatives, support financial security, improve access to technology, and foster stronger social connections among older adults. Collaboration across sectors will create a more comprehensive and sustainable support system, enabling older adults to live healthier, more secure, and more fulfilling lives.

Future researchers are encouraged to investigate the effects of familial support on the well-being of elderly individuals by comparing those living with family members with those living independently or in institutional settings. These studies will provide valuable insights into the role of family dynamics, social support systems, and community interventions in the lives of older adults.

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