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## Stratification of Happiness in Urban Areas in Mexico: A Qualitative Examination by Level of Marginalization

Oscar A. Martínez-Martínez Professor  
*Universidad Iberoamericana, oscar.martinez@ibero.mx*

Javier Reyes  
*Boston College, srreyes@bc.edu*

Eder Noda  
*Universidad Iberoamericana, eder.noda@gmail.com*

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## Stratification of Happiness in Urban Areas in Mexico: A Qualitative Examination by Level of Marginalization

### Abstract

Although Mexico presents high levels of poverty and marginalization, it is the second happiest nation in Latin America. This raises several questions about what factors are associated with happiness at each level of marginalization and how these factors vary according to marginalization levels. We conducted a qualitative study in urban municipalities in four Mexican states, using 184 semi-structured interviews and employing a thematic analysis approach. Results suggest that happiness is a multifactorial phenomenon. Factors such as the family, health, religion, friendships, economic conditions, and fulfillment of basic needs contribute to happiness, but each of these aspects has different importance and meaning based on the level of marginalization. Evidence also shows that unhappiness is more homogeneous, regardless of the level of marginalization; thus, we can find people in both low marginalized and high-marginalized contexts that are unhappy. The research findings are relevant for the design of public policies, because they show various unsatisfied needs by level of marginalization and how not having them may affect happiness in each social stratum.

### Keywords

happiness, stratification, marginalization, thematic analysis, Mexico

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## **Stratification of Happiness in Urban Areas in Mexico: A Qualitative Examination by Level of Marginalization**

Oscar A. Martínez-Martínez  
Department of Social and Political Sciences  
Universidad Iberoamericana, Mexico City, Mexico

Javier Reyes-Martínez  
Boston College, Massachusetts, USA

Eder Noda Ramirez  
Department of Social and Political Sciences  
Universidad Iberoamericana, Mexico City, Mexico

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Although Mexico presents high levels of poverty and marginalization, it is the second happiest nation in Latin America. This raises several questions about what factors are associated with happiness at each level of marginalization and how these factors vary according to marginalization levels. We conducted a qualitative study in urban municipalities in four Mexican states, using 184 semi-structured interviews and employing a thematic analysis approach. Results suggest that happiness is a multifactorial phenomenon. Factors such as the family, health, religion, friendships, economic conditions, and fulfillment of basic needs contribute to happiness, but each of these aspects has different importance and meaning based on the level of marginalization. Evidence also shows that unhappiness is more homogeneous, regardless of the level of marginalization; thus, we can find people in both low marginalized and high-marginalized contexts that are unhappy. The research findings are relevant for the design of public policies, because they show various unsatisfied needs by level of marginalization and how not having them may affect happiness in each social stratum.

*Keywords:* happiness, stratification, marginalization, thematic analysis, Mexico

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Happiness is a multidimensional and complex construct that ranges from immediate to lasting perceptions (Cieslik, 2015) and is based on several distinct factors. Some authors consider income and material conditions as the main factors because there is an observed, though possibly weak, correlation between GDP per capita and populations that enjoy happiness (Bjørnskov & Ming-Chang, 2015; Cummins, 2000; Deaton, 2015). For example, the most impoverished countries usually report lower levels of happiness (Deaton, 2015; Zhou & Xie, 2016), while developed nations tend to show higher levels, probably because basic human needs are met (Diener et al., 1985).

To other scholars, happiness does not always depend on a nation's economic development (Díaz et al., 2011) because cultural and psychological factors also contribute (Arita, 2005; Lawton, 1983; Palomar, 2004). Indeed, several studies question the effects of individual and national wealth on happiness, since they consider that happiness is built from the trajectories, meanings, and psycho-affective assets of individuals as members of a social group, community, or nation (Bojanowska & Zalewska, 2016; Kok et al., 2014; Okulicz-

Kozaryn & Maya, 2018). For that reason, the effect of income on happiness is contradictory, because there are people with high incomes who are happy but there are also those who are unhappy, and the same happens with people in poverty (Cummins, 2000; Martínez-Martínez et al., 2020)

Context can affect happiness, particularly when there are high levels of poverty and marginalization, defined as the population's degree of deprivation both with or without access to essential services (Consejo Nacional de Población, 2015). We selected Mexico as a case study because, since 2017, it has ranked number 24 on the world happiness scale, only a few positions below Costa Rica, which is the happiest nation in the Latin American region (Helliwell et al., 2018; Helliwell et al., 2019). Furthermore, 46.7% of the Mexican population reports being happy (BIARE, 2014), a result that contrasts with the realities of marginalization in Mexico. For instance, most Mexicans live in poverty (41.9%) or extreme poverty (9.5%) (CONEVAL, 2019) and a high proportion of municipalities (44.7%) have high and very high levels of marginalization (Consejo Nacional de Población, 2015). Considering this heterogeneous context, where socioeconomic conditions do not consistently align with happiness, we sought to answer the question: what factors influence happiness?

Several authors suggest some of the factors that potentially determinate happiness, such as health (Deeming, 2013); reaching personal goals or having friendships (Bojanowska & Zalewska, 2016); religion or spirituality (Strawbridge et al., 2001); meeting basic needs at home such as food, transportation, educational and health expenses (Tay & Diener, 2011); and having access to basic services at home, such as potable water, sanitation or electricity (Devoto et al., 2012). However, little is known about whether these factors are equally relevant for people in different social and economic conditions, in other words whether there is stratification in the factors that generate happiness according to the level of socioeconomic marginalization of the context.

Therefore, this paper helps to answer two questions: What factors lead to happiness at each level of marginalization? Are there similarities and differences among factors at each level? To do this, we analyzed the structure of happiness among individuals at different levels of marginalization to identify similar or unique themes.

## **Literature Review**

Happiness can be the product of ideas suited to modern society, which determine what is necessary and what is true (Cieslik, 2015). However, as Hochschild (2003) notes, a deeper meaning behind happiness has been lost as the concept has become more commodified: happiness consists of a good job and a life of consumerism (Erez et al., 1995).

In this study, we defined happiness as the result of the balance of life experiences, both good and bad, which can vary by culture and society (Bojanowska & Zalewska, 2016; Cieslik, 2015; Joshanloo, 2014). To scholars, happiness is composed of different factors (Martínez-Martínez et al., 2020) that can differ from one context to another, such as urban or rural settings (Ballas, 2013; Okulicz-Kozaryn & Maya, 2018; Quang-Tran et al., 2017). Some of these factors include: family closeness, health, friendship, religion, basic needs, leisure time, and personal characteristics, such as age, gender, or marital status.

### **A. Family Closeness**

Nearness to family is related to happiness (Martínez-Martínez et al., 2020), due to both physical and emotional closeness, and people's wishes to nurture their family ties through day-to-day contact (Delle Fave et al., 2013; Kok et al., 2015). In addition, family also implies a

socio-affective system of attachment and motivations, prosperity, and substantive sources of support (Clark et al., 2008; Conceição & Bandura, 2008).

## **B. Health**

Health is directly related to happiness regardless of gender and age (Bojanowska & Zalewska, 2016) because physical and mental ailments generally have a negative impact on happiness (Delle Fave et al., 2013; Lu & Gilmour, 2004). In the literature, happiness, health, and age are directly and significantly correlated (Bojanowska & Zalewska, 2016; Chang-Ming, 2011). Happiness is associated with health because it provides the physical and psycho-emotional strength to continue enjoying different activities of life as well as living with family and friends (Delle Fave et al., 2013; Quang-Tran et al., 2018; Tavor et al., 2018).

## **C. Friendship**

Strong bonds with friends, neighbors, and workplaces are associated with happiness (Helliwell & Putnam, 2004). They are a stock of social capital that acts as a baseline support and way of improving quality of life in both material and emotional components (Kok et al., 2015). Besides satisfying the need for company, trust, reciprocity, and life balance (Fischer, 2009; Strotmann & Volkert, 2016), friendship intensifies experience in other areas such as leisure time, work, success, and a sense of recognition (Clark et al., 2008; Kahneman & Deaton, 2010).

## **D. Religion**

There is a positive empirical link between religious practices and happiness (Koenig, 2012). This association is complex because some authors (Helliwell, 2003; Van Cappellen et al., 2016) believe that happiness can be “created” by religious beliefs, while others suggest that it operates through social networks and regular participation in religious social activities (Strawbridge et al., 2001).

## **E. Basic Needs**

Literature supports the idea that having basic household needs met (Tay & Diener, 2011) and having basic household services (Devoto et al., 2012) leads to happiness. This includes material or economic stability and the ability to guarantee goods, services, supplies, and assets that each person needs, such as food, footwear, clothing, housing, and education. All of these factors provide a sense of security that is linked to happiness (Fischer, 2009; Rentfrow et al., 2009).

## **F. Leisure Time**

Happiness is linked to the ability to enjoy recreational activities such as travel, strolling, cultural events, or entertainment (Kahneman & Deaton, 2010; Martínez-Martínez et al., 2020).

## **G. Other Factors**

In the literature, other factors have been related to happiness, such as age, gender, marital status, education level, nationality, political division of territory (Ballas, 2013;

Helliwell & Barrington, 2010; Lawton, 1983), inequality (Tavor et al., 2018), and wealth (Strotmann & Volkert, 2018).

### **Research Questions**

As this brief overview of the literature shows, some gaps in inquiry persist, including: (a) inadequate study of countries with high levels of poverty and (b) limited study conducted in a stratified way that examines how individual or local perspectives influence the way groups of people interpret or report happiness. In this study, our research questions are:

- 1) What themes are associated with happiness at each level of marginalization?
- 2) What are the similarities or differences among levels of marginalization in perspectives on happiness?

### **Materials and Methods**

In this section, we describe our position as researchers relative to the study topic and our methods for data collection and analysis.

#### **Paradigmatic Position**

We are scholars with a focus on social policies and are specifically oriented to the analysis of social welfare and individual well-being. We rely on both transformative (i.e., power and justice-oriented) and pragmatic worldviews (i.e., real-world practice-oriented) as core guides for our work. We have previously studied the role of marginalization in several other social phenomena (see, e.g., Martinez-Martinez et al., 2021; Reyes-Martínez & Martínez-Martínez, 2021). In our work and personal background, we observed that happiness has been overlooked in research, particularly in Mexico, where exclusion and poverty are pervasive and influential. For instance, although the three authors are currently affiliated to universities located in different contexts in Mexico, we all proceed from communities and states where severe socio-economic marginalization is commonly experienced (i.e., Oaxaca and Guerrero). As a result, our purpose as researchers and individuals is to promote the changing of social conditions through the analysis of evidence about inequalities in social resources and assets.

#### **Data Collection and Analysis**

We conducted 184 semi-structured, half-hour interviews in Spanish and analyzed the results using a thematic analysis approach. The study was approved by the Ethics Committee at Universidad Iberoamericana Ciudad de México.

#### ***Concepts and Measurements***

In this study, we focused on three central concepts: happiness, happiness factors, and marginalization. To gather evidence about happiness and happiness factors during interviews, we used the broad questions shown in Table 1.

**Table 1**  
*Happiness and Happiness Factors by Items*

Construct	Interview Questions
Happiness	a) Are you happy? Why? b) How often do you feel happy?
Factors of Happiness	c) What makes you happy?

We used the Municipal Marginalization Index (IMM) to measure marginalization. The IMM is a composite measure created by the National Population Council (*Consejo Nacional de Población*, CONAPO, in Spanish). The IMM is composed of four measurements:

- (a) education or illiteracy (i.e., population that has not completed elementary school);
- (b) housing services (i.e., households with no plumbing or sanitary service, households with no electricity, households with no plumbing, any level of overcrowding, households with dirt floors);
- (c) population distribution (i.e., towns with fewer than 5,000 inhabitants); and
- (d) monetary income (i.e., the working population that earns up to two times the Mexican minimum wage)

The IMM categorizes marginalization into five levels: very high, high, medium, low, and very low. Very high marginalization locations are the most vulnerable because they have the highest percentages of all indicators, while very low marginalization areas have very low percentages in all indicators.

### *Interview Sample*

We used non-probabilistic sampling to select adult interviewees aged 18 and up who resided in four states in Mexico (see Table 2). Participants were recruited in Mexico City, Tamaulipas, the State of Mexico, and Oaxaca. With the purpose of diversifying sample, we selected different states across the country with different socio-economic conditions. Accordingly, each state represented different levels of social wellbeing—very high, high, medium, and low, respectively (see, e.g., Martínez-Martínez et al., 2016). Within each state, municipalities were chosen according to several variables, such as rural or urban status, IMM level, and population size (Instituto Nacional De Geografía, Estadística E Informática, 2015). A total of 46 urban municipalities were included in this study: 16 in Mexico City, 16 in the State of Mexico, 9 in Oaxaca, and 5 in Tamaulipas. Of the 184 participants, 78 resided in Mexico City, 28 in the State of Mexico, 39 in Oaxaca, and 39 in Tamaulipas.

We employed a snowball technique to recruit participants who varied in characteristics such as educational attainment, age, and sex to ensure inclusion of diverse socioeconomic, cultural, and geospatial perspectives (Martínez-Martínez & Torres, 2019). We contacted a gatekeeper (i.e., a fellow academic) in each state who helped to recruit individuals who fulfilled the inclusion criteria. As each interview was conducted, interviewees were asked if they knew anyone else with the profile for the interview (i.e., according to age, sex, and educational attainment). We then contacted the suggested people by phone call, noting that one of our interviewees recommended them to participate in the study. Potential participants received in a verbal way the related information to the study: informed consent, permission to record, ethical considerations, and contact information. Once, participants agreed, interview took place. Personal and sensitive information (such as name) was not collected, and phone numbers and addresses were all erased after the interview.

**Table 2**  
*Participant Characteristics*

State	Sex (%)	Average age	Level of studies (%)				
			Elementary	Middle School	High School	University	Grad School
Oaxaca	M: 50.0	44.14	30.6	13.9	16.7	36.1	2.7
	F: 50.0	45.69	38.9	27.8	22.2	11.1	-
State of Mexico	M: 50.9	48.07	22.2	7.5	29.6	40.7	-
	F: 49.1	43.77	26.9	23.1	19.2	19.3	11.5
Tamaulipas	M: 50.0	47.86	9.1	18.2	22.7	31.8	18.2
	F: 50.0	44.09	13.6	27.3	18.2	31.8	9.1
Mexico City	M: 46.2	42.53	5.6	30.5	33.3	16.7	13.9
	F: 53.8	43.52	9.6	9.5	26.2	45.2	9.5

*Note.* M- male, F - female

### **Data Analysis**

Authors and (two) research assistants transcribed interviews in Spanish (however, quotes used in the paper were translated in English by an external bilingual translator). Recordings were erased after the process and supervision of transcription. To analyze transcripts, we employed both deductive and inductive techniques. For inductive analysis, we used thematic analysis methods as described by Braun and Clarke (2006, p. 79) to identify emerging codes that captured patterns and themes found in the data (see Table 3). For deductive analysis, we generated *a priori* codes that captured broad concepts reflective of literature review results and theory.

**Table 3**  
*Codes Used in Analysis*

<i>A priori</i> codes	Emerging codes
Family closeness	Meaning of family
Health	Reasons and causes of being healthy
Friendship	Reaching goals
Religion	Religion beliefs
Basic needs	Self-realization
Income and work	Unhappiness
Free time and leisure	

Finally, as verification techniques, we used continuous review, along with several meetings between the authors and coders, to analyze codes and their relationship to the literature and to triangulate emerging results with previous empirical findings in the field of happiness and well-being research.

## Results

The following sections present thematic findings stratum by stratum starting with the lowest level of marginalization (i.e., the best social condition) and progressing to those who live in the worst conditions (i.e., high and very high marginalization). We found these latter strata, unlike the others, were similar in all categories, so they are presented together. Finally, we present findings about unhappiness, comparing and contrasting it to happiness. It is important to observe that, considering themes are synthesized from many interviews, we illustrate findings by just one or two quotes.

### Very Low Level of Marginalization

People who dwell in urban areas with very low marginalization tend to inhabit well-built and solid homes with all available public services, such as electricity, potable water, leisure time, safety, and comfort. In comparison with other strata, people at this level exhibit high education levels, available recreational time, ability to travel, ability to pay for private security, and purchasing power to acquire goods and technology. In other words, these individuals can be categorized as having a high quality of life.

In hedonistic terms, very low marginalization seems to guarantee happiness because of purchasing power, access to goods and services, and the ability to reach goals. However, happiness is not totally assured because factors such as family, work, and good health were more important to participants. Table 4 summarizes some of the interview findings at the very low level of marginalization.

**Table 4**

*Summary of Findings by Themes, at the Very Low Level of Marginalization*

Themes	Happiness is related to
Family, meaning	-
Family, closeness	Enjoyment, motivation, and support
Basic needs met	Sense of realization
Employment, economic conditions	Power and personal growth
Employment, self-realization	Self-satisfaction, autonomy
Health, reasons to be healthy	Family and friends
Health, causes	God as a source of healthiness
Reaching goals	Personal growth, satisfaction
Friendship	Emotional support and reciprocity
Religious beliefs and religion	-

*Note.* (-) There are no related findings at this theme

Regarding *family*, analysis showed that participants reflected three important factors: (a) the structure that family provides; (b) emotions elicited by family; (c) and the emotional and material support provided by family (which is interrelated with structure). For instance, one participant commented:

I consider myself happy because I can share with my family several moments of health, love, companionship, and also bitter times, right? We're not exempt from little problems that come up. But thank God for my family that has given me support... and that is why I feel that we really have found happiness. (O12)

As participants imply, family becomes a structure to enjoy in everyday aspects of life. Spending time together, forming close bonds, and overcoming loneliness is a type of total compensation offered by life. Happiness is not only about having better material conditions but also about enjoying goods or possessions within the family unit. Family is also a place to express affection, fondness, or attachment because it is represented as a strong motivator towards personal progress and economic prosperity. Family also provides a network of psycho-emotional and material supports, including companionship, displays of affection, fulfillment of certain needs such as food or housing, and positive effects on mood and mental stability.

Even though the *basic needs met* factor traditionally has been assumed not to be relevant at this level of marginalization, participants demonstrated that lifestyle matters because it represents power and security: "I'm happy...yeah, I am, because I've really done important things, I've had SUVs, I've had a home" (D67). As this participant suggests, material stability represents the ability to meet the family's basic needs.

Regarding *employment*, participants showed that having a job guarantees security of subsistence and decreases problems such as the unavailability of food, lack of access to health care, or economic emergencies. This psycho-affective effect is unique to this level because participants linked employment to the comfort and sustainability of other family members. Besides, having a good job represented power and personal growth due to the comfort that an individual can provide to his or her family, thus went beyond self-sufficiency and reaffirmation of the *status quo*. One participant said:

Because I'm very happy with what I do, with what I share with my family, my friends. I have been able to fulfill my plans, and today, I feel that I am in a place where all the conditions I have are basic to keep living. (D28)

The relevance of employment to happiness was related to the perception of achievement in life, or in other words, an emotional comfort from feeling satisfied with oneself or being able to "fulfill my plans." This feeling was also linked to the effort to maintain a long-term life project. Similarly, material goods and successes at work contributed to happiness by supporting autonomy or independence for the individual.

In the very low level of marginalization, *health* was another theme related to happiness. Participants recognized that living a healthy life was key to their well-being, particularly when they have been sick and have recuperated from an illness. Health of one's relatives was also important for happiness: "Because first of all, I'm healthy and the people I love and who are around me are, too, because we have economic and emotional stability" (D14). Analysis showed that health had different connotations for individuals in this study. First, being healthy allowed them to have enough time to build psycho-affective relations with people close to them, particularly family and friends. Health also affected ability to work or to take care of oneself or one's family and loved ones. Thus, health affected how participants worked toward their personal and family projects.

At this level of marginalization, participants determined *reaching goals* by a global conception of satisfaction from the overall results in life. To participants, *reaching goals* suggested a balance between means and objectives.

Well, because I've had the opportunity to reach a lot of my personal and family, and professional goals, and that gives you a certain satisfaction. Obviously, you never have one hundred percent, but with what I do have, I think I can consider myself happy. (D38)

Participants viewed reaching personal goals as intertwined with having a good family and a well-paid job, or with successful professional performance. People at the very low marginalization level appeared to have an expectation for constant personal growth to get what they want.

Regarding *friendship*, to most participants, relationships were a source of emotional support: "Having friends who are truly always there" (D37). Analysis suggested that friendships provide strong bonds of trust, mutual support, and reciprocity, indicating how relevant friends are as a psychological foundation and for sharing different aspects of life, such as successes and failures.

### Low Level of Marginalization

At the low level of marginalization, individuals have similar conditions to those described at the very low level of marginalization. However, these conditions are not as comfortable. Table 5 summarizes the central findings at this level.

**Table 5**

*Summary of Findings by Themes, at the Low Level of Marginalization*

Themes	Happiness is related to
Family, meaning	Safety and belonging to an integrated group
Family, closeness	Care and good treatment
Basic needs met	Lifestyle, enjoyment
Employment, economic conditions	Satisfaction of personal and household needs
Employment, self-realization	Freedom of choice, a source of pride
Health, reasons to be healthy	A condition to reach personal goals, healthy family members
Health, causes	God as a source of healthiness
Reaching goals	-
Friendship	Interaction with friends
Religious beliefs and religion	Gratitude

*Note.* (-) There are no related findings at this theme

In areas with low levels of marginalization, individuals expressed that happiness relies mostly on *family*. Keeping the family together was the most relevant reason to be happy since it produces a feeling of safety and belonging to an integrated group. For instance, one participant commented: "I'm happy because I'm with people who really love each other and treat each other well; we respect each other" (Q28). Most participants considered *family* as a state of comprehensive happiness, reflected in statements such as "I have a family." Likewise, family closeness implied an affective choice and a psycho-emotional process of satisfaction through care or good treatment, as exemplified in the quote.

At this level of marginalization, *basic needs met* was associated with having a material base and having specific goods, particularly those related to lifestyle:

I'm happy because I have my van... Now, everyone has the life they wish for, and not everything is material goods, not everything is a failure. We can't say that we have failed when we have a place to live, when we have food, clothes and a roof over our heads, we're fine. (E42)

Participants aimed to enjoy as much as they can, but within a mid-range living standard, which indicated an attitude towards enjoyment of life. Perspectives on the dichotomy of failing or not failing "in life", observed in most participants, suggested an association between the perception of success and the fulfillment of basic needs.

The *employment* theme was related to the happiness that making money brings. To participants, employment meant greater freedom of choice, as it was a way to satisfy personal and household needs. It was also a source of pride to have a job that meets an individual's expectations: "Happiness is being able to move, work, make money, say that today I earned it" (E50). Therefore, employment built happiness as long as it satisfied personal needs and the needs of loved ones and when participants enjoyed or were passionate about their work.

*Health* was a constant theme at this level. When referring to health, participants alluded to a condition of biological and psychological well-being that allowed them to reach their personal goals in life. Before working or achieving their objectives, people preferred to feel good physically and mentally: "Because I'm not rich, but I'm healthy, and I'm doing well with my family and, well, I think that as long as we're healthy, we can do everything else" (O65). Thus, family health represented a complementary ontological condition because having healthy family members makes individuals happy. As noted, participants also indicated that health was not tantamount to economic well-being. In other words, they may not be as affluent as they would like, but feeling healthy was enough for them to describe themselves as "happy."

Regarding *friendship*, participants noted that meeting in public and interacting with their friends contributed to a feeling of happiness. They also spent more time on hobbies and trying to take time to go out and have fun: "You're happy because when you're in the plaza talking to friends, you are also having a good time" (E46). Although the building of relationships was not a producer of happiness per se (as it could be for the construction of social capital and stronger bonds), happiness was intensified by sharing free time and entertainment with people in similar social groups or with similar interests in life.

Concerning *religious beliefs*, participants expressed a relationship between happiness and gratitude toward a transcendent or divine figure: "I'm happy because God has given me life, up until now" (O47). This kind of expressions (i.e., invoking God's sake or God's intervention) was very common during the interviews. To several individuals, this occurs because God provides with life and has allowed them to get material goods to enjoy health and life.

### **Mid-level Marginalization**

Participants at the mid-level of marginalization described fewer reasons for happiness, but, like previous levels, emphasized family closeness, basic needs met, health, and religious beliefs. At this level, religious beliefs were connected to health or economic conditions, noteworthy difference compared with low or very low levels of marginalization. In Table 6, we present a summary of central findings at this level.

**Table 6***Summary of Findings by Themes, at the Middle-level of Marginalization*

Themes	Happiness is related to
Family, meaning	Economic and social stability
Family, closeness	Unity, emotional longevity, reproduction, and inheritance
Basic needs met	Family security, socioeconomic mobility, social change
Employment, economic conditions	Economic opportunities to increase recognition
Employment, self-realization	-
Health, reasons to be healthy	-
Health, causes	Religious beliefs
Reaching goals	-
Friendship	Economic and social stability
Religious beliefs and religion	Unity, emotional longevity, reproduction, and inheritance

*Note.* (-) There are no related findings at this theme

Regarding *family closeness*, participants understood happiness as unity, longevity, and reproduction or inheritance. On family unity, it was not enough to have a family; it was also necessary to remain in close relationships, to be together, or to sustain psycho-affective bonds. Lasting marriages were also important and there was an affective extension in the bonds built among families united through marriage. A third trait was procreation, a type of life inheritance that is shared at the root of the family. Indeed, parenthood contributed to the social construction of happiness; it allowed individuals to intertwine within social structures of relatives that went beyond the nuclear family and included extended family members. For instance, one participant said:

Because I have my husband, I have my kids, because fortunately we live well and we're together, sometimes not everyone can say that. My husband has been with me for 18 years, we have two kids; we're together, we're doing well. (E20)

Findings suggested that family closeness built happiness due to emotional longevity, which was related to two factors: offspring and stable marriages that underlie the traditional or nuclear family.

The *basic needs met* theme was also present at the mid-level of marginalization. To most participants, happiness was associated with the socio-economic security of family and a change in lifestyle (i.e., socioeconomic mobility):

I'm happy because with hard work and sacrifice, I've acquired things, mainly a home, to have that security, to have that leisure space, that family security, so I've always tried to have an own home and not to pay rent. (E32)

Participants related family security to the constant presence of food or housing. Family security also implied establishing oneself and having a sense of ownership that superseded feelings of social vulnerability. Lifestyle changes were representations of social change: a person who could not satisfy his/her basic needs in the past and now is able to, which leads to happiness. Indeed, social change (or socioeconomic mobility) was very important for happiness. Several participants came from lower economic levels and related happiness to

social mobility because it represented personal growth and a certain level of comfort. Therefore, there were insecurities about a social or economic setback. As manifested by participants, mid-level marginalization was the social group that works the hardest to maintain lifestyle and to guarantee that basic needs are met. The search for stability was crucial; actions to achieve it were not based on being recognized at work or being successful but rather, through any means necessary, to reach their goals and not fall back socially.

In the same vein, participants portrayed *economic conditions* as a sustainable lifestyle, rather than having all the infrastructure and access that comes with a high standard of living. For example, one participant observed:

It makes me happy to have brought up my kids with the sweat of my brow, and I work because nobody ever wanted to help me with those social programs they have because they always told us that we were above the required limit, but there are a lot of people that have more things that we do, and they give them help with those programs, but I hope those people who receive these resources know how to take advantage of them. (O33)

These individuals did not express acute scarcities. Family members have enough means to survive, but there are no economic opportunities to improve the *status quo* of individuals.

At this level of marginalization, we observed that the role of *health* was temporary and inconstant. To participants, only when there was an illness or poor health, was there a feeling of unhappiness.

If you had asked me two years ago, I would have said no, that I wasn't happy. Now that I saw my daughter close to death, they told me she wouldn't wake up tomorrow because she had a hemorrhage in her head, that she might not wake up...now I value my daughters more. Now I feel that the great value that God gives us to have a child and mostly to be happy to see them alive. (O39)

Health issues also intertwined with *religious beliefs* because good health, or survival of illness, was seen as a blessing from God. As the quote above indicates, participants then tended to value health more and believed that it contributes more to happiness.

### **High and Very High Level of Marginalization**

In locations with high or very high levels of marginalization, people do not have access to most goods and services. Usually, these areas are located on city peripheries. Inhabitants live a more precarious life in comparison with people at other marginalization levels: they own very few durable possessions and assets, and in many cases their income levels are close to or below the poverty line. Table 7 summarizes some of the most important findings at this level.

**Table 7***Summary of Findings by Themes, at the High and Very High Level of Marginalization*

Themes	Happiness is related to
Family, meaning	Economic and social stability
Family, closeness	Unity, emotional longevity, reproduction, and inheritance
Basic needs met	Family security, socioeconomic mobility, social change
Employment, economic conditions	Economic opportunities to increase recognition
Employment, self-realization	-
Health, reasons to be healthy	-
Health, causes	Religious beliefs
Reaching goals	-
Friendship	Economic and social stability
Religious beliefs and religion	Unity, emotional longevity, reproduction, and inheritance

*Note.* (-) There are no related findings at this theme

In regard to *family closeness*, participants presented similar meanings as other marginalization levels: lasting psycho-affective structures, a base for mutual assistance, a common point of reference, and the satisfaction of basic emotional needs, including attachment, affection, joy, and others, in terms of relationships with solidarity and trust. For example, one participant said:

I'm happy because I have a family, I live with them, and I know that this family, later on, I might be sick and, well, one of them is going to lend me a hand, to go see me when I'm sick. (E44)

To most participants at high or very high levels of marginalization, belonging to a family meant being happy but only if the relationships were stable or lasting: when there were not family separations or conflicts, people felt happier. Within a family, parents and children develop expectations concerning the care of others, social dignity, and the meeting of the most pressing needs. Thus, family represented the most solid foundations for people with more extensive social deprivation: "I'm happy because I have my wife because I have my kids, I'm happy since, as the saying goes, no money, but as long as I live, fine, and be fine" (E17).

The *employment* theme had two broad viewpoints. First, participants expressed this theme as an integral component of happiness as a whole (i.e., the sum of health, family, religious belief, basic needs met). Second, from a survival perspective, employment meant a type of economic base for obtaining basic goods and seeking a minimal level of guaranteed well-being: "I'm happy because I have a job; the most important thing is to have something to eat every day, a tortilla, beans, I have that" (O58).

The *health* theme was central at the high and very high marginalization level because of lack of access to medical services. Most participants did not have medical coverage for catastrophic events: they struggled through health situations with public clinics and hospitals. In relation to happiness, health was important because when all family members are healthy, there are no effects on the family economy: "We are healthy because if not, it would be more critical with an illness, so many illnesses that come and you aren't happy anymore. As long as you're healthy, it's okay [...] because getting sick is very expensive" (E11). Similarly, being in

good health does not mean simply enjoying day-to-day life but also implies more time to spend with family. In any case, health is associated with family and economy.

Regarding the *religious beliefs* theme, participants demonstrated an interrelation between a higher level of marginalization and religion characterized by three unique meanings: (a) gratitude for the simple fact that people live for a divine figure; (b) a sense of hope, help, or protection; and (c) an attitude towards life, as a way of facing issues of daily survival. For instance, one participant commented:

I want to be happy, I want to be joyful, to laugh in the face of life, because yes, there are problems, but you try to avoid them or try to solve them and be happy; mostly I really believe in God and ask him to help me and protect me. (E15)

At this level, religious beliefs supported the building of meanings for a good life, which contrasted with other marginalization levels, where religion presented a less central role in happiness.

### Unhappiness

One constant theme that emerged from the interviews was references to reasons why people are not happy. These factors were present at all levels of marginalization and were consistent. This is different from the causes of happiness that showed variations at each marginalization level. Table 8 presents a summary of the central findings related to unhappiness.

**Table 8**

*Summary of Findings by Themes, at the High and Very High Level of Marginalization*

Themes	Unhappiness is related to
Family, meaning	-
Family, closeness	Emotional breakup and divorce
Basic needs met	Poverty and scarcity conditions
Employment, economic conditions	Unemployment leads to the lack of economic security, and difficulty to access to a better life
Employment, self-realization	-
Health, reasons to be healthy	Illness limits social development
Health, causes	-
Reaching goals	-
Friendship	-
Religious beliefs and religion	-

*Note.* (-) There are no related findings at this theme

Lack of *family closeness* contributes to unhappiness. The experience of an emotional breakup or a separation, either between spouses or parents and children, was associated with a state of unhappiness, either for the individual affected by the separation or through empathy and affection for a loved one who is going through this type of situation. For instance, one participant shared:

I'm not very happy because right now, I'm separated, eh... I haven't seen my kids in three years and well, I don't know, it's normal, I want to talk to them, I'd like to be with them, but face to face, not over the phone. (T12)

Unhappiness was found in the *basic needs met* theme, as participants described not having basic things, such as food and money for household services, contributes to unhappiness: “When we’re all here, we’re fine, apparently, but we don’t have enough money to buy basic things...so, about that I could say that I’m not happy” (O61). To participants, poverty conditions and the lack of specific resources are strongly associated with unhappiness, regardless of the marginalization level, suggesting that material deficiencies can be experienced in similar ways no matter the social stratum or individual socio-economic position.

Similarly, participants described unemployment (i.e., the state of being without *employment*) as related to unhappiness because of (a) the lack of economic security, and (b) difficulty of accessing a better life: “I’m not happy because I have a lot of professional deficiencies that don’t allow me to get a better job. My job right now only covers my basic needs with no debt” (D51). Lack of economic security contributed to complete unhappiness because even basic needs cannot be met; dealing with expenses meant being able to pay and get respect, not only for the individual but also for all members of the household.

The *health* theme was also key to understand individuals’ unhappiness. Those participants who reported being ill or having a disability described themselves as unhappy because they felt limited in their social development. Likewise, having a sick relative was associated with a state of unhappiness, especially for the caretaker. For instance, one participant said:

So long as there are no economic problems, with school, relatives, personal spending, well, it’s fine, you can say that I’m happy. But if for example, a family member is sick, we have to figure out how to take care of it, and that makes me unhappy. (O25)

As noted, the lack of good health surpassed economic (i.e., income and employment) and social aspects (i.e., recognition and status) because this type of deprivation confronts and contrasts the idea of a fulfilled life.

## Discussion

Happiness implies learning, knowledge, and experiences because of its multidimensional nature. Our findings suggest that neither high nor low levels of marginalization guarantee individual or family happiness and, further, that each factor contributing to happiness is interpreted with different meanings according to level of marginalization. These results shed new light on how groups of people interpret what it means to live a good life and provide balancing perspectives about what being happy means.

In our findings, relationships with family members are associated with an understanding of the world centered on emotional, affective, and economical maintenance of the family unit. A person who belongs to a family is likely to be happy. And although family ties produce happiness across all groups of people, the meanings and necessities of family vary according to the level of marginalization. People in the lowest marginalization group related family to economic prosperity and enjoying life with companionship. Meanwhile, the mid-level group highlighted the institutional means of sharing time, maintaining bonds, and marriage stability that go along with inheriting values and connections to the extended family. At the highest levels of marginalization, the family was a means to overcome the lack of material goods and money.

Our findings also reveal that, although meeting basic needs is a substantive aspect of subjective well-being, it varied by marginalization level. At the very low and low levels of marginalization, basic needs comprised a sense of personal fulfillment, where individuals

related amassing goods to a sense of comfort, *status quo*, distinction, and social recognition. In the mid-level of marginalization, people suggested a different connotation focused on overcoming their social condition. Most of the families at this level come from social strata with lower incomes, so property and family stability provide more psycho-affective inputs with a greater value for self-improvement. For participants at the high and very high marginalization levels, meeting basic needs was not a valuable psycho-emotional asset as it is not mean to happiness as relevant as family and employment are.

Health is also a central issue to happiness at every level of marginalization, but with some differentiations. At the very low marginalization level, health takes on a biographical meaning because individuals want to remain healthy to extend their satisfaction in the pursuit of goals. At the middle level, people were more sensitive to changes in health. If someone is ill, it creates a state of stress that leads to unhappiness, so being healthy means avoiding suffering for oneself and for loved ones. In the high and very high marginalization levels, health is a fundamental condition because an emergency leads to broader vulnerability and worsens the economic situation of the household.

The literature has reported that employment leads to happiness (Fischer, 2009; Rentfrow et al., 2009; Shier & Graham, 2015) because it allows for the basic needs of the household to be met (Tay & Diener, 2011) and for basic household services to be paid (Devoto et al., 2012), particularly in poorer contexts. With this rationale in mind, employment in the very low and low levels of marginalization guarantees the achievement of a life project, reproduction of the *status quo*, emotional comfort, and personal happiness. The main difference in comparison to other marginalization levels lies in the capacity of employment to drive self-realization, while also creating happiness by providing economic support to the family. At the mid-level of marginalization, employment means supporting the household as well as achieving material satisfaction and survival.

In previous research, religion is usually associated with happiness (Krause, 2003; Myers, 2000; Quang-Tran et al., 2018). In our study, the religious beliefs theme represents a feeling of gratitude toward a higher power. People usually trust in a superior being because they expect economic support or improved health. As our findings suggest, religion or belief in a higher power contributes to happiness at an individual or family level. At the very low, low, and medium levels of marginalization, religion was not associated with economic success but rather with good health or a feeling of divine gratitude. For the high and very high levels of marginalization, religion was important and related to happiness because it creates a survival attitude in the face of a precarious life. In other words, religious beliefs are a force to overcome obstacles as well as a driver of hope.

In literature, friendship has also been identified as an important theme in happiness (Clark et al., 2008; Fischer, 2009; Kahneman & Deaton, 2010), because of the benefits it produces in personal satisfaction. In the very low marginalization level, friendship implies mutual support, reciprocity, and trust. In the low level of marginalization, it is a beneficial aspect of social interaction that takes advantage of public spaces. In the levels with the highest marginalization, friendship is associated with positive experiences and refers to the advantages of having friends and functioning cohesively with the community.

Overall, our study's results agree with previous research. However, some new important insights arose from the analysis, such as how happiness is affected by the meanings of family, reasons and causes of being healthy, reaching goals, religious beliefs, and self-realization. Analysis also showed that there are different perceptions of these factors according to level of marginalization. Thus, happiness is the outcome of a balance of life experiences and perceptions, both good and bad, where the level of marginalization plays a central role in how individuals interpret and experience happiness.

Finally, our study provides new insights related to unhappiness. Unhappiness is more homogenous, regardless of the level of marginalization, which suggests that unhappiness is a stage within the process of happiness derived from an imbalance in factors lead to happiness, as it. As a result, we can find people in both low marginalized and high-marginalized contexts that are unhappy. When living in contexts with low social vulnerabilities does not automatically trigger happiness, we can conclude that unhappiness is as universal as happiness, despite they relies on interactions among the same factors.

## Conclusions

Our study demonstrated that happiness is a multicausal phenomenon, where aspects such as family, health, employment, religion, friendship, and basic needs being met lead to happiness. However, each factor has a different role according to a person's level of marginalization. These characteristics of happiness were clearly illustrated by the perspectives of our study participants, who were selected to represent the highly heterogeneous country of Mexico, where more than 40% of people live in poverty (CONEVAL, 2019) but yet is ranked the second happiest country in Latin America and 24<sup>th</sup> in the world (Helliwell, Huang, & Wang, 2019). The analysis of happiness by levels of marginalization was revealing because marginalization is a contextual measurement that reflects differentiated social structures, such as population's deprivation—with or without access to essential services (CONAPO, 2015). Using the marginalization concept allowed us to observe the nature and role of happiness in several different socio-geographic areas within Mexico. In addition, it allowed us to see happiness factors that are shared across groups, as well as understand the value and meaning of each factor at each level of marginalization.

Our findings have several implications. First, they suggest the need to design public policies, programs, and interventions that account for social factors associated with happiness (e.g., health, social networks, housing) and that go beyond economic measurements. For instance, programs associated to economic conditions such as the Program for the Welfare of the Elderly or the Pension Program for the Welfare of People with Disabilities<sup>1</sup> would incorporate, besides economic components, construction of social networks, connection of spiritual and religious life, or the preservation of public life. These programs, along with others of similar nature, must also rely on the need of reaching goals and the self-realization associated with economic means. For example, the Sowing Life Program (*Sembrando Vida*, in Spanish), more centered in environmental issues, may also consider the role of local culture as well as the supporting networks in the improvement of the quality of life, and thus, in individual and community happiness.

Second, the results provide evidence that could be used to improve the design and delivery of several social services to support the pursuit of well-being and happiness by Mexicans, regardless of the contexts of exclusion and marginalization. Indeed, healthcare services, housing access, or employment assistance, have been evidenced to improve when the psychosocial context is taken into account (see, e.g., Paul & Pandey, 2020).

There are some limitations to this study. First, the interviews were conducted only in urban contexts in four states representing different levels of social well-being. Second, like other qualitative studies, it is not possible to make generalizations about our results. However, the themes were saturated, and we were able to consistently identify and evaluate factors that lead to happiness in heterogeneous individuals, thus providing reliability and consistency in results.

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<sup>1</sup> *Programa para el Bienestar de las Personas Adultas Mayores* and *Programa Pensión para el Bienestar de las Personas con Discapacidad*, respectively, in Spanish

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### Author Note

Oscar A. Martínez-Martínez, PhD, is a Professor at University Iberoamericana (Mexico). In 2014, he was a visiting professor at Boston College. He has coordinated several international research projects, the most recent is called “Measurement of Social Welfare in Mexico: a proposal for analysis in regions. He is a member of the Mexican Academy of Sciences and a member of the National System of Investigators. His research interests are social welfare, poverty and evaluation of public policies. Correspondence regarding this article can be addressed directly to: [oscar.martinez@ibero.mx](mailto:oscar.martinez@ibero.mx).

Javier Reyes-Martínez is Ph.D. in Social Welfare at the Graduate School of Social Work at Boston College. He has been a professor at the Universidad Iberoamericana as well as at the Loyola del Pacifico University. He is a specialist in culture and cultural management as well as a social activist in this area. Correspondence regarding this article can be addressed directly to: [srreyes@bc.edu](mailto:srreyes@bc.edu).

Eder Noda is Ph.D. in Social and Political Sciences from the Universidad Iberoamericana. Correspondence regarding this article can be addressed directly to: [eder.noda@gmail.com](mailto:eder.noda@gmail.com).

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