





# PSYCHIC ATTRITION AND SELF-ESTEEM OF WOMEN IN A SOCIALLY VULNERABLE CONDITION IN CIUDAD GUZMÁN, JALISCO

## DESGASTE PSÍQUICO Y AUTOESTIMA DE MUJERES EN CONDICIÓN DE VULNERABILIDAD SOCIAL DE CIUDAD GUZMÁN, JALISCO

SHORT TITLE: PSYCHIC ATTRITION AND SELF-ESTEEM OF WOMEN

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### ABSTRACT

The purpose of the following study is to characterize the variables, psychic attrition, and self-esteem, as well as explore their association and identify differences, in a group of working and non-working women in a socially vulnerable condition of Ciudad Guzmán, Jalisco. Exploratory, descriptive, correlational study; we applied the fourth dimension of the Battery for the study of psychosocial working conditions (CTCPS-MAC), which evaluates psychic attrite and three factors (cognitive-emotional response, behavioral response, and physiological response). As well as the Cooper and Smith test that assesses self-esteem in three dimensions (self, family and social), to 195 vulnerable women to whom the System of Integral Development of the Family (DIF because of its acronym in Spanish) grants monthly support in the form of provisions, of which 125 are housewives and 70 work outside their home. The results showed a tendency in the majority of the population to present optimal ratings regarding psychic wear and self-esteem. There was no significant difference in women who work outside the home and those who do not. The correlation we found between the factor 1 of psychic wear and self-esteem. It remains an assumption for future studies that women with high self-esteem will tend to manifest less mental weariness.

**Keywords:** Social vulnerability; women; mental health.

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## RESUMEN

El propósito del siguiente estudio es caracterizar las variables *desgaste psíquico* y *autoestima*, así como explorar su asociación e identificar diferencias, en un grupo de mujeres trabajadoras y no trabajadoras en condición de vulnerabilidad social de Ciudad Guzmán, Jalisco. El estudio exploratorio, descriptivo, correlacional, se aplicó la dimensión número cuatro de la Batería para el estudio de las condiciones de trabajo de carácter psicosocial (CTCPS-MAC), que evalúa desgaste psíquico y tres factores (respuesta cognitiva-emocional; respuesta conductual y respuesta fisiológica); así como el test de Cooper y Smith que evalúa autoestima en tres dimensiones (sí mismo, familiar y social) a 195 mujeres vulnerables, a quienes el Sistema de Desarrollo Integral de la Familia (DIF) otorga apoyo mensual en forma de despensa, y de las cuales 125 son amas de casa y 70 trabajan fuera de su hogar. Los resultados mostraron una tendencia, en la mayoría de la población, a presentar calificaciones óptimas en lo relativo al desgaste psíquico y la autoestima. No hubo diferencia significativa en las mujeres que trabajan fuera de casa y las que no lo hacen. Se encontró correlación entre el factor 1 de desgaste psíquico y la autoestima. Queda como un planteamiento supuesto para futuros estudios, que mujeres con una autoestima elevada tenderán a manifestar menos desgaste psíquico.

**Palabras clave:** Vulnerabilidad social; mujeres; salud mental.

## INTRODUCTION

**S**ocial vulnerability is often related to poverty; however, this association is contingent and not necessary<sup>1,2</sup>, because vulnerability not only implies the dissatisfaction of material needs but also recognizes the existence of discriminatory behaviors and marginalization towards certain groups<sup>3</sup>

According to the General Law of Social Development, social groups in a situation of vulnerability are defined as those persons or population centers that, due to various factors, face situations of risk or discrimination that do not allow them to achieve better living standards, and therefore require of government attention and investment to achieve their well-being<sup>4</sup>.

In Mexico, the public body in charge of social assistance to the vulnerable population is the National System for the Integral Development of the Family (DIF), which deals with the design of programs and the application of public policies, to respond in a timely manner to the needs and demands that in the area of social assistance,

present the persons and social groups that most require it<sup>5</sup>

In Jalisco, the state DIF is the agency that is responsible for social assistance. In the southern area, through the municipal DIF, it is responsible for supporting the vulnerable population. Vulnerability, according to the DIF, is manifested when one or more of the following characteristics are present in a family:

Have an income of less than two general minimum wages according to the geographical area of the region; is composed of one or more infants under the age of five; it is composed of children and adolescents with malnutrition, deficiency in their physical and mental development or who present abuse. There are victims of any exploitation and migrants; is integrated by one or more pregnant women or who are breastfeeding; it is composed of one or more seniors, or by one or more persons with some disability<sup>5</sup>.

The women are one of the vulnerable groups for whom the government institution shows priority support. However, this social group,

which includes both working and non-working women, is little studied in research.

There are numerous studies in women that address psychological variables associated with work and occupational attrition<sup>6-13</sup>; nevertheless, research evidence in women in conditions of social vulnerability related to variables such as psychological exhaustion and self-esteem is practically nil.

The concept of psychic attrition has been handled from different positions, which makes its technical definition difficult. There is a high tendency to relate it to burn out, the burn-by-work syndrome. Even, although burnout entails psychic attrition that does not necessarily mean that all psychic attrition is burnout. Gil-Monte<sup>14</sup> determines that this syndrome appear when there is emotional and physical exhaustion caused by frequent treatment with problem people, this means the inability to give more of himself in emotional and emotional terms, which causes a sensation of loss of energy.

On the other hand, Branden<sup>15</sup> defines self-esteem as what a person feels about himself, and that will depend on what each wants to be and do, is determined by reality and personal potential. For Burns<sup>16</sup>, it is a psychological and social phenomenon, an attitude that can be favorable or unfavorable, that a person has towards himself, composed of opinions and feelings.

Several studies have documented the importance of self-esteem in the protection of health<sup>17-21</sup>. One of them<sup>21</sup> found that low self-esteem fosters self-rejection, dissatisfaction, and personal imbalance; it is a resource that allows resistance to stress, protects from the emergence of it and promotes an effective coping. Other research<sup>18</sup> studied the relationships between self-esteem and health in women, reporting as a finding that

the higher self-esteem, the participants showed better health and less depressive symptoms, as well as lower anxiety and social dysfunction.

Regarding the documented differences between the work situation, Bedoya and Caicedo<sup>22</sup> conducted a study with women from two groups, with and without work, and found that there is no difference in their concept of self-esteem. Though, in other investigations<sup>13,23,24</sup> it is perceived that homemakers tend to have low self-esteem, as well as health problems, in contrast to those who do pay activities outside the home.

Given that within the group of vulnerable women there are both employed and homemakers, and given that several studies<sup>7,13-26</sup> indicate that domestic work may represent risks to the health of those who perform it, it is feasible to evaluate both women who work outside the home and those who do not, and identify if there are differences between them, through an instrument designed for the evaluation of psychosocial risks in the working population.

Given the scarcity of research that studies the association of psychic burnout and self-esteem in vulnerable women, both working women and homemakers, this research aims to characterize both variables, psychic wear and self-esteem, as well as explore their association and identify differences between working and non-working women in social vulnerability status of Ciudad Guzmán, Jalisco.

## MATERIALS AND METHODS

### Type of study and design

An exploratory, descriptive, correlational study was carried out from a quantitative paradigm, in order to explain a little-known phenomenon and to look for the fundamental tendencies

through the measurement of the variables that the instrument validates. We used descriptive statistics that included units of central tendency, contingency tables, student's T-test, as well as the Pearson correlation coefficient.

## Participants

195 women integrated the study sample selected by convenience sampling. Of which 70 are workers and 125 do not work outside their home. We used the following selection criteria:

**Inclusion:** women who meet the requirements of the state of vulnerability established by the municipal DIF.

**Exclusion:** women who do not comply with the requirements of the state of vulnerability established by the municipal DIF. Also, women who have some pathology that prevents the comprehension of the questions.

During 2017 the municipal DIF issued the support to a total of 700 women, which make up the research sample.

## Instruments

We used the dimension four "Psychic attrition" of the Battery for the study of working conditions of psychosocial character (CTCPS-MAC)<sup>27</sup> validated for the Ibero-American population. The battery consists of 75 items that group four dimensions and a total of 14 factors. Its intention is to evaluate the perception that the working population has of working conditions of a psychosocial nature in their own work environment as well as of individual factors and subjective symptoms and alterations of health. It allows evaluating four dimensions: Work context, Work content, Individual factors, and Psychic attrition and includes fourteen psychosocial factors. Since this instrument allows evaluating

each dimension separately, only the four dimensions were used: psychic attrition that evaluates the following factors:

-Factor 1: subjective symptoms and alterations of health-psychological states-cognitive-emotional response.

The cognitive response is the way to understand reality and perform in society, so it is linked to the natural ability of human beings to adapt and integrate their environment and the emotional response allows us to establish our position concerning the surrounding environment being propelled towards other people, objects, actions or ideas<sup>28</sup>.

-Factor 2: subjective symptoms and alterations of health- Psychological states, behavioral response.

It is the presence or absence of certain behaviors or strategic coping skills in situations<sup>28</sup>.

-Factor 3: subjective symptoms and alterations of health- Psychological states- physiological response.

It is the reaction that our organism has to the external stimuli of stress or effort, and that modify the natural state of the same<sup>28</sup>.

The questionnaire has two sections, the first concerns sociodemographic variables and is used mainly to obtain data from the person who answers and as a control for the researcher. The second part is dimension four, which consists of 20 reagent, uses a Likert scale of 5 levels: 1, extremely unfavorable and negative to the reagent; 2, unfavorable and negative to the reagent; 3, neutral or indecisive; 4, favorable and positive to the reagent; and 5, extremely favorable and positive to the reagent.

The dimension four was validated by reporting a Cronbach's alpha of 0.88. Remember that a minimum value of Cronbach's Alpha coefficient of 0.7 is acceptable.

The adult version of the Cooper Smith Self-Esteem Inventory<sup>29</sup> was also used, which consists of 25 statements with dichotomous responses, which was validated in Mexico in 1993. The construct validity of the instrument was evaluated by estimating the discrimination power of the reagents of the instruments. High and low scores through T-tests. The results showed that all the reagents (items) discriminated significantly ( $p = 0.05$ ). Reliability, evaluated with the Cronbach's Alpha coefficient, showed a value of 0.81.

The 25 inventory items generate a total score as well as separate scores in three areas:

General itself: which refers to the attitudes that the subject presents to their self-perception and their own evaluative experience about their physical and psychological characteristics.

Social: is built by items that refer to the attitudes of the subject in the social environment in front of their friends and colleagues. As well as those referring to the experience within educational institutions and expectations regarding their satisfaction with academic or professional performance.

Familiar: it exposes items in which reference is made to attitudes and or experiences in the family environment concerning coexistence.

## Process

The evaluation was carried out in March 2017 at the municipal DIF facilities. The objective of the research was explained to the participants, and they agreed to respond voluntarily.

About the dimension four of the Battery for the study of the working conditions of psychosocial character (CTCPS-MAC) they were told how to answer the questionnaire, in items 16 and 18:

16. I like the tasks I do at my workplace

18. My work does not satisfy me

Participants who worked outside the home, had to respond according to their job, while those who worked as housewives, take on domestic chores as their work.

The instruments were evaluated by global score and by factors, according to the detailed explanation in the scale of each one. The analysis of the data obtained was elaborated in the *Statistical Package for the Social Sciences* (SPSS) version 15.0.

## Declaration on ethical aspects

The provisions of The Declaration of Helsinki 1975<sup>30</sup> for research with people were taken into account to carry out this research. The objective of the research was explained to the participants, and they agreed to respond voluntarily, ethical considerations of confidentiality and anonymity were maintained. All the precautions of the case were taken to respect their private life and to minimize the impact of the study on his physical and mental integrity. The municipal DIF of Zapotlán el Grande, which supports the investigation, endorsed it.

## RESULTS

Among the results, it was obtained the socio-demographic characteristics of the 195 participants, which can be seen in Table 1.

**Table 1.** Sociodemographic profile of the participants. Ciudad Guzmán, Jalisco, 2017

Variable	Frequency	Percentage
<i>Age</i>		
Youth and adults	131	67.2
Older adults	64	32.8
<i>Number of children</i>		
Less than five	140	80
More than six	35	20
<i>Number of families in charge</i>		
Less than three	150	82.9
More than four	35	17.1
<i>Civil Status</i>		
With a couple	119	61
Without a couple	76	39
<i>Academic training</i>		
Less than the basic	159	82.8
Greater than the basic	33	17.2
<i>Working</i>		
Yes	70	35.9
No	125	64.1

Source: own elaboration

The most significant data is that the age of 67.2% of the participants fluctuates between 20 and 60 years, and 32.8% is over 60 years old, so the trend is in the young adult stage. 80% of women are mothers of five children or less, while 20% have more than six. 82.9% reported having three or fewer dependents, while 17.1% reported four or more dependents. Concerning marital status, the highest incidence was that of women with a partner, with 61%, while 39% said they did not have a relationship. Regarding academic training, a vast majority of 82.8% attended only basic studies, while only 17.2% had more than basic academic training. On the other hand,

regarding work, most of the participants, 64.9%, declared not to work outside the home, and 35.9% said they did.

### Psychic attrition

Concerning psychic attrition and subjective symptoms and alterations in health, psychological states, cognitive-emotional response (Factor 1), 9.7% of women are affected by this factor, 50, 3% does not present subjective symptoms and alterations of health, with the consequent effect on psychological states and cognitive-emotional responses. Although the tendency is that the

majority of the population is not attritional, practically half of the women studied require psychological intervention.

Regarding the subjective symptoms and alterations of health-psychological states- behavioral response (Factor 2), 26.7% of the women studied are at a level of attrition, and without attrition on this factor, there is 73.3 %.

When taking into consideration the subjective symptoms and alterations of health-psychological states-physiological response (Factor 3), 26.2% of women reported having affectations, and 73.8% reported not having problems in this area.

Overall, (Dimension 4) 28.7% of the sample reported having a harmful level of affectation to psychic attrition, and 71.3% did not present psychic attrition. From the results shown here, Factor 1 is the one that shows greater affectation in the studied women and, although from a quantitative point of view, the tendency is to the absence of attrition, there is a considerable number of women with attrition, which implies that this population must be treated for preventive and mental health promotion purposes.

### **Self-esteem**

About the dimension *itself*, it is reported that 22.6% of women have low self-esteem, and 77.4% have high self-esteem. Regarding the *social* dimension, 20.5% report low self-esteem, in contrast to the 79.5% that presents a high level. In the *family* dimension, 25.6% of women report low self-esteem, and it is high for 74.4% of the women studied. The overall level of self-esteem, according to the results obtained, indicates that

22.1% of women in conditions of social vulnerability in Ciudad Guzmán have low self-esteem, and 77.9% have high self-esteem.

Although the tendency is for these women to perceive a high self-esteem, the analysis of these results suggests that a significant number in this population needs psychological intervention, in order to mitigate damages in the future, especially from a preventive approach, and that opens doors to more in-depth studies, given the few scientific reports regarding this population.

### **The relationship between Self-esteem and Psychic Attrition**

Regarding the relationship between the two variables of study, self-esteem and psychic attrition, from the contingency tables, it was obtained that of the total of women with low self-esteem, 46.5% present psychic wear, while 53.5% % does not show affectation. Among the total of women with high self-esteem, 23.7% have psychic attrition, while 76.3% do not show affectation. It is what is supposed to infer for future research that women with high self-esteem will tend to be affected to a lesser degree by psychic attrition.

When explaining the correlations between the variables, through the Pearson coefficient, it was found that there is a positive correlation, although weak between the self-esteem variable and its three dimensions (self, social and family) with factor 1 of the dimension four that evaluates the psychic attrition, which corresponds to subjective symptoms and health alterations - psychological states - cognitive-emotional response. This relationship needs to be studied in depth in future research (Table 2).

**Table 2.** Correlation between variables

		<b>Dimension itself</b>	Social Dimension	Family Dimension	Global self-esteem
Factor1 Cognitive-emotional response	Pearson correlation	.322**	.155*	.285**	.287**
	Sig. (bilateral)	.000	.030	.000	.000

\* The correlation is significant at the 0.05 level (bilateral)  
Source: own elaboration

### Difference between workers and non-workers

In the results of the variables evaluated between the group of 125 women who do not work outside the home and that of the 70 women who do pay activities outside their home, some differences were identified. Regarding psychic attrition, both in its three factors and in the overall score, it was obtained as a result that it is the group of non-working women that present, slightly, a higher percentage of affected people with psychic attrition (Table 3).

**Table 3.** Evaluation of psychic attrition. Comparison between women workers and non-workers

Dimension and factors	<b>Working women</b>		<b>Non-working women</b>	
	With psychic attrition F (%)	Without psychic attrition F (%)	With psychic attrition F (%)	Without psychic attrition F (%)
Factor 1 Subjective symptoms and alterations of health - Psychological states - Cognitive-emotional response	30 (42.9)	40 (57.1)	67 (53.6)	58 (46.4)
Factor 2 Subjective symptoms and alterations of health - Psychological states - Behavioral response	15 (21.4)	55 (78.6)	37 (29.6)	88 (70.4)



**Table 3.** Continuation

	Working women		Non-working women	
Factor 3 Subjective symptoms and alterations of health - Psychological states - Physiological response	13 (18.6)	57 (81.4)	38 (30.4)	87 (69.6)
Dimension 4 Psychic attrition	15 (21.4)	55 (78.6)	41 (32.8)	84 (67.2)

Source: own elaboration

While in the evaluation of self-esteem, it was the group of working women who reported a higher percentage of low self-esteem in two dimensions, as well as in the overall result (Table 4).

**Table 4.** Evaluation of self-esteem. Comparison between women workers and non-workers

	Working women		Non-working women	
	Low self-esteemF (%)	High self-esteem F (%)	Low self-esteemF (%)	High self-esteem F (%)
Dimensión sí mismo	17 (24.3)	53 (75.7)	27 (21.6)	98 (78.4)
Social Dimension	13 (18.6)	57 (81.4)	27 (21.6)	98 (78.4)
Family Dimension	20 (28.6)	50 (71.4)	30 (24)	95 (76)
self-esteem	16 (22.9)	54 (77.1)	27 (21.6)	98 (78.4)

Source: own elaboration

However, when applying the Student's t-test, the absence of statistically significant differences between the means obtained in the evaluation of the two variables studied in the group of women working outside the home and of those who do not, therefore, according to said statistical test, there are practically no differences between both groups in terms of the level of psychic attrition and self-esteem they present. (Table 5).

**Table 5.** Student t test between working and non-working women

PSYCHIC ATTRITION								
Variable work	N	M	D.E.	Standard error of the average	t	g.l.	Sig.	Difference from the average
Workers	70	1.79	.413	.049	1.687	193	.093	.114
Non-workers	125	1.67	.471	.042	1.751	159.150	.082	.114
SELF-ESTEEM								
Variable work	N	M	D.E.	Standard error of the average	t	g.l.	Sig.	Difference from the average
Workers	70	1.77	.423	.051	-.202	193	.840	-.013
Non-workers	125	1.78	.413	.037	-.201	140.178	.841	-.013

## DISCUSSION

The Municipal DIF of Zapotlán el Grande, where this study was conducted, promoted the evaluation of psychic attrition and self-esteem in this vulnerable population with the purpose of promoting prevention and improvement actions as a pending issue in this social sector that doesn't have the necessary attention.

Regarding the results, although it is true that, in terms of psychic attrition, the majority of the population studied has optimal health conditions, reporting mostly grades that refer to the absence of attrition, both in the overall result of the dimension four as in each of its three factors; the results that indicate the need for an intervention cannot be ignored.

It was not statistically significant the fact that 64.9% of the participants do not work out-

side their home, but that they work only as homeworkers. In this sense, it is interesting to note that when comparing what was obtained in another study<sup>31</sup>, also performed with the same instrument but applied to the working population of this area, similar results were found. In this study, only 15.1% of the participants obtained a rating that indicates the presence of attrition, while 84.9% did not present involvement. In general, in both studies, a tendency was found in the majority of the population studied to present optimal scores regarding the measurement of psychological burnout and its three factors, although in the present study the percentage of participants with psychic attrition was higher.

This result coincides with that obtained in a similar investigation carried out also on vulnerable women in the area with the same instrument<sup>32</sup>. In that study, 75.8% of the participants

were in optimal conditions with good and very good grades, while 24.2% had between standard and noxious results. The most affected factor was number 1, cognitive-emotional response since 5.5% presented negative symptomatology. In that study, no significant association was found between the work variable and the level of psychic attrition.

Since no significant differences were found between the psychic attrition of women who only work as homeworkers and those who obtain remuneration for working outside their home, it differs from the findings obtained in other studies in which this variable has reported discrepancies in the health of the participants, showing a trend towards greater health in women who work outside their home. In a sample of women based in Toluca, Mexico, Garay, and Farfán<sup>10</sup> reported greater depression in women who have unpaid work. In Brazilian women, research by Senicato *et al*<sup>33</sup> found that homemakers showed a lower quality of life, related to health than paid workers. For their part, Ferrer *et al*<sup>7</sup> studied a group of women from the Autonomous Community of the Balearic Islands, who found that homemakers showed lower levels of health, both concerning acute symptoms and chronic diseases. Moreover, the assessment of the level of health.

Regarding the other variable studied, self-esteem, the result of this research coincides with that obtained by Bedoya and Caicedo<sup>22</sup> who evaluated two groups of women, through a comparative study whose objective was to recognize the self-concept that both homemakers and women had. With paid work, the researchers found that there is no significant difference between the self-concept of the woman who does not work outside the home and the one who does.

The above is different from the research carried out by Baruch and Bernett<sup>34</sup> who studied in a

group of women the relationships between the different roles played by them (worker, wife, and mother), and their manifestations of well-being (self-esteem, happiness, optimism, and satisfaction). ); said study reported that women with paid work reported having higher self-esteem than those who were only housewives. Likewise, the research conducted by Escalera and Herranz<sup>35</sup> allowed them to conclude that women who work outside the home have a higher level of self-esteem than those who are exclusively dedicated to their home.

## CONCLUSION

According to the results obtained in this research, it remains as a presumed approach for future studies that women with high self-esteem will tend to present less psychic attrition, which reinforces the findings obtained in various investigations in which it is documented that self-esteem is a protective variable of mental health.

The data obtained allow opening doors for future research in the population studied. It is suggested that new studies be carried out that take into account various variables related to the health effects of these women, as well as qualitative research to contrast and complement what has been found up to now. In order to deepen this field so little explored to ensure mental health and quality of life in women in a socially vulnerable condition of Ciudad Guzmán, Jalisco.

## LIMITATIONS

It is necessary to indicate that the selected sample was not random but for convenience; Also, the data was obtained from participants from a single city and with only two instruments. Therefore, the results cannot be generalized.

## DECLARATION ON CONFLICTS OF INTEREST

The authors declare no conflict of interest. No financial interest constitutes a conflict of interest, whether real, potential and has not received benefits such as money or goods from sources that have any interest in the results of this investigation.

## BIBLIOGRAPHIC REFERENCES

1. Stern C. Vulnerabilidad social y embarazo adolescente en México. *Pap Poblac* 2004; 10(39):129-158
2. Ruiz Rivera N. Defining and measuring social vulnerability. Towards a normative approach. *Investigaciones geográficas* 2012;77: 63-74
3. Dirección Nacional de Alimentación y Desarrollo Comunitario. Índice de vulnerabilidad social. México: Secretaría de Salud; 2015
4. Cámara de Diputados del H. Congreso de la Unión. Ley General de Desarrollo Social. México: Diario Oficial de la Federación; 2004
5. Sistema DIF Jalisco. [Internet]. Programa ayuda alimentaria directa. 2017 [citado el 01 de abril de 2017]. Disponible en: <http://sistemadif.jalisco.gob.mx/sitio2013/programas/ayuda-alimentaria-directa>
6. Vaguero D. Análisis de la mortalidad femenina. Mujer, salud y trabajo. *Quadern Caps*. 1994;(21):17-23
7. Ferrer Pérez VA, Bosh Fiol E, Gili Planas M. Aspectos diferenciales en salud entre las mujeres que trabajan fuera del hogar y las amas de casa. *Psicothema* [Internet]. 1998;10(1):53-63. Disponible en: <http://www.psicothema.es/pdf/142.pdf>
8. Gómez V, Pérez LA, Feldman L, Bajés N, Vivas E. Riesgos de salud en mujeres con múltiples roles. *Rev Estud Soc*. 2000;(6):27-38.
9. Gómez V. Estrés y salud en mujeres que desempeñan múltiples roles. *Avances en Psicol Latinoam*. 2004; 22(2):117-128.
10. Garay López J, Farfán García MC. Niveles de depresión, autoestima y estrés en mujeres que tienen un trabajo remunerado y mujeres que tienen un trabajo no remunerado (amas de casa). *Psicol Iberoam*. 2007;15(2):22-29. Disponible en <http://www.redalyc.org/html/1339/133915933004/>
11. Moral J, González MT, Landero R. Estrés percibido, ira y Burnout en amas de casa mexicanas. *Rev Iberoam Psicol y Salud* [Internet]. 2011;2(2):123-143. Disponible en: <http://www.redalyc.org/articulo.oa?id=245118507001>
12. Sánchez-Herrero S, Sánchez-López MP, Aparicio-García ME. Salud, ansiedad y autoestima en mujeres de mediana edad cuidadoras y no cuidadoras. *Rev Ansiedad y Estrés*. 2011; 17(2):27-37.
13. Soria R, Mayen A. Depresión y hábitos de salud en mujeres empleadas domésticas y amas de casa. *Rev Electrónica Psicol Iztacala* [Internet]. 2017 [citado el 1 de febrero de 2017];20(1):95-114. Disponible en: <http://www.revistas.unam.mx/index.php/repi/article/view/58925>
14. Gil-Monte P. Burnout syndrome: ¿síndrome de quemarse por el trabajo, desgaste profesional, estrés laboral o enfermedad de Tomás? *Rev Psicol del Trab y las Organ* [Internet]. 2003 [citado el 1 de marzo de 2017];19(2):181-197. Disponible en: <http://www.redalyc.org/pdf/2313/231318052004.pdf>

15. Branden N. Los seis pilares de la autoestima. Barcelona: Paidós; 1997.
16. Burns D. Ten Days to Self-Steem. New York: Harper Perennial; 1993.
17. Nyamathi AM, Stein JA, Bayley LJ. Predictors of men-tal distress and poor physical health among homeless women. *Journal of Adolescence*. 2000;23(5):569-82.
18. Matud MP. Autoestima en la mujer: Un análisis de su relevancia en la salud. *Av en Psicol Latinoam*. 2004;22:129-140.
19. Landero R, González MT. Variables psicosociales como predictoras de la salud en mujeres. *Rev de Psicol Social*. 2004; 19(3): 255-64.
20. Sánchez López MP, Aparicio García ME, Dresch V. Ansiedad, autoestima y satisfacción autopercibida como predictores de la salud: diferencias entre hombres y mujeres. *Psicothema*. 2006;18(3):584-90.
21. Cabanach RG, Souto Gestal A, Freire Rodríguez, Carlos Ferradás Canedo M del M. Relaciones entre autoestima y estresores percibidos en estudiantes universitarios. *Eur J Educ Psychol*. 2014; 7(1):41-55.
22. Bedoya M, Caicedo C. ¿Dónde las mujeres son más felices? *Rev Cienc al día*. 1997; 9(1):1-3
23. Gaxiola E. Bienestar psicológico y desgaste profesional en amas de casa docentes universitarias. *J Behav Heal Soc Issues*. 2014; 6(1):79-88.
24. Rodríguez de Ávila U, Trillos Castro L, Baute Zuluaga V. Amas de casa residentes en el barrio Rodrigo de Bastidas de la ciudad de Santa Marta, Colombia. *Psicogente*. 2014;17(32):431-41.
25. Castillo-Rodríguez P, Aguilar-Zavala H. Estrés laboral en mujeres trabajadoras y amas de casa. *Jóvenes en la ciencia*. 2015; 1(1):459-63.
26. Ortiz Viveros G, Pacheco A, Herrera E. Burnout, sobrecarga percibida y sintomatología asociada al estrés en amas de casa mexicanas. *Psicología de la salud: diversas perspectivas para mejorar la calidad de vida*. 2015: 46-81.
27. Carrión García MÁ. CTCPS-MAC: Batería para el estudio de las condiciones de trabajo de carácter psicosocial. Saarbrücken: Editorial Académica Española; 2014.
28. Carrión García MÁ. Evaluación de factores psicosociales laborales - CTCPS-mac. [Internet]. 2016 [citado el 1 de abril de 2017]. Disponible en: <http://itpfmac.wixsite.com/misitio/singlepost/2016/10/20/Evaluación-de-factores-psicosociales-laborales---CTCPS-mac>
29. Cantú-Lara A, Verduzco MA, Acevedo M, Cortés J. Validez y confiabilidad del inventario de autoestima de cooperSmith para adultos, en la población mexicana. *Rev Latinoam Psicol*. 1993;25(2):247-55.
30. Asociación Médica Mundial. Declaración de Helsinki. Principios éticos para las investigaciones médicas en seres humanos. Tokio, Japón: Asociación Médica Mundial; 2008.
31. Saldaña Orozco C, Ramírez Lira E, Anaya Velasco A, Baeza Alcaraz M. Evaluación de los riesgos psicosociales con el instrumento CTCPS-MAC —batería para el estudio de las condiciones de trabajo de carácter psicosocial— en el departamento de obras públicas de un ayuntamiento del Sur de Jalisco (México). *Salud Uninorte* [Internet]. 2014 [citado el 1 de marzo de 2017];30(3):293-301. Disponible en: <http://rcientificas.uninorte.edu.co/index.php/salud/article/viewArticle/7094/7074>

32. Saldaña-Orozco C, Carrión-García MA, Gutiérrez-Strauss AM, Hernández-Flores MA. Desgaste psíquico y vulnerabilidad social de mujeres zapotlenses. Un estudio descriptivo. *Rev Univ. salud.* [Internet]. 2017 Dec; 19(3): 321-329. Disponible en: [http://www.scielo.org.co/scielo.php?script=sci\\_arttext&pid=S0124-71072017000300321&lng=en](http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0124-71072017000300321&lng=en). <http://dx.doi.org/10.22267/rus.171903.94>. [www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0102311X2016000805001&lng=pt&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102311X2016000805001&lng=pt&tlng=pt).
33. Senicato C, Lima M, Barros M. Are there differences between paid women workers and housewives in health-related quality of life? *Cad Saude Publica.* 2016;32(8). Disponible en <http://www.redalyc.org/html/1806/180618250003/>
34. Baruch G, Barnett R. Role quality, multiple role involvement, and psychological well-being in midlife women. *J of Personality Soc Psychol.* 1986;51(3):578-85.
35. Escalera ME, Herránz S. Trabajo y salud en la mujer: análisis comparativo de mujeres con trabajo remunerado y amas de casa. *Clínica y salud.* 2000;11(2):195-229. Disponible en: <http://www.redalyc.org/html/1806/180618250003/>