

Physical and mental health at the intersection of Capabilities and Subjective Well-being: evidence from the WIGI metric-question

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Abstract

This paper analyses how the subjective perception of different capabilities influences satisfaction with physical and mental health, conceptualized as a catalytic capability within the WIGI Capability–Subjective Well-Being (CA–SWB) framework. Rather than treating health as a purely medical outcome or a simple dimension of subjective well-being, the study examines how individuals' evaluations of key life capabilities shape their perceived health status. The empirical analysis is based on original data from the *Survey on Infrastructures for Everyday Life* (Spain, $n = 1,502$) and employs multiple regression techniques and structural equation modelling. The results show that satisfaction with physical and mental health is predominantly explained by relational and emotional capabilities. In particular, satisfaction with emotional expression and relationships with close individuals emerges as the strongest determinants. Other factors linked to material conditions, such as household economic situation, access to public transport, education, and time devoted to care, also have a positive but comparatively smaller effect. By contrast, satisfaction with employment and leisure does not exhibit a significant independent impact once other capabilities are controlled for. The findings also reveal gender differences. Women report slightly lower levels of health satisfaction and show a stronger dependence on emotional, relational, and material-access factors, whereas men's perceived health is more closely linked to education, time use, and labour market status. Overall, the results support the hypothesis that health should be understood as both an outcome and an enabling condition of a broader system of interrelated capabilities, rather than as an isolated dimension of well-being.

I. Introduction. WIGI as a conceptual framework.

The aim of this paper is to analyse the influence of the subjective perception of different capabilities on what we define as a *catalysing perception* (Alarcón, 2026) of mental and physical health. It is important to emphasise the theoretical framework in which this analysis is situated. Rather than directly examining the impact of infrastructure on overall subjective well-being, the paper explores how different subjectively evaluated capabilities relate to a specific and central capability: physical and mental health.

This study does not conceptualise physical and mental health as a purely medical variable, nor as a simple dimension of individual satisfaction. Neither does it seek to demonstrate that infrastructures directly determine physical and mental health outcomes. Instead, its objective is to examine which subjectively assessed capabilities are associated with satisfaction with physical and mental health among women and men in Spain. To this end, the analysis employs a hybrid metric-question derived from the WIGI CA–SWB framework.

The use of this metric represents a relevant contribution in itself. It is novel and emerges from an ongoing research trajectory centred on the WIGI indicator (*Well-being and Infrastructure from a Gender Perspective Index*) and its subsequent conceptual expansion towards the analysis of infrastructures for everyday life within the framework of Feminist Economics of Well-being (Alarcón-García & Fernández-Sabiote, 2016; Alarcón-García & Ayala-Gaitan, 2016). This line of research originates from a central concern: how to measure well-being in a way that avoids reducing it either to the aggregate availability of resources or to an abstract notion of subjective satisfaction, while instead enabling an analysis of the relationship between material conditions, effective capabilities, and lived experiences of well-being.

In this regard, the present paper is situated within what we provisionally term the WIGI Capability–Subjective Well-Being Framework (WIGI CA-SWB Framework (Alarcón-García, 2026; Alarcón-García et al. 2016, 2022, 2024, 2025)). This framework does not equate well-being with general satisfaction, nor does it reduce it to the objective existence of resources or infrastructures. Its starting point is that well-being must be understood as a relationship across three levels: the material conditions that sustain everyday life, the substantive capabilities that these conditions enable, and the subjective evaluation individuals make regarding the extent to which such capabilities are effectively realised in their lives (Alarcón-García, 2026).

An important clarification is that the WIGI indicator should not be understood solely as a closed empirical measure, but rather as a broader theoretical-methodological trajectory that connects infrastructures, capabilities, and well-being. WIGI has been developed precisely in response to the need to articulate two analytical traditions that have typically advanced in parallel: the Capability Approach and the literature on subjective well-being. The former, developed by Sen (1999) and further expanded by Nussbaum (2000, 2011), shifts the evaluation of well-being away from resources or available goods towards the real opportunities people have to be and to do what they value. Within this framework, capabilities refer to substantive dimensions of objective well-being, such as being healthy, accessing education, mobility, caring and being cared for, participating in social life, enjoying personal time, or living with material security.

The literature on subjective well-being, by contrast, focuses on how individuals evaluate their own lives, experiences, and satisfaction across different domains of existence (Diener, 1984; Diener et al., 1999; Ryan and Deci, 2001).

The remainder of the paper proceeds as follows. First, a concise review of selected recent contributions in academic literature is presented. This is followed by an empirical estimation of which perceived capabilities have the greatest influence on the level of satisfaction with physical and mental health in Spain. Methodologically, the analysis combines structural equation models and regression techniques, using as its empirical basis the *Survey on Infrastructures for Everyday Life* referenced above.

II. Synthesis of selected background literature

A substantial body of research, both for Spain and at the European Union level, supports the view that women's *physical and mental health* is strongly conditioned by time devoted to unpaid domestic and care work, access to restorative leisure, and the emotional burden associated with household organization. Additional factors include working conditions, educational attainment, and autonomy of movement. However, these studies typically provide partial evidence, focusing on specific capabilities assessed from an objective

perspective. Table 1 below presents a concise, capability-based overview of selected findings from this literature.

Table 1. Summary of Selected Studies on Objective Capabilities and Physical and Mental Health

Capabilities	Authors	Main Findings
Domestic and care work (including care for dependent and disabled persons)	Instituto de la Mujer (2026); Eurostat (2024);	Women devote more time to domestic and care work, with the largest gender gap during childrearing and dependent care periods.
	Benach et al. 2014	Intensive caregiving is associated with musculoskeletal pain (particularly lumbar and cervical) and fatigue, with effects increasing with hours of care and lack of formal support.
	Artazcoz et al. 2020	A higher care burden is linked to depressive and anxiety symptoms, and work–family conflict is associated with psychological distress among women.
	OECD, 2023.	Increased time devoted to caregiving is also associated with lower likelihood of engaging in sufficient physical activity and preventive healthcare (e.g., screening participation) due to time constraints.
	Sivertsen et al., 2021.	Additionally, irregular schedules and shift work disrupt circadian rhythms and are associated with poorer mental and cardiometabolic health, particularly when combined with high domestic workloads.
Education	ECDC (2018)	Migrant women with lower levels of education and language barriers experience poorer access to healthcare and worse health outcomes.
	IARC/WHO (2016)	Education and structured programmes increase participation in cancer screening, improving early detection and survival rates.
	Berkman & Glass (2000)	Education also strengthens social networks and perceived control, contributing to better health outcomes and highlighting the role of social capital.
	WHO (2020)	Organised strategies, health education, and barrier reduction measures increase screening coverage and reduce incidence and mortality.

Social relationships	Umberson & Montez, 2010; WHO, 2021).	Social support, quality of intimate relationships, exposure to violence, workplace climate, and social capital significantly influence health outcomes.
	Barrera, M., & Li, S. A. (2014).	Different types of support (emotional, instrumental, and informational) exhibit varying degrees of effectiveness depending on gender and relational context.
Labour market participation	(OECD, 2023).	Higher rates of temporary employment, involuntary part-time work, and shift work are observed among women, particularly in service sectors, affecting both health and availability for leisure and medical appointments.
	Vives et al. (2010-2018)	Labour precariousness disproportionately affects women and contributes to the educational gradient in health, with clear links to both mental and physical health outcomes
Time devoted to domestic and care activities	García-Moreno, C., & Cortés, I. (2015).	Time-use survey data for Spain show that women's greater involvement in unpaid work is associated with poorer self-rated health and higher perceived stress.
	European Institute for Gender Equality (EIGE). (2022).	EU reports quantify the “care gap” and link time overload to worse mental health outcomes and reduced access to services.
	European Commission. (2023)	The European Care Strategy highlights deficits in formal care provision, recognises the health impact of time burdens on women, and proposes expanding services and leave policies.
Mobility and autonomy	Allen, J., Farber, S., & Morency, C. (2019).	Reviews highlight gender inequalities in mobility and health, including differential exposure to risks, unequal access to opportunities, and the health benefits of active mobility.
	European Commission, DG MOVE. (2021)	EU mobility strategy frameworks include targets and actions aimed at reducing gender gaps in safety, employment, and use of sustainable transport modes.
Leisure and free time	(NICE, 2021).	The “double burden” reduces access to restorative leisure and sleep; postpartum and intensive caregiving stages show

		persistent deficits associated with depression and chronic pain.
	Umberson & Montez, 2010).	Active and social leisure acts as a protective factor against depression and loneliness, whereas fragmented and unplanned “micro-breaks” provide less restorative benefit.
Emotions and mental load	(Yavorsky et al., 2021)	The coordination of household tasks, emotional climate management, and anticipation of needs (“mental load”) increase perceived stress and somatisation.
	Sivertsen et al., 2021)	In feminised sectors (healthcare, education, care, retail), high emotional labour demands combined with low control and reward are associated with burnout, anxiety, and depression.
	(WHO, 2021; Ruiz-Pérez, Rodríguez-Barranco, & Mendoza-García, 2017).	A lack of social relationships significantly deteriorates both mental and physical health, increasing psychotropic medication use, multimorbidity, and barriers to healthcare access.

(Own elaboration)

While the studies reviewed constitute relevant background supporting the objective of this paper, the present work advances the discussion further. Specifically, it aims to empirically assess the extent to which the **subjective perception of different capabilities** (such as leisure, social relationships, and others) influences the level of satisfaction with physical and mental health. This is particularly relevant insofar as such satisfaction can be interpreted, largely, as the cumulative outcome of satisfaction across multiple capabilities.

One of the central theoretical hypotheses of this study is that physical and mental health does not merely constitute a specific dimension of well-being, but rather functions as a catalytic capability. By this, we mean that health occupies a singular position within the system of capabilities. On the one hand, it is intrinsically valuable: being physically healthy and mentally well is a fundamental component of any substantive conception of well-being. On the other hand, health operates as an enabling condition for the effective exercise of other capabilities, such as working, acquiring education, providing and receiving care, mobility, social participation, engaging in leisure activities, and maintaining meaningful personal relationships.

This interpretation is consistent with the Capability Approach. Sen (1999) conceptualises well-being as the real freedom to achieve valuable functionings, while Nussbaum (2000, 2011) includes bodily health among the central capabilities that any just society should guarantee. Furthermore, Robeyns (2005) highlights that some capabilities may simultaneously function as both ends and means with respect to others. For example,

being healthy is valuable in itself, but it also enables individuals to work, participate in community life, and pursue broader life projects.

Within the framework of this paper, this dual nature of health is formalised as the *Health as a Catalytic Capability Hypothesis (HCCH)*. According to this hypothesis, physical and mental health simultaneously acts as an outcome of the degree to which other capabilities are realised, and as a condition that enables or constrains the effective exercise of those capabilities. It is therefore not simply one capability among others, but rather a point of convergence where the cumulative effects of material, relational, emotional, and temporal conditions of everyday life are expressed.

III. Methodology and dataset

Structural equation modelling (SEM) is a multivariate statistical technique that combines multiple linear regression models and factor analysis. This approach enables the evaluation of complex interdependent relationships among variables while explicitly incorporating measurement error into the estimation of structural coefficients. Furthermore, SEM allows for the simultaneous analysis of relationships between latent and observed variables. In this framework, observed variables are directly measurable, whereas latent variables are not directly observable and must instead be inferred through a set of indicators.

The empirical analysis is based on the *Survey on Infrastructures for Everyday Life*, conducted the research project PID 2022-141305OB-100. The target population consists of the general population residing in Spain, aged 18 and over, including both women and men. The sampling design follows a non-proportional allocation; therefore, weighting coefficients are required in order to obtain representative estimates for the population as a whole. A stratified multistage cluster sampling design was employed. Stratification was carried out according to municipality size, distinguishing three categories: (i) 5,000 inhabitants or fewer; (ii) 5,001 to 400,000 inhabitants; and (iii) more than 400,000 inhabitants.

The selection of final sampling units (households) was conducted randomly, while applying quotas for sex and age. The total sample size comprises 1,502 respondents. The questionnaire includes 25 items, the majority of which are qualitative in nature. Assuming an effectively infinite population within each of the three strata and a sample size of 500 interviews per stratum, with $p = q = 0.5$ and a confidence level corresponding to $K = 2\sigma(95.5\%)$, the sampling error is estimated at $\pm 4.5\%$ within each stratum. For the full sample (approximately 1,500 observations), the overall sampling error is $\pm 2.6\%$.

IV. Latent and observed variables

IV.1. Observed Variables: Description of the Dependent Variable

The dependent variable corresponds to P12N_1. This variable should not be interpreted as a measure of clinical health or as an indicator of general subjective well-being. Rather, it captures subjective satisfaction with the capability of physical and mental health. Similarly, variables P12N_2 to P12N_9 should not be understood as simple satisfaction indicators, but as subjective evaluations of capabilities associated with social relationships, education, caregiving, employment, economic situation, mobility, leisure time, and emotional expression.

This conceptual clarification is essential for a correct interpretation of the results. The model does not simply ask which factors explain physical and mental health; rather, it more precisely examines which subjectively evaluated capabilities explain satisfaction with the capability of physical and mental health.

Accordingly, P12 does not measure “subjective well-being” in a general sense, nor does it capture capabilities in a purely objective manner. Instead, it measures subjective satisfaction with substantive capabilities. This distinction is crucial in order to avoid conceptual ambiguity. Capabilities belong to the domain of objective well-being, insofar as they reflect real opportunities to achieve valued functionings. Satisfaction, by contrast, belongs to the domain of subjective well-being, as it refers to individuals’ evaluations of their own situation. The P12 variable integrates both dimensions by eliciting subjective assessments of objectively relevant capabilities.

From a methodological perspective, this approach overcomes a common limitation in well-being research. On the one hand, measures focused exclusively on resources or objective conditions may overlook how such conditions are experienced and evaluated. On the other hand, general measures of life satisfaction may be too abstract and fail to identify which concrete dimensions of life sustain or undermine well-being. P12 occupies an intermediate position by capturing how individuals subjectively evaluate their degree of achievement in key domains of well-being.

Descriptive statistics for the observed variables are presented below.

Descriptive Statistics of the Dependent Variable (P12N_1). The variable **P12N_1** measures the level of satisfaction with physical and mental health on a scale from 1 to 10, where 1 indicates very low satisfaction and 10 very high satisfaction. The distribution of responses is presented in Table 2.

Table 2. Distribution (%) of Satisfaction with Physical and Mental Health (Total, Women, Men)

Score	Total (%)	Women (%)	Men (%)
1	1.66	1.96	1.36
2	1.07	1.44	0.68
3	1.13	0.91	1.36
4	2.00	2.87	1.09
5	5.86	6.40	5.30
6	8.79	9.53	8.02
7	20.64	19.45	21.88
8	26.56	24.28	28.94
9	13.91	13.71	14.13
10	18.38	19.45	17.26

The results indicate that responses are highly concentrated in the upper end of the scale. In particular, scores of 7 and 8 are the most frequent, accounting for 20.64% and 26.56% of responses, respectively. These are followed by the highest ratings (9 and 10), which together represent more than one-third of the sample (13.91% and 18.38%, respectively).

In contrast, low ratings (between 1 and 4) are relatively infrequent, each representing less than 6% of responses, suggesting a generally positive perception of health among respondents.

Regarding gender differences, some moderate variations can be observed. Women exhibit a slightly higher proportion of responses in the lower and *मध्य*-range categories (particularly scores of 4, 5, and 6), whereas men show a greater concentration in mid-to-high values, especially around scores of 7 and 8. However, at the highest levels of satisfaction (9 and 10), differences between men and women are relatively small, indicating broadly comparable levels of high satisfaction across both groups.

Overall, the results point to a predominantly positive self-perception of physical and mental health in the sample, with a distribution skewed towards higher values and only moderate gender differences.

Descriptive Statistics of Observed Independent Variables: Personal and Socioeconomic Characteristics

All independent variables included in the models are drawn from the *Survey on Infrastructures for Everyday Life*. The variables considered can be grouped as follows:

Personal and Social Variables

- **Gender** (categorical): male = 0; female = 1
- **Age** (continuous)
- **Region (Autonomous Community)**
- **Marital status** (categorical): married/living with partner = 1; single = 2; widowed, separated, or divorced = 3
- **Place of residence** (categorical): city centre, rural area, small settlement, suburban development, others
- **Highest level of education completed** (categorical): no formal education; primary; secondary; upper secondary; vocational training; university
- **Immigrant status**

Economic Variables

- **Net monthly income**: treated as a continuous variable in the models; descriptively classified into 10 categories ranging from €300 to €6,000 or more per month

Labour Market Status

- Self-employed with employees
- Self-employed without employees
- Employee in the public sector
- Employee in the private sector
- Retired/pensioner
- Household work
- Student
- Unemployed

Basic descriptive statistics are reported in Annex 1 (Figures A.1-A.12). The main patterns can be summarised as follows:

- The sample is relatively aged: 61% of respondents are over 45 years old, with a substantial proportion over 65. Younger individuals (under 30) are underrepresented (16%), and those under 44 account for 23% of the sample.

- Gender distribution is balanced, with a slight predominance of women (51% versus 49%). Among those aged over 65, women are more strongly represented (14% versus 11% for men).
- The regional distribution reflects population size, with higher representation from Andalusia, Catalonia, and Madrid (Figures A.2 and A.4), and lower representation from smaller regions such as Navarra, Cantabria, and La Rioja.
- Most respondents are married or cohabiting (54%), followed by single individuals; divorced/separated respondents exceed 10%, and widowed individuals constitute the smallest group, with a clear predominance of women (Figures A.5 and A.6).
- In terms of education, the largest group holds a university degree (43%), followed by vocational training (22.9%) and upper secondary education (17.8%). Very few respondents report no formal education (1.2%), though this group includes more women than men (Figures A.7 and A.8).
- Income distribution shows that men report higher net monthly income levels, with a widening gender gap at higher income brackets. Most respondents report incomes between €900 and €2,400 per month (Figures A.9 and A.10). Labour status patterns reinforce these findings: no men report being exclusively engaged in household work, while unemployment is more prevalent among women.
- Only 10.65% of the 1,502 respondents are foreign nationals (from Germany, Algeria, Argentina, Bolivia, Brazil, Bulgaria, Chile, Colombia, Cuba, Ecuador, the United States, France, Equatorial Guinea, Honduras, Italy, Morocco, Mexico, Nicaragua, Paraguay, Peru, Poland, Portugal, the United Kingdom, the Dominican Republic, Romania, Russia, South Africa, Sweden, Switzerland, Ukraine, Uruguay, and Venezuela), while the majority (89.35%) are native-born.
- Finally, it is worth noting that respondents predominantly reside either in city centres (33%) or rural areas (36%). A smaller yet still significant proportion live in suburban or peri-urban areas (16%), while only a limited share reside in small settlements or minor population centres (6%) (Figures A.11 and A.12). Overall, no substantial gender differences are observed in residential patterns, although the proportion of men living in city centres is slightly higher.

IV.2. Descriptive Statistics of Non-Observed Independent Variables (Latent Variables)

A. Latent Variable: Access to Infrastructures

The *Survey on Infrastructures for Everyday Life* includes a question considered particularly relevant for analysing the factors linking infrastructures and perceptions related to gender-based violence. This corresponds to variable **P1A**, formulated as follows: “*What level of access do you have, or have you had, to each type of infrastructure?*”

The main descriptive statistics for this variable yield several noteworthy findings. Overall, access to early childhood education facilities appears to be relatively unproblematic, as indicated by high values for the mean, median, and mode (7, 8, and 10, respectively). A similar pattern is observed for healthcare services (health centres and hospitals), sidewalks, public lighting, and retail facilities (markets and shopping centres).

However, mean values are lower for public transport, suggesting that access is less fluid in this domain. The data also indicate more limited access to facilities for dependent persons and industrial parks. By contrast, access to sports and cultural facilities is comparatively high.

Table 3. Descriptive statistics for the variable “Access to infrastructures”

	Escuelas Infantiles	Centros salud y hospitales	Centros personas dependientes	Aceras, C/peatonales, alumbrado público	Mercados C. comerciales	Transporte público	Ocio Cultural Deportivo	Parques Industriales
Media	7	8	6	8	7	6	7	6
Mediana	8	8	6	8	8	7	7	6
Moda	10	10	1	10	10	10	8	1
Desv. Tip	3	2	3	2	3	3	2	3
Q1	6	6	3	6	6	4	5	3
Q2=Mediana	8	8	6	8	8	7	7	6
Q3	10	10	8	10	9	9	9	8

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

From a gender perspective, women report higher levels of access across most types of infrastructure. This finding is consistent with the existing literature, which indicates that women tend to make more intensive use of public transport (Assoumou, 2020).

Table 4. Relative frequencies by gender for variable P1A (“Access to infrastructures”)

	Escuelas Infantiles		Centros salud y hospitales		Centros personas dependientes		Aceras, C/peatonales, alumbrado público zonas verdes		Mercados C. comerciales		Transporte público		Ocio Cultural Deportivo		Parques Industriales	
	H	M	H	M	H	M	H	M	H	M	H	M	H	M	H	M
1	5%	5%	1%	1%	9%	9%	1%	1%	3%	3%	5%	4%	2%	3%	8%	10%
2	1%	1%	1%	1%	2%	2%	0%	1%	1%	1%	2%	3%	1%	1%	2%	2%
3	2%	1%	1%	1%	3%	2%	1%	1%	2%	1%	3%	3%	2%	2%	2%	2%
4	3%	1%	2%	1%	2%	3%	2%	1%	2%	2%	3%	3%	2%	2%	2%	2%
5	3%	4%	4%	4%	6%	7%	4%	4%	4%	5%	5%	5%	5%	6%	6%	6%
6	4%	4%	5%	4%	7%	6%	5%	4%	4%	4%	4%	3%	6%	5%	6%	5%
7	7%	6%	6%	7%	6%	5%	7%	7%	7%	7%	5%	5%	8%	9%	7%	6%
8	9%	7%	10%	9%	6%	6%	10%	9%	10%	8%	7%	6%	10%	10%	8%	7%
9	6%	5%	7%	7%	3%	3%	6%	6%	7%	6%	6%	5%	6%	5%	4%	3%
10	11%	17%	12%	15%	6%	8%	12%	16%	10%	12%	9%	12%	7%	9%	6%	6%
TOTAL GENERAL	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

The weights derived from the structural equation models for each type of infrastructure are presented in the first row of Table 5. These weights are applied to individual responses to construct the estimated latent variable “access to infrastructures.”

Table 5. Weights for the latent variable “Access to infrastructures”

ACCESOS INFRAESTRUCTURAS	Escuelas infantiles	Centros salud hospitales	Centros personas dependientes	Aceras, C/peatonales, alumbrado público	Mercados C. comer.	Transporte público	Ocio Cultural Deportivo	Parques Industriales	SUMA ponderaciones
Ponderaciones SEM	P1_I1	P1_I2	P1_I3	P1_I4	P1_I5	P1_I6	P1_I7	P1_I8	9,77
	1	1,2	1,2	0,97	1,4	1,5	1,4	1,1	

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

Table 6. Relative frequency distribution of the correlation between the latent variable “Access to infrastructures” and observed independent variables

ACCESO INFRAESTRUCTURAS																					
GENERO		EDAD			RENTA*				ESTADO CIVIL**			EDUCACION***				LUGAR DONDE VIVE****					
IN_ACCESO	Hombre	Mujer	Total	<50=0	>50=1	Total	Alta	Baja	Media	Total	1	0	Total	1	2	3	Total	1	2	3	Total
<5	4%	3%	7%	3%	4%	7%	1%	2%	4%	7%	4%	3%	7%	1%	4%	2%	7%	2%	5%	1%	7%
>5	45%	48%	93%	47%	46%	93%	14%	34%	45%	93%	50%	43%	93%	16%	57%	20%	93%	38%	37%	18%	93%
Total	49%	51%	100%	50%	50%	100%	14%	36%	49%	100%	54%	46%	100%	18%	60%	22%	100%	40%	41%	19%	100%
*RENTA baja<1500;media entre 1500 y 2500; alta >2500																					
**ESTADO CIVIL 1= Casados+Perajas; 0=solteros, viudos, separados																					
***EDUCACION 1=PRIMARIA, SECUNDARIA, SIN ESTUDIOS; 2= UNIVERSIDAD+BACHILLERATO; 3=FP																					
****LUGAR DONDE VIVE 1=urbanización, centro; 2= rural+pedania; 3=periferia																					

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

Table 6 presents the relative frequency distribution of the association between the latent variable and a set of observed independent variables included in the model. In this table, the latent variable is operationalised as a dichotomous variable, distinguishing between values above and below 5. The results indicate that women are more likely than men to report higher levels of access to infrastructures. Similarly, individuals with medium and low income levels, as well as those with higher education, tend to exhibit higher values for this latent variable. Age does not appear to have a significant effect on perceived access. Individuals residing in urban areas, as well as those living in rural areas and smaller settlements, also report relatively higher levels of access.

B. Latent Variable: Importance of Infrastructures

Table 7 shows that respondents attach considerable importance to the different types of infrastructures considered. Both the mean and the mode are higher than those observed for access, suggesting that perceived importance exceeds actual access levels. The only infrastructures for which mean and median values are notably lower are industrial parks. This may reflect a limited perception of their relevance to everyday life. Lower average values are also observed for facilities for dependent persons, likely reflecting the fact that the perceived need for such infrastructures varies greatly depending on age and individual or family circumstances.

Table 7. Descriptive statistics for the variable “Importance of infrastructures”

	Escuelas Infantiles	Centros salud y hospitales	Centros personas dependientes	Aceras, C/peatonales, alumbrado público	Mercados C. comerciales	Transporte público	Ocio Cultural Deportivo	Parques Industriales
Media	8	9	7	9	8	8	8	6
Mediana	9	10	8	9	8	9	8	7
Moda	10	10	10	10	10	10	10	8
Desv. Tip	3	2	3	2	2	2	2	3
Q1	7	9	6	8	7	7	7	4
Q2=Mediana	9	10	8	9	8	9	8	7
Q3	10	10	10	10	10	10	10	8

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

From a gender perspective, women assign substantially greater importance to most infrastructures, except for industrial parks. High ratings (particularly scores of 10) are especially frequent among women, while very few assign no importance at all. For instance, only around 6% of women report no importance for early childhood education facilities, 5% assign a value of zero to centres for dependent persons, and 8% do so for industrial parks. Similarly, only a small proportion of men assign low importance to infrastructures.

Table 8. Relative frequencies by gender for “Importance of infrastructures”

Escuelas Infantiles		Centros salud y hospitales		Centros personas dependientes		Aceras, C/peatonales, alumbrado público zonas verdes		Mercados C. comerciales		Transporte público		Ocio Cultural Deportivo		Parques Industriales	
H	M	H	M	H	M	H	M	H	M	H	M	H	M	H	M
5%	6%	0%	0%	6%	5%	1%	0%	1%	1%	3%	2%	1%	1%	5%	8%
1%	1%	0%	0%	1%	1%	0%	0%	0%	0%	1%	1%	0%	1%	2%	2%
1%	1%	0%	0%	1%	1%	1%	0%	1%	0%	1%	1%	0%	0%	1%	3%
1%	0%	0%	0%	2%	1%	0%	0%	1%	1%	1%	1%	1%	1%	2%	2%
3%	3%	2%	1%	3%	4%	2%	1%	4%	3%	3%	2%	3%	2%	6%	6%
2%	1%	1%	1%	3%	2%	2%	2%	5%	3%	2%	2%	3%	3%	5%	5%
4%	3%	2%	2%	5%	4%	5%	3%	8%	7%	5%	4%	8%	7%	7%	7%
7%	5%	6%	4%	7%	5%	10%	8%	13%	11%	8%	6%	12%	12%	8%	7%
8%	6%	8%	7%	6%	6%	8%	10%	6%	8%	8%	7%	9%	9%	4%	4%
18%	25%	29%	35%	16%	22%	20%	27%	10%	17%	19%	26%	13%	17%	8%	6%
49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%	49%	51%

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

The weights obtained from the structural equation models for each type of infrastructure are presented in Table 9. As in the previous case, these weights are applied to individual responses to construct the latent variable “importance of infrastructures.”

Table 9. Weights for the latent variable “Importance of infrastructures”

	Escuelas infantiles	Centros salud hospitalares	Centros personas dependientes	Aceras, C/peatonales, alumbrado	Mercados C. comer.	Transporte público	Ocio Cultural Deportivo	Parques Industriales	
IMPORTANCIA INFRAESTRUCTURAS	P1_I1	P1_I2	P1_I3	P1_I4	P1_I5	P1_I6	P1_I7	P1_I8	SUMA ponderaciones
Ponderaciones SEM	1	0,65	1,1	0,79	0,56	0,98	0,81	0,78	6,67

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

Table 10. Relative frequency distribution of the correlation between the latent variable “Importance of infrastructures” and observed independent variables

IMPORTANCIA DE LAS INFRAESTRUCTURAS																					
	GENERO			EDAD			RENTA*				ESTADO CIVIL**			EDUCACION***				LUGAR DONDE VIVE****			
IN_IMPORT.	Hombre	Mujer	Total	<50=0	>50=1	Total	Alta	Baja	Media	Total	1	0	Total	1	2	3	Total	1	2	3	Total
<5	3%	2%	5%	2%	3%	5%	0%	2%	3%	5%	3%	2%	5%	1%	2%	1%	5%	2%	3%	0%	5%
>5	46%	49%	95%	48%	47%	95%	14%	34%	47%	95%	52%	44%	95%	17%	58%	21%	95%	38%	38%	19%	95%
Total	49%	51%	100%	50%	50%	100%	14%	36%	49%	100%	54%	46%	100%	18%	60%	22%	100%	40%	41%	19%	100%
*RENTA baja<1500;media entre 1500 y 2500; alta >2500																					
**ESTADO CIVIL 1= Casados+Perajas; 0=solteros, viudos, separados																					
***EDUCACIÓN 1=PRIMARIA, SECUNDARIA, SIN ESTUDIOS; 2= UNIVERSIDAD+BACHILLERATO; 3=FP																					
****LUGAR DONDE VIVE 1=urbanización, centro; 2= rural+pedania; 3=periferia																					

Source: Survey on Infrastructures for Everyday Life. Own elaboration.

The results presented in Table 10 are broadly consistent with those obtained for the previous latent variable. Women tend to assign higher importance to infrastructures, as do individuals with medium and low income levels and those with higher education. Likewise, respondents living in urban, rural, and small settlement contexts attribute relatively greater importance to infrastructures.

V. Models and results

A multiple linear regression model is estimated using ordinary least squares (OLS) with heteroskedasticity-robust standard errors, with the aim of analysing the factors associated with the dependent variable P12N_1, which captures respondents’ satisfaction with their physical and mental health. The model includes as explanatory variables respondents’ levels of satisfaction with other capabilities, explicitly excluding health. Specifically, the survey question is formulated as follows: respondents are asked to rate, on a scale from 1 to 10 (where 1 indicates “not at all satisfied” and 10 “very satisfied”), their level of satisfaction with:

- relationships with close persons (P12N_2),
- education received (P12N_3),
- time devoted to domestic and care activities (P12N_4),
- paid work and labour market participation (P12N_5),
- the economic situation of their household (P12N_6),
- public transport services (P12N_7),
- leisure time and personal development (P12N_8), and
- the expression of emotions and feelings (P12N_9).

In addition, a set of socioeconomic and demographic control variables is included, such as income, age, gender, occupation, education level, place of residence, and migrant status.

Categorical variables are incorporated through dummy variables, with a reference category established in each case. The reference categories are: students for occupation, university education for education level, and “other/unknown” for place of residence. Estimated coefficients are therefore interpreted relative to these baseline categories.

To ensure valid statistical inference, heteroskedasticity-robust standard errors are employed. The analysis is based on a sample of 1,502 observations.

A set of diagnostic tests is also conducted. Multicollinearity is assessed using the variance inflation factor (VIF), which indicates low levels for most regressors, with higher values observed only for some categorical variables due to dummy coding. Functional form specification is tested using the Ramsey RESET test. Estimated coefficients are interpreted as partial marginal effects, holding other variables constant.

V.I. Overall Results (Without Gender Disaggregation)

The estimated model shows a good overall fit, with an R^2 of 0.4221, indicating that approximately 42% of the variation in the dependent variable is explained by the included regressors (Table 11). The joint significance test is highly significant ($F(33,1468) = 32.96$; $p < 0.001$), confirming the overall relevance of the explanatory variables. Multicollinearity diagnostics based on the variance inflation factor (VIF) indicate low values for most regressors (see Table A.2 in the Appendix).

Regarding capability-related variables, several display a positive and statistically significant effect on perceived physical and mental health, although with varying magnitudes (see Table 2).

In particular, the variables capturing satisfaction with emotional expression (P12N_9) and relationships with close individuals (P12N_2) show the largest coefficients, highlighting the central role of relational and emotional dimensions in shaping perceived health. Other capabilities linked to material conditions and everyday life are also significant. Notably, household economic situation (P12N_6) exhibits a positive and significant effect, suggesting that perceived economic security contributes to better health perception, although with a smaller magnitude than relational factors.

Table 11. Estimation results for the full sample: subjective well-being in terms of physical and mental health.

Linear regression		Number of obs		= 1,502	
F(33, 1468)	=	32.96			
Prob > F	=	0.0000			
R-squared	=	0.4221			
Root MSE	=	1.464			

Robust					
P12N_1	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
P12N_2	.3067446	.0392824	7.81	0.000	.2296889 .3838002
P12N_3	.077968	.0389421	2.00	0.045	.00158 .1543561
P12N_4	.0735948	.0266523	2.76	0.006	.0213142 .1258753
P12N_5	.0089291	.0265551	0.34	0.737	-.0431609 .0610191
P12N_6	.1189676	.0315656	3.77	0.000	.057049 .1808862
P12N_7	.0547538	.0178728	3.06	0.002	.0196948 .0898127
P12N_8	.0057895	.0242958	0.24	0.812	-.0418687 .0534478
P12N_9	.2987018	.0338861	8.81	0.000	.2322315 .3651722
Income	-.000038	.0000358	-1.06	0.288	-.0001082 .0000322
IMPN	-.0309479	.0297061	-1.04	0.298	-.0892189 .0273232
ACCN	-.0036421	.0310171	-0.12	0.907	-.0644846 .0572004
Age	.006619	.0036917	1.79	0.073	-.0006225 .0138605
Gender	-.2582986	.0779667	-3.31	0.001	-.4112366 -.1053606
Occupation					
Retired - Pensioner ta	-.6135438	.2691936	-2.28	0.023	-1.141589 -.0854987
Other situations	-.5683434	.6499751	-0.87	0.382	-1.843322 .7066357
Unemployed	-.392878	.2379757	-1.65	0.099	-.8596868 .0739307
Homemaker	-.6362214	.3438615	-1.85	0.064	-1.310734 .0382908
Private-sector employee	-.1864729	.2047103	-0.91	0.362	-.5880289 .2150831
Public-sector employee (civil servant)	-.3773249	.2345282	-1.61	0.108	-.837371 .0827212
Self-employed with employees	.1443994	.2717317	0.53	0.595	-.3886245 .6774232
Self-employed without employees	-.0077327	.2349123	-0.03	0.974	-.4685322 .4530669

Education										
Upper secondary education	-.1865979	.1131055	-1.65	0.099	-.4084635	.0352676				
Primary education	.064009	.1590803	0.40	0.687	-.24804	.3760579				
Lower secondary education	.0477036	.1512235	0.32	0.752	-.2489335	.3443407				
Vocational training	-.1883122	.1028354	-1.83	0.067	-.3900322	.0134079				
No formal education	-1.27908	.6839868	-1.87	0.062	-2.620776	.0626155				
Place of residence										
Other/unclassified	-3.370022	.8947592	-3.77	0.000	-5.125164	-1.614879				
Suburban neighbourhood	-3.445457	.7820705	-4.41	0.000	-4.979551	-1.911362				
City center	-3.468807	.7783643	-4.46	0.000	-4.995631	-1.941982				
Small settlement (hamlet-parish-local administrative unit	-3.348692	.814176	-4.11	0.000	-4.945764	-1.75162				
Rural town o village	-3.435448	.7763576	-4.43	0.000	-4.958337	-1.91256				
Gated community	-3.528569	.7992893	-4.41	0.000	-5.09644	-1.960698				
P23Migrant										
	.095101	.1215616	0.78	0.434	-.143352	.3335539				
_cons	4.240316	.8638656	4.91	0.000	2.545773	5.934858				

Ramsey RESET: F(3, 1465) = 1.54; Prob > F = 0.2025

Satisfaction with public transport (P12N_7) also shows a positive effect, which may be interpreted as an indirect indicator of accessibility, mobility, and social connectivity—factors that facilitate participation and improve perceived health.

Similarly, satisfaction with education (P12N_3) has a positive, although more moderate, effect. Education likely reflects not only human capital but also broader opportunities and personal development capabilities. Satisfaction with time devoted to care (P12N_4) is also positive, possibly reflecting an ambivalent dimension combining responsibility and burden with emotional bonds and sense of purpose. However, this result is less intuitive and warrants further robustness checks. By contrast, no statistically significant effects are found for satisfaction with paid employment (P12N_5) or leisure time (P12N_8). This suggests that, although theoretically relevant, these dimensions do not exert an independent effect on perceived health once other capabilities are controlled for.

Overall, these findings indicate that perceived physical and mental health is more closely associated with relational and emotional capabilities, as well as basic material conditions, than with employment or leisure in the context analysed.

More precisely, emotional expression ($\beta = 0.2987$; $p < 0.001$) and close relationships ($\beta = 0.3067$; $p < 0.001$) emerge as the most influential factors, reinforcing the centrality of these dimensions in subjective well-being.

Socioeconomic and Demographic Variables

Income, as well as the additional indicators of infrastructure importance (IMPN) and access (ACCN), do not show statistically significant effects. This may suggest that, once individual capabilities are controlled for, these factors do not directly explain subjective well-being.

Age displays a weakly positive effect ($p = 0.073$), indicating a slight increase in well-being with age.

The gender variable shows a negative and statistically significant coefficient ($\beta = -0.2583$; $p < 0.01$), indicating that, on average, women report lower satisfaction with their health than men by approximately 0.26 points on the 1-10 scale, *ceteris paribus*. This result suggests the presence of systematic gender differences, potentially linked to inequalities in relational and emotional burdens.

Regarding occupation, only retired individuals/pensioners show a significantly lower level of satisfaction compared to the reference group (students). At a 10% significance level, unemployed individuals and those devoted to household work also display lower perceived health, groups that disproportionately include women.

For education, at a 10% significance level, individuals with upper secondary education, vocational training, or no formal education report lower satisfaction than those with university education.

With respect to place of residence, all categories show negative and significant coefficients relative to the reference category. Living in city centres, suburban areas, rural areas, or gated communities is associated with lower perceived well-being, with relatively large and homogeneous coefficients (around -3.3 to -3.5). This suggests systematic differences linked to residential context, although further refinement and recategorisation of this variable would be necessary for more precise interpretation. However, although the results point to a significant relationship between place of residence and health, further analysis of this dimension would be required (for example, through a recategorisation of variables or a more detailed examination of their distribution) in order to draw more precise conclusions.

Finally, migrant status shows a positive but statistically insignificant coefficient, indicating no systematic differences in perceived health between foreign nationals and natives once other factors are controlled for.

V.II. Gender-Disaggregated Results

Given that the gender variable was found to be statistically significant in the pooled model, separate regressions were estimated for men and women in order to identify potential differences in the determinants of perceived health status. The results reveal clearly differentiated patterns between the two groups (Tables 12 and 13).

First, with regard to capability-related variables, relational and emotional dimensions remain highly relevant for both groups. In particular, satisfaction with the expression of emotions and feelings (P12N_9) and relationships with close individuals (P12N_2) display positive and highly significant coefficients for both men and women. However, their impact is notably stronger for women, especially in the emotional domain. This finding suggests that women's perception of their health status is more strongly linked to these relational capabilities.

Additional differences can also be identified across other capabilities. For men, only a limited number of additional dimensions (such as satisfaction with education (P12N_3) and time devoted to domestic and care activities (P12N_4)) are statistically significant. By contrast, for women, household economic situation (P12N_6) and access to public transport (P12N_7) emerge as more relevant determinants. This suggests that women's perceived health is more sensitive to material conditions and accessibility factors.

Regarding socioeconomic variables, further differences arise. Income is statistically significant only for women, while no significant association between income and subjective well-being is detected for men.

With respect to occupation, the contrast between both groups is particularly marked. Among men, several occupational categories (such as unemployed, retired, or public-sector workers) display statistically significant effects, indicating a stronger dependence of male well-being on labour market status. In contrast, for women, no occupational category is statistically significant at conventional levels, suggesting that women's health satisfaction is not directly determined by labour market position once other factors are controlled for.

Educational attainment also exhibits differentiated patterns. For men, primary education shows a positive and significant effect, whereas for women, vocational training presents a negative and significant coefficient. This may reflect gender-differentiated educational and labour trajectories and their impact on perceived health.

Place of residence also behaves differently across the two models. For men, all residential categories show negative and statistically significant effects, replicating the pattern observed in the pooled model. However, for women, none of the residential categories is statistically significant, suggesting that residential context plays a more direct role in shaping men's perceived health, or that its effect is absorbed by other variables in the model for women.

Finally, migrant status is not statistically significant in either group, confirming that no relevant differences in perceived health are associated with this variable when men and women are analysed separately.

Overall, these findings clearly indicate that the determinants of satisfaction with health are not homogeneous across genders, reinforcing the importance of incorporating a gender perspective into this type of analysis.

Table 12. Estimated results for subjective well-being in terms of physical and mental health: male subsample

Linear regression		Number of obs	=	736			
		F(32, 703)	=	19.32			
		Prob > F	=	0.0000			
		R-squared	=	0.4522			
		Root MSE	=	1.3509			

	P12N_1	Robust Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	

	P12N_2	.3323419	.0559285	5.94	0.000	.222535	.4421488
	P12N_3	.1038973	.0527776	1.97	0.049	.0002767	.2075179
	P12N_4	.0860355	.0371777	2.31	0.021	.0130428	.1590282
	P12N_5	.0259573	.0347295	0.75	0.455	-.0422286	.0941432
	P12N_6	.0549862	.0415457	1.32	0.186	-.0265822	.1365546
	P12N_7	.0351383	.0240976	1.46	0.145	-.0121735	.0824501
	P12N_8	.0400785	.0343973	1.17	0.244	-.0274552	.1076122
	P12N_9	.1968382	.0527331	3.73	0.000	.093305	.3003714
	Income	.0000192	.0000489	0.39	0.695	-.0000769	.0001153
	IMPN	-.0294095	.0389433	-0.76	0.450	-.1058686	.0470497
	ACCN	.0543197	.0418677	1.30	0.195	-.027881	.1365204
	Age	.0061021	.0046877	1.30	0.193	-.0031015	.0153056

	Occupation						
	Retired - Pensioner	-.7591861	.3686726	-2.06	0.040	-1.483017	-.0353549
	Other situations	.1026709	.7516153	0.14	0.891	-1.373009	1.57835
	Unemployed	-.8775791	.3466502	-2.53	0.012	-1.558173	-.1969854
	Homemaker	1.286612	.6363095	2.02	0.044	.0373173	2.535907
	Private-sector employee	-.3689021	.2758302	-1.34	0.182	-.9104517	.1726476
Public-sector employee (civil servant)		-.6796592	.331652	-2.05	0.041	-1.330806	-.0285122
Self-employed with employees		-.1027976	.3727723	-0.28	0.783	-.8346779	.6290827
Self-employed without employees		-.1577617	.3071396	-0.51	0.608	-.7607826	.4452591

	Education						
	Upper secondary education	-.1012393	.1587263	-0.64	0.524	-.4128736	.2103951
	Primary education	.5175598	.1619091	3.20	0.001	.1996765	.835443
	Lower secondary education	.1879252	.2010082	0.93	0.350	-.2067231	.5825734
	Vocational training	-.1059849	.1437387	-0.74	0.461	-.3881934	.1762235
	No formal education	-1.66952	1.01222	-1.65	0.100	-3.656856	.3178154

	Place of residence						
	Other/unclassified	-3.69609	.9563797	-3.86	0.000	-5.573792	-1.818387
	Suburban neighbourhood	-3.435257	.7898806	-4.35	0.000	-4.986065	-1.88445
	City center	-3.173347	.7827008	-4.05	0.000	-4.710058	-1.636636
Small settlement (hamlet-parish-local administrative unit)		-3.223867	.8985596	-3.59	0.000	-4.988049	-1.459685
Rural town o village		-3.261989	.7814842	-4.17	0.000	-4.796311	-1.727666
Gated community		-3.379889	.8299507	-4.07	0.000	-5.009368	-1.75041

	P23Migrant	.2986111	.1840885	1.62	0.105	-.062818	.6600403
_cons		4.114004	.9446702	4.35	0.000	2.259291	5.968716

Tabla 13. Estimated results for subjective well-being in terms of physical and mental health: female subsample

Linear regression		Number of obs	=	766
		F(31, 734)	=	20.21
		Prob > F	=	0.0000
		R-squared	=	0.4445
		Root MSE	=	1.5307

P12N_1	Robust		t	P> t	[95% Conf. Interval]	
	Coef.	Std. Err.				
P12N_2	.2741988	.0527862	5.19	0.000	.1705688	.3778288
P12N_3	.0597382	.0527334	1.13	0.258	-.0437881	.1632645
P12N_4	.0918913	.0361702	2.54	0.011	.0208819	.1629006
P12N_5	-.0217685	.0375905	-0.58	0.563	-.0955663	.0520292
P12N_6	.1799575	.0435537	4.13	0.000	.0944528	.2654622
P12N_7	.0745821	.0253963	2.94	0.003	.024724	.1244401
P12N_8	-.0275263	.0328378	-0.84	0.402	-.0919934	.0369408
P12N_9	.3973452	.0417033	9.53	0.000	.3154733	.4792171
Income	-.0001078	.0000503	-2.14	0.032	-.0002066	-.903e-06
IMPN	-.0071889	.0453097	-0.16	0.874	-.0961409	.0817631
ACCN	-.0607677	.0449714	-1.35	0.177	-.1490556	.0275203
Age	.0047058	.0055941	0.84	0.400	-.0062764	.0156881
Occupation						
Retired - Pensioner	-.2436375	.3798236	-0.64	0.521	-.9893076	.5020326
Other situations	-.735269	.8217589	-0.89	0.371	-2.348547	.878009
Unemployed	.0613601	.3205348	0.19	0.848	-.5679141	.6906344
Homemaker	-.2607593	.4012103	-0.65	0.516	-1.048416	.5268971
Private-sector employee	.1506136	.2888043	0.52	0.602	-.4163674	.7175946
Public-sector employee (civil servant)	.0120523	.323099	0.04	0.970	-.6222561	.6463606
Self-employed with employees	.6604298	.3636952	1.82	0.070	-.053577	1.374437
Self-employed without employees	.3118591	.3639764	0.86	0.392	-.4026998	1.026418
Education						
Upper secondary education	-.236148	.1657379	-1.42	0.155	-.5615249	.0892289
Primary education	-.4690189	.2756539	-1.70	0.089	-1.010183	.0721452
Lower secondary education	-.0776669	.2231904	-0.35	0.728	-.5158345	.3605007
Vocational training	-.3396198	.1438886	-2.36	0.019	-.6221021	-.0571375
No formal education	-.1034997	.8815376	-1.17	0.241	-2.765632	.6956392
Place of residence						
Other/unclassified	.6117814	.560154	1.09	0.275	-.4879136	1.711476
Suburban neighbourhood	-.1395319	.2785285	-0.50	0.617	-.6863393	.4072755
City center	-.3865675	.2713188	-1.42	0.155	-.9192209	.1460859
Small settlement (hamlet-parish-local administrative unit)	-.2469226	.266265	-0.93	0.354	-.7696543	.2758091
Gated community	-.3582122	.3491332	-1.03	0.305	-1.043631	.3272065
P23Migrant						
_cons	.0172292	.1636963	0.11	0.916	-.3041395	.3385979
	.4247684	.650766	0.65	0.514	-.8528162	1.702353

VI. Conclusions

This paper makes several relevant and original contributions.

First, the study does not analyse physical and mental health as a purely medical variable, nor as a simple dimension of individual satisfaction. Nor does it attempt to demonstrate that infrastructures directly determine health outcomes. Instead, its objective is to examine which subjectively evaluated capabilities are associated with satisfaction with physical and mental health among women and men in Spain. To this end, it employs a novel hybrid metric-question derived from the WIGI CA–SWB framework. The empirical analysis thus identifies which dimensions of everyday life explain satisfaction with physical and mental health, conceptualized as a catalytic capability that both synthesizes the cumulative effects of other capabilities and conditions their effective realization.

Second, the study is based on **original data** drawn from the *Survey on Infrastructures for Everyday Life*, developed within the WIGI conceptual framework and research project PID 2022-141305OB-100. In particular, Question P12 constitutes an innovative measurement tool that enables the subjective evaluation of substantive well-being capabilities.

Third, the paper constructs two key latent indices: the *importance of infrastructures* and *access to infrastructures*. These indices are rigorously analysed, together with descriptive statistics for both observed and latent variables. The results highlight the overall relevance that respondents assign to infrastructures and identify those perceived as especially important, including early childhood education facilities, hospitals and health centres, public transport, and public lighting.

From an empirical perspective, the main findings can be summarized as follows:

- From a descriptive standpoint, the analyzed population exhibits high levels of satisfaction with physical and mental health, with responses strongly concentrated

at the upper end of the scale (7–10). This pattern reflects a generally positive perception of health, with relatively few negative assessments. Gender differences at this stage are moderate, although men display a slightly higher concentration in mid-to-high values.

- Econometric results indicate that satisfaction with health is **not uniformly** determined across all capabilities, but is particularly associated with specific dimensions. Relational and emotional capabilities emerge as the most influential determinants. In particular, satisfaction with emotional expression and with relationships with close individuals shows the largest and most significant effects, underscoring the central role of social ties and emotional management in individual well-being.
- Other factors related to material conditions and everyday life also play a significant role, though with lower intensity. Household economic situation, access to public transport, education, and satisfaction with time devoted to domestic and care activities all exhibit positive effects. By contrast, leisure time does not show a significant effect once other capabilities are taken into account.
- Regarding socioeconomic factors, **income does not display a significant effect** in the aggregate model, suggesting that well-being may depend more on perceived economic conditions than on absolute income levels. Age shows a weak positive effect, indicating a slight improvement in well-being over the life course.
- Statistically significant gender differences are also identified, with women reporting, on average, slightly lower levels of satisfaction with their health.
- The gender-disaggregated analysis confirms that the determinants of well-being differ between men and women. While relational dimensions remain central in both groups, women's well-being is more strongly influenced by emotional factors, economic conditions, and accessibility (particularly transport). In contrast, for men, education, time use, and especially labour market status play a more prominent role.

Overall, the results indicate that the variables with the strongest explanatory power for satisfaction with physical and mental health are relationships with close individuals and the expression of emotions and feelings, followed by household economic conditions, public transport, education, and time devoted to care activities.

These findings support the central hypothesis that physical and mental health cannot be explained solely by medical or biomedical factors, but rather by a set of interrelated capabilities that shape everyday well-being.

This hypothesis gains particular significance from a gender perspective. In the gender-disaggregated model, emotional expression exhibits a particularly strong effect among women, alongside household economic conditions, transport accessibility, and time devoted to care. These results suggest that women's health should not be understood as an isolated outcome, but as a dimension shaped by the social organisation of time, care responsibilities, accessibility conditions, economic constraints, and the capacity to sustain meaningful emotional and relational ties.

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Appendix 1. Source: Survey on Infrastructures for Everyday Life. Own elaboration.

Figure A.1
Distribution of respondents by age

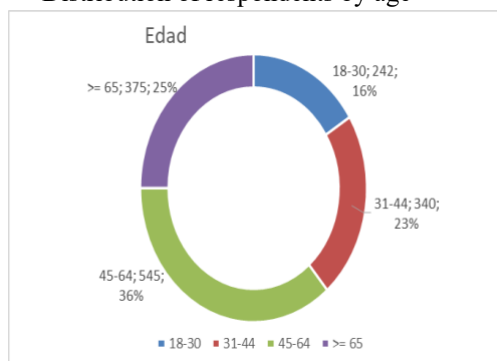


Figure A.2
Distribution of respondents by age and gender

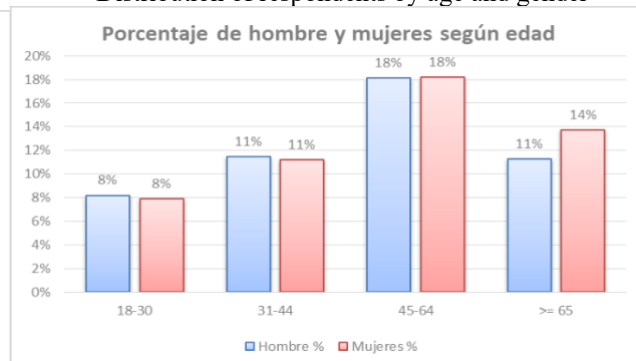


Figure A.3
Distribution of respondents by Region

Figure A.4
Distribution of respondents by Region and gender



Figure A.5

Distribution of respondents by marital statu



Figure A.7

Distribution of respondents by education level

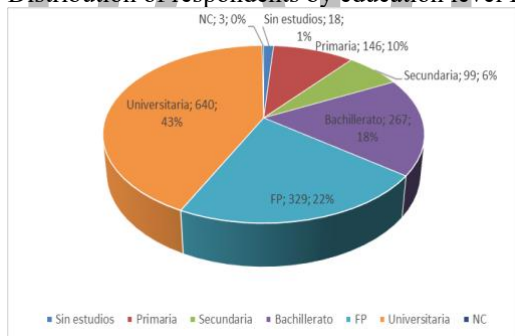


Figure A.9

Distribution of respondents by income level



Figure A.10

Distribution of respondents by place of residence



Figure A.6

Distribution of respondents by marital status and gender



Figure A.8

Distribution of respondents by education level and gender

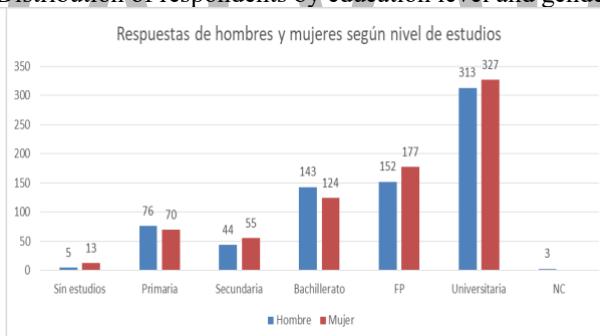


Figure A.10

Distribution of respondents by income level and gender

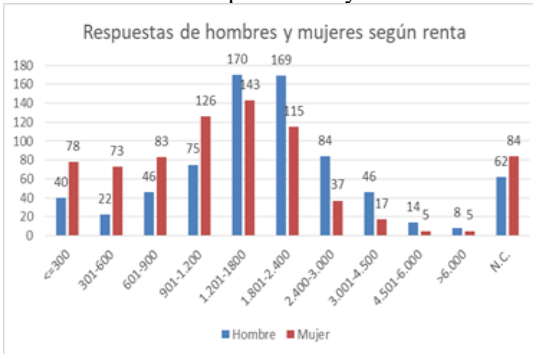


Figure A.11

Distribution of respondents by place of residence and gender

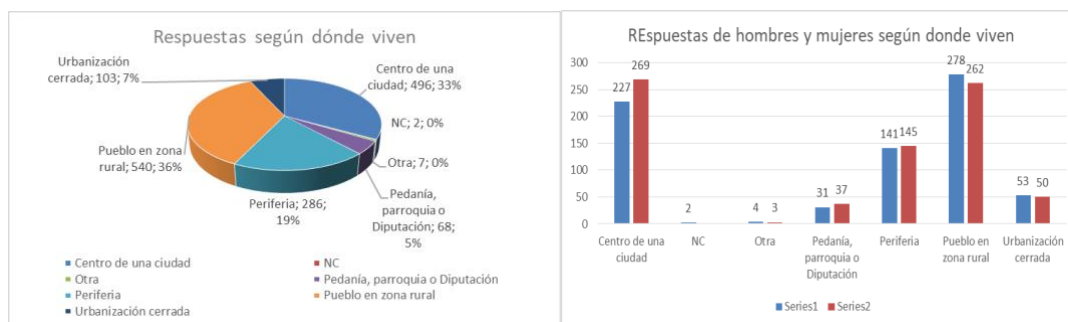
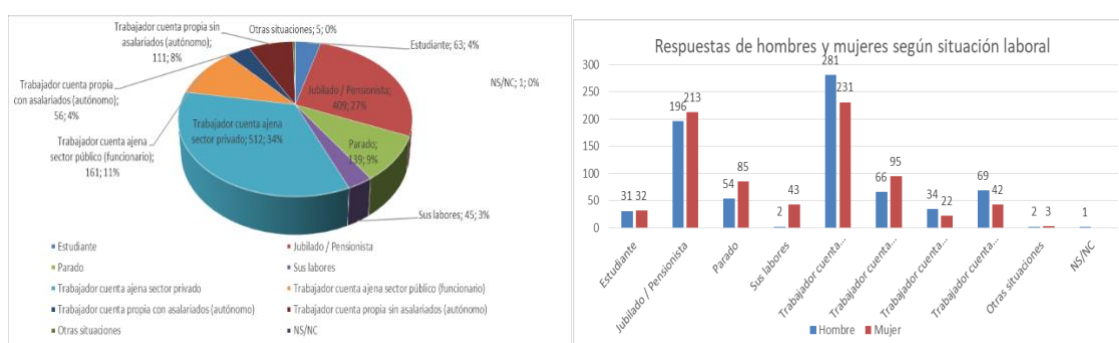


Figure A.12
Distribution of respondents by labour market status

Figure A.13
Respondent distribution by employment status



Appendix 2

Tabla A.2 VIF for general model.

Variable	VIF	1/VIF
P12N_2	1.55	0.645123
P12N_3	1.50	0.668599
P12N_4	1.38	0.724869
P12N_5	1.54	0.647630
P12N_6	1.59	0.627125
P12N_7	1.57	0.635068
P12N_8	1.72	0.579882
P12N_9	1.74	0.575365
Renta	1.04	0.964693
IMPEN	1.20	0.836186
ACCN	1.58	0.632289
EDAD	2.57	0.388435
Sexo	1.09	0.914895
Occupation		
2	10.05	0.099457
3	1.25	0.798556
4	3.57	0.280456
5	2.05	0.488989
6	7.56	0.132305
7	4.05	0.247208
8	2.17	0.460061
9	3.16	0.316629
Education		
1	1.30	0.768238
2	1.32	0.760340
3	1.19	0.840052

5	1.30	0.769540
6	1.12	0.895727
P23Migrant	1.12	0.889880

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