Happiness on the street:
Overall happiness among homeless people in Madrid (Spain)

Sonia Panadero
Universidad Complutense de Madrid

Ana Isabel Guillén
Universidad Complutense de Madrid

José Juan Vázquez
Universidad de Alcalá

Abstract.- This article tests a hypothesized model of overall happiness among homeless people in Spain. The research was conducted based on a representative sample of homeless people in Madrid (n=235), all adults, who had spent the night before the interview in a shelter for homeless people, on the street or in other places not initially designed for sleeping, or who were in supervised accommodation for homeless people at the time of the interview. Information was gathered using a structured interview. The results obtained show that around half of the homeless people in Madrid said that they were happy. A positive meta-stereotype and a better perceived general health were associated with a higher overall happiness, while feelings of loneliness were associated with a lower overall happiness. Happiness also showed a significant effect on future expectations. Disabilities and handicaps had a significant effect on perceived general health, which was in turn associated with overall happiness among homeless people.

Key words.- homeless people, poverty, overall happiness, Spain.
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Introduction

In Spain, a fifth of the population (21.8%) lives below the poverty level (EUROSTAT, 2012), and among those suffering from the highest degree of social exclusion and the most difficult life situations are the homeless. Homeless people not only live in a situation of extreme poverty, but also suffer from a high degree of family and social disengagement, and have great difficulties in achieving social/employment reintegration and suffer from significant health problems (Muñoz, Vázquez, & Vázquez, 2003; Vazquez, Panadero, Martín, & Diaz-Pescador, 2015). The Spanish National Institute of Statistics (2012) estimates that the homeless population in Spain cared for in accommodation and food distribution centers amounts to 22,938 people, and various non-governmental organizations estimate that there are more than 30,000 homeless people (Plujá i Calderon, 2011).

A great deal of research has been conducted on the most negative aspects experienced by homeless people, including stressful life events (Muñoz, Panadero, Pérez Santos & Quiroga, 2005; Padgett, Smith, Henwood & Tiderington, 2012), physical and mental health problems (Hodgson, Shelton, Van den Bree & Los, 2013), and mortality (Arnautovska, Sveticic & Leo, 2013; Hwang, Wilkins, Tjepkema, O’Campo & Dunn, 2009; Morrison, 2009). However, few studies have focused on the positive aspects experienced by homeless people, such as their overall happiness or their well-being (Panadero, Vázquez, Guillén, Martín, & Cabrera, 2013).

Research on homelessness appears to converge on the conclusion that material deprivation generally takes a heavy psychological toll on people (Biswas-Diener, 2008), and homelessness is associated with relatively low levels of subjective well-being and negative satisfaction with life (Biswas-Diener & Diener, 2006). Factors such as a poor diet, income insecurity, and poor quality housing adversely affect subjective well-being (Biswas-Diener, 2008).

Rojas (2006) notes that poverty has often been considered a situation in which the level of well-being is very low, and Graham (2005) notes that extreme poverty is assumed to have a highly negative effect on happiness. Various authors have stressed the relationship between income and happiness (Diener, Sandvik, Seidlitz, & Diener, 1993; Argyle, 1999). A common perception among authors is that it is difficult for a very poor person to be happy and in cases where this occurs, their happiness is attributed to the very low level of their future expectations, or their ability to adapt to their apparently unfortunate situation (Rojas, 2011).

Meanwhile, Biswas-Diener (2008) notes that the relationship between income and happiness is low compared to other factors contributing to subjective well-being, although material well-being is particularly important for the subjective well-being of those living in impoverished conditions. This correlation is curvilinear, so that money appears to be more closely correlated with subjective well-being at lower economic levels (Biswas-Diener, 2008). Rojas (2011) points out that the relationship between income and satisfaction in areas of life other than the financial sphere is negligible, meaning that income levels alone predict virtually nothing about satisfaction in other areas that are relevant for the individual. It is therefore common to find happy people with very low incomes, which could
explain why these individuals obtain a great deal of satisfaction in other areas of their lives (Panadero et al., 2013; Rojas, 2008; Vázquez, 2013).

The scientific literature indicates that social relationships and stable links with friends and community to a large extent predict subjective well-being and general happiness (Argyle, 1999; Diener & Seligman, 2002; Gallagher & Vellabrodrick, 2008), while the lack of social relationships, or social relationships of poor quality, have a significant negative impact on happiness (Campbell, 1981; Dolan, Peasgood & White, 2008).

Likewise, research shows a positive relationship between health and happiness (Schimmel, 2009, Dolan et al., 2008) - an aspect that is also observed among homeless people (Panadero et al., 2013; Rew, 2002; Runquist & Reed, 2007). In this regard, the health-related variable that is most closely correlated with overall happiness is the subjective perception of health (Diener, Suh, Lucas, & Smith, 1999).

Similarly, Panadero et al. (2013) found that the combination of six independent variables (“Feelings of loneliness and abandonment”, “Suffering from a disability”, “Suffering from a serious or chronic illness”, “Perception of health”, “Future expectations”, and “Religiosity”) provided the best possible discrimination between homeless people in Madrid who were happy and those who were unhappy.

Moreover, Zúñiga, Vázquez, & Panadero (2012) noted that the overall happiness reported by homeless people in Madrid was positively correlated with the use of a positive meta-stereotype. Vorauer, Main and O’Connell (1998) use the term "meta-stereotype" to refer to the beliefs that the members of an ingroup have concerning the stereotypes assigned to them by an outgroup. Whether as a result of direct or vicarious exposure to prejudiced behavior, socialization within the group and/or another social learning mechanism, the members of a stereotyped group may notice and become aware of other groups’ cognitive representations of them (Saiz, Merino, & Quilaqueo, 2009). Meta-stereotypes therefore provide information about the differences between the two groups as perceived by the outgroup, and are a source of comparison for the ingroup members. A negative meta-stereotype could therefore contribute negatively to the group members’ social identity, and may be particularly dangerous if it leads people to believe that this negative description is accurate as regards their own group, and therefore themselves (Klein & Azzi, 2001).

Shelton and Richeson (2005) have highlighted the tendency for individuals to avoid contact with members of other groups when they believe that these groups do not wish to come into contact with them. Fear and anxiety about how they expect to be treated make people avoid contact. In the case of the homeless, the stereotypes about this group have very negative characteristics, which lead to negative attitudes toward this group, which may seriously hinder processes of integration (Hocking & Lawrence, 2000).

An in-depth study of the overall level of happiness of people in a situation of social exclusion and the factors with the greatest influence on this may provide very important information for initiatives to improve their quality of life (Vázquez, 2013; Vázquez, Panadero, & Rivas, 2015). This article could be a contribution in this direction, through the presentation of an explanatory model for the overall happiness expressed by the homeless people. This work was derived from the hypothesis that regardless of their financial situation, homeless people in Madrid can achieve overall levels of happiness. This overall happiness is relates to specific variables such health, religious belief or social
support, and including subjective perceptions about various items (e.g., future expectations, metastereotypes) mostly related to their situation of homelessness.

**Method**

**Sample**

The research was conducted based on a representative sample of homeless people in Madrid, consisting of 235 adults who had spent the night before the interview in a shelter for homeless people, on the street or in other places not initially designed for sleeping (e.g., ATMs, cars, abandoned buildings, tunnels, tube stations; Toro, 1998), or who were in supervised accommodation for homeless people (apartments and guest houses) at the time of the interview.

The sample size was determined beforehand, based on the available data for the total number of homeless people in the city of Madrid. A strategy was implemented involving random sampling of participants for all housing resources available to the homeless in Madrid (14 shelters and 8 other supervised accommodations). The process involved proportionately and randomly selecting a given number of participants for the interviews based upon each resource’s capacity. The sample selection in the street was also carried out randomly and proportionally, based on the number of homeless people sleeping in the streets of Madrid according to the figures obtained from the most recent count carried out in the city (Cabrera, Muñoz, & Sánchez, 2008).

The characteristics of the sample are shown in Table 1.

**Table 1. Characteristics of homeless people in Madrid (Spain)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>195</td>
<td>83.0%</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>17.0%</td>
</tr>
<tr>
<td><strong>Age (Mean (SD))</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>47.64</td>
<td>(11.94)</td>
</tr>
<tr>
<td><strong>Nationality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>170</td>
<td>72.6%</td>
</tr>
<tr>
<td>Foreign</td>
<td>61</td>
<td>26.0%</td>
</tr>
<tr>
<td>Both</td>
<td>2</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None (illiterate)</td>
<td>5</td>
<td>2.1%</td>
</tr>
<tr>
<td>None (literate)</td>
<td>7</td>
<td>3.0%</td>
</tr>
<tr>
<td>Special education</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Primary education</td>
<td>68</td>
<td>28.9%</td>
</tr>
<tr>
<td>Secondary education</td>
<td>121</td>
<td>51.5%</td>
</tr>
<tr>
<td>University education</td>
<td>31</td>
<td>13.2%</td>
</tr>
</tbody>
</table>
As can be seen in Table 1, most participants were male, of Spanish origin, with a secondary or higher level of education. For the most part, these characteristics parallel the study’s findings, demonstrating, through relevant research, the plight of the homeless in Madrid (Panadero y Vázquez, 2012).

After explaining the aims of the investigation and the treatment that would be given to the data obtained, the informed consent of the participants was requested, and those that took part were assured that their complete anonymity would be respected at all times.

Instruments

Following previous studies (Muñoz, Vázquez, & Cruzado, 1995; Muñoz, Vázquez, Bermejo & Vázquez, 1999; Muñoz et al., 2003; Muñoz, et al., 2005), the information was therefore gathered using a structured interview, which enabled the problems associated with homeless peoples’ difficulties with reading and understanding to be circumvented. The interviews were conducted as privately as possible (in an office, room, etc.). Field “street” interviews were carried out at sites chosen by the participant (in a cafeteria, on a bench, etc.), without other people nearby. They gathered information on various aspects related to homeless people in Madrid, and included several questions regarding overall happiness, future expectations, meta-stereotypes, disabilities or handicaps, perceived general health, religious beliefs, and loneliness.

Overall Happiness: this information was collected using the Faces Scale (Figure 1) (Andrews & Withey, 1976). The Faces Scale is a single-item measuring instrument, comprised of seven faces each representing a scale from maximum to minimum of perceived happiness. This scale is particularly effective for children, and has provided accurate results for groups with comprehension difficulties and/or low academic levels (Vazquez, 2013; Vazquez, Panadero & Rivas, 2015). For this reason, it was considered appropriate to use the Faces Scale with homeless people in Madrid, where people exhibiting these characteristics were found.

Figure 1. Faces Scale.

Which of the following faces best represents your overall level of happiness?

1. Very unhappy
2. Quite unhappy
3. A little unhappy
4. Neither happy nor unhappy
5. A little happy
6. Quite happy
7. Very happy

Meta-stereotypes: this information was collected using the Homeless Meta-Stereotypes Questionnaire (HMSQ) (Zúñiga et al., 2012). This instrument is designed to measure the meta-stereotypes used by homeless people, and consists of 32 items grouped on three scales: the Positive Meta-Stereotype (reflecting a positive image), the Negative Meta-Stereotype (reflecting a negative
image), and the Indulgent Meta-Stereotype (reflecting an ambivalent image; i.e., despite presenting negative characteristics they have a condescending and tolerant perspective, which to some extent considers homeless people as victims of circumstance, affected by the situation in which they find themselves). For the Negative Meta-stereotype scale (13 items) the Cronbach's Alpha was .86 and the biserial correlations ranged from .536 to .768. For the Indulgent Meta-stereotype Scale (9 items) the Cronbach's Alpha was .70 and the item-test correlations ranged from .477 to .627. For the Positive Meta-stereotype Scale (10 items) Alpha was .82 and the biserial correlations ranged from .520 to .719.

The information regarding the various issues addressed was collected using the following questions, whose results have been published previously (Panadero et al., 2013):

- Disability or handicap: “Do you suffer from any disability or handicap (physical, sensory, mental...)?” with the response options “yes” and “no”.
- Perceived general health: “What is your general state of health?”, with the response options “Very good”, “Good”, “Neither good nor poor”, “Poor”, and “Very poor”.
- Religious beliefs: “What are your religious beliefs?”, with the response options “Catholic”, “Evangelical”, “Muslim”, “Other religion”, “Agnostic, atheist…” “Indifferent”, “Others”. This variable was recoded for the data analysis, with a distinction made between “Does not identify with any religion (agnostic, atheist, indifferent…)”, and “Identifies with a religion”.
- Loneliness: “To what extent do you feel lonely?” with the response options “Not at all”, “Not much”, “Quite a lot”, “A lot”.
- Future expectations: “Do you believe that your outlook for the future is…?” with the response options “Better than the present”, “Roughly the same as the present”, “Worse than the present”, and, “Hopeless”.

**Data analysis**

The database was developed and processed using the SPSS statistical analysis and data management system (version 19.0 for Windows). The data obtained was used to undertake descriptive analyses that included information on specific characteristics of homeless people in Madrid.

When making comparisons between the groups, the $\chi^2$ "Chi square" statistic was used for nominal variables, and the Student-t test for independent samples for continuous variables. In order to facilitate comparisons for nominal variables between interviewees according to their happiness, the "Overall Happiness" variable was dichotomized to distinguish between individuals who said they were "Unhappy" ("very unhappy", "quite unhappy", and "a little unhappy") and those who said they were "Happy" ("very happy," "quite happy" and, "a little happy"). The 67 interviewees who said they "neither happy nor unhappy" and the eight interviewees who provided no data in that respect were not included in the sample.

Amos version 20.0 was used to perform path analysis in order to test our happiness model. Path analysis is an extension of multiple regression, and provides a more effective and direct way of modeling complex relationships between variables (Lei & Wu, 2007). Statistical analysis of the differences between individuals who were happy and those that were unhappy guided the selection of independent variables. As a consequence, in the model we included those variables in which both groups differed in a statistically significant way: disability or handicap, perceived general health,
religious beliefs, loneliness, and indulgent meta-stereotype. We also decided to include positive meta-stereotypes because of their theoretical interest (Klein & Azzi, 2001; Panadero et al. 2013). In accordance with usual criteria (Byrne, 2001), we used several goodness-of-fit indicators to assess the estimated model: chi square, relative chi square (χ2/DF), root mean square error of approximation (RMSEA), and comparative fit index (CFI). For the chi-square, a non-significant chi-square indicates that the model fits the data well, and χ2/DF ratio ≤ 2 or 3 are adequate (Schreider, Stage, King, Nora, & Barlow, 2006). For the RMSEA index, values between 0 and .05 indicate a very good fit, and values between .06 and .08 indicate a reasonable fit (Schreider et al., 2006). For the CFI, values >.95 (Hooper, Coughlan, & Mullen, 2008) or >.96 (Hu & Bentler, 1999) are generally recommended.

Results

Table 2 contains information on the level of overall happiness reported by homeless people in Madrid using the instrument shown in Figure 1.

Table 2. Overall happiness among homeless people in Madrid.

<table>
<thead>
<tr>
<th>Level of overall happiness</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unhappy</td>
<td>17</td>
<td>7.2%</td>
</tr>
<tr>
<td>Quite unhappy</td>
<td>9</td>
<td>3.8%</td>
</tr>
<tr>
<td>A little unhappy</td>
<td>24</td>
<td>10.2%</td>
</tr>
<tr>
<td>Neither happy nor unhappy</td>
<td>67</td>
<td>28.5%</td>
</tr>
<tr>
<td>A little happy</td>
<td>56</td>
<td>23.8%</td>
</tr>
<tr>
<td>Quite happy</td>
<td>29</td>
<td>12.3%</td>
</tr>
<tr>
<td>Very happy</td>
<td>25</td>
<td>10.6%</td>
</tr>
<tr>
<td>DK/NA</td>
<td>8</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

As can be seen in Table 2, fewer than half the homeless people in Madrid (46.7%) said they were generally happy, while one in five (21.2%) described themselves as unhappy. 28.5% said they were "neither happy nor unhappy."

Analysis of various socio-demographic characteristics of homeless people in Madrid showed no statistically significant differences between those who reported being happy and those who said they were unhappy, based on variables such as age (t(158)=-0.637; p=.525), sex (χ2(1)= 2.795; p=.095), nationality (χ2(2)= 1.000; p=.606), and level of education (χ2(9)= 7.153; p <.621). Furthermore, no statistically significant differences were observed between happy and unhappy homeless people in Madrid for variables such as their housing situation in the month prior to the interview - having slept in the street (χ2(1)= 0.306; p =.580) or in a shelter (χ2(1) = 0.264; p =.607).-

Table 3 shows the differences in the average scores between happy and unhappy homeless people in Madrid in the various scales of the HMSQ.
Table 3. Differences in the average scores between happy and unhappy homeless people in the various scales of the HMSQ (Homeless Meta-Stereotypes Questionnaire).

<table>
<thead>
<tr>
<th></th>
<th>Happy</th>
<th>Unhappy</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 110)</td>
<td>(n = 50)</td>
<td></td>
</tr>
<tr>
<td>Positive meta-stereotype</td>
<td>3.98 (3.165)</td>
<td>3.31 (2.593)</td>
<td>-1.008</td>
</tr>
<tr>
<td>Negative meta-stereotype</td>
<td>9.23 (3.957)</td>
<td>9.79 (3.427)</td>
<td>0.755</td>
</tr>
<tr>
<td>Indulgent meta-stereotype</td>
<td>7.01 (2.196)</td>
<td>7.94 (1.136)</td>
<td>2.985**</td>
</tr>
</tbody>
</table>

*p ≤ .05; **p ≤ .01; ***p ≤ .001

As can be seen in Table 3, no statistically significant differences were observed between happy and unhappy homeless people for the “Negative meta-stereotype” and “Positive meta-stereotype” scales. However, unhappy homeless people showed higher scores than happy homeless people in the “Indulgent meta-stereotype” scale, thus reflecting an ambivalent image.

The hypothesized model of overall happiness among homeless people is presented in Figure 2. As previously mentioned, the empirical results of univariate analysis and the theoretical interest and guided the selection of independent variables for the model. As a result, indulgent and positive meta-stereotypes were incorporated into the model, as well as the variables that had previously been found to have differences depending on the level of perceived happiness (Panadero et al., 2013): disability or handicap, perceived general health, religious beliefs, and loneliness. Negative meta-stereotypes were excluded from the model, as they would not contribute significant relevant information.

The standardized coefficients are presented on each arrow and the statistical significance for these coefficients is represented with asterisks. Goodness-of-fit indicators supported the proposed model. The chi-square was not significant ($\chi^2$(18)=20.342; p=.314), and the relative chi-square was adequate ($\chi^2$/DF= 1.130). The CFI=.975 was good, as was the obtained RMSEA=.024. This model explained 21% of the variance in happiness.
Figure 2. Hypothesized model of overall happiness among homeless people.

The number next to each connector is the value of the standardized regression weight.
*p≤.05; **p≤.01; ***p≤.001.

In this model, a positive meta-stereotype and a better perceived general health were associated with a higher level of overall happiness, while feelings of loneliness were associated with a lower overall happiness. Overall happiness was also significantly related to future expectations.

An indulgent meta-stereotype, disability or handicap, and religious beliefs were not significantly associated with overall happiness. However, a disability or handicap had a significant impact on perceived general health, which was in turn related to overall happiness.

Discussion

Around half the homeless people of Madrid said they were happy despite the extreme poverty in which they live, although extreme poverty has been considered as being very negative for happiness (Graham, 2005). According to the results reported by Rojas (2011), homeless people in Madrid are more than just consumers, and there are things in their lives other than money. As a result, although their incomes are very low, they obtain satisfaction in other areas of their lives (Panadero et al., 2013), which could affect the substantial percentage of interviewees who reported being happy. Rojas (2011) notes that the level of income in itself predicts virtually nothing about satisfaction in other areas that are relevant for the individual, and life satisfaction is an overall synthesis of individuals' satisfaction with various areas of their lives.
Among homeless people in Madrid, no differences in overall happiness reported were observed based on the characteristics and circumstances mentioned in the scientific literature as predictors for happiness, with the exception of aspects related to loneliness and health (Panadero et al., 2013). No differences according to gender were observed in the percentage of homeless people who reported being happy, despite the fact that as pointed out by Stevenson and Wolfers (2009), women generally tend to have lower levels of subjective well-being than men. The housing situation of homeless people also seems to have no impact on reported happiness among those interviewed, with similar percentages of happy interviewees observed among those who slept on the street and among those who used shelters or other accommodation.

The hypothesized model of overall happiness among homeless people studied in this article indicates that the variables with the greatest effect on the overall happiness of homeless people in Madrid are the use of a positive meta-stereotype, having a positive perception of their health (which is directly linked to not suffering from a disability or handicap), and not feeling lonely. The model also indicates that overall happiness has a strong impact on homeless people's expectations for the future.

The use of a positive meta-stereotype, which reflects a positive image of homeless people, appears to influence the overall happiness of those who use it. In line with the results reported by Klein and Azzi (2001), a positive meta-stereotype can positively contribute to the group members' social identity, and have a positive impact on their overall happiness.

Health is considered a relevant factor in helping to predict overall happiness (Diener & Seligman, 2004; Lyubomrisky, Tkach, & DiMatteo, 2006; Okum & George, 1984; Verbrugge, Reona, & Gruber-Baldini, 1994). A positive perception of health had a significant positive effect on the overall happiness of homeless people in Madrid, which was consistent with the results reported by Diener et al. (1999) on the relationship between overall happiness and subjective perception of health. According to the model of happiness studied, although suffering from a disability or handicap does not seem to have a direct impact on overall happiness, it does have a strong influence on the subjective perception of health.

Various authors emphasize that social relationships are necessary for happiness (Diener & Oishi, 2005; Diener & Seligman, 2002), and that people are happy when they are close to other people (Pavot, Diener, & Fujita (1990). However, a lack of social relations, or poor quality social relations, have a significant negative impact on happiness (Campbell, 1981; Dolan et al., 2008). These issues could explain the importance of feelings of loneliness within the general happiness identified by the proposed model of overall happiness.

Not feeling lonely and a perceived good level of health are the two factors that appear to have the greatest impact on the general happiness of homeless people in Madrid, as citizens experiencing social exclusion in a developed country. These factors are to some extent the same as those reported for a group at risk of social exclusion living in a less developed country (Vázquez, 2013), which highlighted the subjective perception of health and social relations as the main sources of overall happiness.

Religiosity does not appear to be directly related to overall happiness in the model studied, although several studies have highlighted the existence of a direct relationship between religiosity and general happiness (Lazar & Björck, 2008; Myers, 2000), despite a larger percentage of the homeless people in Madrid who identified themselves as belonging to a religion saying that they were happy.
Easterlin (2001) notes that people tend to think that they were worse off in the past and that they will be much better off in the future, even when their perception of happiness experienced remains constant. In this respect, the proposed model highlights a strong direct relationship between general happiness and future expectations. The overall feeling of happiness seems to induce optimistic cognitions, leading to better expectations for the future (Panadero et al., 2013).

The research uses a representative sample of the homeless population in Madrid, which means that it is impossible to apply these findings to other contexts. Since the study is cross-sectional, it is difficult to establish causal relationships across the different variables of overall happiness. Regardless of the limitations of this work mentioned above, it may be inferred that overall happiness is related to a person’s expectations of the future. Regardless of their income and their housing situation, homeless people may achieve adequate levels of overall happiness, in which specific cognitive variables seem to play a relevant role, including perception of health, feelings of loneliness, meta-stereotypes, etc. The study’s findings may therefore be useful when designing programs and intervention strategies geared to increasing overall happiness. With positive results, the quality of life improves and the normalization process progresses.

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