



OLDER ADULTS AND QUALITY OF LIFE. PERSPECTIVES FROM SOCIAL WORK

ADULTOS MAYORES Y CALIDAD DE VIDA. PERSPECTIVAS DESDE EL TRABAJO SOCIAL

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ABSTRACT:

One of the challenges of modernity in a society like Ecuador is the changing demographics of the elderly population. There is a scarcity of research on the quality of life among older Ecuadorian adults. In a research project that is taken place in Tisaleo, Tungurahua Province, Ecuador, an assessment of variables to illustrate the quality of life among the elderly is discussed. A request was made by local government to the Department of Research of the Law and Social Science Faculty of Universidad de Ambato, to gather relevant data on the quality of life of its elders that live in the territory and elaborate a diagnostic of their needs. Results of this study will provide recommendations for public policy and address the social development of the territory's gerontological needs. A semi structured interview was used, to measure the quality of life i.e. health status, economic situation, housing, mental social networking and other subjective and emerging factors. The results made it possible to detect the essential problems faced by older adults. It ends with a proposal for public policies to improve the quality of life of this group.

Keywords: Older adults, quality of life, political approaches, Ecuador.

RESUMEN:

Uno de los retos de la modernidad en una sociedad como la ecuatoriana es el cambio demográfico de la población adulta mayor. Existe una escasez de investigaciones sobre la calidad de vida de los adultos mayores ecuatorianos. En un proyecto de investigación que se lleva a cabo en Tisaleo, provincia de Tungurahua, Ecuador, se analiza una evaluación de variables para ilustrar la calidad de vida entre los adultos mayores. Una solicitud fue hecha por el gobierno local al Departamento de Investigación de la Facultad de Derecho y Ciencias Sociales de la Universidad de Ambato para recoger datos relevantes sobre la calidad de vida de sus ancianos que viven en el territorio y elaborar un diagnóstico de sus necesidades. Los resultados de este estudio permitirán hacer recomendaciones de política pública y atender el desarrollo social de las necesidades gerontológicas del territorio. Se utilizó una entrevista semiestructurada para medir la calidad de vida, es decir, el estado de salud, la situación económica, la vivienda, la red social mental y otros factores subjetivos y emergentes. Los resultados permitieron detectar los problemas esenciales que tienen los adultos mayores. Se finaliza con una propuesta de políticas públicas para mejorar la calidad de vida de este colectivo.

Palabras Clave: Adultos mayores, calidad de vida, enfoques políticos, Ecuador.

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1. INTRODUCTION

It seems to be that the quality of life of elderly population have a correlation of the context of their societies that they live in.

In some societies, older adults are considered a minority group and a social problem, their physical and emotional needs are high, they live in poverty, had poor nutrition and inadequate housing..., suffering from illness such us arthritis, hypertension, deafness, bad vision, hearth diseases and diabetes. It's like we continue to be a barbaric society, where they abandon older adults to their destiny due to lack of resources..., but what really defines in longevity are: defined role in society, positive perception of one self, physical activity, no smoking..., financial security, good social relations and higher education are important. (Zastrow, 2010, p. 451-459)

Social Work emphasis how Erick Erikson and it's Psychosocial Theory explains life stages, not only help us to look for a healthy development but to look the social influences in our lives. In summary when we approach older adult stage, after 50, we have to focus in the resolution of despair and wisdom. Older adult must feel that they are leaving a legacy that could be familiar,

professional, that society recognized their contribution. Making them feeling good about themselves. The independence, economic situation and health are influent factors but these have to be obtained in early stages of their lives (Bordignon, 2005, p. 54).

1.1. Theory and concepts

1.1.1. Quality Of Life

The term quality of life for many experts it measures the socio economic status, or an objective measure of older adults about access to the following services: health, housing, recreation. Other measure of quality life is on subjective factors such as: affectivity and the feeling of life satisfaction which depends of the personality of the individual and influence of the community that they live. The population that participated in the project belongs to lower poverty quintile, but they did answered all questions,

1.1.2. Measures of Quality of Life.

Housing

Starting from the concept of housing as the residence where we recuperate our human



strengths after a day of work or labor, where we can find the perfect space to interact with our families, we can think in what happened and what may happened in our lives. Is the place where the human being found the space and habitat to be happy and sometimes be sad. Is where we recuperate and analyze who we are and what we will become.

Correa (2000) gives a framing on housing that tributes to a central place of the human existence, where the relationship work-production-family life is in clear interaction with the context, not only understand the habitat unit, but the production space, the design, construction and modifications with traditional technics, auto-production of materials and basic components.

Health

OMS gives de definition of health since 1948 as a state of physical, mental and social wellbeing, and not only the absence of illness or affections (OMS, 2020).

In Ecuador (SABE) National Survey of Health, Wellbeing and old age, one of three older adults in Ecuador presents a chronic illness. 60% of the population has visual hearing problems, those illness affect their daily

activities consequently their quality of life. Women are most affected in their health, due to their role in society, for example hearth conditions in woman is 15.7%, in men only 10,8%. Other problem is cognitive damage that reduces their mental abilities or intellectually, this in women is 23,7% and in men un 8.1% Kirst, Hull, (2012, p. 262) adds that an adult that is confined due to their illness coul fell isolated.

Mental Health

Older adults have a determinant in their lives, it is that their physical health starts to deteriorate and causes, mental health problems. And vice versa mental health problems that physical consequences.

Agostini y Pereira (2015, p. 77). Depression is a psychiatric transform very common within older adults. Is present in the 23-40% if the live within the community and 25-80% in the individuals that live inside of an institution. The psychiatric symptoms are more frequent in elderly women, because they look for health services, are more vulnerable to stress and live longer than men. The author mentions other survey where 75% of individuals that live in an institution, are unsatisfied with their lives,



that no one pays attention about their wellbeing and have lower self-esteem. Illness such as hypothyroidism, cerebral vascular accidents, and psycho social factors like retirement, grief, and sleep problems, inadequate nutrition could be more present in depressed adults than others.

In Colombia a study in ambulatory attending ambulatory services found depression at 11.5% in women and 4% in men, in another survey found 47% of men living in an institution, suffered of depression and the national survey found 60% in older adults in general. In Chile the depression reported in this population is 16.3% (Calderon, 2018).

According to INEC, (2017) 11% of older adults in Ecuador live alone, 49% live with one child, 16% with a grandchild, and 15% with a partner or spouse. 81% are satisfied with their life, 28% are in abandonment, 38% sometimes feel that their lives are empty and 46% feel that something bad may happened to them, 83% feel that their life satisfaction will improve if they live with somebody. 73% of the older adults that live alone think that (CPD, 2017).

In a study made in Ecuador by Zamora (2021, p. 66) in an institution in Patate found the

following: 80% are in complete abandonment, no family relations, 82, 33% have a diagnoses of depression and a relationship between abandonment and depression. Most women reported no having children. 90% have medical problems. Only 10% of individuals receive family visits, 47% had not formal education.

1.2. Subjective Factors of Quality of Life

Life Satisfaction

Social cultural process and the interdependency between its members is very import in their development. Erikson explains, how since you are born the relationship with your caretaker determinates the level of confidence in others is developed a this age, when we are children the level of hope, how our peers and our personality developed our identity, our relationship with the social and cultural institutions, how our socioeconomic status determinates how we can offer our children their needs. The older adult faces to have their integrity and no to fell in despair. It will be how they contemplate their life, if they have no the feeling of plenitude. Since this is a process accumulative, the life could not



have this result and fell in despair (Bordignon, 2005, p. 54-59).

To Urzúa y Caqueo (2012, p. 61-77) every individual makes an evaluation on the framing of personal satisfaction in the different life domains and generally its centered in the subjective side of the individuals, leaving on the side other factors such as economic, social, political and cultural context or even their health status to reach personal satisfaction.

Cabañero et al (2004) claim states that life satisfaction is a global assessment that the individual triumphs with their expectative, puts the context and the subjective welfare of their quality of life, which influences in connotes judgments on life satisfaction, in the other side affective evaluations over emotions and humor.

Personal Autonomy

In some societies their pursuit is that their citizens become independents since there are very Young to their end, based in their economic status or their contributions they made to the state, In the other hand, other societies they want to strength their community life y solidarity is the

contribution to their member that enter in the stage of the late life.

According to López (2010), personal autonomy is a set of skills that people have to make decisions, choose and take responsibilities. The individuals acquire autonomy thru learning, interaction between people and one self, and require constant practice of personal auto determination.

Abandonment

Ecuador has 1.049.824 older adults over 65 years old (6.5% of the total population. 14.9% are victims of abandonment (CEPAL, 2019), due to their dependence older adults suffered different type of maltreatment, family abandonment, and that rural zones this has a higher rate.

INEC (2008), reports that 10.7% of older adults responds to live alone, 37.9% states that their life is empty and 27.6% feels hopeless.

Leisure

To some societies the time of retirement is a time to enjoy after working for so many years and plan this time, putting emphasis in leisure activities.



Montero & Bedmar (2010) explain leisure from an objective look, affirms that leisure are activities or resources that in an optionally and voluntarily way to use our time. Subjectivity explains that a satisfactory experience reflects our way to be and our preferences in which we manifested and become free. Leisure time has social and cultural elements that are in constant evolution and contributes from personal to social and economic to configure habits, the different ways of understanding recreation in new ways of activities, life style and rest.

Social Relationship

Social relations are very important to older adults, re affirms their identity, their belonging, helps their self-esteem and solidarity feelings, creating an state of wellbeing.

Social relationships are defined as personal interactions that have their own structure at the moment of the relationship between individuals, is made up of qualitative aspects and behaviors, it's functional dimension contains social support, social networking, that act thru a psychosocial mechanism, which influences in the individual's health, knowing that they are excluded from

society, they have poor physical and psychological health, there are studies from the 70 y 80 that relate morbidity and disability to social relationships (López, 2017).

State and Society

Article 25 of Letter of ONU Human Rights (1948).

1. Every individual have the right of a life status adequate that gives security and his family, the health and wellbeing, specially food, dress, housing, medical assistance and necessary social services, also has the right to unemployment, illness, disability, loss of love one, older age and other cases of losing their means to survive for circumstances not related to his will.

From a legal aspect, the Ecuadorian Constitution. Article 37 determinates that the state has to guarantee to older adults rights like: free and specialized health services, payed jobs, universal retirement, discounts in public and private services, taxes exonerations and notary payments and the access to housing that gives them secures their integrity and a dignifying life (Constituyente, 2008).



Another law that protects older adults, promotes the elimination of abandonment, discrimination, hate, exploitation, violence and abuse for age reason, against older adults, within the competences of the participants of the System in conformity of actual legislation (Ley Orgánica de las Personas Adultas Mayores, 2019).

Collective Social Responsibility: It is the state obligation, society and the family, respect the older adults rights, and to generate adequate conditions and efficiency to develop their life projects, and of preference when they are in vulnerable conditions (Ley Orgánica de las Personas Adultas Mayores, 2019).

Older adults suffer of employment discrimination, the government has to be competent and democratic, decentralized, local governments must give solutions to the population necessities especially in what refers to health, economy, housing and recreation (Henry, 2013).

The theory of poverty cycle, and structural theories explains how the distribution of wealth and the social politics of health services, education, food, affects the life of the people since they are born until they

become older adults, adding that individually did not resolve their economic problems. They become dependable of the services that the state could offer.

2. METHODOLOGY

In the present research the method qualitative-quantitative method was used. A structured interview with questions that referred to indicators of quality of life. Due to that the population was rural, the data were collected in two journeys to cover the Tisaleo territory.

2.1. Population and sample

The population of the research project is made by older adults of Tisaleo. For convenience the interviews were done in the center of Tisaleo and Quinchicoto that cover: El Chilco-La Esperanza, Santa Marianita, Santa Lucia, y the Dolorosa town. The population that was interviewed was found in an aleatory way , identifying older adults in the street of the locations, also information was acquired thanks to the collaboration of the 30 older adults on Quinchincoto that belong to the My Best years Program.



The sampling was 80 older adults that answered to a 2000 older adult population that the government of Tisaleo and the Department of Research of the Law and Social Science Faculty of the Ambato Technical University identified. The sampling has an error margin of 10% and a level of confidence of 93%

The age media of the population is between 75 and 80 years old. 61,3% are women, and 38.8 are men. Statistical data show that there are more women than men in Tisaleo.

3. RESULTS

The following results have been taken from the thesis that done by Martínez (2021). The thesis was part of the research project and tabulated the data collected by the students of Social Work Career. Only data that was significant for this article was taken, the graphics and tables were maintained.

3.1. Health Factors

How do you assess your health?

Table 1.

Very Good	2.5%
Good	5%
Regular	20%
Bad	53.8%
Very Bad	18.7%
Total	100%

Table 2.

Do you have some illness?

Table 2.

Cardio Vascular Problems	11.3%
Articulation and bones	77.5%
Visual Problems	30%
Hearing Problems	15%
High Blood Pressure	18.8%
Diabetes	3.8%
Lung Problems	2.5%
Tyroid	3.8%
Other Illness	5%
None	1.3%

Data analyzed by : Gabriela Martínez (2021)

Table 3.

Do you consider the public health services are of high quality?

Table 3.

Yes	37.5%
No	62.5%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 4.

¿Tiene algún problema de salud mental?

Table 4.

Memory Problems	30%
Sadness	26,3%
Loneliness	21,3%
Anxiety	3,8%
Sleeping problems	11,3%
Stress	32,5%
Depression	12,5%

Data analyzed by Gabriela Martínez (2021)



Table 5.

Is it easy to acquire medicine in the public health services?

Table 5

Yes	35%
No	65%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 6.

How are your daily meals?

Table 6.

With quantity and quality	8.7%
With quality and without quantity	18.8%
Without quality and with quantity	20%
Without quality and without quantity	52.5%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 7.

Material Life Conditions

How do you assess your economy?

Table 7

Very Good	2.4%
Good	8.8%
Regular	46.3%
Bad	32.5%
Very Bad	10%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 8.

What basic services do you have?

Table 8.

City water	98.8%
Electricity	96.3%
Sewer	86.3%
Gas	56.3%
Internet	1.3%

Data analyzed by Gabriela Martínez (2021)

Table 9.

What are your material needs?

Table 9

Technologic	10%
Furniture	20%
Self cleaning supplies	37,5%
Housing	32,5%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 10.

Leisure and Social Relationship

Who do you live with?

Table 10.

Partner	35%
Children	37,5%
Roommate	1,2%
Other relatives	1,3%
Alone	25%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 11.

What is your social networking?

Table 11

Family	95%
Neighbors	22.5%
Friends	10%
None	2.5%

Data analyzed by Gabriela Martínez (2021)



Table 12.

What do you do in your free time?

Tabla 12

Meetings with other older adults	28.8%
Cultural or sport activities	7.5%
Religious activities	13.8%
Walks	25%
Visit to relatives	13.8%
None	11.1%

Data analyzed by Gabriela Martínez (2021)

Table 13.

Do you feel satisfied with your life?

Tabla 13

Very satisfactory	21,2%
Medium satisfactory	13,8%
Little satisfactory	45%
No satisfactory	20%
Total	100%

Data analyzed by Gabriela Martínez (2021)

Table 14.

What would you like the government will do for you?

Tabla 14

Nursing home	3,8%
Equipment for the Adult Center	11,3%
Welfare benefits	18,8%
Nutritional Meals	28,8%
Safe transportation	5%
Recreation spaces for Older Adults	15%
Literacy and Education Programs	3,8%
Quality of public health services and medicine	43,8%
Construction of a Hospital	5%

Data analyzed by Gabriela Martínez (2021)

3.2. Inferential Analysis

Significant differences were not found (Chi-Cuadrado, $p > .05$, bilateral), between

gender and the majority of analyzed variables, but in the following.

Within the several psychological problems, the feminine gender presents more sadness and stress than men ($p = .023$ and $p = .015$).

Related to the last data, men affirmed they do not have any psychological problem ($p = .044$).

Men had more friend social support than women ($p = .024$).

Women more than men wanted that the government implement the senior center. MMA ($p = .032$).

In any case, it should be mentioned other significations proximal at .05, that could explain how women and men see their situation with respect to their gender.

Women has more articulations and sleep problems ($p = .087$).

Women also have more mobility problems than men ($p = .140$).

Men have more neighbors social support ($p = .087$).

Women dedicate more time to visit their family ($p = .095$).



Finally, men more than women wanted that the government should better off their food intake ($p = .087$).

About the age, there is not significant differences (Spearman, $p > .05$) except that when age increases, older adults dedicate less time to care for animals or farm activities ($p = .016$), they need more hygiene supplies ($p = .040$); and wish more than younger counterparts that Health Center Services offer more medical checkups and delivery of medicine to their homes.

Therefore, even there is not mayor difference between gender and the variables that were analyzed, the significations that were mentioned, could be consider sufficient relevant to make distinction at the time to offer interventions, or to develop strategic plans to better of the older adults quality of life in a more specific way and not generalized, as for example for mobility and psychological therapies for women who suffer more sadness an insomnia.

4. DISCUSSION

Older adult population of Tisaleo in a collective way and by sector have given raised their concerns about their problems

or petitions to their government. 43.8% asked for a better quality of the Health Services, and delivery of medicine to their homes. 28.8% affirm that they require a balanced and nutritional meal. 18.8% require financial aid. 15% of the population of the research asked for more recreational places, 11.3% of the population require a place for My best Years Program, 5% asked for the construction of a General Hospital, also road ways and access to transportation, they also demand alphabetization and education campaigns only 3,8% demand the construction of a nursing home.

5. CONCLUSIONS

Thru the present research and analyses and interpretation of results. The conclusion is that the material conditions of older adults of Tisaleo, are limited due to the fact that the majority are in the index of poverty and extreme poverty, because they have more than one unsatisfied basic need (NBI), low economic resources, inclusive whom received financial aid from the government. In reference to their housing needs, although they have city water, electricity and sewer, they are in need of safe living conditions, access to bathrooms, furniture,



health supplies, gas, due to the fact that a lot of people still cook with fire a small group affirmed that are in need of technological equipment as telephones, and internet so they could talk to their love ones.

The health determinants of older adults of Tisaleo, come from the autoevalutaion f your health status, the influence of their illness, mobility, quality of medical attention, access to medicine in their local Public Health Services. As conclusion the majority of elder adults have a negative health assessment, with the presence of two or three illness per individual, being the most common, articulation and bone problems, visual and hearing problems, high blood pressure. On mobility half of the older adults can move to do their daily activities without mayor problems. Older adults of Tisaleo found themselves unsatisfied with access y quality of attention and medicine in the public health services, because of that they have to go to other locations. Finally is important to conclude that the older adults are in need of food supply of quality.

Their quality of life in what is referent to their social network could be determined as positive, the mayoralty has family, neighbors and friends with good relations with them,

but a quarter of the population this relationship are not for support, that is why they rank they quality of life and regular and bad due to causes as psychological violence, physical and patrimonial.

The quality of life in terms of leisure shows favorable, although older adults have little time for them due to farm activities, they do at least one of the following activities, meetings with other older adults, going out for a walking, family visits, religious activities and inclusive sports and artistic activities within their possibilities.

The general characteristic of quality of life of the older adult could be described as that in the majority they live with a family member, although a quarter of them live alone as independent adults, living with someone does not mean that they do not have isolation feelings, being this tone the most important mental health issues, as loss of memory, stress, feelings of sadness, depression, due to loss of love ones. For this most of the half of older adults found themselves as not satisfied with their quality of life.

RECOMMENDATIONS

This study concludes that the recommendation to the Mayor of Tisaleo



and his government is the creation of strategies to promote a better quality of life for older adults of their community thru the construction of an adult care center, or a day care for older adults that is free. Projects to offer better health services and medicine, psychosocial intervention that bring case follow up that relates to the older adult and their formal and informal context, providing and securing services, activities of leisure and recreation that activates their physical and cognitive functions in a participative way, generating healthy habits. Finally generate action to secure nutritional meals thru interinstitutional providers, and the follow up with professionals of Gerontology. Follow up with the political public that was designed, the nursing home, to cover the need of older adults that live alone, in extreme poverty, and the equipment of the adult center that can offer integral services like nutritional meal, doctor's visits, medication follow-up, recreation and leisure activities. Meetings between the Inclusion Economic and Social of Ecuador, the Mayor of Tisaleo and the researcher continue to take place to follow up with the implementation of the recommendations.

BIBLIOGRAPHIC REFERENCES

- Barrantes, M. (2006). Género, Vejez y Salud. *Acta Bioethica*, 12(2), 193-197. Obtenido de <https://scielo.conicyt.cl/pdf/abioeth/v12n2/art08.pdf>
- Bordignon, N. A. (2005). El desarrollo psicosocial de Eric Erikson. El diagrama epigenético del adulto. *Revista Lasallista de Investigación*, 2(2), 50-63. Obtenido de <https://www.redalyc.org/pdf/695/69520210.pdf>
- Cabañero, J., Richart, M., Cabrero, J., Orts, M. I., Reig, A., & Tosal, B. (2004). Fiabilidad y Validez de la escala de satisfacción con la vida de Diener en una muestra de mujeres embarazadas y puérperas. *Psicothema*, 16(3), 448-455. Obtenido de <http://www.psicothema.com/psicothema.asp?id=3017>
- Calderón, D. (2018). Epidemiología de la depresión en el adulto mayor. *Revista Médica Herediana*, 29(3), 182-191. <http://dx.doi.org/https://doi.org/10.20453/rmh.v29i3.3408>
- CEPAL & ONU (2019). Maltrato a las personas mayores en América Latina. Naciones Unidas & CEPAL. Obtenido de <https://www.cepal.org/es/notas/maltrato-personas-mayores-america-latina>



- Correa, T. (2000). Conceptualización de la vivienda rural en Panamá. San Luis Potosí: Universidad Autónoma de San Luis Potosí.
- Henry, N. (2013). Public Administration and Public Affairs. PA, USA: Pearson.
- INEC. (2008). INEC. Quito.
- INEC. (2017). Informe INEC. Quito.
- Karen, K.A. (2012). Understanding Generalistic Practice. Belmont: Brooks Cole.
- Lampert, M.A, Rosso, A.L.P. (2015). Depression in elderly women resident in a long-stay nursing home. *Dementia Neuropsychologia*, 9(1),76-80. Obtenido de http://www.demneuropsy.com.br/detalhe_artigo.asp?id=506
- Maldonado, T. (2018). Información estadística de casos referentes a personas adultas mayores llevados por la DPE. Quito: DPE. Obtenido de <http://repositorio.dpe.gob.ec/bitstream/39000/2191/1/DEOI-DPE-012-2018.pdf>
- Martinez , G. (2021). Calidad de Vida de los Adultos Mayores de Tisaleo (Tesis de grado). Universidad Técnica de Ambato. Ecuador.
- McGregor, A., & Madsen, A. (2014). Foundation for a Novel Emergency Medicine Suspeciality: Sex, Gender, and Woméns Health. In Kline J, et al. Academic Emergency Medicine. doi: 10.1111/acem.12544.
- Morales-Chango, J.C. (2021) La dinámica social y el abandono del adulto mayor en el centro gerontológico del Buen Vivir (Tesis de grado). Universidad Técnica de Ambato. Ecuador.
- OMS. (2017). Organización Mundial de la Salud. Obtenido de <https://www.who.int/es/news-room/fact-sheets/detail/la-salud-mental-y-los-adultos-mayores>
- ONU. (1948). Declaración Universal de Derechos Humanos. Asamblea General. New York.
- Reina, J., Pizarro, H., & Acaro, J. (2017). Caracterización de las condiciones de vivienda de las personas con discapacidad adultos mayores, de la parroquia San Antonio de Pasa, Tungurahua-Ecuador. *Polo del Conocimiento*, 2(9), 100-112. DOI: 10.23857/pc.v2i9.463
- Urzua, & Caqueo, A. (2012). Calidad de Vida: Una revisión teórica del concepto. *Terapia Psicológica*, 30(1), 61-71. Obtenido de <https://scielo.conicyt.cl/pdf/terpsico/v30n1/art06.pdf>
- Zastrow, C. (2010). Introduction to Social Work and Social Welfare. Empowering people. Belmont, California, USA: Brooks/Cole.