



DOI: <https://doi.org/10.56124/tj.v5i10.0061>

CONSTRUCCIÓN DE UNA POLÍTICA PÚBLICA PARA MEJORAR LA CALIDAD DE VIDA DE LOS ADULTOS MAYORES EN TISALEO, ECUADOR

CONSTRUCTION OF A PUBLIC POLICY TO IMPROVE THE ELDERLY QUALITY OF LIFE IN TISALEO, ECUADOR

Espín-Meléndez María Cristina ¹

Jiménez-Sánchez Álvaro ²

Paredes-Ruiz Teresa de Jesús ³

¹ Docente-Investigadora, Universidad Técnica de Ambato. Ambato, Ecuador. Correo: mariacespinm@uta.edu.ec. ORCID ID: <https://orcid.org/0000-0002-0966-8272>.

² Docente-Investigador, Universidad de Salamanca. Salamanca, España. Correo: alvarojs@usal.es. ORCID ID: <https://orcid.org/0000-0002-4249-8949>.

³ Docente-Investigadora, Universidad Técnica de Ambato. Ambato, Ecuador. Correo: tdj.paredes@uta.edu.ec. ORCID ID: <https://orcid.org/0000-0001-9174-1119>.

RESUMEN:

Las políticas públicas constituyen un instrumento gubernamental para dirigir la gestión pública durante un período de gobierno determinado. En este artículo se propone un esquema de políticas públicas para mejorar la calidad de vida del adulto mayor del cantón Tisaleo, Ecuador. En base a un diagnóstico previo se identificaron las necesidades del sector y se realizó la construcción técnica de políticas públicas con el aporte de los diferentes actores. Con estas políticas se pretende afianzar el trabajo del gobierno cantonal en la atención prioritaria que se debe dar a este grupo etario en cumplimiento de la legislación ecuatoriana.

Palabras Clave: Políticas públicas, calidad de vida, adulto mayor, gestión, Ecuador.

ABSTRACT:

Public policies are a governmental instrument to direct public management during a given period. This article proposes a public policy scheme to improve the elderly quality of life in Tisaleo, Ecuador. Based on a previous diagnosis, the sector's needs were identified, and the technical construction of public policies was carried out with the contribution of the different actors. These policies are intended to strengthen the cantonal government's work in the priority attention given to this age group in compliance with Ecuadorian legislation.

Keywords: Public policies, quality of life, elderly, management, Ecuador.





1. INTRODUCTION

Public policy is the product of government-society interaction; it is co-produced by public power and citizens according to different forms and degrees of interlocution and influence. Thus, it is constituted as a public work and not only a governmental one (Aguilar, 2012).

The actions of governments, both national and local of a country, obey a political ideology with which the government identifies itself, having to meet social needs with parameters of effectiveness and efficiency, without neglecting that such public policies comply in their elaboration with specific technical parameters, which are reviewed in this document.

Suppose it is understood that government actions attend to social needs. In that case, citizens' participation as actors in the generation of public policies cannot be ignored since they are not only recipients but act from the very moment of their formulation, even more so in the cases of participatory governments.

Tisaleo is one of the nine cantons that make up the Tungurahua province, with an area of 59.02 km², sharing this area with moorlands

and populated areas. It is located northwest of the Ambato canton and borders Mocha to the south (Agenda Tungurahua, 2019).

This canton has two parishes, an urban one (Tisaleo cantonal head) and a rural one (Quinchicoto). In terms of population, it is inhabited by 14,317 people (2020), with agriculture and livestock being the main economic activities.

According to the 2010 census data, the elderly population (65 years and older) reached about 1,100 people, primarily located in the rural areas of Tisaleo. These data have been updated thanks to the program "My best years," wherein in 2019 they were approximately about 2,000 older adults.

Regarding the protection policies for this group at the national level, the National Development Plan 2017- 2021 seeks to strengthen inclusion, social equity, comprehensive protection, and care for all people during their life cycle. Accordingly, the "My first years" program is being developed, whose purpose is to improve the elderly life quality of living in extreme poverty. It consists of a voucher, medical



care, gerontological services, and educational and recreational activities (Plan Nacional del Buen Vivir, 2017-2021).

Public policies for this population have been oriented in three axes; inclusion and social participation, considering them as actors of social development; the second axis is social protection, aimed at reducing poverty, vulnerability, and social exclusion; the last axis is oriented to attention and care through the service of public and private gerontological centers (DNPAM, 2021).

In its planning 2017- 2021, the Government of the Tungurahua Province focuses on the group of older adults with social policies in three axes: education and training, health and welfare, and participation and social inclusion. The first is oriented to specialized academic training in the attention and care of the elderly. The second one goes from the field of nutrition and integral health, sports, recreation, education, daily care, and accessibility in public transportation. Furthermore, no less important, the third axis, with which it is intended to ensure the inclusion of the elderly in society through generational meetings and universal general social insurance seeking to expand its

coverage (Agenda Tungurahua, 2017-2021, pp. 16).

Therefore, this work aims to develop a series of public policies that respond to the needs of older adults in Tisaleo and that are congruent with the governmental resources of the locality.

2. METHODOLOGY

In the first phase of the research project, developed by the Faculty of Jurisprudence and Social Sciences at Universidad Técnica de Ambato entitled "Integrating project of elderly quality of life in Tisaleo," a diagnosis was made to assess the elderly quality of life. Eighty people were interviewed, selected by random sampling from a population of 2,000 older adults in the sector. Open and semi-structured questions were used for this evaluation, which the researchers later tabulated. These questions will be summarized below in order to identify the problems to which the suggested public policy seeks to provide a solution.

With the diagnosis made, the problems were identified, and then a technical construction of the objectives, policies, and programs that should be developed in Tisaleo was carried



out. In the development process, public policies were socialized with strategic actors to achieve a policy that responds to the needs from different perspectives, community, public institutions (MIES), and older adults.

3. RESULTADOS

From the results obtained by Martínez (2021), the quality of life of the elderly can be classified into four dimensions: material living conditions, health determinants, leisure, social relations, and general life experiences.

As far as material living conditions are concerned, only 2.4% of those interviewed consider their economy to be good, compared to 46.3% who consider their economy to be average and 32.5% who consider their economy to be wrong, mainly due to their source of income, since there are no well-paid jobs for this age group and most activities are agricultural. However, according to ECLAC (2017, cited by Martínez, 2021), the primary economic incomes are the Human Development Bonus, family allowances, and agricultural work.

The second criterion for evaluating the quality of life of older adults is health, in which the respondents' assessment of their well-being is not favorable. 53.8% consider their health to be wrong and 18.7% awful. Their major illnesses are joints and bones, visual disorders, cardiovascular problems, hearing disorders, and blood pressure. Even so, joint and bone diseases have not resulted in mobilization difficulties, with only a quarter of those interviewed claiming to have complications in performing all or part of their daily activities.

One of the aspects that affect the health of the elderly is poor nutrition, which despite the various government programs to improve this factor, in Tisaleo, more than half (52.5% of those interviewed) consider that their food is lacking in quality and quantity because they do not receive five meals a day and those that are provided are not adequately balanced with the right proportions of food groups.

It is essential to highlight that Tisaleo has a Health Center, which could be the channel that treats these conditions of the population. However, the negative criteria that older adults have about the service provided by this institution affects their



condition even more since they are not being attended by professionals, which also influences the State resources allocated for the provision of this service.

This negative perception can be seen when, in the study conducted, more than 66% of older adults interviewed have difficulties accessing medicines from the public service, which impacts the negative perception of the public health service.

The third aspect that points to the quality of life of this human group is related to leisure and social relations since they are determinants for emotional health and other factors of critical care of the elderly. The study developed determined that there are several support networks for this group, namely family, neighbors, and friends.

A key aspect of their emotional well-being is their activities beyond work in the fields,

animal husbandry activities, or home care. The activities they practice in their free time are mainly oriented towards sharing them with other older adults, such as walks, visiting relatives, and religious activities, which is positive in this sector.

However, when evaluating their life experience, the varied emotional problems reported by the interviewees are striking, such as memory loss, sadness, feelings of loneliness, insomnia, stress, depression, and in addition, 45% consider themselves not very satisfied with their life, and 20% are dissatisfied, i.e., more than half of the interviewees have emotional and mental health problems.

3.1. Objectives, policies, and programs for the canton of Tisaleo

The following are possible solutions to the problems described above.

Table 1. *Outline of the sector's problems and possible solutions.*

Indicators	Problems	Means of solution	Feasibility level	Level of government involved
Material living conditions	Work	Political Management (Development of sources of employment with consideration for age)	Low	Central Government



	Human Development Voucher	Policy Management (Accessibility)	Low	Central Government
	Basic Services (Deficient)	Policy Management (accessibility, coverage, electronic devices)	Low	Central Government
	Internet Telephone	loans		
	Housing	Housing repair and restoration	Low	Miduvi- IESS
		Canalization	Medium	Municipal Government (Art.137 COOTAD)
Health	Diseases joint and bone diseases, visual disturbances, cardiovascular problems, blood pressure and hearing problems.	Prevention Diagnosis Treatment Therapies by experts	High	Central Government through the Health System Municipal Government of Tisaleo (Art.138 COOTAD)
	Poor Nutrition	Access to nutritious foods Use of nutrition foods	High	Central Government MIES
	Medications	Access	Low	Central Government Public health system.
Quality of life	Emotional well-being (memory loss, sadness, feelings of loneliness, insomnia, stress, depression)	Prevention Diagnosis Treatment Therapies by experts	High	Central Government through the Health System Municipal Government of Tisaleo (Art.138 COOTAD)
	Life satisfaction		Medium	Central Government Public health system

Source: Martinez (2021).



3.2. Rationale

Because of their age, older adults are considered a priority attention group because they are a vulnerable human group. In Tisaleo, they constitute 13.9% of the total population of the canton, about 2,000 people.

The State has considered the protection of this vulnerable group through the generation of public policies, such as care in specialized centers, protection from labor or economic exploitation, promotion of autonomy, special regimes for the fulfillment of recreational activities, protection against various types of violence, catastrophic diseases and adequate psychological and economic assistance (Art. 38 C.R.E).

The basis for the generation of public policies is also found in the support for the rights of the elderly enshrined in Art. 37 of the Constitution of the Republic and in the Organic Law for the Elderly.

Currently, the older adult population rates have received an increase of 16.7% by 2030, according to Eurosocias (2015), based on ECLAC reports. An increase of the older adult

population of 16.7% by 2030, so the policies of the State cannot ignore this critical fact.

3.3. Social foundation

The rights related to a good quality of life are associated with an economic income that allows them access to fundamental rights such as health, food, recreation, and leisure. However, the elderly in Ecuador do not enjoy well-paid jobs or state programs that allow them access to economic income options. It would be understood that social security, through the old-age pension, provides the income required by the elderly to subsist, also understanding that social security is a socio-economic right and the State must guarantee it to its population.

Objective 1: *Ensure adequate material living conditions for older adults.*

Diagnosis:

In Ecuador, of 1,049,824 older adults (MIES, 2020) in the Ecuadorian territory, only 404,832 were pensioned in 2019, which gives 62% of the population that does not have social security.

In the rural population of Tisaleo, almost 90% of older adults consider their economy as regular, bad, and very bad; this is because



they mostly lack social security, depending on other income such as the human development bonus and agricultural activities (Martínez, 2021). This fact means that they do not have their housing, or if they do, it is not in the best conditions of infrastructure and security, which is one of the most desired material needs.

The homes have essential services (water, sewage, and electricity). However, telecommunications are scarce, only 1% have internet, and 6% have landline telephony, which undoubtedly affects the connection of the elderly with their families and the community in general and even the participation in matters of interest to their locality.

Despite these low rates in the coverage of access to technological services, only 10% of older adults consider having technological equipment as one of their needs since it is more critical to cover other more pressing needs such as cleaning supplies and having a home of their own. In the study conducted by Martínez (2021), it is mentioned that in many cases, older adults have their own home, but it is not in good infrastructure conditions, being unstable (leaking roofs, dirt floors, broken walls, etc.) and with poor

sanitation, since not all of them have sewage, which affects their hygiene habits.

Policies:

-Guarantee adequate residence or housing with access to essential services.

-Promote the inclusion and economic independence of older adults.

-Manage access to the internet and other means of communication.

Actions or Programs:

1.- Creation of a residential gerontological center.

It will be able to accommodate people over 65 years of age, providing temporary or definitive protection, oriented to those who cannot be cared for by their families, who do not have a home, people in a situation of abandoned poverty and extreme poverty, in high-risk conditions and who express their willingness to enter (DNAM, 2021).

According to the Dirección Nacional del Adulto Mayor (2021), this center aims to protect the rights of this group, mainly those oriented to a good quality of life, through comprehensive care that contributes to the



well-being of the elderly (physical, social, and mental).

As for the requirements for a center of this type, it must have the physical space, skilled human talent, and the development of programs to provide a good quality of life for the elderly.

According to the "Technical Standard for the implementation and provision of gerontological services of residential gerontological centers" (MIES, 2019), the physical spaces must have areas for bedrooms, recreation, parking, administration and sleeping areas, specific care areas, psychology area, occupational and recreational physiotherapy, primary medical area, first aid, kitchen area, laundry,

green areas, area for older adults with behavioral disorders, etc.

In terms of human talent, the care unit must have specialized personnel responsible for the admission of the elderly with the fulfillment of the requirements and the surveillance, monitoring of their state of health, and in general for the critical care of the elderly in the center. However, for the operation of the gerontological center, social workers, psychologists, physical therapists, occupational therapists, caregivers, nurses, etc., are also required. The profile and requirements of the professionals to be hired are described in the MIES technical standard.

Table 2. Human talent of residential gerontological center.

Number	Professional	Number of residents under your care
1	Director (Psychologist, Social Worker, Administrator specializing in Social Management)	Everyone in the center
1	Social Worker	1 per 100 residents 20 homeless
1	Clinical Psychologist	1 per 100 residents 1 per 40 homeless
1	Physical Therapist	1 per 100 residents
1	Occupational Therapist	1 per 100 residents
1	Caregiver	1 per 100 residents
1	Nurse	1 per 20 older adults
1	Cook	15 per each older adult
1	Laundry Assistant	1 per 15 residents
1	Cleaning person	1 for the entire center

Source: MIES (2019).



The gerontological center with general characteristics must also have a physician and a nutritionist from the Public Health system who can perform a medical check-up every six months.

2.- Promote the economic inclusion of the elderly.

Tisaleo is characterized by its agricultural sector, one of the primary sources of income for older adults in the sector. According to the MIES (2020), 62% of the population does not have social security, so they continue to maintain this economic activity even though it is not always fairly remunerated.

The agricultural resources of the area can be necessary for the development of agro-industries through small businesses, in which the elderly are included mainly because of their knowledge of agriculture, gastronomy, and the culture of the area.

3.- Manage access to the internet and other mass communication

One of the reasons older adults in rural areas do not have internet in their homes is the lack of knowledge of ICTs as a mass communication, coupled with low incomes that do not favor access to electronic devices and internet services.

Therefore, the first step would be to provide training in office automation for the use of computers and internet access, aimed at older adults in the gerontological center, and then open it to all those interested in the sector. The gerontological center can have a space of 3 to 6 computers with internet service to guarantee the access of the elderly, with schedules for their use and connection with their families. All this, without neglecting the management and promotion for installing networks in homes and public areas with free wifi.

Objective 2: *Improve the Health of the Elderly.*

Diagnosis

The health of the elderly is a crucial aspect to guarantee the quality of life of this human group, focusing on physiological, nutritional, and psychological factors that favor integral wellbeing. The diseases presented by older adults in the sector are joint and bone problems, visual disorders, cardiovascular problems, hearing disorders, and blood pressure.

Even so, joint and bone diseases have not resulted in mobilization difficulties, but only a quarter of the interviewees claim to have



complications to fully or partially perform their daily activities (Martínez, 2021).

The health of the elderly is affected by poor nutrition that has not improved with the different government programs. In Tisaleo, more than half of those interviewed (52.5%) consider that their diet lacks quality and quantity because they do not receive the five daily meals, and the meals they do get are not adequately balanced with the adequate proportions of the food groups.

Policies

- Guarantee access to specialized and comprehensive medical care for the elderly.
- Manage access to medicine from the public health system.
- Combat malnutrition and promote healthy eating habits.

Programs

1.-Health program in the gerontological center.

According to the MIES technical standard, residential gerontological centers must have medical assistance from professionals of the Ministry of Public Health, and adequate care can be provided with the follow-up that

should be given to each older adult in the gerontological center, with a periodically controlled schedule.

Psychological health is as important as physical health, especially when older adults in Tisaleo present various emotional problems reported by those interviewed, such as memory loss, sadness, feelings of loneliness, insomnia, stress, depression, so health programs should include the diagnosis and treatment of psychological illnesses that can improve the quality of life of older adults and, together with therapies, strengthen family and community inclusion, improving moods.

Access to medicines is a complexity faced by older adults, but the center's management should include the allocation of medicines to older adults according to their medical requirements, which should be relevant, sufficient, and adequate.

2.- Fighting poor nutrition and promoting healthy eating habits.

One of the aspects that affect the health of the elderly is poor nutrition, which despite the various government programs to improve this factor, in Tisaleo, more than half, 52.5% of those interviewed, consider



that their food is without quality or quantity, this because they do not receive five meals a day and those that are provided are not adequately balanced with the right proportions of food groups.

The gerontological center must have a nutritionist from the Ministry of Health to develop the menus for the elderly who will be part of the program so that the meals are proportional and appropriate to their age. The nutritional program will also require a permanent and pertinent review of the condition of the older adults in the gerontological center.

In addition, creating a food bank with the participation of public and private sectors would favor those older adults who are not in the gerontological center but who also have food needs. The program's beneficiaries will be identified by the MIES, who, through the "My best years" senior citizen program, has identified their needs in this area. The delivery can be made on a weekly or biweekly basis, covering, in addition, the nutritional requirements indicated by experts for people of this age.

Objective 3: *Promote the independence, inclusion, and participation of older adults in an environment free of violence.*

Diagnosis

In the adequate care and development of a good quality of life for the elderly, it is essential to strengthen their independence for their care and attention. The social and family circle of older adults in this sector is 95% family members, but guaranteeing independence in the daily care habits of this group favors dignified aging, supported in another 50% by the inclusion guaranteed by the family, the environment, and the community in daily activities.

Living in a favorable, inclusive, and participatory environment allows a good perception of their experiences and life satisfaction. The data show that 27.5% of those surveyed have received some physical, psychological or patrimonial violence.

The older adults of Tisaleo present various emotional problems reported by the interviewees, such as memory loss, sadness, feelings of loneliness, insomnia, stress, depression, and 45% consider themselves dissatisfied with their life and 20% are dissatisfied, that is, more than half of the



interviewees present emotional and mental health problems (Martínez 2021).

Policies

- Ensure access to specialized mental health care.
- Encourage independence in daily activities and eldercare activities.
- Encourage family participation in the care of the elderly and raise awareness of their inclusion in the family and social environment.
- To promote the social participation of the elderly in the political, social, and economic spheres.
- Promote the rights of the elderly and protocols for prevention and action in cases of violence against this age group.

Programs

- 1.- Campaigns are generating formative spaces.

It is essential to point out that for the proper functioning of the center, it is necessary to develop formative spaces in which the help of the academy is required, for which the Universidad Técnica de Ambato, through the "Integrating Project to improve the elderly

quality of life in Tisaleo," can manage internship agreements with the careers of Physical Education, Law, Social Work, Psychology and Physical Therapy. The functions would be the following:

- Physical Education: Develop activities, exercises, and dynamics that allow the development of an active life of the older adult.
- Law: Dissemination of the rights of this group and protocols for prevention and action in cases of violence against this age group.
- Social Work: Development of family therapies that benefit an adequate family and community integration.
- Psychology: Implementation of preventive programs to avoid cognitive and physical deterioration.
- Physical therapy: Generation of rehabilitation programs with a special focus on joint and bone diseases that favor mobility.

Objective 4: *Promote the use of alternative spaces for revitalization, recreation, socialization, and meeting.*



Diagnosis

The majority of older adults in Tisaleo use their free time to meet with other older adults, their families and to go for walks. These activities are practiced by 67.7% of the population. However, recreational, sporting, or cultural activities are not among the preferred activities for older adults in the area they usually practice, nor is the enjoyment of public spaces (Martínez, 2021).

Quality of life is made up of several aspects: economic, physical and health, level of dependence, social and family relationships, psychological state, but also, as stated by the WHO, the individual's perception of his or her position in life, expectations, goals, and concerns. (Estrada et.al., 2011).

Older adults' perception of their lives can be improved with programs that allow them to share with other older adults recreational activities in their free time, improving their mood and health. In the sector, the perception of the quality of life of older adults is not satisfactory since 65% of older adults responded that they feel dissatisfied and dissatisfied with their life (Martínez, 2021).

Policies

- Promote recreational, cultural, or artistic activities with the participation of older adults.
- Promote the use of public spaces for recreational activities.
- Promote the meeting of older adults and the family.

Programs

- 1.- Generation of alternative spaces for revitalization, recreation, socialization, and meeting.

These spaces are conceived for the meeting and socialization of older adults who can move by their means. In these spaces, recreational, integration, and interactive activities will be carried out, aimed at coexistence, participation, solidarity, and relationship with the social environment and promotion of positive and healthy aging (DNPAM, 2021).

With the support networks, workshops can be generated with recreational, artistic, and sports activities that motivate integration, independence, and active participation, oriented to all gerontological centers' older adults.



4. DISCUSSION

As far as public policies are concerned, Tisaleo did not have its structure, it was coupled through actions and programs to what was established in the planning of Good Living 2017-2021 and the Tungurahua 2017- 2021 agenda, so it is necessary to develop this management tool that allows prioritizing needs and organizing actions.

The programs developed by the central government in the "My Best Years Program" sector are insufficient, considering that there are 2,000 older adults that represent 13.9% of the population, hence the need for the participation of social actors, academia, and local government to improve the quality of life of this vulnerable sector.

The material conditions of life would increase with the creation of a gerontological center, even more so when 90% consider their economy to be wrong and 62% of the population does not have insurance, in addition to 30 older adults living on the streets, according to data from the PAM (2021). Currently, the "My Best Years Program" provides follow-up and care to older adults living on the streets, but it

cannot provide housing or essential services, and other services are provided minimally.

The type A health center and its four health posts are insufficient to meet the needs of the canton. These conditions have not changed since the beginning of the study; moreover, they have increased with the Covid-19 pandemic, requiring an injection of \$32,000 from the cantonal government to overcome the crisis. It would also require comprehensive and specialized systems for the elderly that have not yet been implemented.

In terms of independence, inclusion, and participation of the elderly and a life free of violence, more than half of the people studied (65%) expressed dissatisfaction with their lives. Older adults in the area have mental health problems that have not been prioritized through government or local health programs, being necessary to be part of the comprehensive health program required by the sector. These values would be the most affected by the suspension of programs that encouraged the meeting of older adults and recreational activities (Gobierno Autónomo Descentralizado del Cantón Tisaleo, 2020).



5. CONCLUSIONES

Older adults are a priority population; however, there are few public attention programs for this sector. Central government policies are insufficient in remote peripheral areas such as Tisaleo, and local governments are called upon to respond to the needs of their older adult population.

The academy should contribute with technical knowledge and strategies that approach the community, building policies, programs, and projects that can improve the elderly quality of life and other vulnerable groups. The construction of effective public policies depends on the participation of all stakeholders (population, authorities, technicians, and academia).

Public policies are a technical instrument of collective management, which seeks to prioritize the needs of the sectors to improve the effectiveness and efficiency of government management, so based on the diagnoses and studies in Tisaleo, the various needs of older adults must be addressed following the direction provided by the studies conducted.

The quality of life of the elderly requires implementing the various programs and

campaigns that are proposed, where the various actors participate with the relevant political impetus and attention. The multidisciplinary collaboration in the campaigns allows the achievement of the goals, which in this case, will be reflected in older adults with good living conditions, health problems attended timely and effectively, healthy nutrition according to their age, participation, and social integration, thus generating spaces free of violence concerning the integrity of all human beings. Undoubtedly, the development of these policies with efficiency and continuity would improve the adults' life satisfaction in the sector.

BIBLIOGRAPHY

- Aguilar, L. (2012). *Política Pública: Una visión Panorámica*. PNUD.
- Asamblea Nacional del Ecuador (2008). *Constitución de la República del Ecuador*. Ecuador: Corporación de Estudios y Publicaciones.
- Asamblea Nacional del Ecuador (2010). *Código de Orgánico de Organización Territorial Autonomía y Descentralización*. Ecuador: Corporación de Estudios y Publicaciones.



Dirección de Planificación Tungurahua (2017). Agenda Tungurahua. Ambato - Ecuador.

Dirección Población Adulta mayor. (2021, 5 de mayo). Política Pública. <https://www.inclusion.gob.ec/direccion-poblacion-adulta-mayor/>

Estrada, A., Cardona, D., Segura, Á., Chavarriaga, L., Ordóñez, J., y Osorio, J. (2011). Calidad de vida de los adultos mayores de Medellín. *Biomédica*, 31(4), 492-502. <https://revistabiomedica.org/index.php/biomedica/article/view/399>

Gobierno Autónomo Descentralizado Municipal del Cantón Tisaleo. (2020, 29 de abril). Ordenanza Municipal 02-GADMT-2020 Cantón Tisaleo. Uso obligatorio de mascarillas. <https://www.oficial.ec/ordenanza-municipal-02-gadmt-2020-canton-tisaleo-que-regula-uso-obligatorio-mascarillas-parte>

Ley Orgánica de las Personas Adultas Mayores/2019, Registro oficial N°. 484, del 09 de mayo del 2019, pp. 1-37.

Norma Técnica para la implementación y prestación de servicios gerontológicos. (2019). Acuerdo Ministerial N°.94, 17 de junio del 2019, p. 162. https://www.inclusion.gob.ec/wp-content/uploads/2019/07/LIBRO-NORMAS-TECNICAS-final_cOM.pdf

Martínez, G. (2021). La calidad de vida del adulto mayor del cantón Tisaleo de la provincia de Tungurahua (Tesis de grado). Universidad Técnica de Ambato.

Secretaría Nacional de Desarrollo (Senplades). (2017). PND - Toda una Vida. Quito - Ecuador.