

# LIFE QUALITY PROTECTION RIGHTS FOR ELDERLY PEOPLE. COMMUNITIES OF POSORJA AND PUNA

PROTECCIÓN DE LOS DERECHOS DE CALIDAD DE VIDA PARA ADULTOS MAYORES. COMUNIDADES DE POSORJA Y PUNA  
 PROTEÇÃO DOS DIREITOS À QUALIDADE DE VIDA PARA IDOSOS. AS COMUNIDADES DE POSORJA E PUNA

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## ABSTRACT

Background: The present article aims to measure the extent to which the physical and recreational needs of elderly persons in the communities of Posorja and Puna are being met. Nowadays, it is known that physical activity is beneficial for the elderly, as it helps to diminish illness and all kinds of diseases. Method: The population in this study is comprised on 378 elderly persons between 65 and 90 years of age: 200 belong to the community of Posorja and 178, to the community of Puna in Guayas Province. The tools used for this research include, among others, the ADL Test (Activities of Daily Living), which evaluates the degree of self-care and mobility; the Lawton and Brody Scale, which is an appropriate instrument to evaluate the level of independence and skills; and the MMT (Mini Mental Test), which evaluates cognitive functions such as memory, language, praxis and attention. They all are essential to detecting and diagnosing Alzheimer's disease. Results: Various statistical techniques were used to obtain the results, such as descriptive analysis, contingency tables and main components. Conclusions: The population between 65 and 90 years of age was analyzed and it accounted for 35.9% of the total population back in 2010, which means there was a variation. Nowadays, it represents 56.6% of the obtained sample. This generational group refers to the elderly, who should be favored by public policies that are intended to improve health programs, generate recreational areas, and create senior care centers. Generally, the demographic dynamics of Posorja show a structured pyramid, with an expanding population, a large amount of young people and adults who contribute to the economic dynamics and productivity of the area. The questionnaire could be adapted and contain the specifications required to suit the true dimensions of this population.

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**KEYWORDS:** elderly persons; family; aging; contingency tables; correlation; gerontology; social integration (Source: DeCS).

## RESUMEN

**Antecedentes:** este artículo tiene como propósito medir el grado en que se satisfacen las necesidades físicas y recreativas de los adultos mayores en las comunidades de Posorja y Puna. Hoy en día, se sabe que la actividad física es beneficiosa para los ancianos, ya que ayuda para disminuir dolencias y todo tipo de enfermedades. **Método:** La población en este estudio está compuesta por 378 personas mayores entre 65 y 90 años de edad: 200 pertenecen a la comunidad de Posorja y 178 a la comunidad de Puna en la provincia de Guayas. Las herramientas utilizadas para esta investigación se incluyen, entre otros, la Prueba ADL (Actividades de la vida diaria), que evalúa el grado de autocuidado y movilidad; la Escala de Lawton y Brody, que es un instrumento apropiado para evaluar el nivel de independencia y habilidades; y la MMT (Mini prueba mental), que evalúa las funciones cognitivas, como la memoria, el lenguaje, la praxis y la atención. Todos son esenciales para detectar y diagnosticar la enfermedad de Alzheimer. **Resultados:** Se utilizaron diversas técnicas estadísticas para obtener los resultados, como el análisis descriptivo, tablas de contingencia y componentes principales. **Conclusiones:** Se analizó la población entre 65 y 90 años de edad que representó el 35.9% de la población total en 2010, lo que significa que hubo una variación. Hoy en día, representa el 56.6% de la muestra obtenida. Este grupo generacional se refiere a las personas mayores, que deberían ser favorecidos por las políticas públicas que se pretenden para mejorar los programas de salud, generar áreas recreativas y crear centros de cuidado para adultos mayores. En general, la dinámica demográfica de Posorja muestra una pirámide estructurada, con una población en expansión, una gran cantidad de jóvenes y adultos que contribuyen a la dinámica económica y productividad del área. El cuestionario podría modificarse y contener las especificaciones requeridas para adaptarse a las verdaderas dimensiones de esta población.

**PALABRAS CLAVE:** adultos mayores; familia; envejecimiento; tablas de contingencia; correlación; gerontología; integración social (Fuente: DeCS).

## RESUMO

**Contexto:** O presente artigo visa analisar em que medida as necessidades físicas e recreacionais dos idosos das comunidades de Posorja e Puna, no Equador, estão sendo atendidas. Atualmente, sabe-se que a atividade física é benéfica para os idosos, já que ajuda a diminuir enfermidades e todos os tipos de doenças. **Metodologia:** Neste estudo, a população é composta por 378 pessoas idosas com idades entre 65 e 90 anos — 200 pertencem à comunidade de Posorja e 178 à comunidade de Puna, na província de Guayas. As ferramentas utilizadas nesta pesquisa incluem, entre outras, o Teste ADL (Activities of Daily Living), que avalia o grau de autocuidado e mobilidade; a Escala de Lawton e Brody, que é um instrumento apropriado para avaliar o nível de independência e as habilidades; e o MEEM (Minixame do Estado Mental), que avalia funções cognitivas, como a memória, a linguagem, a práxis e a atenção. Todas elas são essenciais para detectar e diagnosticar a Doença de Alzheimer. **Resultados:** Várias técnicas estatísticas foram usadas para obter os resultados, tais como análise descritiva, tabelas de contingência e principais componentes. **Conclusões:** A população entre 65 e 90 anos foi analisada e somava 35,9% da população total em 2010, o que significa que houve uma variação. Atualmente, essa população representa 56,6% da amostra obtida. Esse grupo geracional se refere aos idosos, que deveriam ser favorecidos por políticas públicas que visam melhorar programas de saúde, gerar espaços recreacionais e abrir centros especializados no cuidado de idosos. Em geral, as dinâmicas demográficas de Posorja mostram uma pirâmide estruturada com uma população em expansão, uma grande quantidade de jovens e adultos que contribuem para as dinâmicas econômicas e para a produtividade da região. O questionário poderia ser adaptado para conter as especificações requeridas para adequar-se às verdadeiras dimensões dessa população.

**PALAVRAS CHAVE:** correlação; envelhecimento; família; gerontologia; idosos; integração social; tabela de contingência (Fonte: DeCS).

## INTRODUCTION

The present article is intended to show the bibliographic results of the study and how the application of two tests helps to evaluate and defend a diagnosis through the use of different empirical methods such as observation and surveys that demonstrate how physical recreation and health promotion activities developed by teachers in the area fail to meet the physical and recreational needs of the elderly in the community of Posorja, leading them into activities such as alcohol consumption, smoking and gambling, among others. The problem is defined as one of insufficient physical and recreational activities created for the group of elderly persons who live in the community of Posorja. As a result, none of their needs or interests in this respect are being met, which is demotivating.

Primary and secondary information sources were used; namely, the WOS, Scopus and ProQuest databases, which contain information from evaluation tools used to assess the health of elderly persons. (1)

Giusti, (2) defines quality of life as a state of physical, social, emotional, spiritual and occupational wellbeing that allows persons to properly satisfy their collective and individual needs. This would be the operational concept of quality of life for the purpose of the study. In addition to these considerations, the authors of this article take physical activity as an important variable among the subjects, based on Abrante, Brito and García (1996), Santana (1991) and García et al. (1990), (3) among others. As you can see, quality of life is a complex concept, because operational and dimensional definitions are hard to explain. Nonetheless, we all agree on the need to embrace it from a subjective dimension (what

people value about it) and with no restriction from an objective dimension (a third party or people's opinion), because one's own perception is fundamental. (4)

CEPAL defines social vulnerability as follows:

"Social vulnerability relates to socially vulnerable groups, whose identification has different criteria: contextual factors that makes them more prone to face adverse circumstances for their social insertion and personal development, [...] behavior that exposes them to adverse events, or having a common basic attribute (age, gender, ethnic condition) that brings common risk or common problems"

Ageing brings personal changes in physical conditions and in functional and economic independence, such as modification of roles within the family, participation in the job market, use of spare time, self-perception, the perception others have about us, etc. (5)

### **European Social Protection Models**

- *The universal protection model for all citizens, financed with taxes.* This is the model adopted by Nordic countries and the Netherlands. In it, social services are a logical extension of the notion that the State is obliged to satisfy the basic needs of its citizens, in the same way that it satisfies any other health or educational requirement.
- *The protection model based on a social security system of benefits originating with established contributions.* This is the Bismarckian model of central Europe countries such as Germany, Austria and Luxemburg. In it, social services are just like retirement pensions, unemployment insurance, and family protection as

part of social security. Therefore, management and financing are settled within this context.(6)

- *The assistance model directed towards citizens with no resources*, which is the one most applied in Southern Europe. It is a public system, financed with taxes, and has limited coverage. It is destined to satisfy the basic needs of citizens who are living in a co-dependent situation, with a lack of resources and, thus, limited coverage.

#### **SPECIAL POLICIES TO PROTECT THE RIGHTS OF THE AGING POPULATION TARGETS FOR LEGAL COVERAGE (LATIN AMERICA)**

In Brazil, Statute 10.741(2003) stipulates that older persons have the same inherent rights as any other human being. Family, community and the government are under the obligation to ensure the effectiveness of this legislation.

In Costa Rica, Statute 7.935 (1999) stipulates that public and private institutions that manage social programs for the elderly must give them advice and information about these statutes and also about the rights that have been established for their benefit.

In Ecuador, Law 127 establishes a State Attorney General's Office for the Elderly, as an institution to protect social and economic rights and to handle legal complaints from elderly persons, so as to ensure the rights established in this law are exercised.

In El Salvador, there is the Integral Care Act for the Elderly (2002). It stipulates that older persons must be informed about their rights and the laws that guarantee

their observance, as well as the international treaties that are accepted by El Salvador and all the statutes that guarantee their protection. In Guatemala, the Protection Act for the Elderly (1996) is intended, at its best, to protect the rights of older persons, with the government being responsible for guaranteeing and promoting those rights.

In Mexico, the law entitled "The Rights of the Elderly" (2002) aims to guarantee exercise of the rights of elderly persons by structuring all public policies that are needed to observe and preserve those rights.

In Peru, the Law on Elderly Persons (2006) establishes that older citizens are entitled to be protected by the government and gives them a regulatory framework that guarantees the legal mechanisms they need to exercise their rights, as recognized in the country's constitution and in valid international treaties.

In Puerto Rico, Law 121 (1986), also known as the "Bill of Rights of Elderly Persons and Public Politics," acknowledges the government's responsibility to provide adequate conditions to motivate the elderly to live their lives fully and to enjoy their legal and human rights.

In the Dominican Republic, Law 352-98(1998) guarantees the rights of elderly persons and indicates the government, the community and families should promote specific activities aimed at lending support to all governmental and non-governmental organizations, in order to promote the rights of elderly persons.

In the Bolivarian Republic of Venezuela, the Social Services Act (2005) guarantees exercise of human rights without any kind of discrimination and pursuant to the

terms and conditions established in the constitution and in the laws, treaties, pacts and conventions signed and ratified by the country.

In Uruguay, the goal of Law 17.796 (2004) is to motivate the elderly in a comprehensive way. It stipulates they are entitled to be an active part of their families and their communities, to enjoy decent treatment without any kind of discrimination, to have immediate access to medical assistance and education, to have adequate housing, to have sufficient food and shelter, and to have access to entertainment activities and easy access to transportation and communication throughout the country, among other elements.

## METHOD AND MATERIALS

The study universe consists of family nuclei from the communities of Posorja and Puna, and the method involves structuring a system of social-economic indicators. The circle of families in the area constitutes the source of information.<sup>(7)</sup>

One of the two referential methods described below was chosen to select the areas that were part of the representative sample of the study universe.

- a) Biphase conglomerate sampling in which the census areas, known as primary sampling units (push), form the conglomerates.
- b) The Delphi Method, with a non-probabilistic cut-off. In both cases, the areas were selected with the participation of community members in each area, according to the selection criteria.

## Participants

The participants were elderly persons from Data de Posorja, from the Posorja community, and Bellavista, from the Puna community, as well as elderly persons from Estero de Boca, Cauchiche and Subida Alta. The random sample contained 200 elderly persons from Posorja (see Table 1)

**Table 1. Age**

		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	None	1	0.50	0.50	0.50
	(65-70)	113	56.50	56.50	57.00
	(71-80)	49	24.50	24.50	81.50
	(81-90)	32	16.00	16.00	97.50
	Over 90	5	2.50	2.50	100.00
	Total	200	100.00	100.00	

Source: Own elaboration.

Respondents: 178 from Puna and a total of 1,510 from both communities. (see Table 2)

**Table 2. Age**

		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	(65-70)	87	46.5	46.5	46.5
	(71-80)	64	34.2	34.2	80.7
	(81-90)	33	17.6	17.6	98.4
	Over 90	3	1.6	1.6	100
	Total	187	100	100	

Source: Own elaboration.

According to data extracted from the 2010 Census, the most common diseases that affect the population of the province are: acute respiratory infections, acute gastroenteritis, dengue, hypertension, diabetes, high cholesterol, gastritis, and malnutrition. In most cases, these ailments are provoked or aggravated by factors

such as living space without drinking water fit for human consumption. The incidence of cases of hypertension is 57.5%; for other diseases, it is 29%. (See Table 3)

**Table 3**  
**Primary Causes of Morbidity L1**

		Frequency	Percentage	Valid Percentage	Accumulated Percentage
Valid	Others	58.00	29.00	29.00	29.00
	Diabetes Mellitus	18.00	9.00	9.00	38.00
	Cerebrovascular Diseases	2.00	1.00	1.00	39.00
	Prostate Cancer	5.00	2.50	2.50	41.50
	Arterial Hypertension	115.00	57.50	57.50	99.00
	Cardiac Ischemic Disease	2.00	1.00	1.00	100.00
	Total	200.00	100.00	100.00	

Source: Own elaboration.

### ***Investigative Tools***

Any geriatric evaluation must include an organized measurement of the functionality of elderly persons. Physical functionality includes many activities that assess executory capacity, such as a level of independence to perform the activities of daily life that makes it possible for an elderly person to remain at home. A lack of independence to perform the activities of daily life (ADL) (8) relates to short-term mortality and the probability of sending the elderly person to a geriatric care center. Evaluating these activities helps to identify areas where there are shortcomings that are not apparent. The tools used include the ADLs (activities of daily life), which evaluate self-care and mobility, the Lawton and Brody Scale and the MMT (Mini mental test), which evaluates various cognitive functions such as memory, language, praxis and attention. This is why they all are essential to detect and diagnose Alzheimer's disease. (11)

### ***Procedure***

Document analysis was used to gather information. A detailed review of the medical records of elderly persons was done to get to know their age-related diseases and the kind of activities they can perform. It was also used to investigate the social-demographics of the communities in question. Observation was used to determine the problem or focus of the study; it also was useful in identifying the extent to which the elderly take part in diverse activities offered by the community. This observation was done in Posorja, by three (3) observers, twice a week, over a period of one month, which comes to a total of eight (8) observations. As for the survey: one was done on elderly persons (the sample of 378) to get to know the needs and recreational interests of the community (ADL) and the second was applied to evaluate three (3) specialists. The idea was to obtain a result that reflects the level of knowledge about physical and recreational projects, so as to evaluate their feasibility. (Lawton and Brody Scale and Mini Mental Test). Once the information had been collected, the data was exported to a csv file for its subsequent import and statistical treatment using SPSS V22.

## **RESULTS**

### ***Statistical Analysis***

Contingency tables were applied to study the correlation between the age variables and the place where seniors go when they have a health problem(12). The age range was 65-70 years and has a value of 113, indicating the elderly of Posorja (Table 4).

Pearson's Chi-squared test was used to clarify the pertinence and independence of the variables under study.



It shows the results of the tests (Chi-squared value, degrees of freedom (df) and the significance value (Sig.)) (13), which demonstrate an acceptable p value, with a coefficient superior to 0.5 ( $p = .499$ ) (See Table 5).

In the contingency table showing the correlation between age variables and where seniors go to when they have a health problem, the age range between 65-70 years has a value of 87, indicating the elderly of Puna (Table 6).

Pearson's Chi-squared test was used to clarify the pertinence and independence of the variables under study. It shows the results of the tests (Chi-squared value, degrees of freedom (df) and the significance value (Sig.)) (13), which demonstrate an acceptable p value, with a coefficient under 0.5 ( $p = .001$ ) (See Table 7).

**Table 4 - The Posorja Community Contingency Table**

Contingency Table								
Count		Place to go when having a health problem						Total
		Public/S	Private/S	Hospital	Private Practice	Public Medical Insurance	Others	
Age	None	0	0	1	0	0	0	1
	(65-70)	73	1	30	4	5	0	113
	(71-80)	25	0	14	3	4	3	49
	(81-90)	25	0	5	1	1	0	32
	Over 90	4	0	1	0	0	0	5
Total		127	1	51	8	10	3	200

Source: Own elaboration.

**Table 5 - The Posorja Community Chi-squared Test**

Pearson's Chi-Squared Test			
	Value	gl	Asymptotic Sig.(bilateral)
Pearson's Chi-Squared Test	13.348 <sup>a</sup>	20	0.499
Reason for credibility	19.157	20	0.512
Linear by linear association	0.37	1	0.543
Number of valid cases	200		

a. 23 boxes (76,7%) have a less than expected frequency

a5. The minimum expected frequency is 0.1

Source: Own elaboration.

**Table 6 - The Puna Community Contingency Table**

Contingency Table						
Count		Place to go when having a health problem				
		Public/S	Hospital	Private Practice	Public Medical Insurance	Total
Age	(65-70)	75	8	0	4	87
	(71-80)	58	6	0	0	64
	(81-90)	28	1	4	0	33
	Over 90	2	1	0	0	3
Total		163	16	4	4	187

Source: Own elaboration.

**Table 7 - The Puna Community Chi-squared Test**

Pearson's Chi-Squared Test			
	Value	gl	Asymptotic Sig.(bilateral)
Pearson's Chi-Squared Test	26.948 <sup>a</sup>	9	0.001
Reason for credibility	23.166	9	0.006
Linear by linear association	0.021	1	0.885
Number of valid cases	187		

a. 11 boxes (68,8%) have a less than expected frequency

a5. The minimum expected frequency is 0.6

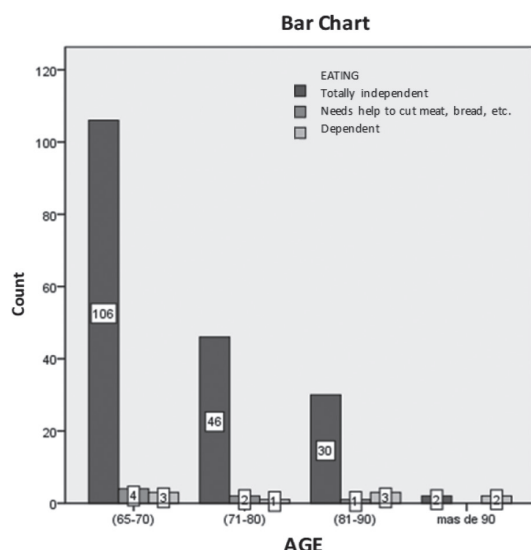
Source: Own elaboration.

A correlation between ADL (activities of daily living) and age (Figure 1) was done in the Posorja community to evaluate if a person can eat alone or needs help to do so. The results showed 106 people can eat on their own.

The correlation between ADL(activities of daily living) and gender (Figure 2) was determined in the Puna community to evaluate if a person can eat alone or needs help to do so. The results showed 116 people can eat on their own.

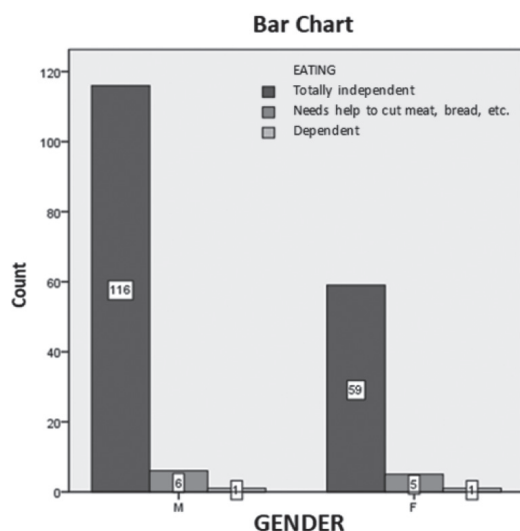
The correlation between IADL (Lawton and Brody instrumental activities of daily living) (Figure 3) and age was determined in the Posorja community to evaluate if they can be in charge of their home or need help. Seven (7) people are able to be in charge of their homes.

**Figure 1 - The Posorja Community  
Correlation between ADL and Age**



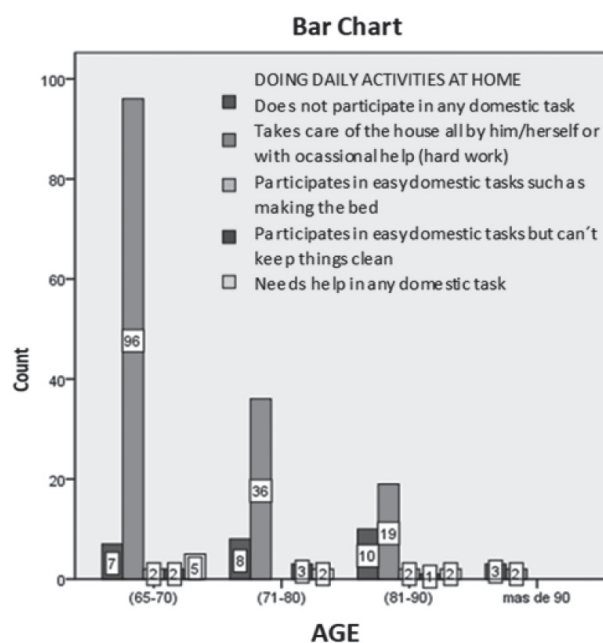
Source: Own elaboration.

**Figure 2 - The Puna Community  
Correlation between IADL and Gender**



Source: Own elaboration.

**Figure 3 - Posorja Community  
Correlation between IADL and Age**



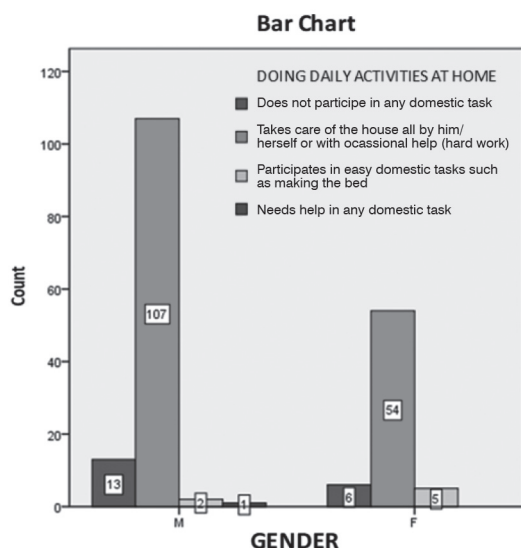
Source: Own elaboration.

The correlation between IADL (Lawton and Brody instrumental activities of daily living) and gender (Figure 4) was determined in the Puna community to evaluate if the elderly in question can be in charge of their own homes or need help. Thirteen (13) people are able to be in charge of their homes.

The correlation between the Mini-Mental Test results and age (Figure 5) was determined in the Posorja community to evaluate if the elderly in question can be in charge of their own homes or need help. Five (5) people gave incorrect answers and 12 people did not know or could not give an answer.

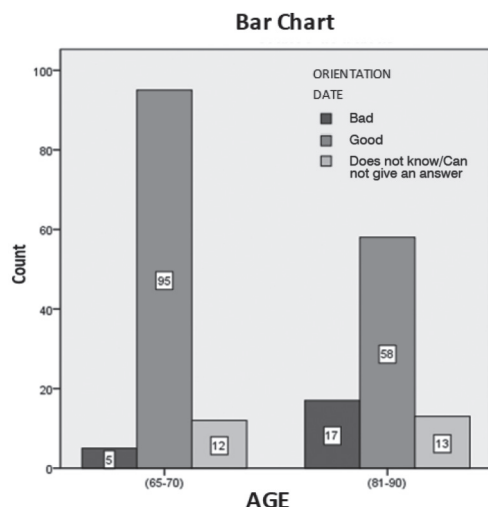


**Figure 4 - Puna Community**  
Correlation between IADL and Gender



Source: Own elaboration.

**Figure 5 - The Posorja Community**  
Correlation between Mini-Mental Test Results and Age



Source: Own elaboration.

## QUALITY OF LIFE OF ELDERLY PERSONS IN THE COMMUNITIES OF PUNA AND POSORJA

The importance of demographic information lies with its functional usefulness in helping the decision-making process in the field of public policy. Authors such as Brenda Yépez believe “interpreting information derived from demographic indicators can be conducive to learning about social and economic behavior. So, it is very important to underscore the value of the interconnection between demographic variables and any other social dimension, just as much as analyzing how these variables can determine the structural performance of the population” (Yépez, Módenes and López; 2007:32). In other words, using these variables contributes to strategy design in order to reach the underlying goals in the economic and social areas. (14)

## DISCUSSION

Based on prior knowledge of what an “older adult” means, including the concept of morphological and functional changes, the International Symposium of Gerontology (1962) established the following age-based classification:

- 45-59 years (Middle age)
- 60-74 years (Mature age)
- + 75 years (Elderly)

Ageing includes many cardiovascular, respiratory and musculoskeletal changes that reduce capacity to exert an effort and lower resistance to physical stress in older adults, decreasing their autonomy and quality of life, as well as their capacity to learn new skills. (15)

With ageing, there is high probability of emotional and cognitive alterations that can truly affect a person’s social

development. Vygotsky analyzes this phase from the standpoint of how different this life stage is, what new psychological structures we need, and how the presence of other people plays a fundamental role. (16)

Orosa (2001), quoted by Cañizares (2003), suggests the general psychological structure of an elderly person remains relatively stable and preserves its main characteristics during the evolutionary period, which constitutes a very particular phase in life. (17). The authors believe the process of ageing, from a psychological point of view, produces emotional and cognitive alterations that can affect an elderly person's behavior.

Therefore, authors such as Foster W. (1995:22) and Fujita F. (1995:23), who study and investigate problems with involution caused by ageing, have observed these changes, which are related to a number of organs and tissues. Nonetheless, ageing is not just a question of a loss of functionality. There also are compensatory mechanisms to offset this phenomenon. (18)

According to Foster, (1995) (22, p. 18) "Ageing, besides being a normal phase in life, is a very special way of movement of matter. It is a complex process that depends not only on biological causes, but on social and economic conditions too, where an individual develops into a social being." (19)

Nowadays, society invests considerable financial resources to preserve adequate health and wellbeing among the general population. However, the government believes this level of health is not reached by a given number of care centers that exist for a specific population, but by the amount of patients who regularly use these services. (20) This is how the population's state of health becomes

an important economic problem for the development of any society. (21)

On the other hand, besides scientific discoveries and advances, modern medicine does not have all the resources it needs to make rejuvenation possible or to extend life expectancy. This is why we have to develop a healthy relationship between work, rest and eating habits. It also is vital to do away with all kinds of excesses, such as tobacco and alcohol consumption, among others, and to strive for a healthy lifestyle that must include exercise and physical activity. (23)

Once we reach a mature age, our organism suffers many biological changes that lead us to pathologic variations that can appear at around 35 to 40 years of age and start with a very early inception. (24)

The person who exercises physically enjoys functional and biological wellness, because ageing is not the same for everyone. (25)

Age-related decline in physical activity happens because of a lack of exercise, which is found frequently among the elderly and caused by social factors that suggest sports and physical activity are only for those who are younger. This prompts a lack of motivation among older adults. (26)

Immobilization and inactivity are the worst aggravating factors, just as much as incapacity. Physical exercise can become a habit and improve the lifestyle of older adults, helping them to recover, preserve and improve their health and quality of life. (27)

There apparently is a relationship between regular physical activity and personal satisfaction. When older adults

reach a certain age, they tend to have many deficiencies, limitations and diseases that reduce their enjoyment of life. In many cases, their lives are transformed into ones of suffering, pain and despair.(28)

In the past, people used to picture older adults sitting in rocking chairs. But now this is changing, due to the fact that the elderly have become aware of the importance of having an active and healthy lifestyle. Ageing usually means a loss of strength and muscle mass, which translates into decreased functionality. This is why it is so important to delay that process in order to preserve a good quality of life as long as possible. (30).

## CONCLUSION

In spite of the fact that governments around the world invest in technology, the digital era continues to stand out as a way of reuniting people with different personalities who come from diverse surroundings, helping to create new technology and scientific discoveries that contribute to the quality of education.

The Ecuadorian government has a social proposal known a “El plan del buen vivir” (“A Plan for Living Well”). Its aim is to provide access to new technology. The scientific and technologic revolution is characterized by new developments and huge investments in intangible capital, education, research, innovation and health.

Social assistance regards the health area as a priority, and then the social area. Taking cross-cutting action to provide training or donate assets to the elderly population would allow for establishing permanent relations and to work for long-term action, making room for opportunities for development and integration of the elderly.

## BIBLIOGRAPHY

1. Claver P, Indias DECDE. Evaluación de la calidad de vida del adulto mayor en el Asilo San Pedro Claver de Cartagena de Indias. *Cienc y Salud virtual*. 2009;1(1):69–79.
2. Kwong Ew, Lai Ck, Chan K. Factors associated with quality of life in nursing home residents with frailty. *Journal of Clinical Nursing* 2014;2(2):1–15.
3. Cook Ce. Fall Risk Factors In Older Americans. 2003;
4. Mora M, Villalobos D, Araya G, Ozols A. Perspectiva subjetiva de la calidad de vida del adulto mayor, diferencias ligadas al género y a la práctica de la actividad físico recreativa. *MHSalus*. 2004;1:1–12.
5. Andrade Fed, Carvalho Jam de, Rivadeneira L, Villa M, Claver P, Indias DECDE, et al. El proceso de envejecimiento de la población de América Latina y el Caribe: una expresión de la transición demográfica. *Eúphoros*. 2000;1(1):69–79.
6. Lic A, Mora M. Presentan [sic] los adultos mayores de 60 a 75 años de edad de 21 centros diurnos a nivel nacional durante el año 2000 ” 2000 ”. 2000;
7. Rivadeneira L, Villa M. El proceso de envejecimiento de la población de América Latina y el Caribe: una expresión de la transición demográfica. Vol. 6, *Eúphoros*. 2003. p. 87–122.
8. Idiáquez J, Torres F, Madrid E, Vega J, Slachevsky A. Cuestionario de actividades de la vida diaria (T-ADLQ): utilidad en pacientes con accidente cerebrovascular menor. *Rev Med Chil* [Internet]. 2017;145(2):188–93. Available from: [http://www.scielo.cl/scielo.php?script=sci\\_arttext&pid=S0034-98872017000200006&lng=en&nrm=iso&tlng=en](http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0034-98872017000200006&lng=en&nrm=iso&tlng=en)
9. Fontana Fortuny C, Estany Almirall J, Pujol Salud J, Segarra Solanes I, Jordan Gómez Y. Concordancia entre índices de dependencia en las actividades de la vida diaria. Experiencia de aplicación en población geriátrica de ámbito rural. *Enfermería Clínica*. 2002;12(2):47–53.
10. Moruno P, Romero D. Actividades de la Vida Diaria. 2006;474.

11. de Belvis AG, Avolio M, Sicuro L, Rosano A, Latini E, Damiani G, et al. Social relationships and HRQL: A cross-sectional survey among older Italian adults. *BMC Public Health* [Internet]. 2008;8(1):348. Available from: <http://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-8-348>
12. Casal Santoveña MS. Quality evaluation questionnaire on virtual courses at UNED. *RED - Rev Educ a Distancia* [Internet]. 2010;25(Diciembre):1-22. Available from: <http://www.um.es/ead/red/25/>
13. Leon B. Atención plena y rendimiento académico en estudiantes de enseñanza secundaria. 2008;1(relationship between full attention and academic performance):17-26. Available from: <http://www.redalyc.org/pdf/1293/129318720002.pdf>
14. Landon L. CPR - When is it acceptable to withhold it? And a hospital survey of "Not for CPR" orders. *Age Ageing* [Internet]. 2000;29(SUPPL. 1):9-16. Available from: [http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L30488512%5Cnhttp://sfx.bibl.ulaval.ca:9003/sfx\\_local?sid=EMBASE&issn=00020729&id=doi:&atitle=CPR+-+When+is+it+acceptable+to+withhold+it?+And+a+hospital+survey+of+'Not+for+CPR'+order](http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L30488512%5Cnhttp://sfx.bibl.ulaval.ca:9003/sfx_local?sid=EMBASE&issn=00020729&id=doi:&atitle=CPR+-+When+is+it+acceptable+to+withhold+it?+And+a+hospital+survey+of+'Not+for+CPR'+order)
15. En A, Abcesos MDE, Propósito PA, Caso DEUN. Actualidad en manejo de abcesos prostáticos: a propósito de un caso. 2006;0-2.
16. Otte IC. Sharing information in ambulant palliative care settings : Swiss general practitioners' communication with patients, patients' families and other healthcare professionals. 2015;
17. Eser I. of Older adults in nursing homes in Turkey. 2007;
18. Martín M del V. Estudio de discapacidad visual e iluminación en centros de carácter social para personas mayores. 2012;
19. López-García E, Banegas JR, Graciani Pérez-Regadera A, Luis Gutiérrez-Fisac J, Alonso J, Rodríguez-Artalejo F. Valores de referencia de la versión española del Cuestionario de Salud SF-36 en población adulta de más de 60 años. *Med Clin (Barc)* [Internet]. 2003;120(15):568-73. Available from: <http://db.doyma.es/cgi-bin/wdbcgi.exe/doyma/mrevista.fulltext?pident=13046436>
20. Singler K, Sieber CC, Biber R, Roller RE. Considerations for the development of an undergraduate curriculum in geriatric medicine. *Gerontology*. 2013;59(5):385-91.
21. Smith-Miller Ca, Shaw-Kokot J, Curro B, Jones Cb. An integrative review. *JONA J Nurs Adm* [Internet]. 2014;44(9):487-94. Available from: <http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00005110-201409000-00009>
22. Alexandre Tds, Cordeiro Rc, Ramos Lr, Al E. Fatores associados à qualidade de vida em idosos com osteoartrite de joelho. *Fisioter e Pesqui*. 2008;15(4):326-32.
23. Reuben DB, Lee M, Davis JW, Eslami MS, Osterweil DG, Melchiorre S, et al. Development and validation of a geriatrics attitudes scale for primary care residents. *J Am Geriatr Soc* [Internet]. 1998;46(11):1425-30. Available from: <http://doi.wiley.com/10.1111/j.1532-5415.1998.tb06012.x>
24. Gobbens RJJ, Luijckx KG, Van Assen MALM. Explaining quality of life of older people in the Netherlands using a multidimensional assessment of frailty. *Qual Life Res*. 2013;22(8):2051-61.
25. López-garcía E, Banegas JR, Pérez-regadera AG, Otte IC, Visual EDED, Eser I, et al. Social relationships and HRQL: A cross-sectional survey among older Italian adults. *Heal Soc Care Community* [Internet]. 2008;13(8):9-16. Available from: <http://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-8-348>
26. Lenherr G, Meyer-Zehnder B, Kressig RW, Reiter-Theil S. To speak, or not to speak - Do clinicians speak about dying and death with geriatric patients at the end of life? *Swiss Med Wkly*. 2012;142(APRIL):1-7.
27. Martín-García S, Rodríguez-Blázquez C, Martínez-López I, Martínez-Martín P, Forjaz MJ. Comorbidity, health status, and quality of life in institutionalized older people with and without dementia. *Int Psychogeriatrics* [Internet]. 2013;25(7):1077-84. Available from: [http://www.journals.cambridge.org/abstract\\_S1041610213000458](http://www.journals.cambridge.org/abstract_S1041610213000458)
28. Murphy J, Tester S, Hubbard G, Downs M, MacDonald C. Enabling frail older people with a communication difficulty to express their views: The use of Talking Mats as an interview tool. *Heal Soc Care Community*. 2005;13(2):95-107.

29. de Belvis AG, Avolio M, Spagnolo A, Damiani G, Sicuro L, Cicchetti A, et al. Factors associated with health-related quality of life: the role of social relationships among the elderly in an Italian region. *Public Health*. 2008;122(8):784–93.
30. Quill TE. Initiating end-of-life discussions with seriously ill patients. *Jama* [Internet]. 2000;284(19):2502. Available from: <http://jama.jamanetwork.com/article.aspx?doi=10.1001/jama.284.19.2502>