

Review Article

Social Determinants of Health in Term of Resilience in the Ageing Population of Ecuador

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Abstract

Background: Social and economic position, education, work, housing, and physical and environmental exposures are only a few of the many interconnected factors of health and disease. These factors interact to affect individual and population health and disease burdens, as well as to create health inequities and disparities within and within countries. Social determinants of health are particularly relevant in Latin American countries, which are marked by negative colonial legacies, massive social inequality, vast socioeconomic gaps, and widespread health inequities. Social Determinants of Health (SDoH) are the factors that influence a wide range of health, functioning, and quality-of-life outcomes and hazards in the places where individuals are born, live, learn, work, play, worship, and age. As significant elements related with psychological resilience in ageing whereas the psychological resources and emotional control dominated. Each level of development has its own set of risks, dangers, difficulties, opportunities, resources, and situations, all of which necessitate resilient procedures at the end. There is little evidence that being resilient in earlier stages of life (childhood, adolescence, and adulthood) ensures resilience in later life. Normal ageing and the hardy elderly should not be mistaken with someone who has lived a long life. The terms 'longevity' and 'resilience' are not interchangeable. When a person is affected by neurological problems (dementias, Alzheimer's) and psychological disorders that impair or prevent a life with meaning or meaning, this is referred to as 'pathological' longevity.

Aim: The study's major goal was to investigate some of the elements associated with social determinants of health that promote Resilient Health in older persons with social support and subjective health changes elderly Ecuadorians as they age.

Conclusion: This article provides an overview of resilience that may be relevant in the development of resilience treatments for the older population who are underserved. In later life the resilience is defined as the ability to tolerate hardship and 'Come Back to Life' or return to a state of equilibrium after certain negative events. In the long run, having the ability to cope with or manage misfortune or learning how to cope with or manage such adversity in Ecuador's ageing population may be a matter of having the ability or learning how to cope with or manage such adversity. The notions of health resilience in Ecuador's ageing population as compared to prevailing theoretical models and the most recent data on psychological resilience in the elderly.

Keywords: Social; Determinants; Health; SDoH; Resilience; Ageing; Elderly; Population; Ecuador; Gerontological; Social work; Old age; Global action; Demographic; Agenda

Introduction

Ecuador is a country in western South America bordered on the north by Colombia, on the east and south by Peru, and on the west by the Pacific Ocean. The Galápagos Islands, roughly 1,000 kilometers west of the mainland, are also part of Ecuador. Quito serves as the country's capital. Various Amerindian communities lived in modern-day Ecuador before being gradually absorbed into the Inca Empire around the 15th century. During the 16th century, Spain colonized the area, which gained independence as part of Gran Colombia in 1820 and then became its own sovereign state in 1830. Ecuador's ethnically varied population reflects both empires' legacies, with mestizos accounting for the majority of the country's 17.1 million people

followed by sizable minority with European, Native American, and African ancestors. The official language is Spanish, which is spoken by the majority of the people, 13 indigenous languages including Quechua and Shuar are officially recognized. Poverty reduced from 36.7% to 22.5% between 2006 and 2016, according to the Center for Economic and Policy Research while annual per capita GDP growth was 1.5%. The country's Gini index of economic inequality dropped from 0.55 to 0.47 at the same time. Ecuador, an Andean country with a population of around 17 million people is nearing the end of a demographic shift toward long life expectancy low birth rates, and an ageing population. Unlike the 20th century, when rapid population increase was a prominent aspect of demographic change, 21st century will see a fundamental re-composition of the population by age. The entire transition process in Ecuador as in the rest of Latin America comprises a shift from a numerical predominance of young people to middle-aged adults and eventually to the reign of the elderly. Following a record proportion of 55% in 1970, the six million Ecuadorians under the age of 20 made up 40% of the overall population in 2010. By the end of the 21st century, those under the age of 20 will account for only 20% of the population, ceding their position as the largest 20-year age group to two older age groups: those aged 20 to 39 and those aged 40 to 59. By the year 2070, the under-20 age group will have been overtaken in size by the group of individuals aged 60 and up (older persons). Older people will outnumber each of the younger 20-year age groups by the end of the century. Ecuador's population

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of people aged 60 and over would account for almost 30% of the country's total population, up from 6% in 2010. In the field of health care, the phrase 'Social Determinants of Health' (SDoH) is new. SDoH are "the conditions in which individuals are born, develop, live, work, and age" as described by the WHO. The distribution of money, power, and resources at the global, national and local levels has shaped these circumstances. Medical social determinants of health determine access to and quality of medical care. Future potential in genetics and biological factors may arise whether changing these will be as viable as changing social determinants remains to be seen. Though a focus on social determinants of health might result in significant savings for the total system, the payback may take years to observe, and may span two or even four election cycles. Coalitions can create evidence-based public campaigns to gain community support which can help mitigate some of the political risk associated with making the initial investment. Aligning public and private budgets in the health and social services sector can maximize each entity's spending while benefiting everyone. Because it is difficult to evaluate the immediate and long-term benefit to risk bearing stakeholders, efforts to address socioeconomic determinants of health frequently do not scale beyond the pilot stage. Organizations may construct the infrastructure that will produce evidence for the business case by developing standard frameworks and harnessing the power of data analytics. As a result of demographic and epidemiologic transitions, population ageing is becoming a growing concern in most countries throughout the world including Ecuador as the number and proportion of older persons increases. In Ecuador a national survey of older persons found that ageing combines with other social and economic causes to create a background of social and economic disparity. To understand the conditions under which particular groups of Ecuadorian older adults face poverty and inequality, we look at criteria like age, sex, ethnicity and race and degree of education. Despite the fact that Latin America and Ecuador are far from the world's oldest countries, they are expected to age considerably faster than the world's most advanced cultures. These modifications are not as well protected as they are in industrialized countries. It is critical for the countries in the region to begin evaluating the various policy alternatives available so that they may make decisions that are best suited to their demographic and economic realities today and in the future. If conditions in the system, the labour market and the economy remain unchanged, this study has indicated what the overall trends in demographic indicators, pension spending, financial balance, pension debt and the pension system rate of return in Ecuador could be. It will be revealed that determining what level of pension liability is 'sustainable' or 'unsustainable' is extremely complex. If future ageing scenarios occur with the same system rules in place, Ecuador's spending and even deficit levels could rise to match those of the more advanced countries.

Elderly with a health resilience

The 'paradox of old age' is where the concept of ageing resilience came from. Despite losses and physical impairments, older persons report feeling content, and they have lower rates of psychopathology than the general population. According to researchers, it is related to resilience and that understanding resilience can lead to novel health promotion initiatives that result in healthier, happier people and communities. Successful adaptation to adversity is the source of resilience. It is demonstrated by a person's ability to cope with and recover from crises, to maintain a sense of purpose and energy, and to emerge stronger from difficult situations. Resilience is a dynamic quality that can change depending on the situation. The goal of this

literature review was to give a general overview of resilience in order to guide prospective intervention strategies for older persons. Despite the fact that several reviews have focused on different aspects of resilience, none have supplied the necessary knowledge to construct an effective resilience intervention. Despite their social backgrounds, personal experiences, and decreasing health, research reveals that older persons are capable of great resilience. There are potential in this field to guide interventions. Common mental, social, and physical factors linked to resilience have been established through research studies. High resilience has also been linked to favourable outcomes such as healthy ageing, reduced depression, and longer life. Interventions to help this population become more resilient are necessary, but there is little evidence of success.

Ageing in Ecuador

The health-care and social-care sectors will face a challenge as the population ages. In the last 30 years, the number of persons aged 60 and up has risen dramatically over the world. By 2030, older people are predicted to outnumber children under the age of ten, and by 2050, they will outnumber adolescents. Because interventions focused at preventing diseases and disabilities have been shown to be cost-effective over time, the optimal strategy is to promote healthy ageing among the population. However, there is currently no agreement on how it should be defined or what measures should be used to assess the effectiveness of treatments targeted at promoting healthy ageing. The concept of 'healthy ageing' isn't new. It's been utilized to distinguish between sick and healthy elderly people at academic and political levels. The considerable variation in prevalence was due to the use of strict criteria, implying that the existence of symptomatic disease or the influence it has on the functional state of the older person should be given higher weight. Rodriguez et al. obtained similar findings, estimating that the prevalence of healthy ageing in the Spanish population ranges from 4.5% to 49.2% depending on the parameters employed to define it. Healthy ageing was described by the World Health Organization in 2015 as "the process of promoting and maintaining functional capability that allows well-being in old age". It is based on the interrelationship between a person's inherent capacity and their environment, which is defined as external variables. This environment consists of characteristics ranging from an individual level such as interpersonal connections, values, and attitudes, to a broader service and system level, which includes the built environment, service access, and social and health policies. Ecuador is undergoing a population transformation. While the public perception of Ecuador's population trends is that the country has a young population that is rapidly expanding, the reality is quite different. On the one hand, Ecuador is undergoing a demographic shift, since the fertility rate was 2.22 in 2015-2020 and is expected to be 2.1 in 2020-2025. While life expectancy at birth is now greater than 75 years, it was 57.4 years between 1965 and 1970. Therefore the older adults, who currently account for less than 7% of the population, will account for more than 25% of the population by 2050; in absolute terms, this means that they will increase from less than one million in 2010 to more than three million in 2050. This tendency alone indicates the difficulties that the nation's health-care and social-security systems may encounter in the near future. The evolution of Ecuador's demographic pyramid demonstrating an increase in the number of elderly adults and a decrease in the proportion of persons in lower age groups. Globally, the senior population has been steadily expanding. In fact, senior people account for 13% of the global population, which is expanding at a rate of 3% every year. In this respect, between 2015

and 2050, the population of people aged 60 and up will grow from 900 million to 2000 million as a result of decreased fertility rates and higher life expectancy (World Health Organization, 2017). The growing senior population is causing concern around the world, due to factors such as decreased productivity and high economic needs as a result of health issues. Elderly individuals, on the other hand, play a crucial role in assisting their families in caring for their loved ones while also boosting their engagement in the paid employment (World Health Organization, 2017). The elderly population contributes to the labour force, their health care might be costly to society. The decision to work at a later age could be due to a variety of factors. Self-employment is the consequence of a combination of circumstances, including a desire to stay in the workforce and the ability to work on a flexible schedule. Flexible work arrangements may help to postpone retirement and contribute to social policies that address the issue of population ageing. On the other side, if a person is a self-employed worker, their chances of earning a substantial pension in the future may be reduced. As a result of this, the motivation to work has increased. During the investigation the Ecuadorian situation using background literature on the senior population. Martinez (2007) describes Ecuador as a country with a well-known dictatorship. As if in these types of welfare regimes, families face the dangers and vulnerabilities of their members at all phases of life, highlighting the role of women as unpaid caretakers while the state plays a supporting role. Furthermore, these frameworks help to maintain a sense of familiarity. These characteristics are not unique to Latin American countries; they have been observed in Europe as well. This research is one of the first empirical investigations on the incentive to work at later ages in this scenario. This article examines the determinants of elderly people's decision to work by looking at their educational level, family structure, and income level.

Concept of ageing, frailty, and disability

The term 'ageing' is typically related with the chronological process of ageing and is frequently linked to a loss of faculties and, as a result, sickness, frailty, and incapacity. Frailty is defined as "a state of heightened vulnerability to unfavourable health conditions such as impairment, reliance, falls, the need for chronic medical care, and mortality," yet there is no commonly accepted definition. Despite the fact that term is sometimes used interchangeably with handicap, distinguishing the two disorders may help us better understand the ageing process. Assessment of Competence which is the ability to perform in a given situation such as the ability to labour, reason, and make judgments. Its evaluation is especially important for patients who have cognitive dysfunction or are suffering from a mental disease that makes consenting to treatment or legal proceedings problematic. Despite the fact that competency is a legal term it is task-specific and can vary depending on the situation. The following are some examples of common procedures that require competency evaluation. a) Power of attorney and will, b) Consent by advance directives for research, c) Withdrawal of life support systems. Despite the fact that disability and frailty have diverse and frequently overlapping definitions, both are prevalent clinical characteristics of the elderly but they are not the same. The geriatric syndrome of frailty is defined as a condition in which many organ systems are affected by a worldwide deterioration of physiological reserves. Increased susceptibility, a decreased ability to endure intrinsic and environmental stressors, and a reduced capacity to maintain physiological and psychological equilibrium are all clinical manifestations of frailty. Geriatric frailty affects 20% to 30% of the senior population over the age of 75, and it becomes

more common as they become older. It was linked to long-term negative health consequences, including an increased risk of geriatric syndromes, reliance, impairment, hospitalization, institutional placement, and mortality. Poor physical activity, global weakness with low muscle strength, fatigability and exhaustion, overall slowness, particularly in walking, and weight loss, among other symptoms, describe the clinical profile of frailty. Geriatric syndromes include functional decline, disability, and frailty, which are all frequent geriatric disorders. These prevalent illnesses have a significant impact on how older individuals function and their quality of life. Disability and frailty have a lot in common: they're both common in older people, they're complex and they share several risk factors and pathophysiological mechanisms. Despite the fact that some of the pathophysiological mechanisms involved have been revealed in recent years, we still lack appropriate sophisticated models for many disorders. Simple linear models of a single causative circumstance fail to account for the complexities of several potential paths, their interconnections, and potential preventive interventions.

Action on social determinants of health

Health is more generally articulated as a matter of social justice when it is regarded as social phenomena. Health equity is defined as the absence of unjust and avoidable or remediable disparities in health between social groups becomes a guiding criterion or concept. Furthermore, the framing of social justice and health equality suggests to the adoption of relevant human rights frameworks as vehicles for achieving health equity, with the state as the primary duty bearer. Despite the fact that some intellectual and legal traditions particularly the Anglo-Saxon have understood human rights in individualistic terms, the frameworks and mechanisms that associated. They constitute a compelling practical framework for defining the notion of health equity, having been associated with past battles for solidarity and empowerment of the disadvantaged. Social status, in this view, is determined by intermediary factors that influence health. Longitudinal studies in which socioeconomic status is measured before health problems appear and the incidence of health problems is measured during follow-up show that lower socioeconomic groups have a higher risk of developing health problems, implying that 'social causation' is the main explanation for health inequalities. This indirect effect of socioeconomic position on health is most likely due to a variety of more specific health variables that are distributed differently among socioeconomic groups. When the quality of these intermediary factors is unevenly distributed between socioeconomic classes, socioeconomic health differences occur: socioeconomic status determines a person's behaviour, life conditions, and other determinants, and these determinants induce higher or lower prevalence of health problems. Material, psychological, behavioural and biological factors are the main groupings of elements that have been recognized as playing an essential role in the explanation of health inequities. The Americas Region has achieved remarkable progress in improving life expectancy and tackling various difficulties to improve the health and well-being of its people over the previous century. In recent decades, the region has experienced unparalleled levels of political stability and economic development. Despite the fact that the region continues to thrive economically, its income distribution is the most unequal in the world. While the Americas are primarily urban and middle-income now, they conceal great variability and inequality. Inequality has significant implications for both health and social determinants of health resulting in increased stratification and wider disparities.

Social determinants of health

Recalling the World Health Organization's Constitution, which recognizes that health is a state of complete physical, mental, and social well-being, not just the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of every human being's fundamental rights, regardless of race, religion, political belief, economic, or social status; Reaffirming the political will to make health equity a national, regional, and global goal and to address current challenges such as eradicating hunger and poverty; ensuring food security and improved nutrition; ensuring inclusive and equitable quality education; addressing gender, age, and disability-related inequalities in health; access to health promotion, preventative, and community health services; and access to safe, effective, quality and affordable medicines. Promoting sustained, inclusive, and sustainable economic growth through resolute action on social determinants of health across all sectors and at all levels; protecting the environment and addressing ambient and household air pollution; access to safe and affordable housing; and promoting sustained, inclusive, and sustainable economic growth recognizing that the ongoing COVID-19 pandemic has highlighted and even exacerbated pre-existing social, gender, and health inequities within and among countries, as well as the need to strengthen efforts to address social determinants of health as an integral part of the national, regional, and international response to the health and socioeconomic crises caused by the current pandemic as well as to future health and socioeconomic crises. Though an academically informed, trustworthy, coherent, and accessible overview of social work with older people: what it is; why we need it; what its goals are; its skill and knowledge base which populations and contexts it effectively works with and in; and the extent and nature of the evidence base relating to its effectiveness. It has been discusses a number of significant issues that have an impact on and intersect with social work with older people as well as a path forward that involves social work in fulfilling the requirements of Ecuador's expanding older population who require care psychosocial support.

Global action on social determinants of health

To eliminate health inequities, action on the Social Determinants of Health (SDoH) is essential. This provide an overview of global progress, mostly in terms of commitments and initiatives. From global political commitment to domestic action, it is apparent that an SDH approach has extensive support around the world. Inequities in people's birth, living, working and ageing conditions, on the other hand are caused by inequities in power, money, and resources. Instead of focusing simply on boosting productivity, political, economic, and resource distribution decisions made outside the health sector should incorporate health as a consequence across the social distribution. A health-in-all-policies approach can help assure this consideration, and we show evidence that some nations are doing so, but given entrenched inequities, there is still a long way to go. Measuring worldwide progress on the SDH will be critical for the future formulation of successful policies and implementation plans, as well as the discovery and sharing of best practices.

Demographic trends older age in ecuador

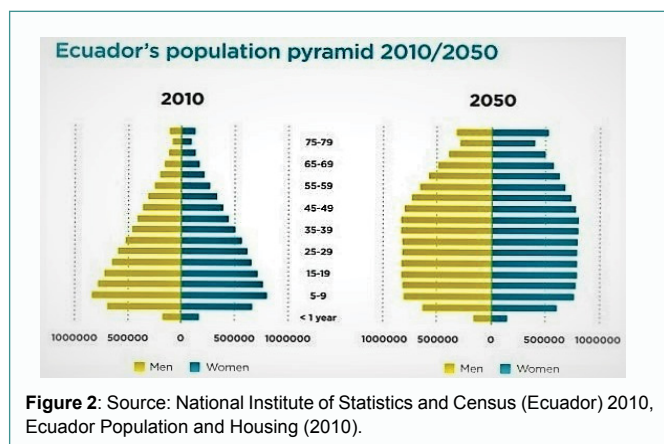
People aged 65 and up are referred to as the old. Because elderly people tend to cluster in a few areas within each country, a small number of regions will experience a variety of social and economic issues as a result of population ageing. Ecuador had 7.6% of its population aged 65 and more in 2020. Ecuador's population aged 65

and up grew at an average yearly rate of 1.22% from 4.2% in 1971 to 7.6% in 2020. According to UN estimates, Ecuador's population is expected to reach 17,643,054 people by 2020. Ecuador has a population of 0.23% of the world's total population. Ecuador is ranked 67th in terms of population among countries including dependent territories. Ecuador has a population density of 71 persons per square kilometers (184 people per mi²). The overall land area is 248,360 square kilometers (95,892 sq.miles) Urbanization accounts for 63.0% of the population (11,123,641 people in 2020). Ecuador's median age is 27.9 years. (Source: Worldometer elaboration of the latest United Nations Data 2019) [1].

Ecuador is a multiracial, intercultural, social, democratic, sovereign, independent, unitary, constitutional lay state founded on rights and justice. Its government is decentralized and organized as a republic. Because of its location in regard to the Andes, the Coast, Sierra, Amazon area and East have substantial geographical, social, and economic distinctions. The Galapagos Islands make up an island region inside the country. There are 24 provinces, 221 cantons, and 1,205 parishes (408 urban and 797 rural), in addition to indigenous and Afro-Ecuadorian geographical divisions, for state administration and political representation. Ecuador is constantly threatened by geological phenomena such as earthquakes, volcanic eruptions, and land instability, as well as weather phenomena such as floods, droughts, hailstorms, and frost, due to its geographic placement in the Pacific Ring of Fire. Deforestation, forest fires, oil spills, contamination with hazardous chemical substances, and surface and groundwater pollution are all caused by human activity. These conditions can result in disasters and have a severe impact on health, either directly or indirectly by affecting food and safe drinking water supply. Health is a right guaranteed by the state through economic, social, cultural, educational, and environmental policies, as well as permanent, opportune access without exclusion to programs, actions, and services that promote and provide comprehensive general, sexual, and reproductive health services, according to Article 32 of the Political Constitution of the Republic of Ecuador (2008) [2]. The ideals of fairness, universality, solidarity, interculturalism, quality, efficiency, effectiveness, precaution, and bioethics guide health service delivery, which encompasses a gender and generational approach. Further more, according to article 358, "the national health system shall endeavour to build, safeguard, and regain the ability and potential for a healthy and full life". According to Article 359 The National health system is defined as "health institutions, programmes, policies, resources, actions, and actors". According to Article 360 "The system shall guarantee promotion, prevention, and comprehensive



Figure 1: (Source: Ecuador on Globe, National Earth Data, 2014) (Source: Image (Map of Ecuador) World Atlas, 2021).



family and community care based on primary health care through its institutions".

Population ageing process in Ecuador

Ecuador like the rest of the world, is experiencing population ageing, particularly in Latin America and the Caribbean. The country's demographics are fast altering with decreasing mortality and fertility rates among other things, driving the growth of the elderly section of the population. Ecuador, like the rest of the world, is experiencing population ageing, particularly in Latin America and the Caribbean. The country's demographics are fast moving and the growth of the country's elderly population is fueled by a variety of causes, including lower mortality and fertility rates. A demographic dividend phase in which the age divide provides a window for development including the chance to establish and implement care policies. The population ageing index, which compares persons over 60 to those under 15, shows that there are 89 older people per 100 youngsters. By 2050, this indicator is anticipated to nearly quadruple reaching 165 elderly individuals every 100 young people. Ecuador's life expectancy at birth has increased by 63.4% from 1950 when it was 48.6 years. Because older people have a longer life expectancy at birth they make up a larger proportion of the total population. It also leads to longer old age, with more people falling into the older age categories (over age 80). These indicators show Ecuador's population pyramid in 2010 and a projected pyramid for 2050 which reveals a demographic structure of an ageing population that is likely to continue ageing over the coming decades. In 2010 the young group accounts for a large portion of the pyramid. 50% of the population is under the age of 25, 31.3% is under the age of 15 and just 6.5% is beyond the age of 65. In keeping with the afore mentioned trends the population's overall proportion of elderly persons is predicted to rise.

Analysis and perspectives on the elder care services

Ecuador must develop policies and initiatives to construct care systems for the care-dependent population, particularly the elderly. Ecuador will soon face a considerable increase in demand for care due to the ageing of its population structure and the growth of the population segment over the age of 80 and considering the speed with which this transition will occur. Further more the decreasing family sizes and in particular the reduced availability of women as care givers as a result of their integration into the formal labour market will gradually weaken the traditional provision of care. Ecuador has recognised the necessity to develop care in the last five years. It began by examining existing services and developing laws and regulations to govern them. It has made strides toward establishing the foundations

of a national health-care system. The Ministry of Economic and Social Inclusion (MIES) has strict restrictions but more has to be done to strengthen the institutional structure that responds to the needs and obstacles of implementing a care system. Internal coordination must be enhanced first, followed by external coordination. This activity entails grouping care and assistance services into networks based on their characteristics and geographic distribution, as well as the public, private, and community sectors' and communities' capability. One of the most significant barriers to developing policies on long-term care is a lack of data. While the MIES and the Ministry of Public Health as well as the National Secretariat of the Lifelong Planning and Development have taken limited measures to collect this information their operations must be structured around uniform definitions that allow data to be examined using shared frameworks. This data would enable policy makers to determine the population's care needs, classifying them by kind of care, and so optimise the decision of which services the system should give based on the needs of care-dependent people.

The 2030 agenda for sustainable development, ageing, and elder persons

In percentage terms, the population aged 60 and up will increase from 12.3% in 2015 to 16.4% in 2030. Despite the fact that the situation in each region differs significantly, and Europe remains the world's oldest continent, our region's ageing process is accelerating, with 70 million older people increasing to 119 million in the same time span, a 59% increase. Latin America and the Caribbean are also on the verge of a historic shift: by 2037, the proportion of persons aged 65 and more will outnumber those aged 15 and under. In absolute terms, the population of persons aged 60 and older which currently numbers around 76 million, will grow rapidly, reaching 147 million in 2037 and 264 million by 2075. Although the area as a whole is experiencing accelerated ageing, the process is still in its early stages in half of the countries - some of which are among the poorest - and big changes will occur between now and 2030.

Social work with older people in Ecuador

A vision for bright future the purpose of this study to analyse and raise societal awareness about population ageing in order to successfully address this problem, which is a process that varies depending on social circumstances and forces many people over the age of 65 to enter the labour market in order to meet their economic needs, which can arise for a variety of reasons; with the goal of paying for their subsistence as well as continuing to be productive within a society. Older folks need to feel helpful and it's extremely possible that they see paid job as essential to their self-satisfaction. They should be able to work have access to other sources of income or create work environments that are tailored to their needs as stated in Article 37, numeral 2 of the Constitution of the Republic of Ecuador, "paid work, in order to their capacities, with their limitations taken into account." In this context the disparity of opportunities in the work place for adults is more evident, with obstacles to overcome. This work of systematisation of lived experiences makes public the work done and the impact of the Social Work intervention in the Peruvian parish's group of older adults, in which it was sought to rescue the social being and human rights by spreading, socialising, and raising awareness about them to individuals, families, and the community through the use of methods and techniques which have allowed them to intervene in many professional procedures, demonstrating the critical role of social work in achieving a decent, supporting, and inclusive existence

for the elderly as well as comprehensive care.

Appropriateness of gerontological social work in ageing and elderly care

Gerontological Social Work is a specialist area of social work, a multi-disciplinary sub-field, in which social workers study or work with older adults, and are responsible for educating, researching, and furthering the causes of older people. As the world's population of aged people grows, the term 'gerontology' is becoming more popular. Gerontological social work is a subspecialty of social work that deals with the ageing process, older caregivers and aged difficulties. In the current situation, ageing is a major concern for the entire planet. In a world wide perspective, the aged population is growing at a rapid pace, posing new issues for those who care for them necessitating the hiring of experts in the field of gerontology. The social structure of today's society is changing, and Indian society's values are shifting from traditional values to modern values. This change is the outcome of industrialization and urbanisation, both of which have had an impact on our society. Because people leave their homes and travel to new areas for different kinds of chances, migration is a significant factor that has influenced society's social structure and traditional values. People acquire new values and traditions from diverse societies. In Indian culture, it was thought that caring for the elderly was a responsibility shared by all members of the joint family. The concept of a joint family is eroding as a result of industrialization and urbanisation, and it is being replaced by a nuclear family. Because both the husband and wife are working members of the family while the children are at school, caring for the elderly in a nuclear family is extremely tough for family members. People don't always comprehend the difficulties of the elderly, the ageing process or the methods of caregiving. Many professionals, including Psychologists, Sociologists and Medical Experts have discussed how people age. Social work is a profession that evolved from a necessity to provide poor relief in a methodical manner into a semi-profession and later into a profession with expert knowledge and technical skills aimed at assisting those in need. Its initial focus was on supporting people in resolving psychosocial issues that were interfering with their successful social functioning. Agencies may not have fully comprehended the importance of social work in the sphere of ageing and social problems. Social work evaluates bio-psychosocial issues and looks at the person in their environment. This means that the client and family are viewed as the primary unit of care, and that locating concrete resources is just as vital as delivering effective mental health counselling. Many topics and difficulties related to ageing are covered by social workers, including age discrimination and client rights, domestic violence, loss and end-of-life concerns, substance use disorders, depression, and living with physical challenges. The social workers should seek extra specialised education and advanced training opportunities in order to be as well prepared as possible to meet the growing requirements of the ageing population. The effectiveness of social workers with older people should be focused on intensive care management with those who have complex, fluctuating, and rapidly changing needs, and the pressure to manage budgets and establish eligibility should not limit social workers' ability to engage with older people and use their full repertoire of skills in a holistic manner. In family support services, community health, mental health, rehabilitation services, non government aged and disability services, and private practise, an interesting finding about the role of social workers in the field of ageing is related to individual counselling, family and intergenerational case work, and group work. In situations of complexity, uncertainty, or

conflict, social workers contribute a unique set of skills and expertise. These include taking a 'whole system' approach, connecting with the older person's biography, assisting individuals and families through loss or transition crises, assisting in the practical impact of change, and exposing bad practise. On the other hand, service users want to be heard and acknowledged as individuals, therefore social work with the elderly cannot be regarded effective unless older people themselves are content with it. When the targeted results of social care for older persons are established early on in the assessment and development process, it is more effective. The lack of investment in gerontological social work research; the blending of social work into other roles with different titles, such as care manager or broker; the difficulty of isolating the specific contribution of social work; and the difficulties inherent in evaluating interventions in complex and rapidly changing lives are just a few examples. Despite the difficulties, there is a pressing need to document the outcomes of gerontological social work. However the stereo types and biases towards elderly persons make such programmes difficult to implement effectively. In addition to poor public perceptions of older persons, ageist bias among social workers and health care professionals such as nurses and doctors is a significant barrier to programme implementation. The lack of skilled professionals and services for this disadvantaged group is due to a lack of motivation and willingness to work with older people.

Healthy ageing, resilience and wellbeing

Life extension does not appear to be slowing down, which is both a fantastic accomplishment for humanity and a challenge for ageing populations. As the population ages, we will need to come up with new ways for people to make the best of the obstacles they experience, because the risk of facing adversity increases with age. According to resilience theories [3-8], Individuals who are able to cope with hardship while maintaining high levels of functioning are said to be resilient. Traditional models of healthy ageing argue that high levels of functioning in a variety of domains are required. The inclusion of adversity in the healthy ageing paradigm via resilience makes the concept far more approachable and appealing to the elderly. Greater population resilience is supposed to be promoted through asset-based initiatives, such as the mobilisation of human, societal, and environmental resources. Initiatives aiming at increasing resilience can take many different forms; nonetheless, public policy interventions have a lot of promise for increasing social and environmental resources. These efforts must be focused on the individual's well-being; quality of life is an important component of enjoying more years and should not be disregarded. People living in risky environments, in circumstances and situations that posed potential hazards to normal development, such as poverty, disease, and violence, were studied for their responses and good adaptation. Later on, it was used to examine developmental phenomena and processes that occur at all stages and ages of life, including the later phases. The resilience viewpoint has replaced the traditional paradigm of ageing that linked it to losses with a more complete one in which people maintain high levels of positive functioning in the face of adversity, restrictions, and impairments. This viewpoint is in line with the resilience perspective, which holds that the resilient person is more like a regular person than an exceptional one. Neuroplasticity and psychoneuroimmunology are two psychobiological processes that provide a platform for psychological resilience in old age. Finally, personal resources and requirements known as resilience are recognised as contributing factors to successful ageing, including lifespan.

Resilience in Older Age

Traditional medical views of ageing frequently focus on increases in disease and functional deterioration. Recent research has shifted the paradigm in a more positive direction, emphasising successful ageing and resilience as a predictor. What exactly is this elixir of happiness that the phrase resilience encapsulates? There are numerous definitions available. The one we'll pick defines resilience as the process of adjusting to adversity, trauma, threats, or major stress in a constructive way. Resilience is sometimes referred to as a personality feature, although it is more commonly thought of as a collection of dynamic personal traits that can be enhanced well into later life. The field of resilience research was founded in the 1970s. Emotional, social, and physical qualities similar to those driving resilience in elders were discovered during a search for features that promote resilience in older populations. The ability to withstand adversity and 'bounce back' or return to a state of equilibrium following specific adverse occurrences is referred to as resilience in later age. It may be a matter of having the ability, or learning how to cope with or handle that hard ship in the long run if you continue to face difficulties. Mental resilience in relation to health is distinct from physical or financial resilience. Resilience is a psychological concept that has its origins in child and developmental psychology and is sometimes misunderstood. Because there is no globally agreed-upon definition or measure of resilience, there are differences in the measured prevalence of resilience and the components linked to resilience. Resilience does not deteriorate with age and elderly people are just as resilient as younger people. Increased resilience is linked to improved health and well-being. Improved resilience has been linked to higher levels of social and community involvement. Improved resilience may be linked to higher levels of spirituality. Interventions to promote resilience must address the factors linked to resilience, such as encouraging better diet and exercise or easier access to a GP to improve overall health and well-being, providing travel concessions, allowing for flexible retirement, or encouraging volunteering to increase social interaction. With the breakdown of joint families in India, the traditional concept of family to provide support to the elderly is rapidly changing. The concept of old age homes is gaining traction in this environment, and the number of persons seeking Older Age care is fast rising.

Building health resilience among the elderly ecuadorians

In a wide range of literature, from research writings about ecology and urban affairs to the business and sports pages of the daily newspaper, resilience has become a potent metaphor for human endurance. We hope that we have demonstrated that there is now significant, if not universal, evidence of its paradigm-building power among social scientists interested in health and well-being models across the lifespan. Resilience, as a metaphor, has a significant impact on how we think about physical health, psychological well-being, and community functioning. By providing guidelines to scientific investigation, we hope to build resilience as more than a metaphor in this work. To model health and well-being for individuals and communities, we called for measurement methods, multilevel designs, and a two-factor approach. Only by collecting longitudinal data in studies of turning points in an individual's or a community's trajectory, as well as contemporaneous assessments of everyday life and conducting controlled laboratory studies that provoke adaptation challenges, will we begin to specify the mechanisms that underpin resilience, in our opinion. We may reach the point where, as Edward Jenner (1801) did with the smallpox vaccine, the evidence favouring this approach to health is "too manifest to admit of controversy" by

establishing urban observatories to track progress along dimensions of resilience for collectivities and testing the efficacy of interventions that seek to strengthen resilience for people and their social worlds. Meanwhile, there will be a lot of criticism of resilience principles, as well as a lot of healthy debate regarding metrics and change approaches.

Conclusion

Those older people who have learned to adjust to normal and extraordinary changes and adversities in their personal and social lives who maintain an adequate level of functioning in the various vital areas of development, who maintain adequate satisfaction with their lives and psychological well-being, are what we might call 'greater resilience'. Their research offers recommendations for intervention and prevention for persons who are less resilient. When the structuring features of identity change, According to Suarez Ojeda and Melillo (2003), ageing resilience is intimately related to the degree of narcissism (body image, sexuality, social roles, functions, etc.) Regardless the individual retains his or her own identity. Resilience and normal (non-pathological) ageing are thus mutually exclusive. Before the current and cumulative hazards of life, psychological resilience consists of an adaptive functioning standard. It also has a diverse set of psychological resources that are necessary for overcoming adversity, including as personal skills, self-beliefs, and interpersonal control, all of which interact with the social networks that support them. Finally, the importance of resilient personal resources and requirements in successful ageing including longevity is emphasized to assess the cooperative's ability to sustain new vistas for the elderly in order to improve their quality of life. While it is true that the mental well-being of the elderly is better when compared to aged care in terms of health resilience the elderly are interconnected in terms of health with physical, social, psychological, and spiritual realms. The recovery in terms of physical, social, economic, and spiritual dimensions will be higher and faster as the population ages and gains a better grasp of health resilience capacity and mentality. The importance of geriatric social work services in increasing health well-being and resilience, on the other hand is unquestionable.

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