



RESEARCH ARTICLE

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## PROFILE OF ELDERLY PEOPLE ENROLLED IN AN INTERACTION AND LEISURE PROJECT IN A CAPITAL CITY OF THE NORTHEAST OF BRAZIL

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### ABSTRACT

This is a descriptive study with quantitative approach that describes the epidemiological and socioeconomic profile of elderly people enrolled in an interaction and leisure project in the city of Fortaleza-CE-Brazil. Data were collected from August to October 2013 using a modified instrument, based on an original instrument of the Brazil Old Age Schedule - BOAS. The results showed that of the 24 elderly people interviewed, the majority were women (87.5%), retired (89%), had a low purchasing power (83.3%), and low level of schooling (58.3%). The majority of the elderly (79%) had a positive perception of their general health. However, 91.7% had some type of illness and 91.7% used medication on a daily basis. All respondents (100%) presented a high degree of autonomy and independence, once they were able to perform daily activities. Results that characterize groups of elderly people are fundamental to subsidize health education actions because they allow knowing the characteristics of each member of the group.

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## INTRODUCTION

Population aging is a global reality. In Brazil, it is expected that, within less than 100 years, the age pyramid will be reversed, presenting a narrower base and the majority of the population concentrated at later ages (OJIMA AND DIÓGENES, 2018). Santos *et al.* (2018) and Antunez *et al.* (2018) indicate that over the years, individuals with old age tend to present a higher prevalence of chronic-degenerative diseases and symptoms related to functional disability, since there are direct relationships between age and predisposition to morbidities. The involvement of chronic diseases in the majority of the elderly population and all the events that promote the aging process entail a high cost in health care due

to the high complexity of the treatments and the greater specialization of human resources involved in the care process. (SANTOS *et al.*, 2018). Besides physiological changes, the long-lived people still face prejudice and social isolation. In Brazil, the aging process of the population was viewed with some indifference by the younger society. It was common to associate several negative values to "old people", above all, the perception of dependent, sick, futile, weak and ignorant people (LANA *et al.*, 2018). Menezes *et al.* (2018) show that, in general, lower self-esteem and social isolation of the elderly have their genesis in the prejudice rooted in society against old age, triggering social isolation and the very loss of identity. Moreover, the reduction of subjective self-assessment affects the perception of identity and interpersonal relationships. Fortunately, by gathering together in groups, establishing new fraternal bonds, the recovery of self-esteem and the untying of unpleasant feelings in the process of aging may happen.

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Loneliness can be eliminated during the execution of group works, sharing information and feelings (MENEZES *et al.*, 2018). Finally, personal trust and the feeling of well-being are re-established with the assistance of community social networks, contributing to the benefit of all who attend the group (SILVA *et al.*, 2018). Undoubtedly, Brazil has evolved with regard to the attention to elderly people. A proof of this is the creation of the National Policy of the Elderly through the Law 8.842/94 which aims to promote the autonomy and effective participation of elderly people in society. This law also emphasizes the competence of public bodies and entities to prevent problems to the health of these people through prophylactic programs and measures (COSTA *et al.*, 2015). Currently, there are several ways for the elderly to seek resocialization and quality aging. Prophylactic programs and interaction and leisure projects represent one of these alternatives. (ANDRADE *et al.*, 2014). In this context, it is important to emphasize that to maximize care, it is necessary to plan individualized actions for the demand of the community. The knowledge of these characteristics is fundamental for the establishment of public policies for health promotion that promote healthy aging, favoring a comprehensive and individualized care and making it possible to intervene in a preventive manner. Thus, the objective of this study is to identify the epidemiological profile of elderly people who attend social interaction and leisure projects in the city of Fortaleza, Ceará.

## MATERIALS AND METHODS

This is a descriptive study with quantitative approach carried out in a project called the Health, Firefighters, and Society

Project - HFSP, managed by the Military Fire Brigade of the state of Ceará (CBMCE). The choice of this project as the study site of the research was due to the abrupt expansion and its broad acceptance by society. Field research was carried out from August to October 2013. Twenty-four randomly selected elderly people from the HFSP participated in the study. The inclusion criteria were to be over 60 years old, to participate in the study project, and to voluntarily agree to participate. As for the exclusion criteria, elderly people residing and attending the nuclei in the countryside of the state were excluded from the study. Data were collected through the application of a modified questionnaire, adapted to the objective of the study of the original Brazil Old Age Schedule (BOAS). Data were processed and analyzed using the Excel 2003 software, in addition to descriptive statistics resources. During the preparation of tables and graphs, the variables were selected and grouped in order to facilitate the understanding. All ethical and scientific requirements, as provided in Resolution nº 196/96 of the National Health Council, were followed in the research stages. The study was approved by the Research Ethics Committee of Paulista University - UNIP, Opinion nº 355,143.

## RESULTS

Among the investigated aspects, the sociodemographic data showed the predominance of women, with 21 females (87.5%) against 3 males (12.5%). Of the total number of respondents, 7 (29.2%) were in the age range of 60 to 64 years, 11 (45.8%) were married, and 14 (58.3%) had low level of education. Regarding the type of housing, 23 (96%) reported residing in their own house, while 1 (4%) lived in a rented house.

**Table 1. Sociodemographic data of the interviewed elderly. Fortaleza, CE, 2013**

Sociodemographic data		n	%	% Accumulated
Sex	Female	21	87.5%	87.5%
	Male	3	12.5%	100.0%
Age	60-64 years	7	29.2%	29.2%
	65-69 years	7	29.2%	58.3%
	70-74 years	5	20.8%	79.2%
	>75 years	5	20.8%	100.0%
Marital status	Single	3	12.5%	12.5%
	Married	11	45.8%	58.3%
	Widowed	7	29.2%	87.5%
	Divorced	3	12.5%	100.0%
Schooling	Illiterate	0	0.0%	0.0%
	Elementary	7	29.2%	29.2%
	1 <sup>st</sup> Degree	14	58.3%	87.5%
	High school	3	12.5%	100.0%
	Higher education	0	0.0%	100.0%
Housing	Own house	23	96%	96%
	Rented	1	4%	100%
	Given by others	0	0%	100%
Number of children	1 to 2	15	62.5%	63%
	3 to 4	5	20.8%	83%
	5 or more	4	16.7%	100%
Home Arrangement	Lives alone	2	8.3%	8.3%
	Lives with someone	22	91.7%	100.0%
Retirement	Yes	22	91.7%	91.7%
	No	2	8.3%	100.0%
Family income	Up 1 MW*	2	8.3%	8.3%
	Between 1 to 2 MG*	18	75.0%	83.3%
	> 2 MG*	4	16.7%	100.0%

\* Minimum wage

As to the number of children, people with 1 to 2 children predominated: 15 (62.5%). As for the family arrangement, only 2 (8.3%) lived alone and 22 (91.7%) lived with their spouses and/or children. Considering the minimum wage in force in 2013, 22 (91.7%) had the retirement as their sole source of income. Of the total number of elderly, 18 (75%) earned between one and two monthly wages, 4 (16.7%) reported receiving more than two minimum wages, and two (8.3%) reported receiving up to one minimum wage. Table 1 shows the results according to variables. The data in Table 2 refer to the perception of the interviewees about their health. It was noted that 19 (79.2%) participants considered their health as excellent and good, and were classified as healthy people. When asked to compare their current health with that of the last 5 years, 11 (45.8%) reported an improvement in their condition. However, a considerable number, 8 (33.3%), reported a worsening of health in this period. In the comparison with other people, the majority of respondents, 14 (58.3%), believed they had a better health, 10 (41.7%), in contrast with those who felt the same way as other people of the same age.

**Table 2. Distribution of interviewees in relation to self-assessment of health. Fortaleza, CE, 2013**

Health assessment	n	%	% Accumulated
<b>Self-assessment of health</b>			
Excellent	5	20.8%	20.8%
Good	14	58.3%	79.2%
Bad	4	16.7%	95.8%
Very bad	1	4.2%	100.0%
<b>Compared with the last five years</b>			
Better	11	45.8%	45.8%
The same	5	20.8%	66.7%
Worse	8	33.3%	100.0%
<b>Compared with people of the same age</b>			
Better	14	58.3%	58.3%
Worse	0	0.0%	58.3%
The same	10	41.7%	100.0%
<b>Self-assessment of vision</b>			
Excellent	2	8.3%	8.3%
Good	11	45.8%	54.2%
Bad	10	41.7%	95.8%
Very bad	1	4.2%	100.0%
<b>Self-assessment of hearing</b>			
Excellent	3	12.5%	12.5%
Good	16	66.7%	79.2%
Bad	4	16.7%	95.8%
Very bad	1	4.2%	100.0%

**Table 3: Distribution of the interviewees according to type of morbidity reported. Fortaleza, CE, 2013.**

Variables	n	%
<b>Presence of morbidities</b>		
Yes	22	91.7%
No	2	8.3%
<b>Type of morbidity</b>		
Arterial hypertension	19	79.2%
Dyslipidemia	8	33.3%
Thyroid disorders	4	16.7%
Diabetes	3	12.5%
Arthrosis	2	8.3%
Osteoporosis	2	8.3%
Depression	1	4.17%
<b>Use of medication</b>		
Yes	22	91.7%
No	2	8.3%

**Table 4. Distribution of interviewees according to the degree of autonomy in the performance of activities of daily living. Fortaleza, CE, 2013**

Activities of daily living	n	%
To leave home and use public transportation	19	79.2%
To leave home driving a car	1	4.2%
Walking short distances	24	100.0%
Preparing your own meal	23	95.8%
Feeding	24	100.0%
Cleaning the house, your bed	22	91.7%
Take a bath	24	100.0%
To put on clothes	24	100.0%
To comb the hair	24	100.0%
To cut off the toenails	21	87.5%
To take medication	24	100.0%
To go to the bathroom in time	23	95.8%
To lie and get out of bed	24	100.0%
To walk on a flat surface	24	100.0%
To climb and descend the stairs	20	83.3%

Regarding the health problems that affect the interviewees, Table 3 shows that 22 (91.7%) had morbidities. Arterial Hypertension and Dyslipidemia were the most prevalent diseases in the group, representing 19 (79.2%) and 8 (33.3%) participants, respectively. Thyroid Disorders, present in 4 (16.7%), also stood out as predominant in most of the interviewees. It is worth mentioning that among the interviewees there were associations of several morbidities. Regarding medication, 22 (91.7%) of the interviewees reported using it daily. The most commonly consumed were antihypertensive and antidiabetic drugs. When questioned about the functional autonomy in performing daily activities, 100% of respondents stated that they were able to perform at least one of the activities investigated. The activities with the greatest limitation of execution were: to leave home driving a car, to cut off the toenails, and to leave home using public transportation. Table 4 shows the functional profile of the interviewees stratified according to activities of daily living.

## DISCUSSION

Regarding the demographic characteristics of the studied group such as gender, age, financial condition, self-perception of health and prevalence of morbidities, the findings confirmed other studies carried out on the health of elderly people. Biasoli *et al.* (2016) found a predominance of females in social projects, for example. The usual high participation of females may be influenced by the demographic profile of the elderly, which is characterized by a greater survival of women. The number of widows found in this research (29.2%) was also relevant, although the result is below data reported in several previous studies. Perhaps this increase in the number of married women is related to an improvement in the life expectancy of men, especially after the Ministry of Health instituted a health policy in 2009 to reduce male mortality (NASCIMENTO *et al.*, 2018). With regard to schooling, more than 58% of the elderly had only undergone elementary education, illustrating the difficult access to education in Brazil, as well as the predominance of rural activities in the lives of many Brazilians to the detriment of jobs that demand further schooling. Dawalibi *et al.* (2014) corroborate with the findings of this research when they present similar data on the schooling of this age group. Regarding the economic condition,  $\frac{3}{4}$  of the respondents stated that they earned between one and two minimum wages and that this money, although little, was enough to meet their basic needs. Only 8.3% had income of up to 1 minimum wage. This data differs

from that found in a study conducted by Amaral *et al.* (2015) in a municipality in the state of Acre where 58.2% of respondents had income of up to one minimum wage. This divergence of data in the same municipality may have explanations on the social inequality present in Brazil throughout its history, evident in small spaces of the Brazilian territory. The analysis of the family arrangement showed that other studies also had a percentile below 10% of elderly individuals living alone. This value is worrying, because living alone can lead to greater difficulties of old people to develop activities of daily living. This difficulty is linked to the aging process itself. Moreover, isolation may contribute to the classification of elderly people in the condition of frailty (PERSEGUINO *et al.*, 2017). As for the self-perception of health, the participants considered their health as good to carry out diverse activities. Amaral *et al.* (2015) presents the self-perception of health as absence of disease, and leading to quality of life. This shows that being healthy is related to the absence of diseases and independence of the elderly. Nearly all of the interviewees presented morbidities. Among them, chronic non-communicable diseases remain the most prevalent. In this study, arterial hypertension also occupied a prominent position. Muniz *et al.* (2017) corroborates with such findings when pointing out the high prevalence of elderly people with such diseases. If on the one hand hypertension continues to be the most prevalent morbidity, on the other, diabetes, which stands out in second place in the majority of the studies, appeared in the fourth position in the present study.

A study developed in the countryside of the state of São Paulo listing the most prevalent health problems in elderly people showed diabetes also in fourth position (MUNIZ *et al.*, 2017). Use of medications in the interviewed group, especially antihypertensive drugs, was frequent, triggering a concern about adequate use of such substances. In fact, misuse of medications can lead to increased incidence of side effects and drug interactions. The mistake of self-medication is a consequence from the limitation typical of elderly people, because they lower have visual acuity and memory deficits, leading to errors in the use of drugs (REIS *et al.*, 2015). Assessing the degree of independence in the Activities of Daily Living - ADL is an excellent indicator to mediate the quality of life of the elderly, as well as to plan health actions. Therefore, the high degree of autonomy and independence found in this research is in line with the findings of Sousa *et al.* (2018) in the state of Pará, where almost all the interviewees performed all ADL. The creation of these interaction and leisure groups for elderly people decisively contributes, allowing the interaction between the members and favoring active aging. However, the findings of this study showed that follow-up by a multidisciplinary team is necessary, with an emphasis on the nursing team, as well as the realization on the continuing education and health promotion. To do this, these professionals must have specific knowledge to better understand the physical, emotional and social changes experienced by this age group in order to understand the natural process of illness, as well as the limitations of the subjects (PREVIATO *et al.*, 2019).

## Conclusion

The findings found in the project studied, managed by the fire brigade of the state of Ceará, showed a certain similarity with other works in the literature. There was divergence in findings related to family income, self-perception of health, and most

prevalent type of morbidity. Thus, the research made it possible to characterize the profile of the elderly interviewees as presenting a predominance of females, aged between 60 and 69 years, living in stable union, presenting low level of education, retirees, and with a good self-perception of their health. They also presented comorbidities, including hypertension and dyslipidemia, and made daily use of medications. Despite this, they had autonomy and independence to do the activities of daily living, concomitantly with the activities of the project they attend. In view of the above, it is important to note that Nursing plays a fundamental role in promoting and maintaining health in all life cycles. Thus, the participation of elderly people in groups should be encouraged as part of the nursing systematization, as well as the permanent monitoring, mainly through health education. Thus, the broad knowledge about the information of each participant enables the planning of scientifically based actions aimed at further ensuring the quality of life of the elderly. This work was also relevant and a timely contribution to the social context of Brazil because the increase of the number of elderly people is a trend expected in the next years. It is also noteworthy that the study was based on a small and specific group of elderly people; thus, further research of the same nature is still needed. Such researches will need to have an approach that encompasses all the peculiarities and differences in our country in order to obtain a more reliable result.

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