

SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF OLDER ELDERLY USERS OF A PRIMARY HEALTH UNIT

Letice de Freitas Pereira¹, Maria Helena Lenardt², Tatiane Michel³,
Nathalia Hammerschmidt Kolb Carneiro⁴

¹RN. Municipal Secretariat of Colombo. Colombo-PR-Brazil.

²RN. PhD in Philosophy of Nursing. Federal University of Paraná. Curitiba-PR-Brazil.

³RN. PhD in Nursing. Federal University of Paraná. Curitiba-PR-Brazil.

⁴RN. Nursing PhD candidate. Federal University of Paraná. Curitiba-PR-Brazil.

ABSTRACT: This quantitative, cross-sectional study aimed to describe the socioeconomic and demographic profile of the older elderly users of a Primary Health Unit in the city of Curitiba, State of Parana, Brazil. The study included 100 elderly people of 80 years or over, selected by inclusion and exclusion criteria, in the sample period from February to April 2011. Data were collected through a semi-structured questionnaire and analyzed through descriptive statistics. Results showed a higher number of white women, widows, aged between 80 and 84 years, family income of one minimum wage, without occupation, who live with children or alone. The characteristics highlighted in the socioeconomic and demographic profile of the elderly people may compromise their health and well-being. An intensification of geriatric care programs and activities directed towards the social inclusion of old age is recommend.

KEYWORDS: Elderly people 80 years or over; Geriatric nursing; Longevity; Demographic data; Social conditions.

PERFIL SOCIOECONÔMICO E DEMOGRÁFICO DE IDOSOS LONGEVOS USUÁRIOS DE UMA UNIDADE BÁSICA DE SAÚDE

RESUMO: Trata-se de estudo quantitativo de corte transversal, cujo objetivo foi descrever o perfil socioeconômico e demográfico dos idosos longevos, usuários de uma Unidade Básica de Saúde, na cidade de Curitiba, Estado do Paraná, Brasil. Participaram do estudo 100 idosos de 80 anos ou mais, selecionados mediante critérios de inclusão e exclusão, no período amostral de fevereiro a abril de 2011. Os dados foram coletados por meio de questionário semiestruturado e analisados por estatística descritiva. Os resultados apontaram maior número de mulheres brancas, viúvas, com idade entre 80 e 84 anos, renda familiar de um salário mínimo, sem ocupação profissional, que coabitam com filhos ou sozinhas. As características evidenciadas no perfil socioeconômico e demográfico do longo vivo podem comprometer a saúde e o bem viver deles. Urge que haja intensificação de programas e ações de cuidado gerontológico que visem à velhice socialmente inserida.

DESCRIPTORIOS: Idoso de 80 anos ou mais; Enfermagem geriátrica; Longevidade; Dados demográficos; Condições sociais.

PERFIL SOCIOECONÓMICO Y DEMOGRÁFICO DE ANCIANOS LONGEVOS USUARIOS DE UNA UNIDAD BÁSICA DE SALUD

RESUMEN: Estudio cuantitativo de corte transversal, cuyo objetivo fue describir el perfil socioeconómico y demográfico de los ancianos longevos, usuarios de una Unidad Básica de Salud, en la ciudad de Curitiba, Estado de Paraná, Brasil. Participaron del estudio 100 ancianos de 80 años o más, seleccionados por medio de criterios de inclusión y exclusión, en el periodo de febrero a abril de 2011. Los datos fueron obtenidos por medio de cuestionario semiestructurado y analizados por estadística descriptiva. Los resultados apuntaron mayor número de mujeres blancas, viudas, con edad entre 80 y 84 años, renta familiar de un salario mínimo, sin ocupación profesional, que viven con los hijos o solas. Las características evidenciadas en el perfil socioeconómico y demográfico del longo vivo pueden comprometer la salud y el bienestar de ellos. Es fundamental que haya intensificación de programas y acciones de cuidado gerontológico que tengan como objetivo una vejez socialmente inserida.

DESCRIPTORIOS: Anciano de 80 años o más; Enfermería geriátrica; Longevidad; Datos demográficos; Condiciones sociales.

Corresponding author:

Nathalia Hammerschmidt Kolb Carneiro
Universidade Federal do Paraná
Av. Pref. Lothário Meissner, nº632 – 80210-170 – Curitiba-PR-Brasil
E-mail: nathalia.kolb@gmail.com

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INTRODUCTION

Human beings, unlike all other living things, change their own life expectancy, through gradual changes related to improvements in the quality of life, thanks to technical-scientific discoveries⁽¹⁾. Every year it is observed that, with the increase in life expectancy of the Brazilian population, people aged 80 years or over are more common in the environment, and in the next 10 years, Brazil will experience a considerable increase in this age group⁽²⁾. In addition to representing approximately one percent of the global population and three percent of the population in developed regions, this age group is the population segment that grows most rapidly⁽³⁾. Although older elderly people constitute an even smaller group, which is also rapidly expanding, they present various characteristics, such as female predominance due to the higher life expectancy of women, that must be considered in planning healthcare strategies. In addition, the most vulnerable and dependent are concentrated in this age group⁽⁴⁾.

Little is known about the profile and health status of older elderly people. In a literature review it was found that the number of scientific publications focusing on older elderly people, both at the national and international level, has not been growing at the same rate as that of the aging of the population⁽⁵⁾. Furthermore, it appears that most of the productions cover the biomedical aspects related to this age group, being limited in addressing other factors such as the environmental, social and economic situation⁽¹⁾.

Internationally, a study of the older elderly people living alone in the provinces of Korea, showed that 89% were women, widows, with high levels of depression and low income⁽⁶⁾. In China, the sociodemographic profile of the elderly people was similar to the study *op cit.* composed mostly by women, widows, who live with their children, have low income and low levels of educational⁽⁷⁾. Some studies developed in Brazil, aiming to describe the socioeconomic and health characteristics of older elderly people, indicate that the population of 80 years or over is predominantly female, widowed, illiterate, with low income and a lack of health services and leisure opportunities^(1,8). However, at the local health service level, there is a marked deficit

in studies regarding the socioeconomic and demographic characteristics of the older elderly user.

Local realities in which older elderly people live need to be highlighted, as this is necessary for the implementation and feasibility of projects that may benefit them. These studies can impact on the quality of the healthcare services and provide data for the development of new studies and new programs and actions that guarantee dignified care to this age group.

This quantitative, cross-sectional study aimed to describe the socioeconomic and demographic profile of the older elderly users of a Primary Health Unit in the city of Curitiba, State of Parana, Brazil.

METHOD

This was a quantitative, descriptive, cross-sectional study, conducted in a Primary Health Unit (PHU) of the city of Curitiba – PR and in the homes of the elderly users. The PHU has a catchment area containing 19,000 inhabitants and daily, approximately 23 elderly people receive some form of care in the unit. The elderly population of 80 years or over enrolled in programs offered by the PHU constituted 109 subjects in the month of January 2011 (0.5% of the total population of the catchment area).

In 2010, the elderly population of Curitiba consisted of 191,740 people, and of these, 25,438 were older elderly people. The PHU of this study is located in the Boa Vista Health District, which covers thirteen neighborhoods of the northeast region of the city, and has the second largest number of elderly people of 80 years or over of Curitiba, corresponding to 4,028 older elderly people⁽⁹⁾.

For the selection of the older elderly participants, the following inclusion criteria were used: to be aged 80 years or over; to be registered in the PHU selected for the study; and to obtain scores in the Mini Mental State Examination (MMSE)⁽¹⁰⁾ above the cutoff points⁽¹¹⁾: 13 points for illiterate people, 18 points for those with low or medium levels of education, and 26 points for those with high education levels. The study exclusion criteria used were: to have communication difficulties that prevented them

from completing the questionnaire; and to have no family caregiver to assist with information.

Of the 109 elderly people registered in the PHU, six did not reside in the district anymore, two refused to participate in the study and one had died. Therefore, the sample consisted of 100 older elderly people in the sample period, selected according to the inclusion and exclusion criteria. Of the 100 older elderly people, five (5%) of them had difficulty communicating and nine (9%) cognitive impairment according to the MMSE, which prevented them from responding to the questionnaire. In these cases, the family caregiver was invited to participate in the study. Inclusion criteria for family caregivers of the older elderly people were: to be the family caregiver of an elderly person with communication difficulties or that obtained an MMSE score below the cutoff point; to be the family caregiver and reside with the older elderly person; and to be 18 years of age or over.

Data collection from primary and secondary sources occurred in the sample period from February to April 2011 and was performed in two stages: 1) consultation of the electronic medical records and telephone contact with the older elderly potential participants; 2) application of the MMSE and the Brazilian Institute of Geography and Statistics (IBGE) questionnaire adapted for this study. The medical records of the elderly people who were aged 80 years and over were consulted and the identification data (name, age, address and phone number) were collected. Next, telephone contact was made to verify the availability and possibilities of the elderly people participating as research subjects. Of the total 100 older elderly people, 42 (42%) of them responded to the questionnaire in the PHU and 58 (58%) in their homes.

The semi-structured questionnaire of the IBGE(12) adapted for this study was used to identify the socioeconomic and demographic profile. The instrument contains questions relating to age, gender, marital status, place of birth, number of children, the people they live with, education, race, income, occupation (current), and religion. The data collected were transcribed into the Excel and Epi Info version 6.04 programs and analyzed using descriptive statistics (frequency and percentage), presented in descriptive language and in the form of tables.

The ethical principles of voluntary and informed participation were respected according to Resolution 196/96(13). The project was approved by the Research Ethics Committee of the Department of Health Sciences, under the process of February 3, 2011, with CEP/SD registration No.: 1072.197.10. 12 and CAAE: 0107.0.091.091-10.

RESULTS

The results show the sociodemographic and economic characteristics of the older elderly users of a PHU of Curitiba - PR. Of the 100 study participants the majority were female (65%), aged between 80 and 84 years (59%), widowed (65%), had children (93%) came from the rural areas (60%), were white (71%), with incomplete elementary education (54%), resided with their children (27%) or alone (22%), and 98% were religious (Table 1).

It can be observed in Table 2 that the majority of the older elderly people lived with an income of one minimum wage (45%), which came from their pension (43%), the pension of the spouse or income of family members (41%), only the income of family members (11%) and 5% from working themselves. The majority (95%) had no occupation, two worked in sales, one in agriculture, one in the automotive industry, and one as a volunteer.

Table 1 - Distribution of the older elderly users of a PHU according to the sociodemographic characteristics. n= 100. Curitiba - PR, 2011

Characteristics	n	%
Gender		
Female	65	65
Male	35	35
Age		
80 to 84	59	59
85 to 89	30	30
90 or over	11	11
Place of birth		
Urban	40	40
Rural	60	60
Color or race		
White	71	71
Black	5	5
Mixed	24	24
Education		
Illiterate	24	24
Can read and write	11	11
Incomplete 1st grade	54	54
Complete 1st grade	5	5
Complete 2nd grade	5	5
Complete higher education	1	1
Marital status		
Married	31	31
Separated	2	2
Widowed	65	65
Single	2	2
Children		
Yes	93	93
No	7	7
Resides with		
Children	27	27
Alone	22	22
Spouse	12	12
Spouse and children	12	12
Other family arrangements	27	27
Religion		
Catholic	63	63
Evangelical	29	29
Other	6	6
Not religious	2	2

Table 2 - Distribution of the older elderly users of a PHU according to the sociodemographic characteristics. n=100. Curitiba - PR, 2011

Characteristics	n	%
Family income		
1 minimum wage*	45	45
2 minimum wages	34	34
3 or more minimum wages	18	18
Not answered	3	3
Work/occupation		
Yes	5	5
No	95	95

*Minimum Wage = R\$ 545.00 in the study period of 2011 (BRAZIL. Law No. 12.382 of 25/02/2011).

DISCUSSION

The majority of recent studies reveal the predominance of females in the population of older elderly people (feminization of aging), which indicates the gender inequality in life expectancy^(5,14). In 2008 the difference between the genders was 7.60 years, with the male life expectancy of 69.06 years and 76.66 years for females⁽¹⁵⁾. This is due to specific behaviors of men and women. Women attend health centers more, whereas men are more exposed to work and traffic accidents and present a higher prevalence of alcoholism, drugs and smoking, which also affects women, however, to a lesser extent⁽¹⁶⁾.

The predominance of females among the elderly has important repercussions on the provision of public policies. One of these concerns the fact that although women live longer than men, women are more prone to physical and mental deficiencies than their male counterparts⁽¹⁷⁾. In addition, the increased difficulties among women, throughout life, regarding access to education, salary and meaningful work, makes them more prone to poverty in older age⁽³⁾.

The rural area predominated as the birthplace. Brazil saw its greatest period of rural exodus between the 1960s and 1980s, when approximately 13 million people left the countryside and headed toward the urban centers. The decrease of the rural population, as reported⁽¹⁵⁾, is almost reaching the limit of sustainability. Similar findings were encountered in a study conducted with 129 older elderly people living in the urban area of São Geraldo (MG), in which the majority (80%) had

resided in rural areas, with more than half having lived in the countryside for more than 26 years⁽¹⁸⁾. According to the census⁽¹⁵⁾, the rural population lost 2 million people between 2000 and 2010 and now represents 15.6% of the total population of the country (29.8 million out of a total of 190.8 million). In 2009, considering the population aged 60 years or over, 84% of these individuals lived in urban areas in the state of Paraná⁽¹⁵⁾.

In the present study, the majority of the elderly people declared themselves to be white. This finding is similar to that released by the IBGE⁽¹⁵⁾, considering that in 2009, white people represented 82.4% of the population of the Southern region, mixed race people 12.9%, and black people 3.7%.

Education of older elderly people still leaves much to be desired. The high rates of illiteracy and low education among the very elderly should be understood in the context of the early twentieth century, when there was limited access to mass public education and it was hoped the woman would be more dedication to household chores than to intellectual activities⁽¹⁹⁾. When young these elderly people had to opt for rural work to the detriment of study. In addition, access to school was difficult, specifically in relation to the time that was required to travel long distances often by animal. In Brazil in 2009, the percentage of elderly people aged 65 or over who had not completed elementary education and those who had no education was 23.4%. In the state of Paraná, the mean amount of schooling was 4.2 years in the population aged 60 or over⁽¹⁵⁾.

National studies indicate a higher prevalence of widows in the 80 years or over age group⁽²⁰⁻²²⁾. Gender difference has been evidenced in relation to marital status, where men present a greater tendency to be married and women to be widowed and alone in old age. This is due to the greater longevity of women and also to the fact that men remarry with younger women^(21,23).

The present study showed that the older elderly people survived on a very low income, with Brazilian studies also confirming this finding^(8,14,19,22). It is noteworthy that low incomes may limit the access of elderly people to care, food and social activities, with education and health highlighted, significantly compromising their quality of life. Precarious financial conditions and illiteracy are causes that contribute

to rehospitalization of elderly people in health institutions and difficulties in attending the health units, using the prescribed medicines, and adopting the eating practices and physical exercise recommended⁽²⁴⁾. Thus, the low economic status of older elderly people is a national challenge. To overcome this, political reforms based on the aging process of society and on understanding the elderly as active contributors are needed⁽²⁵⁾.

The majority of the older elderly people resided with children, however, it can be seen that there was also a significant percentage who lived alone. This is an important point, considering that this is possibly indicative of independence and autonomy of the older elderly people, although this can be analyzed from various angles. With increased longevity, it is believed that aging people become more selective and have embedded lifestyle habits. Thus, they present more difficulties in changing their personal habits, are resistant to sharing the residence with family members and have a preference for living alone. However, special attention should be paid to older elderly people living alone. Studies have shown that advancing age is often associated with chronic diseases and complications, functional dependency and the need for long-term care^(24,26-28), involving formal and informal support. It is noteworthy also that loneliness and abandonment by the family affect many elderly people when diseases and difficulties limit the social relations within the family and outside it⁽²⁴⁾. Therefore, the provision of support and care for older aged people, as well as for the family caregivers, is an important element in the work of the nursing professionals in this context.

The high rate of elderly people aged 80 or over who professed some sort of religion was significant. A study conducted in São Paulo⁽²⁹⁾ demonstrated that older elderly people are more religious than younger elderly people. The percentage of those who claim no religion in the 60 to 79 years age group is 2.2%, while in the 80 years and over age group this proportion drops to 1.5%. According to the authors *op cit.*, it is often verified that in aging there is a greater pursuit of the spiritual dimension, with many studies observing that religiosity can improve the subjective state of well-being, diminishing levels of depression and anxiety, and reducing morbidity and mortality.

Regarding the professional activity, the number of older elderly people represented in this category is reduced, however, there has been recognition of the need of elderly people to continue actively and productively contributing to society, through formal work as well as informal and voluntary occupations. A longitudinal study conducted with 326 elderly people of São Paulo, with the aim of identifying risk factors for loss of functional capacity, revealed that paid work is a protective factor in these individuals⁽³⁰⁾. Therefore, it is important to encourage the participation of older people in meaningful work, according to their preferences and capabilities⁽³⁾.

The year 2012 was marked by the European Year for Active Ageing and Solidarity between Generations⁽³¹⁾. It is hoped that this will stimulate the community to reverse the idea that older people are a drain on society and that together the generations are able to work and live in harmony. As a result, it is believed that this leads to economic benefits for society as a whole and, simultaneously, the promotion of physical and mental conditions and well-being of the elderly people.

CONCLUSION

It can be concluded that the socioeconomic and demographic profile of older elderly users of a Primary Health Unit consists of widows, aged between 80 and 84 years, with a family income of one minimum wage, low levels of education, and who live with their children or alone. The characteristics of this profile can significantly compromise their health and well-being. Therefore, it becomes imperative for nursing professionals to be alert for this profile, specifically those linked to gerontology, as this is considered an area of interdisciplinary dialogue which is able to capture the different demands of different elderly people. It is suggested that programs and activities of geriatric care are developed in the Primary Health Units, based on this profile, aiming for the social inclusion of old age and, in a broad sense, protection with dignity. Although it is the fastest growing age group worldwide, a lack of studies that have older elderly people as the research focus was verified. Similarly, few studies consider the differences between younger and older elderly people. This makes it difficult, in large part, to compare the results with other scientific productions.

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