

## 62 - POSITIVE ASPECTS AND/OR NEGATIVE EXPERIENCED BY ELDERLY: THE STRATEGY TO FOCUS ON THE FAMILY HEALTH

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### INTRODUCTION

The demographic time by passing the Brazilian population is characterized by low fertility rates, increased longevity and rapid urbanization. The interaction of these changes has led to higher growth of the elderly population relative to other age groups (IBGE (2000).

Approximately 75% of elderly people in Brazil live in the Southeast and Northeast. The Northeast region, in recent times had mortality rates 72% higher than the Southeast, and infectious and parasitic diseases still occupied in the period 1984 to 1994, the second leading cause of hospitalization (COELHO FILHO; RAMOS, 1999; COSTA et al., 2002).

It is recognized that the aging population brings new challenges. One of them concerns the political and social pressures for the transfer of resources in society. The demands of health change with greater weight in chronic degenerative diseases, which implies higher cost of hospitalization and treatment, equipment and more expensive medications. The pressure on the pension system increases significantly. Aging also brings a burden on the family, this burden is increasing with age. It is noticed also that the senior makes an important contribution to the family.

Brasil, in recent decades, has achieved an important progress in the health field. The construction process of the SUS, governed by the Constitution of 1988 and the Complementary Laws, is gradually taking place on the pillars of universality, completeness, decentralization and popular participation.

In the context of the Family Health Strategy (ESF), we highlight the work of health professionals focused on a comprehensive and continuous for all members of families linked to the FHS, in every stage of their life cycle without lose sight of your family and social context. It is up to the professional attention to the changing population profile in their area, with the gradual increase in the elderly result of falling fertility and reduced mortality in all age groups.

Thus, the ESF, according to its basic principles regarding the elderly population, and in accordance with Ordinance No. 2528 (BRASIL, 2006), indicates the approach of the physical changes considered normal and its early identification of pathological changes. It is noteworthy, though, the importance of alerting the community about the risk factors that older people are exposed at home and abroad, as well as forms of intervention are identified for elimination or minimization, always in partnership with the very group of elders and members of his family.

The study aims to screen and analyze the positive and/or negative or experienced by the elderly in the context of family health strategy.

### METHODOLOGY

This is an exploratory-descriptive study with qualitative and quantitative approach. The study was carried out on-screen located on the paraibano Sousa. The same network has a basic care consists of: ESF 26, and 19 of these in urban areas and seven in rural areas. The study included 36 elderly enrolled in the various ESF.

Data collection was guided through a structured interview containing questions relevant to the objective and subjective study. These were about quality of health services, how the elderly perceive the care that is provided to him, and what aspects they would like to improve the service.

After the collection has been completed, the data obtained with the application of interviews with elderly people were organized in thematic groups and subjected to content analysis. Bardin (1995), this can be designed as a set of techniques for analysis of communications in order to obtain, through systematic and objective discussion of message content, indicators that allow the inference of knowledge concerning the conditions of production and reception of these messages.

### RESULTS AND DISCUSSION

The study sample consisted of 36 elderly, characterized by a female majority (83% women), which demonstrates the phenomenon of feminization of the aging process, with a mean age of 69 years, with a minimum age of participants 65 years and maximum 85 years. In marital status, married seniors were predominant (44%), followed by widowed (39%), separated (14%) and (3%) are single.

Table 1 – Data on sócio-demographic characteristics of elderly

Age	f	%
65 – 75	25	69
76 – 85	11	31
Sex	N	%
Female	28	78
Male	8	22
Status	f	%
Married	16	44
Widower	14	39
Separate	5	14
Single	1	3
Family Income	f	%
1 minimum wage	29	81
+ 1 minimum wage	4	11
Unproven	3	8
Total	36	100

We can only become relevant to the importance of pensions in the life of the elderly, even considering that the values are very low pensions of the elderly in Brasil, they often represent not only their main source of income, but the only source of income the whole family under the responsibility of the elderly. As for family income of participants found that 81% of seniors have an income of only 1 minimum wage, 11% have a little more than an 8% wage and have no proven income.

Figure 1 shows that 64% second experience old age means a bad period, fraught with difficulties. Although 36% stated that it is a good time, one has to like it, because it means to live long.

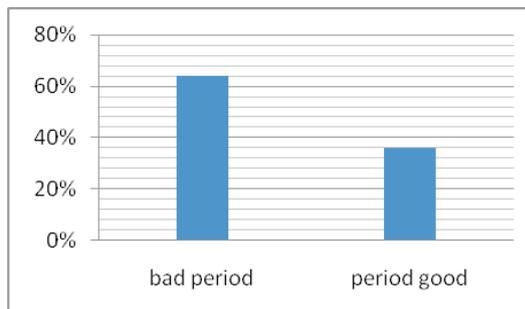


Figure 1 - Experiencing the period of old age

According Moitas (2005), 15% of world population will age very well, without serious health problems or limitations, since 20% of world population will age with significant difficulties arising from chronic illnesses or physical limitations or social. Of these, 5% will age with severe limitations, is, mobility difficulties or even bedridden.

All elderly have their rights guaranteed by federal law, but it is for each aged really think if they are being respected. Figure 2 shows that 81% of participants mentioned that their rights are respected, because they do not get more second rows, have preferential treatment in hospitals and banks, are retirement and have access to drugs. While 19% say their rights are not being respected, as we still remain in queues at hospitals and banks and have no retirement.

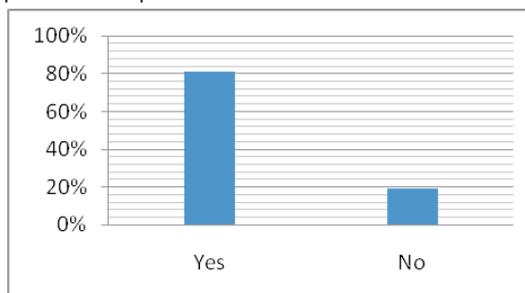


Figure 2 - Respect the rights of the elderly

A quality care depends on the frequency that the elderly go to ESF. Thus, who is most assiduous is closer and interact more. This periodicity causes keen that the team has a greater control of care and prevention.

Figure 3 reports that 83% of seniors attend FHS monthly, about 17% goes to ESF fortnightly.

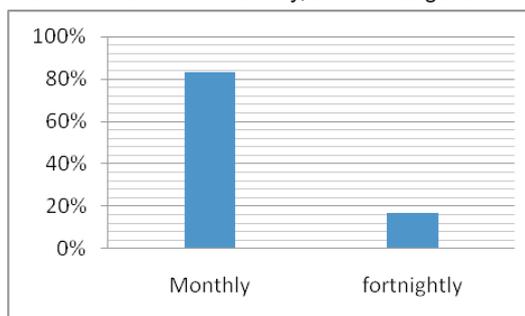


Figure 3 - Frequency visiting ESF

Given these considerations, the study highlights the frequency of visits to the elderly ESF, therefore, it needs to go to the clinic not only to receive their medication, but rather, seek a kind of assistance that is not within the family.

Many times in the ESF are built relationships within and outside the part of families, thus becoming a place of development of the struggle for better living conditions.

Thus, an expanded understanding of the health / disease and the need for interventions with greater impact and social significance brings a new elderly back into society.

Working with the health of the elderly is continually developed at the initiative of their own teams, noting the growth of this segment of the population.

According to Araújo (2003), which advocates work with the elderly group is feasible and important because of family health professionals have access to all the families attached to the area covered. It is believed that if health professionals working in Family Health Units to adopt a well-established routine care to the elderly, addressing them properly and not just treating its symptoms alone, but considering its specific characteristics.

Programs for disease prevention and health promotion for the elderly, as well as ensuring an appropriate care, are not actions for the future, but needs today. It is emphasized that the World Health Organization (OMS, 1989 apud PACHECO, SANTOS, 2004), recommends the development of studies and research to provide decision-making and direct the actions and priorities in terms of public policies concerning the elderly.

With respect to Figure 4, 75% of study participants reported satisfaction with the assistance already provided to it, but

14% would like to receive a full service, seamless and 10% would like the tests were faster.

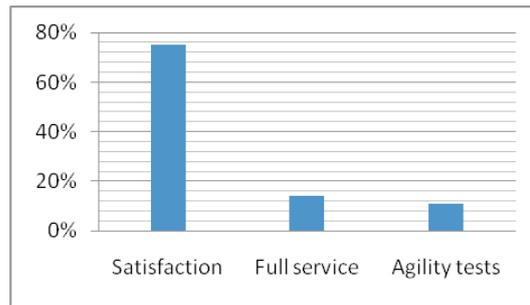


Figure 4 - Service that would receive

It's a great satisfaction to know that a large proportion of elderly respondents in this study are satisfied with the service that is provided to him. This is rare at the moment, since it lacks the labor market for skilled professionals working with this new installment of the population.

Participants were asked how the unit staff to attend. In Figure 5 we can see that 85% of participants reported that they are well attended and 15% said that the professionals meet with satisfaction.

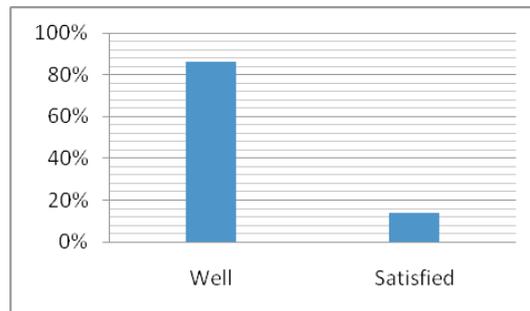


Figure 5 - What is covered in the ESF

The quality of care that is provided to the elderly is critical to improving the service. Health professionals must be able to identify the determinants of quality of life of the elderly in their family and social context and to understand the sense of shared accountability as the basis for the development of actions that contribute to the achievement of a lifetime healthy.

For multiprofessional teamwork in health care focuses on the whole, the partial measures that often fail to solve the health needs as a whole. Also notes that the concept of team is etymologically linked to the accomplishment of tasks, work is shared between individuals, which in their collectivity, are able to succeed in achieving desired. This notion, when estranged from certain concrete conditions, can become a symbol of the mythic ideal of practice in health or magic solution and reconciling conflicts between the different professions (BRASIL, 2004).

Figure 6 shows the aspects that were mentioned by participants as positive attention to your health. Note that for 67% of respondents see as the bright spot in the ESF already receiving care for 20% reported that the organization and cleanliness of the service is excellent and 13% that describes everything in the unit is very good.

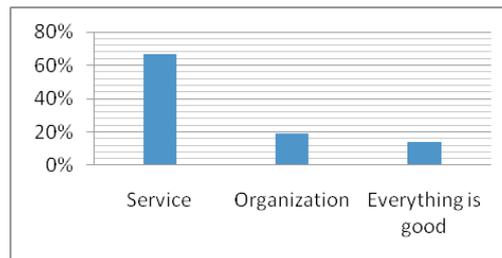


Figure 6 - facilities experienced by the elderly in ESF

The quality of care is related to some aspects. One is the service at the ESF, which should always be performed by a multidisciplinary team. The constitution of the team should be planned taking into consideration some basic principles such as: addressing the determinants of the health / illness, comprehensive care with emphasis on disease prevention.

According Maximiano (1992), the practices of organization and cleanliness of the service become indispensable for improving the quality of care. Organization is a combination of individual efforts that aims to achieve collective purposes.

Regarding the negative aspects, 43% reported no, 25% described the lack of medication for an 18% downside in the ESF is the lack of a tensiometro therefore the ESF is always in working order 14% cited the delay of the tests (Figure 7).

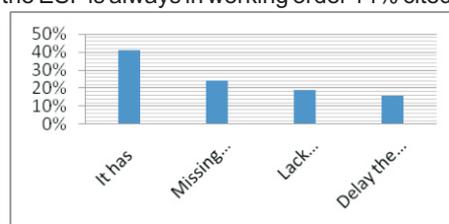


Figure 7 - Difficulties experienced by the elderly in ESF

Accessibility must be considered under different approaches, namely the geographical, cultural, economical and functional. The degree of real access to health services depends on the distance you must travel to obtain them, the time it takes the trip and its cost. WHO recommends that the definition of what is available to be adapted to each situation and each region (UNGLERT; ROSENBERG; JUNQUEIRA, 1987).

As to suggestions made by the elderly to improve their service, and 55% would not lacking medication, 17% of the physician was always present, 8% the results of laboratory tests were faster, 6% always had the device gauge pressure and 14% say they do not need anything better, the service is very good (Table 2).

Table 2 – Suggestions for improved service

Variable	f	%
No drugs were missing	20	55
Not missing doctor J	6	17
Agility tests March	3	8
Have sphygmomanometers	2	6
You do not need anything better	5	14
<b>Total</b>	<b>36</b>	<b>100</b>

It is important for older people feel welcome in the service you provided. The same must be adapted to this growing demand, they see at the health part of your residence, since they often need the unit, so that this occurs the service should be able to use.

User satisfaction is essential for improving the service. It is essential that health professionals do their utmost to meet this demand. Today the user knows his rights and knows it can and should demand quality assistance it provided.

### CONCLUSIONS

The social issue of the elderly, given its size, requires a broad and substantial policy to abolish, or at least soften the harsh realities facing those who manage to live to older ages. After so many efforts to extend human life, it would be unfortunate not to offer the right conditions to live it.

There is a need to implement actions directed at the elderly enrolled in the FHS, whereas the increase of populations, the specific needs and multidimensional that seniors have, and especially the proposals of the PSF to be focused on health promotion, prevention of diseases, appropriate treatment and ensuring referrals and cross-reference to the more complex cases. Care for an elderly person should aim to maintain their health, with an active life expectancy maximum possible with his family and community, with maximum functional independence and autonomy.

The study objectives were achieved, since we realize that the care given to elderly still needs improvement, and they face difficulties in the process of aging.

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## **POSITIVE ASPECTS AND / OR NEGATIVE EXPERIENCED BY ELDERLY: THE STRATEGY TO FOCUS ON THE FAMILY HEALTH**

### **ABSTRACT**

The demographic time by passing the Brazilian population is characterized by low fertility rates, increased longevity and rapid urbanization. It is up to the professional attention to changes in the ESF population profile in their area, with the gradual increase of the elderly result of falling fertility and reduced mortality in all age groups. This is an exploratory-descriptive study with qualitative and quantitative approach. The study was carried out on-screen located on the paraibano Sousa. The main results indicate that participants were 36 elderly, characterized by a majority with 83% female, average age 69 years. In marital status, married seniors were predominant with 44%, observed that 64% second experience old age means a bad period. For rights, 81% of them mentioned that they are respected. Note that for 67% of respondents see as a positive point in FHS the care they receive. Already on the negative side, 43% reported no, 25% described the lack of medication. We conclude that there is a need to implement actions directed at the elderly enrolled in the ESF, whereas the increase of populations, the specific needs and multidimensional that seniors have, and especially the proposals of the PSF to be focused on promoting health, disease prevention, appropriate treatment and ensuring referrals and cross-reference to the more complex cases.

**KEY-WORDS:** Elderly. Family Health. Aging.

## **ASPECTS POSITIFS ET / OU NÉGATIVES VÉCUES PAR LES PERSONNES ÂGÉES: STRATÉGIE DE RECENTRAGE SUR LA SANTÉ FAMILIALE**

### **RESUMÉ**

Le retardement démographique en faisant passer la population brésilienne se caractérise par des taux de fécondité faible, une longévité accrue et l'urbanisation rapide. Il appartient à l'attention des professionnels à l'évolution du profil de la population FHS dans leur région, avec l'augmentation progressive du résultat personnes âgées de baisse de la fécondité et de mortalité dans tous les groupes d'âge. Il s'agit d'une étude exploratoire et descriptive à l'approche qualitative et quantitative. L'étude a été réalisée sur l'écran situé sur la paraibano Sousa. Les principaux résultats montrent que les participants étaient de 36 personnes âgées, caractérisée par une majorité de 83% de femmes, âge moyen 69 ans. Dans l'état matrimonial, les personnes âgées mariées ont été prédominant avec 44%, a observé que 64% d'âge vivencier second vieillard, une mauvaise période. Pour les droits, 81% d'entre eux ont mentionné qu'ils sont respectés. Notez que pour 67% des répondants considèrent comme un point positif dans FHS les soins qu'ils reçoivent. Déjà sur le côté négatif, 43% n'ont signalé aucune, 25% ont décrit le manque de médicaments. Nous concluons qu'il ya une nécessité de mettre en œuvre des actions destinées à des personnes âgées inscrits dans la FHS, alors que l'augmentation des populations, les besoins spécifiques et multidimensionnelle que les aînés ont, et en particulier les propositions de la ESF de se concentrer sur la promotion la santé, la prévention des maladies, le traitement et un aiguillage appropriés et assurer renvoi à des cas plus complexes.

**MOTS-CLÉS:** personnes âgées. Santé familiale. Vieillesse.

## **ASPECTOS POSITIVOS Y / O NEGATIVO EXPERIMENTADO POR ANCIANOS: UNA ESTRATEGIA DE ENFOQUE EN LA SALUD DE LA FAMILIA**

### **RESUMEN**

El tiempo demográfica pasando la población brasileña se caracteriza por bajas tasas de fertilidad, aumento de la longevidad y la rápida urbanización. Corresponde a la atención profesional a los cambios en el perfil de la población FHS en su área, con el aumento gradual del número de ancianos disminución de la fertilidad y la reducción de la mortalidad en todas las edades. Este es un estudio exploratorio-descriptivo con enfoque cualitativo y cuantitativo. El estudio se llevó a cabo en la pantalla situada en la paraibano Sousa. Los principales resultados indican que los participantes fueron 36 ancianos, que se caracteriza por mayoría con el 83% mujeres, edad promedio 69 años. En el estado civil, las personas mayores casadas predominante con 44%, observó que el 64% vivenciar años de edad los segundos medios de una mala época. Para obtener los derechos, el 81% de ellos mencionó que se respeten. Tenga en cuenta que el 67% de los encuestados ven como un punto positivo en FHS la atención que reciben. Ya en el lado negativo, el 43% no informó, el 25% describió la falta de medicamentos. Se concluye que existe una necesidad de implementar acciones dirigidas a los ancianos inscritos en la ESF, mientras que el aumento de la población, las necesidades específicas y multidimensional que las personas mayores tienen, y especialmente las propuestas del ESF que se centró en la promoción la salud, prevención de enfermedades, el tratamiento apropiado y referencias garantizar y referencia cruzada a los casos más complejos.

**PALABRAS - CLAVE:** Ancianos. Salud de la Familia. Envejecimiento.

## **ASPECTOS POSITIVOS E/OU NEGATIVOS VIVENCIADOS PELOS IDOSOS: A ESTRATÉGIA DE SAÚDE DA FAMÍLIA EM FOCO**

### **RESUMO**

O momento demográfico por que passa a população brasileira se caracteriza por baixas taxas de fecundidade, aumento da longevidade e urbanização acelerada. Cabe a atenção do profissional da ESF à mudança do perfil populacional em sua área de abrangência, com o aumento progressivo da população idosa fruto da queda da fecundidade e redução da mortalidade em todos grupos etários. Trata-se de um estudo exploratório-descriptivo com abordagem quali-quantitativa. O estudo em tela foi realizado em Sousa localizada no sertão paraibano. Os principais resultados indicam que, participaram deste estudo 36 idosos, caracterizados por uma maioria feminina com 83%, média etária de 69 anos. Na situação conjugal, os idosos casados foram predominantes com 44%. Observa-se que segundo 64% vivenciar a velhice significa um período ruim. Em relação aos direitos, 81% destes mencionaram que são respeitados. Nota-se que para 67% dos entrevistados vê como, ponto positivo na ESF o atendimento que recebe. Já em aos aspectos negativos, 43% relataram não ter, 25% descreveu a falta de medicação. Conclui-se que, existe a necessidade de se implantar ações direcionadas aos idosos cadastrados nas ESF, considerando o aumento desse contingente populacional, as necessidades específicas e multidimensionais que os idosos apresentam e, principalmente, as propostas da ESF que devem ser centradas na promoção da saúde, prevenção de agravos, tratamento adequado e garantia de referência e contra-referência para os casos de maior complexidade.

**PALAVRAS-CHAVE:** Idoso. Saúde da Família. Envelhecimento.