75 - HEALTHY AGING: A STUDY IN VIEW OF THE ELDERLY IN PRIMARY CARE

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INTRODUCTION

As we enter the twenty-first century we see that in the last century there were significant changes in socioeconomic conditions and health of populations around the world, and consequently, in their demographic structure.

Population growth in the elderly population has been of great interest to scholars. The growth rate of the elderly population has been greater than the rate corresponding to the total population. Estimates are that from 1990 to 2025, the world's elderly population will grow 2.4% per year, compared with 1.3% annual growth in population as a whole (PAPALEO NETTO; CARVALHO FILHO, 2006).

Considering the continuity of the trends for the rates of fertility and longevity of the population, the estimates for the next 20 years indicate that the elderly population exceeding 30 million people at the end of this period, came to represent almost 13% of the population (IBGE, 2004).

In general, growth has been observed in the elderly population more sharply in developing countries, although this quota is still proportionally lower than that found in developed countries. Regarding Latin America, Brazil takes a middle position with an elderly population representing 8.6% of the total population. But the Latin American region has a wide range, with the proportion of people ranging from 6.4% to 17.1% in Venezuela in Uruguay. European populations have characteristically higher proportions, with the elderly accounting for somewhere around 1 / 5 the population of their countries (IBGE, 2000).

Segundo dados da Organização Mundial de saúde, a Paraíba ocupa do 3° lugar no Brasil e é o primeiro Estado em número de idosos no Nordeste. Em João Pessoa, os idosos representam 7,36% da população, atingindo o equivalente a 40.446 pessoas (OMS, 2000). But the IBGE (2000) according to the Proportion of resident population aged 60 or older, according to the state capitals - 2000, Paraíba is in 9th position.

The active and healthy aging is the major objective in this process. If we consider health on a broader scale it is necessary some change in the current context toward the production of a social and cultural environment more favorable for the elderly, aiming thus the quality of life (BRAZIL, 2006).

OBJECTIVE

To investigate the issue of social representation of aging from the perspective of the elderly in the Family Health Strategy.

METHODOLOGY

As the nature of the object of this work (the social representation on aging for the elderly) group was composed of 70 elderly people who sought the services of the Family Health Strategy (FHS) of the District II Rangel Rangel, answering and asking if feel in need of some attention.

The research complied with Resolution 196/96 - Ministry of Health / National Board of Health / National Commission of Ethics and Standards and Guidelines governing research involving human beings (Resolution 196/96 of the National Health-Brazil, 2000) . The share of elderly (n = 70) was voluntary and at the interviews the subjects filled out and signed a voluntary informed consent and informed consent to participate. Data collection, we used an interview technique that had a basic question: What does aging for Mr. (a)? The interviews explore the content and information on the social representations of this theme. Data analysis was done with the help of the software Alceste - Contextual Lexical Analysis of a set of text segments.

RESULTS AND DISCUSSION

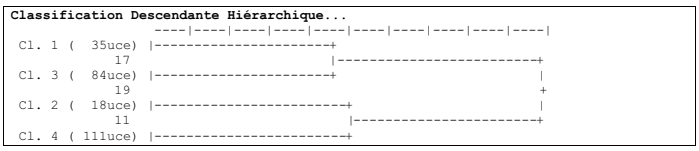
Constituted from a corpus of 70 texts or Initial Contexts Units (ICU's) and 248 Elementary Context Unit (ECU's) that correspond to segments of text scaled by the program with a rate of 74.25% of the data interpreted.

The corpus (70 interviews) was comprised of 742 different words, being discarded by the program words with frequency equal to or less than 4. After the reduction in their roots, we obtained 267 analyzable words, 25 words 85 words and instrumental variables. The 267 words analyzable occurred 6416 times, thereby determining four semantic classes, presented in the table below (Table 1).

In the dendrogram shows that the corpus was sub-divided into two subgroups, where the first is formed by the classes 1 and 3 and the second class by 4:02, which in turn are interconnected with their respective distributions UCE's.

It is observed in the above table that the class is the fourth largest, covering 111 UCE, then class 3: 84 UCE, Class 1, Class 3 and 35 UCE UCE with 17.

Picture 1: Dendogram of the Descending Hierarchical Classification



The classes and their meanings

The data seized from Alceste about the social representations of aging, are presented from two classes / symbolic categories that were set after reading the semantic defined in each class

Descriptions of the classes listed below will be contemplating the most significant content of each one.

Class / Category 1 - Perceptions of health according to the elderly

Class 1 shows clearly describes how the elderly perceive their health, consisting of 50 analyzable words, corresponding to 35 ECU's, with 14.11% success rate.

This class is organized around eleven elements in the table below.

Table 1: Words associated with significantly to the class 1

Words	Frequency	χ^2
Walk	**8**	**32.63**
Treatment	27	13.11
Fatigue	6	14.01
Tired	**5**	**31.05**
Difficulty in walking	**18**	**33.96**
Move	8	18.17
Preferential	56	9.58
Get	**19**	**71,59**
It means	7	26,85
Feel	20	9.46
Type	21	92,09

It can be seen in Table 1 stand out words that seniors translate their perceptions of health, such as fatigue, I have difficulty walking, tired. It is important to remember that these elements were used by the elderly to respond on aging and senior care, to understand this class is necessary to place its more significant of the second UCEs associated with it, exemplified below.

[...] Elderly is not just to health, no life, no longer as of old [...] I'm very very tired when I walk [...]. The service here is good. I find it hard to move especially when I stand up and walk [...]. I feel very tired in the legs when I walk very [...] feel pain in the legs and spine [...]

It is observed in the elderly speak an emphasis on aspects related to the elderly that is perceived as having a functional impairment, portrayed in the element already mentioned, such as fatigue, difficulty walking and moving, thus showing the importance physical activity for prevention and health promotion, with the PNSPI is recommended (BRAZIL, 2006).

Class / Category 3 - Physical limitations of the elderly according to USF

In this class the elderly report their physical limitations and the importance of assistance to USF because the aging process makes them feel the need to search to improve your health. This class consists of 84 ECU's, representing 33.8% of respondents, with 50 words analyzed. Words associated with the class the second frequency, and that framework can be identified in the table below.

Table 2: Words associated with significantly Class 3

Words	Frequency	χ^2
Some	10	13.77
Activity	**23**	**41.94**
Whites	6	12.00
Column	14	21.96
Deficiency	**26**	**52.71**
Exercise	**11**	**22.47**
Do	**16**	**29.58**
Functional	14	**28.97**
I would	12	15.17
Group	**19**	**32,82**
Knee	12	12.92
Movement	**38**	**37.30**
Leg	18	14.55
Feel	**53**	**46.84**
Suggestion	7	14.06
Have	30	15.55

Elders describe physical limitations mainly related to some activity / movement they need to do like exercise for the knee, leg and spine in health improvement. They describe their limitations and what should be done to improve, so clues pointing to possible actions that may be included on the same day service. As he gives any suggestions to be included important in assisting them through group work and developing activities. Some of these observations are exemplified below.

[...] Health is life like to do some activity to take off my [...] numbness in the legs moving for me is life [...]. I would suggest monitoring exercises in groups every week [...] I like to do some activity, but what I would not say [...] The very important movement, gives me more joy I suggested [...] weekly group activities. I have a functional disability yes, I feel pain in my knee and feet and I feel great difficulty walking [...]

We highlight the role of socialization obtained in any work group, which itself may represent new opportunities for the elderly (depending on your family situation and community), and greater acceptance in society. It is necessary to further consideration of the health teams of Primary Care / Family Health on the work group, as a suggestion to be implemented in a more reflective and effective.

Regular physical activity is the second Brazil (2005), the factor that brings the most substantial body of evidence on the relationship to be healthy and active aging. Its benefits include reducing the incidence and severity of chronic diseases and

disorders such as cardiovascular disease, hypertension, osteoporosis, diabetes mellitus, obesity, colon cancer and breast cancer, fractures and mental health conditions.

CONCLUSION

Throughout data analysis, it was observed that there are some features present in the responses of almost all interviewees. It became clear in interviews, such as positive behavior of the elderly so that their expectations are met to participate in group activities and leisure.

This need arises from the low socio-economic conditions that these individuals have experienced loneliness and fruit of idle time and the situation of social exclusion that are submitted. The results show that the social representations of aging are permeated with negative content, however, not associated with the old word 'health' but it is represented as a 'sickness' which shows the difficulties experienced by the subjects of study.

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HEALTHY AGING: A STUDY IN VIEW OF THE ELDERLY IN PRIMARY CARE

Abstract: In the context of several limitations that increasing age may result, be it physical, mental or social activity theory that addresses the functional aspects of individual and involve the modifications related to the anatomical conditions, and psychological health of old age, with however, the persistence of psychological and social needs. This study addressed the issue of social representation of aging from the perspective of the elderly in the Family Health Strategy (FHS). It is a descriptive exploratory study was conducted with seventy elders, who were assisted by the ESF Rangel II, the city of João Pessoa. Data were collected through interview technique and analysis of the data was performed with the help of a software for quantitative analysis of textual data called Alceste. The results show that the social representations of aging are permeated with negative content, however, not associated with the old word 'health' but it is represented as a 'sickness' which shows the difficulties experienced by the subjects of study. It was evident that the feelings of being elderly in Brazil, for the respondents mean an end of life, where age is a sentence: death and oblivion - the latter, if not physical, but social death, a life without quality, into oblivion, with many problems and diseases. This negative view of aging is usually associated with different losses experienced by the elderly, such as: physical, mental, psychological, social and family. Need to change this view biologist for the new paradigm of active aging quality in the elderly have autonomy and independence as it is known that these representations are the result of negative social interpersonal relationships of the elderly in their most intimate spaces, and living experiences of disrespect social exclusion.

KEYWORDS: Aging. Caring. Primary Care.

VIEILLIR EN SANTÉ: UNE ÉTUDE EN VUE DE PERSONNES ÂGÉES DANS PRIMAIRES ATTENTION

Résumé: Dans le contexte de plusieurs limitations que l'âge augmente peut entraîner, que ce soit la théorie de l'activité physique, mental ou social qui aborde les aspects fonctionnels de la personne et impliquent les modifications liées à des conditions anatomiques, et la santé psychologique de la vieillesse, avec Toutefois, la persistance des besoins psychologiques et sociaux. Cette étude a abordé la question de la représentation sociale du vieillissement du point de vue des personnes âgées dans la Stratégie de Santé familiale (ESF). Il s'agit d'une étude descriptive exploratoire a été menée avec les soixante-dix anciens, qui ont été aidés par le FSE II Rangel, la ville de João Pessoa. Les données ont été recueillies grâce à la technique d'entrevue et l'analyse des données a été réalisée avec l'aide de logiciels d'analyse quantitative de données textuelles Alceste appelé. Les résultats montrent que les représentations sociales du vieillissement sont imprégnées avec un contenu négatif, cependant, n'est pas associée à la «santé» du vieux mot, mais il est représenté comme une «maladie» qui montre les difficultés rencontrées par les sujets d'étude. Il était évident que le sentiment d'être des personnes âgées au Brésil, pour les intimés signifierait la fin de la vie, où l'âge est une phrase: la mort et l'oubli - ce dernier, s'il n'est pas physique, mais la mort sociale, une vie sans qualité, dans l'oubli, avec de nombreux problèmes et maladies. Cette vision négative du vieillissement est habituellement associée à différentes pertes subies par les personnes âgées, tels que: physique, mental, psychologique, sociale et familiale. Besoin de changer ce biologiste de vue pour le nouveau paradigme de la qualité du vieillissement actif chez les personnes âgées disposent d'une autonomie et d'indépendance que l'on sait que ces représentations sont le fruit de relations interpersonnelles sociales négatives des personnes âgées dans leurs espaces les plus intimes, et les expériences de vie d'irrespect l'exclusion sociale.

DESCRIPTORES: Vieillissement. Entretien. Soins primaires.

ENVEJECIMIENTO SALUDABLE: UN ESTUDIO EN VISTA DE LAS PERSONAS MAYORES EN LA ATENCIÓN PRIMARIA

Resumen: En el contexto de varias limitaciones que la edad puede resultar, ya sea en la teoría de la actividad física, mental o social que se ocupa de los aspectos funcionales del individuo e involucrar a las modificaciones relacionadas a las condiciones anatómicas, y la salud psicológica de la vejez, con Sin embargo, la persistencia de las necesidades psicológicas y sociales. Este estudio abordó la cuestión de la representación social del envejecimiento desde la perspectiva de las personas mayores en la Estrategia de Salud de la Familia (ESF). Se trata de un estudio exploratorio descriptivo se llevó a cabo con los setenta ancianos, que fueron asistidos por el Fondo Social Europeo Rangel II, la ciudad de João Pessoa. Los datos fueron recolectados mediante la técnica de entrevista y análisis de los datos se realizó con la ayuda de un software para el análisis cuantitativo de datos de texto llamado Alceste. Los resultados muestran que las representaciones sociales del envejecimiento están impregnados de contenido negativo, sin embargo, no asociados con la "salud" de la antigua palabra, pero se representa

como una "enfermedad" que muestra las dificultades experimentadas por los sujetos de estudio. Era evidente que los sentimientos de los ancianos en Brasil, para los encuestados significa el fin de la vida, donde la edad es una pena: la muerte y el olvido - el último, si no físico, pero la muerte social, una vida sin calidad, en el olvido, con muchos problemas y enfermedades. Esta visión negativa del envejecimiento se asocia generalmente con diferentes pérdidas experimentadas por los ancianos, tales como: física, mental, psicológico, social y familiar. Necesidad de cambiar este biólogo de vista para el nuevo paradigma de la calidad del envejecimiento activo en las personas mayores con autonomía e independencia, ya que es sabido que estas representaciones son el resultado de las relaciones sociales interpersonales negativas de las personas mayores en sus espacios más íntimos y experiencias de vida de una falta de respeto la exclusión social.

DESCCRITORES: Envejecimiento. Cuidado. Atención Primaria.

ENVELHECIMENTO SAUDÁVEL: UM ESTUDO NA PERSPECTIVA DO IDOSO NA ATENÇÃO BÁSICA

Resumo: No contexto das diversas limitações que o avançar da idade pode acarretar, sejam de ordem física, mental ou social a teoria da atividade que aborda os aspectos funcionais do indivíduo e envolvem as modificações relacionadas às condições anatômicas, psicológicas e de saúde típicas da velhice, havendo, porém, a permanência das necessidades psicológicas e sociais. Este estudo tratou da temática da representação social do envelhecimento na perspectiva do idoso na Estratégia de Saúde da Família (ESF). Trata-se de um estudo exploratório descritivo, realizado com setenta idosos, que eram atendidos da ESF Rangel II, no município de João Pessoa-PB. Os dados foram coletados através da técnica de entrevista e a análise dos mesmos foi realizada com a ajuda de um software de análise quantitativa de dados textuais denominados Alceste. Os resultados obtidos demonstram que as representações sociais sobre envelhecimento são permeadas de conteúdos negativos; no entanto, o envelhecer não associado à palavra «saúde» e sim o mesmo é representado como uma «doença» o que demonstra as dificuldades vivenciadas pelos idosos do estudo. Evidenciou-se que os sentimentos de ser-idoso no Brasil, para os entrevistados significa um fim da vida, onde envelhecer representa uma sentença: o esquecimento e a morte – essa última, se não física, mas a morte social, uma vida sem qualidade, no esquecimento, com doenças e muitos problemas. Esta visão negativa do envelhecimento é geralmente associada às diferentes perdas vivenciadas pelos idosos, como: físicas, mentais, psicológicas, social e familiar. Precisa mudar essa visão biologista para o novo paradigma de envelhecimento ativo com qualidade, em que o idoso tenha autonomia e independência; pois é sabido que essas representações sociais negativas são frutos das relações interpessoais dos idosos nos seus espaços mais íntimos, vivendo experiências de desrespeitos e situações de exclusão social.

DESCRITORES: Envelhecimento. Cuidar. Atenção Básica.