85 - SOCIAL REPRESENTATIONS ABOUT HEALTH

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INTRODUCTION

Although aging is a triumph there important differences between developed and developing countries. The aging world population is a widely documented fact by all international organizations. Being a worldwide phenomenon, affects differently the various countries, we understand aging as a stage of human development, with specific characteristics.

Population aging is a troubling reality for their changes as a process that has implications for all levels of social organization, thus requiring a major concern of the state in regard to health, welfare and education in the face of this reality. Because of its extent, the aging today deserves a special attention by governments worldwide and the general population, its magnitude as a problem by socio-economic and cultural development that has as one of the main causes of the rapid decline in total fertility world, particularly in Brasil.

The health encompasses a state of good physical, psychological, social and spiritual that allows people to perform their daily activities with efficiency and autonomy, in which care is important at any stage, especially in old age, the biological fragility. Thus, this study aims to identify the social representations built by elderly health.

METHODOLOGY

This is an exploratory research in a qualitative approach involving 240 elderly of both sexes, living in the city of João Pessoa. For collection held an interview with the Test of Free Association of Words with the inductive stimulus "health" after acceptance of the elderly participate in the study and approval by the Ethics Committee and met the ethical presuppositions Under Resolution 196 (BRASIL, 1996).

The data collected from the responses evoked by the elderly were organized to build a dictionary of words adjectives concerning the stimulus/inducer and sumetidos the semantic analysis with the help of software Alceste.

RESULTS AND DISCUSSION

The elderly participants in this study have ages ranging from 60 to 98 years, with more focus on ages ranging between 60 and 65 years and 66 to 70 years, 69.6% are women and 52.9% are married or have elderly consensual union followed with 33.8% of widows, in which 72.1% professed to be Catholics.

Regarding the results obtained from analysis of Alceste was considered primarily a lexical analysis for associative stimuli health according to the descending hierarchical classification.

In this sense, the classes or categories obtained indicate contents of social representations about health with their graphical representations in each class, obtained from the vocabulary characteristic of each body and the variables that contributed in each corpus for the production of UCE's for each class.

- Class/category number one - **service.**

The report that elderly people who have health insurance are better served. But for those who have health insurance today is known that there is not much difference, as can be identified in speech with content that attest to that thought.

{...} help / help ... inadequate care ... Brazil falls short ... complicated ... delay ... inhuman ... difficulty ... money ... lack of medical care ... lack of respect ... very weak ... government ... hospital ... medication ... better ... less fortunate ... dying ... participation of society ... bad ... health plan ... precarious ... expensive drugs should be free ... continued inadequate income for the treatment ... about ... terrible service, without health insurance {...} (Suj: 12, 31, 34, 40, 44, 61, 65, 66, 69, 76, 81, 94, 112, 142, 164, 191, 230, 246)

This conception more rational when health care that the elderly are associated with health plans reflect some experiences ahead with plans to meet health, reports in the media about the various types of treatments and a dream to have a plan with the hope of being best served, although it is not a consensual conception is possible that many seniors are aware that currently the health care users with plans are equivalent to those faced by users of SUS, face a long queue waiting to be answered.

In this sense, Moscovici (2003) states that social representations allow access dimensions of knowledge and affection that participate in the construction of the representation, giving it the character psychosocial, since many times in the speech of the subjects are present objective and practical aspects were organized considering such dimensions.

In this sense, Veras and Caldas (2004) recommend that public policies should ensure the fundamental rights of the elderly such as housing, food, income, and must also develop initiatives to the specific needs of this group, such as community centers, day centers, specialized health care, home support services to the elderly, drug programs, universities, senior citizens and others. And these authors stated that currently, public policy assistance, social security and science and technology are inadequate awareness of the needs of the elderly, because it restricts the clinical treatment of specific diseases.

- Class / category number two - **practice.**

In defining this class the old express a concern about healthy practices for health.

{...} monitoring ... water ... adequate food ... good food ... healthy eating ... friends ... love ... medical care ... physical activity ... good service ... warmth ... walk ... company ... control ... care ... rest ... disregard ... contempt ... diagnosis ... difficulty ... sleep ... to prevent .... physical therapy ... gymnastics ... hygiene ... leisure ... read ... mind always busy ... not taking the medicine ... peace ... life {...} spiritual (Suj: 20, 26, 29, 32, 51, 55, 59, 64, 68, 73, 77, 78, 82, 155, 206, 219, 221)

Ageing involves physical changes, psychological and social human being. These changes are a natural result of the very process of life that has the cycle: birth, growth, maturation, aging and death.

Social representations have a decisive role in construction of consensus realities, because they have a socio-cognitive function, which includes things or little known events and direct communications and conduct in relation to the object represented in a way that the media and participated construction, also involved the diffusion and propagation of social representations. (JODELET, 2001).

- Class / category number three - **strategies** - that define the contents of this class are expressed in the speeches of the elderly denoting different strategies described by them as an important condition for good health.

{...} alert ... healthy food ... environment ... love ... active ... absence of disease ... walking ... eat well ... understanding ... care ... heal ... God ... difficult ... disposal ... fun ... understanding ... sports ... uselessness ... cleaning ... tract much ... important ... peace ... able to have fun ... prevent ... religion ... remedy ... health ... works ... addiction ... life ... live more ... zeal {...} (Suj: 23, 48, 50, 62, 100, 101, 120, 132, 140, 144, 153, 177, 180, 181, 183, 204, 205, 210, 225)

There is as important strategic lines in the size of the elderly work as an important condition to feel useful and socially active. In this sense it is important to highlight that the economic situation of the elderly is affected by its loss of contact with the workforce, the obsolete activities, the depreciation of their wages and pensions and general poverty of society in the world. And part of this population to suffer this impact are women, because they live longer and often with fewer resources (IBGE, 2008).

- Class / category number four - **autonomy.**

It is observed in the elderly speak a concern of the elderly health talk linking it to their autonomy, exemplifies.

{...} activities ... physical activity ... absence of health ... good ... love ... consequently ... body ... well with life ... fun ... family ... happiness ... strength ... way of life ... geriatrician ... important ... independence ... go to the doctor ... freedom ... doctor ... ride ... priority ... productive ... quality of life ... health ... without the need ... tranquility ... usefulness ... life {...} (Suj: 11, 23, 25, 42, 52, 69, 71, 106, 131, 137, 149, 156, 199, 237)

Ramos (2003) claims to be in old age that autonomy, ie, the ability to establish and implement their own intentions are important when considering that anyone who reach the age of eighty is able to manage your own life and determine when, where and as will leisure activities, social life and work will be considered a healthy person.

Giatti and Barreto (2003) stated that the elderly with good living conditions, physical and mental autonomy may assume distinct roles in society. So, for those who wish, should be guaranteed the right to maintenance or rehabilitation of the labor market.

- Class / category number five - **limitations.**

The elderly reported more negative aspects of health associating it with the limitations imposed both by their age and the diseases present in the speech.

{...} accompanying ... agility to power ... support ... attention ... absence of health ... well ... grace ... conformation ... cure ... delay ... dependence ... God ... diabetes ... difficult ... disease ... pain ... specialty ... take exams ... lack structure ... snap ... need ... deteriorated ... put ... precarious ... gift from God ... blood pressure problems ... bad ... suffering ... treatment ... view {...} (Suj: 80, 103, 211, 227, 239, 240, 182, 207, 191, 94, 150, 195, 214, 216)

For Zimerman (2000), the secret of living well is to learn to live with their limitations. You understand, accept and fight for these problems are reduced with exercise, like walking, swimming, dancing and walking, memory exercises, good diet, good habits, participation in groups and other care, depending on the type of problem.

The speeches of the elderly show that concern with the type of care they receive from different practitioners.

{...} food / healthy eating ... assistance ... attention / deserves ... care / medical / good service ... well ... loading ... column ... family / understanding of the daughters ... comfort ... query ... care / caregiver ... disregard ... nurse ... hope ... exams ... queue ... finance ... elderly ... important ... mistreated ... drugs ... doctor ... participation ... peace ... problem ... seek medical ... recovery ... institutional resources ... home ... resistance ... healthy ... health ... quiet ... support healthy ... keep ... treatment ... visits ... experiences {...} (Suj: 70, 85, 16, 84, 91, 92, 179, 122, 174, 13, 27, 95, 193, 18).

For Reis and Coelim (2007) the shortage in Brasil, social and health programs directed both at promoting independent and the dependent elder to maintain the lead at home, in many cases, early admission to nursing homes. These properties take this population isolation and physical inactivity causing serious damage to physical and mental health of elderly, although old age is considered a phase which consists of words, experiences, knowledge and representative content. (VELOZ, et al 2009).

FINAL CONSIDERATIONS

The study attempted to identify the social representations of health and aging constructed by elderly people.

The results show similarities and differences in social representations of the old from the variables: the elderly describe health and aging with content less negative although there was also content neutral. For Doise (1991), the interest in finding convergences can be explained by them as a reference work that will absorb the news and controversies arising out of what happens in the real world.

The social representations of health and aging are built practices anchored in socio-affective as fun, comfort, sleep, independence, health, faith, fun, support, all agreed.

In this sense for, Silva et al. (2003), the use of TRS by health professionals is justified by the need for a break with the dominant biomedical paradigm, in a different way of reading on human groups, which has been concerned only with the biological dimension. In this context, the use of TRS in the health field would be a modern way of thinking about health in a space that focuses on the social changes that occur because of inter and intragroup relations, structured dialectically.

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SOCIAL REPRESENTATIONS ABOUT HEALTH

ABSTRACT

It is a qualitative study that aims to identify the social representations on health produced by the elderly in a sample of 240 elderly of both sexes, living in the city of João Pessoa. For collection held an interview with the Test of Free Association of Words with the inductive stimulus 'health'. The data collected from the responses evoked by the elderly were organized to build a dictionary of words adjectives concerning the stimulus / inducer and sumetidos the semantic analysis with the help of software Alceste. The results show similarities and differences in social representations of the old from the variables: the elderly describe health and aging with content less negative although there was also content neutral. For Two (1991), the interest in finding convergences can be explained by them as a reference work that will absorb the news and controversies arising out of what happens in the real world.

KEY WORDS: Health, Social representations; Elderly.

RÉSUMÉ

C'est un étude qualitative qui vise à identifier les représentations sociales sur la santé produites par les personnes âgées dans un échantillon de 240 personnes âgées des deux sexes, habitant dans la ville de João Pessoa. Pour la collecte eu un entretien avec le Test de Libre Association de Mots avec «santé» du stimulus inducteur. Les données recueillies à partir des réponses évoquées par les personnes âgées ont été organisés pour construire un dictionnaire d'adjectifs mots concernant la relance / inducteur et sumetidos l'analyse sémantique, avec l'aide du logiciel Alceste. Les résultats montrent des similarités et des différences dans les représentations sociales des anciens à partir des variables: les personnes âgées décrivent santé et le vieillissement avec un contenu moins négatif même s'il y avait également des contenus neutres. Pour Doise (1991), l'intérêt de convergences résultat peut s'expliquer par eux comme un ouvrage de référence qui va absorber les nouvelles et controverses découlant de ce qui se passe dans le monde réel.

MOTS CLÉS: la santé, les représentations sociales; person

RESUMEN

Se trata de un estudio cualitativo que tiene como objetivo identificar las representaciones sociales sobre la salud producidos por los ancianos en una muestra de 240 ancianos de ambos sexos, que viven en la ciudad de João Pessoa. Para la recogida tuvo una entrevista con el Test de Asociación Libre de Palabras con el estímulo inductivo "salud". Los datos recogidos a partir de las respuestas evocadas por los ancianos se organizaron para construir un diccionario de adjetivos palabras relacionadas con el estímulo/inductor y sumetidos el análisis semántico con la ayuda de software Alceste. Los resultados muestran similitudes y diferencias en las representaciones sociales de los ancianos de las variables: la edad avanzada describir la salud y el envejecimiento con menos contenido negativo, aunque también hubo de contenidos neutros. Para Doise (1991), el interés en la búsqueda de convergencias se puede explicar por ellos como una obra de referencia que va a absorber las noticias y controversias que surjan de lo que sucede en el mundo real.

PALABRAS CLAVE: Salud, Representaciones sociales, Ancianos.

REPRESENTAÇÕES SOCIAIS DE SAÚDE

RESUMO

Trata-se de uma pesquisa qualitativa que tem o objetivo de identificar as representações sociais sobre saúde produzidas por idosos em uma amostra composta por 240 idosos de ambos os sexos, residentes no município de João Pessoa-PB. Para coleta de realizou-se uma entrevista com o Teste da Associação Livre de Palavras com o estímulo indutor «saúde». Os dados coletados a partir das respostas evocadas pelos idosos foram organizadas construindo-se um dicionário de vocábulos adjetivos concernente ao estímulo/indutor, e sumetidos a análise semântica com o auxilio do software Alceste. Os resultados apontam convergências e divergências, de representações sociais entre os idosos a partir das variáveis estudadas: os idosos descrevem saúde e envelhecimento com conteúdos menos negativos embora se observe também conteúdos neutros. Para Doise (1991), o interesse em se encontrar convergências explica-se por elas funcionarem como uma referência que vai reabsorver as novidades e as controvérsias decorrentes do que acontece no mundo real.

PALAVRAS CHAVE: Saúde; Representações sociais; Idoso.