153 - CHARACTERIZE THE FUNCTIONING CONDITIONS OF THE PUBLIC AND PRIVATE ELDERLY CARE INSTITUTIONS OF THE COUNTY OF RIO DE JANEIRO.

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Introduction

In Brazil, the elderly population, considered by Law number 8.842/94 (Elderly National Politics) as the ones over 60, are nowadays the populational section that most grows in proportional terms. According to the statistics projections, up to 2025, we will be the sixth biggest elderly population in Earth in absolute numbers, with over 32 million elderly people, which will correspond to 15% of the population. To Brazil, the passage from a situation of high fecundity and mortality to one of low fecundity and proportionally lower mortality has been responsible for the progressive growth of old people. (Silvestre et al. 1996)

One way to emphasize the resources investment in this segment consists of examining the aging index, represented by the rate of people over 60, in relation to the ones under 15. This index may duplicate in the next two decades in most of the countries, setting up a new demographical set. The analysis shows that the growth of the feminine elderly population and an evidence proved by the absolute and relative numbers according to the gender of the elderly population.

This demographical transformation is accompanied by an epidemiological transition, generating specific demands of care to elderly people and that responds to alterations in the aging process in different ways, taking into consideration the social class and the gender, among others (Graziano & Maia, 1999). According to Veras (1994), the growth of life expectancy modifies the profile of morbidity and mortality of the population. The tendency in short run is the formation of an elderly population that, once having cronical-degenerative diseases, presents in general limitations in terms of independency, will need other people's care.

With the growing number of old people there is an inquietude in relation to the destiny of these people, the deficitary life style that they may have, the lack of social infra-structure and/or economical support to these people (Moreno AB, Veras R, 1999). Society and State do not have appropriate resources and become unable to promote the preparation of the human being to oldness, to keep the social isertion of the old person and to guarantee, through public politics, the minimum necessary to his/her living.

Many functional decays that come from the growth of aging are due to a sedentary life style and a psychosocial dynamics that are not related to aging, so, perfectly changeable. The adoption of a healthier life style, such as including some regular exercise in the elderly's routine could be effective to a successful aging process (Amorim, 2002).

Although the increasing in the number of old people in the total population and the growth of life expectancy are symptoms of social progress, they cause the appearing of new demands and new problems. In countries where there is strong social differences and where there is no evolutive necessity politics for citizens of every age, such as in Brazil, the necessities that come from individual and social aging usually create economical onus, conflicts of interests, and lack of every kind among citizens and institutions (Carvalho CB, 1998). In many cases old people need specific care at institutions, such as the ones who are totally dependents to do basic activities, the ones with financial problems and in the lack of family support. In these conditions, the search for an elderly care institution seems to be the answer to the shown demands (Duarte YAO, 1998).

The quick growth of the elderly population in Brazil, especially in the last decades, requires a structure of social and health assistance services net to the oldest segment. So, intitutionalization is due to social necessities, being the object of its control; it may be influenced for it and modified according to the needs (Vieira, 1998). The fulfillment of law number 8.842/94, third article, paragraph I, It's due to the family, society and State to assure to the elderly his/her citizenship and dignity, comfort and the right to life.

Objective

Characterize the functioning conditions of public and private elderly care intitutions of the West Zone of Rio de Janeiro, and show, in terms of infrastructure, the given services and the offered activities.

Procedural approach

This is a study, descriptive, in which was done a research of elderly care institutions in three neighborhoods in the West Zone of Rio de Janeiro (Bangu, Campo Grande and Campinho). To the application of the investigation protocol by the involved researchers, inicially visits were given to the institutions, without previous announcement, avoiding modifications in their routines. In some situations it was not possible to do the interview during the first contact, and it was scheduled to a later time.

The protocol consisted of a semistructured quiz, elaborated to obtain interesting data for the study, seeking for the functioning conditions according to the available rules.

Results and discussions

The results below are separated in charts: chart 1 related to infrastructure; chart 2 to given services and chart 3 to offered services.

Chart 1. Infrastructure

Number of bedsteads	Average	45,5
	Desvio padrão	24,3
	CV%	1,8
Target audience	Mixed	60%
	Feminine	40%
Aging line	Above 60	80%
	Below 60	20%
Kind of stablishment	Private	70%
	Mixed	20%
	Philanthropic	10%
System	Closed	70%
	Open	30%
Rooms	Adapted	0
	Non-adapted	100%
Beds	Adapted	0
	Non-adapted	100%
Chairs	Adapted	50%
	Non-adapted	50%
Bathrooms	Adapted	60%
	Non-adapted	40%

In chart 1 there are the results for the elderly care institutions like this: number of bedsteads with an average of 45,5 old people per institution. The audience that is taken care at these institutions calls our attention because during the research we realized that the units are mixed, in which corresponds to 60%, and 40% to feminine audience, and we didn't find a single institution only for men, this *feminilization* phenomenon of oldness is seen as a medical-social problem. On the other hand, the cronical disease rates are much higher among old men then among old women, although this might change for the next generations, because contemporary women are exposed to the same to the same type of risk factors as the men nowadays are (Louzã MR Neto, 1986). The elderly care institutions' population aging line correspond to 80% of people above 60 years old and 20% below the same age, in which we can see that the rate of people not considered elderly is high (according to the study of the elderly Article First It's institutionalized the assurance of the rights to people of age equal or superior to 60 (sixty) years old), taking place at the elderly care institutions.

Another worrying aspect od the elderly care institutions is the rights that the old people have of freedom (Elderly Statute Article 10 It's the State and the Society's obligation to assure to old people the freesom, the respect and the dignityas a human being and subject of civilian, political and social rights, guaranteed by the Constitution and the Laws) where we can see that only 30% of these people have the priviledge to be in a stablishment of open system and the other 70% are closed where they lose this right.

In relation to the rooms and equipments we notice that almost all the institutions do not correspond to the Law (Law number 3875 of 06/24/2002, Article 7, The building should be adapted to the usage and have available equipments that are good for hygenization and security of the interns), 100% of these stablishments do not have; adapted beds and rooms, only 50% of these institutions have special chairs, and 60% transformed bathrooms. This research data is really worrying because there is a great number of old people who have any kind of limitations to perform daily life activities and with the growth of the age, these limitations tend to become higher. There is a great diversification in the functional capability of the old person such as the frequency of cronical disease (osteoporosis, arthritis) among others, that contribute for the risk of falling and fractures to be great among old people (Beatriz Dornelles, 2003). It's necessary a greater inspection by the competent public bodies to fix these facts.

Chart 2. Given services.

Doctors	Yes	90%
	No	10%
Psychologists	Yes	10%
	No	90%
Physiotherapist	Yes	40%
	No	60%

In chart 2 we observe that 90% of the elderly care institutions are correct according to the Law in relation to medical assistance and 10% do it (Law number 3875 of 06/24/2002, Article 3, The institution should have a technical team made of geriatrics, psychologists, psysiotherapists, social assistants and nutritionists in duties of at least eight hours a week).

In the Fourth Article of the same law, the nursery services should be done by a nurse auxiliary, with duties of six hours a day. In the psychological attendance only 10% do it, and 90% are not able to do it. The physiotherapy treatment 40% of the institutions are according to what the Law establishes, and 40% are not OK. Only in relation to social assistance, nutritional and nursery services that 100% of the stablishments are according to the law.

Chart 3. Offered activities.

Physical activities	Yes	20%
	No	80%
Social activities	Yes	40%
	No	60%
Dependency level	Mixed	80%
	Independent	20%

In chart 3, in relation to the offered activities to the interns, the “Elderly Statute in Article 20 says that the elderly has the right to education, culture, sports, recreation, enjoyment, spectacles, products and services that respect his/her special age condition”. In the chart above we observe that people who are at elderly care institutions that practice physical activities correspond to a very small number, only 20% perform the activities and 40% of social activities. Matching the facts above we can observe that according to our analysis, the level of independency could be higher if all the institutions performed the law.

Conclusion.

The elderly population is becoming higher, and the elderly care institutions are, some times, the only option for these people and their families. So, it's necessary that they have infrastructure equipments, not only material but also human resources, to take good care, conveniently, of this audience, due to the specifications of this age line.

The institutions reserched are characterized for being private, mixed and philanthropic. Many of them do not take extremely dependent people, or even demented, which produces a deficit in the attandance of these people.

The presence of human resources is not enough either. However, this does not guarantee the quality of the assistance to the residents. Also, not counting with the necessay quantity of professionals in their board, the institutions “charge” from their employees, the fulfillment of chores and activities that are outside the professionals' level of ability, besides causing overload of multiple functions and excessive hours.

Facing the exposed, we consider necessary attention and qualification of the human resources that take care of the elderly, followed by the inspection by the representative bodies and that the old person, mainly when in an elderly care institution, does not be restricted only to the rooms of the institution, but also that there is a regular physical activity program, because with oldness comes lots of limitations like in motor coordination, muscular strength, equilibrium, flexibility and self-steem. The fact is justified, through socialization is allowed: the exchanging of life experiences, information, desillusions and conquests, besides keeping and building affective relationships. At last, giving this old person the opportunity of “seeing himself/herself as an active citizen and not only a life observer”.

We also emphasize the necessity of a governmental incentive, not only with money and not paying taxes but also with the creation of services to take care of the elderly which can keep, at least, his/her life with his/her family that would certainly represent less costs in the attendance of this population.

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ABSTRACT

The quick aging of the Brazilian population observed in the last decades requires new assistance and health services net destinated to the elderly. The study had as a goal characterizing the functioning conditions of the elderly care institutions in Rio de Janeiro in the neighborhoods of Bangu, Campo Grande and Campinho. The approach was done through an observational, descriptive study thoughout a semi-structured quiz to obtain interesting data to the study, including infrastructure, provided services and offered activities. We concluded that it is necessary attention and qualification of the human resources to the treatment of the elderly, specifically, followed by the inspection of the representative body.

KEY WORDS: elderly care institution, elderly and inspection.

CONDITIONS DE FONCTIONNEMENT DES INSTITUTIONS TU ADMETTRE DANS UN ASILE PÚBLICO ET PRIVÉES DE LA VILLE DE RIO DE JANEIRO.

RÉSUMÉ

Rapide vieillissement de la population brésilienne observée les dernières décennies exige un nouveau filet de services d'assistance et de santé destinées plus vieux. L'étude il a eu comme objectif caractériser les conditions de fonctionnement des institutions nous admettre dans un asile dans la ville de Rio de Janeiro quartiers Bangu Campo Grande et Campinho. L'abordage a été fait à travers une étude observacional, description à travers un questionnaire semi-estruturado élaboré pour obtention des données d'intérêt pour l'étude, y compris : Infrastructure, services prêtés et activités offertes. Nous concluons qu'il se fait nécessaire à l'attention et à la qualification de ressources humaines tournées, spécifiquement, à la participation des personnes âgées, suivante de la surveillance de la part de l'agence représentative.

MOTS CLÉS: institution admettre dans un asile, personne âgée et surveillance.

LAS CONDICIONES DE LAS INSTITUCIONES TU ADMETTRE DANS LA O.N.U DEL DES DE FONCTIONNEMENT PONEN EN UN PÚBLICO ET UN PRIVÉES DE LANA CASEROS VILLE DE JANEIRO DE RÍO DE.

RESUMEN

El rápido envejecimiento de la población brasileña observado en lãs últimas décadas requiere una nueva red de servicios de asistencia y de salud destinados a los más viejos. El estudio tuvo como objetivo caracterizar las condiciones de funcionamiento de las instituciones asilares en el municipio de Rio de Janeiro en los barrios de Bangu, Campo Grande y Campinho. El abordaje fue hecho a través de un estúdio observacional descritivo, por medio de un cuestionario semiestructurado elaborado para la obtención de los datos de interes para el estudio, inclyendo: infraestructura, servicios prestados y actividades ofrecidas. Concluimos que se hace necesaria la atención y calificación de recursos humanos vueltos, especificamente, al atendimiento de los seniles, seguido de la fiscalización por parte del órgano representativo.

PALABRAS LLAVES: institución asilar, senil y fiscalización.

CONDIÇÕES DE FUNCIONAMENTO DAS INSTITUIÇÕES ASILARES PÚBLICAS E PRIVADAS DO MUNICÍPIO DO RIO DE JANEIRO.

RESUMO

O rápido envelhecimento da população brasileira observado nas últimas décadas requer uma nova rede de serviços de assistência e de saúde destinados aos mais velhos. O estudo teve como objetivo caracterizar as condições de funcionamento das instituições asilares no município do Rio de Janeiro nos bairros Bangu, Campo Grande e Campinho. A abordagem foi feita através de um estudo observacional, descritivo, através de um questionário semi-estruturado elaborado para obtenção dos dados de interesse para o estudo, incluindo: infra-estrutura, serviços prestados e atividades oferecidas. Concluímos que são necessárias a atenção e qualificação de recursos humanos voltados, especificamente, ao atendimento dos idosos, seguida da fiscalização por parte do órgão representativos do Estado.

PALAVRAS CHAVES: instituição asilar, idoso e fiscalização.