38 - HEALTH CARE NEEDS FOR ELDERLY WOMAN

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INTRODUCTION

The increase of elderly population in Brazil, in other words, people on theirs sixties or more is related to fertility rates in decline and, at the same time, a bigger life expectancy at birth, this phenomenon is caused for the technological advances as well (WORLD HEALTH ORGANIZATION, 2011).

In Brazil, the increase of this population provided the emergence of new public policies to especially female population (IBGE, 2011). The woman uses more the health system and their needs are bigger due to problems associates to biological, social and economic factors, being a worldwide challenge faced by public health(SÖRLIN A, LINDHOLM L, NAWI N, ÖHMAN A, 2011).

Related to female population raise, it is clear that this population has increased considerably. According to Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia Estátistica (IBGE)), in 2010 there was 8.549.259 elderly male and 10.732.790 female.

Were assigned biological factors, habits and life style, as well as exposure to risks of morbidity and mortality. This leads to reflection about the challenges faced by health professional related to health care needs for elderly woman (WHO, 2008).

METHODOLOGY

Understanding the necessity of health care for elderly woman in the context of care is characterized in a mutual influence with the healthcare professional, this study is develop from the perspective of Social Phenomenology. Such perspective is configured from de assumption that the meaning of human action will always be contextualizes in intersubjectivity, figuring in a social relationship(CARVALHO; MERIGHI; JESUS, 2010).

A Social Phenomenology, as recommended by Alfred Schulz, present itself as a descriptive science, rigorous, concrete, that shows, explains and cares about social phenomena as they are experienced by people. Is a referential that aims to understand the intersubjective experience, in other words, the world with others, the social relationship, always looking back to human beings actions and their social relation full of meaning (CAPALBO, 2008).

Phenomenological qualitative study (SCHÜTZ, 2003). Approved by Ethics Committee of Human Research - CEP / UNIOESTE, number 026/2012. Ten elderly women were randomly interviewed with open and guiding /guided questions. The ones who agreed to participate signed a Free and Clarified Consent Term, and the interviews were conducted in a private room so the testimonials could flow satisfactorily.

The technique used was a recorded interview with open and guiding questions: 1) What is your comprehension about health care needs? 2) How do you understand the health care of your needs? 3) What do you expect of your health situation now? The interviews were conducted from June to October 2012. The number of subjects was not determined at first, the interviews were finished when the evidence showed convergence, considering comprehension of the experience of health care required by elderly women.

Thus, ten elderly women aged between 60 and 86 years old were part of the study, most married with incomplete schooling, monthly gain approximately two times the minimum wage. All are users of public health services in their respective municipalities and also required specialized care.

Data were organized followed the steps recommended by Social Phenomenology researchers (CALDEIRA et al, 2012): a) careful reading of each interview to capture the overall sense of the experience lived by the elderly women; b) grouping of significant aspects present in the testimonials to compose the categories; c) analysis of categories, trying to understand the "reasons why "and "reasons for" to the participant action; d) discussion of the results according to the Social Phenomenology by Alfred Schütz and other references related to the topic.

RESULTS

The analysis or the organization of data is to separate the speech of the elderly women in categories - " reasons why" and " reasons for" understanding that the elderly woman as a social subject acts on her world through existential motives. Thus, the "reason why " is related to past and present experiences - explanation after the event and the "reason for" is the guidance for future action, in other words, anticipated act, imagined , subjective meaning of action (SCHUTZ; LUCKMANN , 2009).

The testimonials presented gave rise topics such as: knowledge acquired from experiences, lifestyle, comprehension of risk factors, expectation towards the health status, perception of health status and care provided by institutions and health professionals.

The data were organized into six categories , four relating to "reasons why" , in other words, the past and present experience: 1) Comprehension of health needs, 2) Behaviour and lifestyle; 3) Perception about Risk factors; 4) The perception of professional care. Two categories refer to the "reasons for", in other words, their perspective for the future actions of care: 5) Health expectation and 6) Perspectives on professional care.

DISCUSSION

The women who participated in this study had knowledge about their health needs, some diseases that requires health care and health ways to prevent or minimize the problems as well.

This knowledge was acquired in the course of the experiences lived by them, in medical consultation, with professionals in an education time, by the media, with the people that their lived and live with or even by own knowledge acquired according to their education, since most of the participants has not finish the elementary school.

In this context a study conducted with approximately 2,000 seniors, showed that they have certain health concerns

with the emergence of new diseases that triggers the practice of healthy habits like a balanced diet and physical activity. The same survey found that individuals with low education had sedentary habits and inadequate diet when compared to higher education (LIMA-COSTA, 2004).

The Practices and lifestyle depend on how elderly women learned caring for themselves and this learning can be gained from their predecessors, their contemporaries, through programs and readings or with other people especially health professionals. Therefore the action of self-care happens from the experiences already experienced by elderly women. It's what Schütz (2003) calls baggage of knowledge.

Most of the elderly women interviewed show a lifestyle that assists in minimizing health problems, such as: a change in eating habits, performing some physical activity, among them rides, hiking and weight training. This finding is contrary to a survey conducted by Azevedo and Paz (2003) which showed that 80% of the elderly women did not have healthy eating habits, besides having low income.

Collaborating with this study, Frumi, Celich (2006) reported that the lifestyle of the elderly is related to the knowledge and experience acquired through the interaction of human beings with the environment that they live. The elderly have a constant knowledge construction throughout its existence, revealing themselves as dynamic and increasingly gaining their space in society. Aging is an internal maturation, spiritual values and beliefs.

Relating risk factors to health, the testimonials analyzed in this study, mostly brought the need of medication, this topic was also reported in the study by Marin et. al (2012) in which it was found that elderly women crave for drugs and consultations with experts.

This same thinking, evidence revealed that the indiscriminate use of drugs as the only form of treatment may further aggravate the health status (BORTOLONI, MEDEIROS et. al, 2008). The use of drugs by the elderly causes concern due to the excessive and inappropriate use. Healthcare professionals should inform about health and illness, medication, considering the education of users to the comprehension and a satisfactory treatment (TEIXEIRA, LEFÈVRE, 2001).

Thus, we note that the women of this study, do not seek care through prevention, but the use of drugs to cure the diseases already installed, this happens often because they do not have the knowledge and preventive habit, as we have seen resulting from the culture ingrained healing over the ages (IVAMA, 2002).

Regarding the perception of health care, the reports are not described with much satisfaction by them, but as a conformation for not having another form of service and care provided to them.

Other turn report like the service because they earn medications, with no worrying about the quality of care or consultations, but the fact of free goods offered. Important to think that the Unified Health System (SUS) must be free to the entire Brazilian population as a right guaranteed in the constitution.

As mentioned health expectancy, some women report that faith and hope in God are ways to achieve the improvement of their health problem. The same can be seen in the study by Trentini et. al (2005) in which faith gives confidence to the elderly. And individuals who live with these people, both familiar and healthcare professionals should encourage that through faith and belief is motivating the elderly to live healthier.

In another study conducted by Frumi, Celich (2006) The aging process is a divine grace. The elderly values spiritual growth, seeking help in faith and spirituality to continue with their daily lives. Since, faith and spirituality contribute to difficult times of illness.

According to Chubaci, Merighi, Yasumri (2005) participation in groups, is a way of providing support among the elderly, to facilitate overcoming the critical stages of the disease. These women share the anxiety, disappointment, sadness, loneliness. End up experiencing the help based on dialogue, through the exchange of direct experience, sharing the same space and time.

In the category of perspective on professional care, elderly women describe being unsatisfied with the services and care provided by health professionals, due to the delay in getting the consultations as well as the lack of education of some employees. What they hold dear is the dialogue, some of them need to talk and they tell that when they have a consult, the doctor acts with impatience and caters very fast.

For health care, it is necessary that health professionals develop actions, behaviors and attitudes. Among these, the respect, consideration, solidarity, compassion, listening, this latest termed active listening (MARIN, et al, 2012).

Develop active listening is more than listening, is to assume posture of listening and commitment, is to respond to the health needs brought by the elderly women, including their culture, their knowledge, their experiences (BRAZIL, 2009).

Health professionals should provide assistance to elderly in a courteous way, with zeal and affection, as if Psychoaffective encompasses the needs of the elderly and has been building a social relationship. It is for all employees to be patient, pay attention to the fact that the elderly report, as well as their attitudes and expressions. This manner we have the valorization and care humanization (LIMA, TOCANTINS, 2009).

CONCLUSION

Elderly women who participated in this study understand their health needs, require physical care, psychosocial and attentive, commitment and involvement from the healthcare professional. Have clarity of their state of health and brighten improvements, recognize the role of health professionals and expect humanized care grounded in technical competence and professional responsibility in the attendance of their actual needs of health care so that there resolubility of their health disorders.

This study revealed an understanding of the elderly woman referring to the specific care needs of this social group. The approach of Social Phenomenology allowed to reveal that the elderly woman besides understanding their needs, requires qualified health care. One must realize this woman as an individual, but with similarities typical of other women in this social group.

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HEALTH CARE NEEDS OF ELDERLY WOMAN

ABSTRACT

The elderly women population in Brazil is increasing as well as the new public politics and professional's challenges. The aim of this study is to understand the health needs of this population. It's a study based in referential theoretical methodological of Alfred Schütz's social phenomenology. Ten elderly women were interviewed. The speeches were recorded and six different categories were defined: 1) Comprehension about the health needs, 2) Behavior and lifestyle, 3) Perception about risk factors; 4) Care professional's perception; 5) Health expectations; 6) Expectations about professional care. It can be concluded that the medicalization and beliefs were highlighted in this study. The elderly women know their health needs, they're adept at healthy habits and healthy lifestyle and expect professional preventive care, resolvent and humanized.

KEY WORDS: longevity, health care, humanization of care.

BESOIN DE SOINS DE SANTÉ DE LA FEMME ÂGÉE

RÉSUMÉ

La population âgée de femmes au Brésil augmente aussi que des nouvelles politiques publiques et défis professionnels. Le présent travail a comme objectif comprendre les besoin de soins de santé de cette population. Il s'agit d'une étude basée dans le référentiel théorique-méthodologique de la Phénoménologie Sociale d'Alfred Schütz. Dans le travail ont été étudiées 10 femmes âgées. Les paroles ont été obtenues au moyen de l'entretien enregistré avec des questions d'orientation et six catégories identifiées : 1) Compréhension sur les besoin de santé, 2) Comportement et style de vie, 3) Perception sur les facteurs de Risque, 4) La perception des soins professionnels, 5) Expectative de santé et 6) Perspectives sur les soins professionnels. On peut conclure que la surmédicalisation et la croyance ont été mis en évidence dans cette étude. Les femmes âgées connaissent leurs besoin de santé, sont adeptes à les meilleures habitudes et style de vie et attendent des soins professionnels préventifs, résolutifs et humanisés.

MOTS-CLÉS: longévité, assistance à la santé, humanisation de l'assistance

NECESIDADES DE ATENCIÓN MÉDICA A LA ANCIANA.

RESUMEN

la población de edad avanzada de las mujeres en Brasil está aumentando como nuevas políticas públicas y retos profesionales. El presente trabajo pretende entender las necesidades de salud de esta población. Este es un estudio basado en teórico-metodológico referencial de la Fenomenología Social de Alfred Schütz. Se estudiaron 10 ancianas. Las líneas fueron

obtenidas a través de la entrevista grabada con preguntas orientadoras y seis categorías identificadas: 1) comprensión de la salud necesita, 2) comportamiento y estilo de vida; 3) Percepción sobre los factores de riesgo; 4) la percepción de la atención profesional; la esperanza de la salud 5) y 6) perspectivas sobre el cuidado profesional. Se puede concluir que la medicalización y creencias fueron presentados en este estudio. Las mujeres mayores saben sus necesidades de salud, son expertas en los mejores hábitos y estilo de vida y esperan cuidado profesional preventivo, resolutivo y humanizado.

PALABRAS CLAVE: longevidad, salud, humanización de la atención

NECESSIDADES DE CUIDADO DE SAÚDE DA MULHER IDOSA

RESUMO

A população idosa de mulheres no Brasil está aumentando como também novas políticas públicas e desafios profissionais. O presente trabalho tem como objetivo compreender as necessidades de cuidado de saúde dessa população. Trata-se de um estudo embasado no referencial teórico-metodológico da Fenomenologia Social de Alfred Schütz. Foram estudadas 10 mulheres idosas. As falas foram obtidas por meio da entrevista gravada com questões norteadoras e seis categorias foram identificadas: 1) Compreensão sobre as necessidades de saúde; 2) Comportamento e estilo de vida; 3) Percepção sobre os fatores de Risco; 4) A percepção do cuidado profissional; 5) Expectativa de saúde e 6) Perspectivas sobre o cuidado profissional. Pode-se concluir que a medicalização e a crença foram destaque neste estudo. As mulheres idosas conhecem as suas necessidades de saúde, são adeptas aos melhores hábitos e estilo de vida e esperam cuidado profissional preventivo, resolutivo e humanizado.

PALAVRAS-CHAVE: Longevidade, assistência à saúde, humanização da assistência