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Original Research Paper

Independence in the Performance of Daily Life Activities For the Elderly and the Performance of the Family Health Strategy

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Brazil is a country that age rapidly. Even old age being a universal process, has a strong gender component, because there are older than the elderly. This study aimed to describe the socioeconomic, demographic profile of older women (60 and over) entered into a Third Age group of a Family Health Unit in a city in Pernambuco state and assess their level of functional capacity in performance of daily living activities. Cross-sectional study with descriptive approach conducted with 60 elderly. It occurred from April 2012 to December 2012. The study populations 94% of the elderly are independent in daily living activities: bathing, dressing, toileting and feeding. As a percentage of 7% reported occasional accidents of urinary incontinence. The conclusion is thus to say that the initiatives of the Family Health Strategy in developing activities aimed at the elderly population aging transform into a more rewarding experience and with more independence.

Key words: Senior Women, ADL, Independence.

INTRODUCTION

According to the census of 2010, the Brazilian population corresponds to 190,755,199 million people, with 51%, the equivalent of 97 million are women and 49%, equivalent to 93 million are men. The number of elderly people, which, according to the National Policy for the Elderly and the Elderly Statute, is 60 years older, is 20,590,599 million, or approximately 10.8% of the total population. Of these, 55.5% (11,434,487) are women and 44.5% (9,156,112) are men¹. An analysis of the living conditions of the population in 2012 showed that the rate of aging of the population is above the world average. The conclusion is based on the country's aging index, calculated by the ratio of the number of people 60 years or older for every 100 people under 15 years of age². The United Nations (UN) considers the period 1975-2025 as the Age of Aging. While in developed nations, from 1970 to 2000, the observed population aging was 54% and in developing countries reached 123%³. Brazil is a country that age rapidly. Changes in population dynamics are clear, unambiguous and irreversible. Since the 1940s, it is among the elderly population, we have observed the highest rates of population growth. In the 50s, the elderly population growth rate reached values greater than 3% per year to 3.4% between 1991 and 2000. When comparing, a 25-year interval (1980-2005), growing elderly population with the growth of the total population, we observed that the growth of the elderly population was 126.3%, while the growth of the total population

was only 55.3%. During the same period, the 80-year segment the fastest growing at a relatively faster rate than the total elderly population, an increase of 246.0%. Today, the age group 80 years longer consists of 2,935,585 people (IBGE, 2011), representing 14% of the elderly Brazilian population¹. Looking at the data of the current Brazilian demographic transition from the perspective of gender, we found an old-age feminization process, i.e., the more the population ages, it becomes more feminine. Today, women represent 55.5% of the Brazilian elderly population and 61% of elderly contingent of over 80 years¹. There will be so in the mid-century, nearly two women for every man among the most idosos⁴.

This female representation, results from the longer life expectancy of women on average live eight years longer than the men¹. With aging, women are affected differently than men, making them more vulnerable not only to health problems, but the social isolation and emotional disorders due to retirement, to widowhood, to physiological changes, among others problems¹. In Brazil, it is estimated that 10% of people over 65 need help with basic activities of self-care and about 40% need help in instrumental activities of daily living, which means more than 6 million people in need of Support¹. Accordingly, in July 1995, the Comprehensive Care Program for the Elderly Health which was prepared in accordance with Law 8,842 / 94, ruled in July 1996 that provides for the National Policy for the Elderly. Such legislation has the basic purpose of promoting

healthy aging, maintaining and improving as much as possible functional capacity of the elderly, disease prevention, health recovery of those who fall ill and rehabilitation of those who will have the ability Functional restricted so as to ensure that they remain in the environment in which they live independently exerting their functions in sociedade⁵. Functional capacity emerges as a new health paradigm, particularly an ideal value so that the elderly can live independently, which is the individual's ability to perform their physical and mental activities necessary for maintaining its basic activities, i.e. bathing, dressing herself, personal hygiene, if transferred, to feed, maintain continence. Maintaining and preserving the ability to perform basic activities of daily living are the basic points to extend as long as possible to independência⁶. The elderly, especially women, have high dependency ratios and declining functional capacity, which leads to greater fragility, loss of autonomy and ends up preventing them from carrying out their activities cotidianas⁷. However, it is within this context that the so-called "functional assessment" it is essential to establish a diagnosis, the prognosis and appropriate clinical trial, which subsidize decisions on treatments and care to elderly, whether in environment clinical, social groups or a community center. A parameter that is associated with other health indicators may be used to determine the effectiveness and efficiency of operations propostas⁸. It notes that certain changes resulting from the aging process may have its effects minimized by the assimilation of a lifestyle more ativo⁹. It seems, therefore quite relevant to know the profile of these elderly. One the Primary develops actions for the recovery of the elderly, always seeking to promote healthy aging. But also to discuss and disseminate to society the impact of social activities outside of family nucleation as a predictor of healthy aging through the assimilation of a more active lifestyle. Thus, the aim of this study was to describe the socioeconomic profile, demographic of older women inserted in the seniors program at a Health Unit Tupanatinga county family in the state of Pernambuco (PE) and assess their level of functioning (dependence / independence) in the performance of Daily Life Basic Activities (ADL).

Materials and Methods

Table 1: Distribution of elderly of the Third Age Group USF cable Field-PE according to age variable (2012)

Age	%
60-69	66%
70-79	7%
80 +	27%
Total	100%

According to Table 1 it was observed that there is a predominance of elderly aged 60 to 69 years old enrolled in the Third Age Group. Another interdisciplinary study 40socially active elderly (activities goes outside the household) showed that just over half of the female sample also had between 60 and 69 years¹⁰. As for education, as we can see in Table 2 it was found that 33% of older are illiterate. By contrast, 33% did not conclude elementary school, attended only the old primary.

Table 2: Distribution of the variable schooling Senior Group of Senior Field-PE cable USF (2012)

Education	%
Old Primary	33%
Fundamental	20%
Medium	14%

Cross-sectional study of quantitative and descriptive approach, in which elderly women were in a group of Senior Citizens of a Family Health Unit (USF) called "Women Assets". The study took place at the Family Health Unit of the town of Cabo do Campo municipality of Tupanatinga - PE from April 2012 to December 2012. The population sample was 60 elderly women, aged 60 and over participating in a Third Age group attending weekly activities offered by the professional staff of the Health Unit of the town Cabo do Campo Family. A total of 100% of elderly participants of the activities, these signed the Consent and Informed after clarification of the researchers on the research objectives. The instrument was made through a structured interview, from an adapted screenplay Evaluation Form of Daily Life Basic Activities (ADL) of Sidney Katz (1963) containing eighteen essay questions. Therefore, the score of dependence and independence was obtained by the ADL Index Katz (1976) which is the scale used for standardization of this type of study. Data were entered into Excel spreadsheets - Windows XP which enabled the organization of data in graphs and tables to better interpret the results. Statistical analysis was given by importing the Excel version of the data to SPSS (Statistical Package for Social Sciences) in version 13. The data reflect a degree of statistical reliability of 95%. The research was conducted, according to the norms of Resolution 196 on October 1996 of the National Health Council. The project was registered in the National Information System on Research Ethics and forwarded to the Ethics Committee of the State University of Pernambuco. Having obtained its approval, it can be observed in protocol CAEE - 0036.0.097.000-09.

Results

Taking into account the socioeconomic and demographic profile of the elderly and the degree of functional capacity of these, the following graphics deal with the most relevant assertions to understand the questions that pointed out the objectives of this research. Table 1 was distributed by chronological categories. Since 66% of the elderly were in the age group 60-69 years 7% understood the age group 70-79 years and finally 27% were representing the category of 80 and over.

Higher	0%
Not Literate	33%
Total	100%

The education level of older reflected in a bad level of Brazilian reality, since 33% of these did not come to be literate, all other. They achieved a level of formal education. A survey of the socioeconomic and demographic profile of the Brazilian elderly said that 89% did not pass the 8th grade of elementary school 18% had no formal education and only 4% reached the 3rd degree (higher education) education (complete or incomplete)¹¹.

Figure 1 is about self evaluation of the elderly about the level of independence / independence from the realization of Daily Life Basic Activities. The results demonstrate a high level of independence in the sum of all activities (94%). Since only the transfer operations and continence obtained correspondingly smaller percentage of independence (93% and 73%). The other ADL showed independence 100% (bathing, dressing, toileting and feeding).

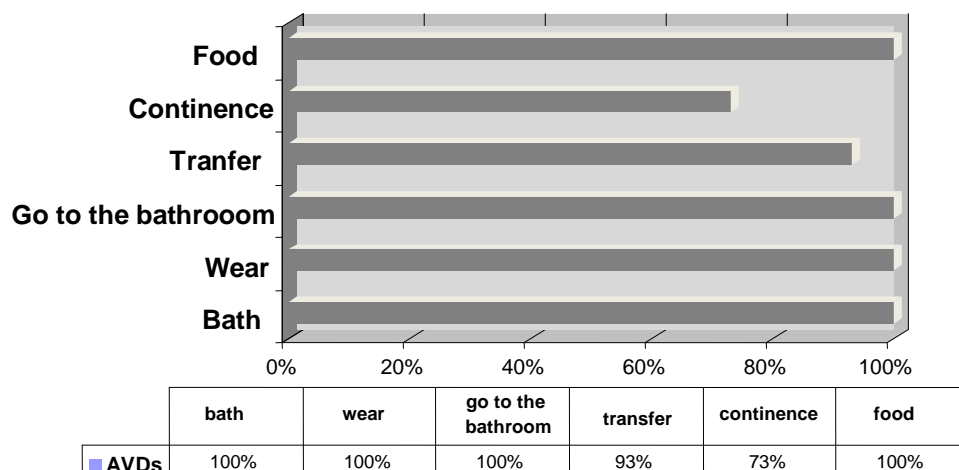


Figure 1: Distribution of elderly enrolled in the GTI Cable Field USF by the achievement of Basic Daily ADL-Life Activities in 2012

In Figure 1 you can see that the self evaluation of the elderly based on ability to execute ADLs, which in turn are divided into: activities basic of daily life - own tasks of self-care for bathing, dressing, toileting and feeding. The percentages presented not corroborate other studies in this line of research, where the level of independence to perform the ADL was only 41.8%¹². In another national survey conducted in São Paulo it became clear that more than half of the study population (53%) reported partial or full relief needs to perform at least one activity of daily living. It was also detected in another study that 29% of the elderly needed full or partial help to perform up to three of these activities, and 17% needed help to perform four or more activities of life diária¹³.

Final Considerations

The Third Age is one of the most important stages of life, perhaps the most difficult, because with it comes with the physiological changes, mainly biological and psychological. For each person, the aging feeling is very different. However, the image of old age today when associated with the current elderly health policies, does not offer instruments to tackle the problems involved in the loss of cognitive abilities and physical and emotional controls that stigmatize the old and that are fundamental in society for an individual to be recognized as an autonomous being capable of a full exercise of citizenship rights. For some scholars the aging population is one of the greatest challenges of contemporary public health, linked to this reality is very important to show makers and managers of social policies, the health indicators scenario that population,

but also the success of initiatives to healthy aging. There is therefore a compelling speech about solutions that have so far not progressed at the pace the speed of growth of this population.

If necessary the implementation of achievable solutions to the various issues concerning the aging process with effects minimized by the assimilation of a different lifestyle, it is obvious that the systematization of care called for in the Elderly Health Policy focuses on health promotion, prevention of disabilities and the maintenance of functional capacity to be of fundamental importance and irreplaceable. But linked to that policy, dependence needs to be recognized as an important public health issue, the self-evaluation of older based on the ADL implementation capacity presented a different picture of national and international studies, once these have obtained a high degree of independence by the performance of their daily life activities.

In this context, the initiatives of the Family Health Strategy show up as an important mechanism of host to the elderly through the composition of groups before their movement dynamics can transform aging in a more rewarding experience. In response to the need for transformation in the health management of the elderly population in different social sectors, to research presented here describes the experience of a group of distinguished elders of the related literature. These older have a socially active life and participate in activities outside the family nucleation. It was also noted that the activities experienced by the group have contributed to a high level of independence. Even the sample dealing with a female population, which, according to the scientific evidence

have more likely to develop a functional dependency, we could then show a new profile of this population. Finally, this research seeks new lines of flight to think about the health of the elderly from social practices that values the elderly in their most different socioeconomic and cultural aspects.

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