



ELDERLY'S PERCEPTION ON ACTIVE AGING
PERCEPÇÃO DE IDOSOS ACERCA DO ENVELHECIMENTO ATIVO
PERCEPCIÓN DE ANCIANOS ACERCA DEL ENVEJECIMIENTO ACTIVO

Vilyane Trigueiro Marinho¹, Isabelle Cristinne Pinto Costa², Cristiani Garrido de Andrade³, Kamyla Félix Oliveira dos Santos⁴, Maria das Graças Melo Fernandes⁵, Fabiana Medeiros de Brito⁶

ABSTRACT

Objective: to identify the elderly's perception on active aging. **Method:** exploratory study with qualitative approach conducted with seven elderly from a social group in the city of João Pessoa/PB. Data were produced through interviews that were recorded, transcribed and analyzed using the Technique of discourse of the collective subject. **Results:** analysis revealed three central ideas: I. Determinants of active aging; II- Dependence and its limitations; and III- Challenges of facing the process of finitude. It was evident that older people perceive and live actively, and they also mention the physical dependency and the challenges to be faced. **Conclusion:** therefore, it is expected that this study support further research, as studies addressing the elderly's perception on active aging are still incipient. **Descriptors:** Elderly; Quality of Life; Perception.

RESUMO

Objetivo: identificar a percepção de idosos acerca do envelhecimento ativo. **Método:** estudo exploratório, com abordagem qualitativa, realizado com sete idosos de um grupo social localizado na cidade de João Pessoa/PB. Os dados foram produzidos a partir de entrevistas gravadas, transcritas e analisados mediante a Técnica do discurso do sujeito coletivo. **Resultados:** da análise, emergiram três ideias centrais: I- Determinantes do envelhecimento ativo; II- A dependência e suas limitações; e III- Desafios frente ao processo de finitude. Evidenciou-se que os idosos percebem e vivem de maneira ativa, e ainda mencionam a dependência física e os desafios a serem enfrentados. **Conclusão:** destarte, espera-se que este estudo possa subsidiar novas investigações, visto que ainda são incipientes estudos que abordam a percepção dos idosos acerca do envelhecimento ativo. **Descritores:** Idoso; Qualidade de Vida; Percepção.

RESUMEN

Objetivo: identificar la percepción de ancianos acerca del envejecimiento activo. **Método:** estudio exploratorio, con enfoque cualitativo, realizado con siete ancianos de un grupo social localizado en la ciudad de João Pessoa/PB. Los datos fueron producidos a partir de entrevistas grabadas, transcritas y analizadas mediante la Técnica del discurso del sujeto colectivo. **Resultados:** del análisis surgieron tres ideas centrales: I- Determinantes del envejecimiento activo; II- La dependencia y sus limitaciones; y III- Desafios frente al proceso de finitud. Se evidenció que los ancianos perciben y viven de manera activa, y aún mencionan la dependencia física y los desafíos a ser enfrentados. **Conclusión:** se espera que este estudio pueda subsidiar nuevas investigaciones ya que todavía son incipientes los estudios que enfocan la percepción de los ancianos acerca del envejecimiento activo. **Descriptores:** Anciano; Calidad de Vida; Percepción.

¹Nursing student, Faculty of Medical Sciences of Paraíba/FCMPB. João Pessoa (PB), Brazil. Email: vilyanemarinho@hotmail.com; ²Nurse, MsC Professor, PhD student in Nursing, Faculty of Medical Sciences of Paraíba/FCMPB. João Pessoa (PB), Brazil. Email: belle_costa@hotmail.com; ³Nurse, MsC Professor, PhD student in Nursing, Faculty of Medical Sciences of Paraíba/FCMPB. João Pessoa (PB), Brazil. Email: cristiani_garrido@hotmail.com; ⁴Nurse, Master, PhD Student in Nursing, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: kamylaoliveira@hotmail.com; ⁵Nurse, PhD Professor of Sociology, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: graacafernandes@hotmail.com; ⁶Nurse, Master in Nursing, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. Email: fabianabrito_@hotmail.com

INTRODUCTION

Population aging has caused a great impact worldwide. In Brazil, this phenomenon grows every year and it is estimated that by 2025, the country will be the sixth world's population with the highest number of elderly, who will reach 35 million. In 2010, for every 100 children aged from zero to 14 years there was 22.8 people aged over 65 years; and in 2050, it is expected that there will be 172.7 elderly for every 100 children aged from zero to 14 years.¹ This process involves a series of multidimensional factors such as biological, psychological and social factors, as these differ between individuals and call attention for variations and limitations in the many material and existential conditions of each human being.²

Physiological limitations, common in this age group, can often be overcome or minimized by adhering to a healthy lifestyle, social integration, safety and well-being, understanding this way that these conditions are not linked only to a personal choice, but also to the opportunities offered by social and political spheres.³ The above factors are, therefore, evidently relevant to press on further implementation of public policies that value such practice.

The National Policy for the Elderly Health (NPEH) lists the promotion of healthy aging, preserves the improvement of the functional capacity of the elderly, prevents diseases, assists the recovery of the sick and rehabilitation for those who have lost functional capacity, thereby ensuring their permanence in the environment where they live and facilitating their functions of autonomy and independence.⁴

The Second World Assembly of the United Nations, which took place in Madrid in 2002, aimed to guide innovative policies to make the process of population aging a viable one, named as active aging connected to a society for all ages. In this perspective, active aging and intergenerational solidarity have become prominent in society as a key element to adherence to measures for quality of life of the elderly population.⁵ Active aging is, therefore, understood as a process in which the individual responds to a biopsychosocial balance with emphasis on autonomy and capabilities, eliminating all forms of discrimination and prejudice that revolves around the fact of being old.

Because of the importance of population aging, it is observed that this practice has been exalted in many countries in order to

compare the conditions that lead the elderly to remain active, particularly when it comes to issues such as disease prevention, reinforcing the importance of physical and mental activities for health maintenance.⁶

The importance of providing this type of approach is reflected in the development of independency and autonomy for this population. Thus, from the moment that the elderly go through a state of continuous activity, the dimension of well-being prevails in their daily lives.⁷

The elderly's perception on active aging is essential because this is related to the fact of how elderly are inserted in the social context for understanding this process as natural, based on an active and dynamic life. In this perspective, the elderly who have this understanding actually experience quality of life.⁸

Active aging corroborates actions for a different lifestyle, and, from the moment that the individual reaches this new stage of life, this becomes a good experience, and not just a sensation of coming closer to human finitude. In this process of change, the person begins to live a life guided by sound practices and maintaining psychological and social state.⁹

Given the above, the mentioned process is characterized as an essential strategy to promote well-being and quality of life among elderly, promoting their autonomy and independency. Bearing in mind the subjectivity of such process and also the incipient number of researches related to this topic, the present study aimed to: identify the perception of the elderly about active aging.

METHOD

Exploratory study with qualitative approach. The scenario involved a social group that implements the practice of active aging in the city of João Pessoa, Paraíba.

Seven people participated in this study according to the following inclusion criteria: be elderly according to the chronological limits established in the Statute of the Elderly; have interest in cooperating with the study by signing the Informed Consent (IC); and have the cognitive ability to respond to questions of the study after application of the test of cognition *Mini Mental State Examination* (MMSE) with the result above 26 to completely literate elderly, 18 for elderly that had up to seven years of schooling education and a minimum of 13 for the illiterate.¹⁰

For production of data, the technique of focal group was used. This consists in a discussion of an array of topics with the goal to get new ideas and in-depth information, revealing perceptions issued by the participants of the referred group.¹¹ It is worth noting that there is a variation in the literature on the quantity of participants in this technique, however the average is around five to 12 individuals.¹² Still, it is understood that such activity is a very useful possibility for studies with older people about many themes and levels of depth.¹³

Data were produced in three stages, between the months of March and April 2015, in a selected private room, ensuring the confidentiality, comfort and safety of participants. For this, we used an interview script covering the characterization of the participants and guiding questions related to the purpose of the study. We also used a field diary and a voice recorder. In the first meeting, we proceeded the introduction and interaction with the group, in order to create bonds. At the second meeting, the research project was presented, developing a schedule of activities related to the scope of the study, open to modifications, and the approaching of questions of interest of the search was also initiated. In the third meeting, we sought to complete the entire process. It is noteworthy that the guiding questions approached were: perception on active aging, participation in social group, limitations and challenges faced.

After each session, authors performed the reading of notes, transcribed the recorded material and performed the analysis using the technique of Discourse of the Collective Subject, complying the steps operationalization - grouping of individual speeches relating to each question/topic; selection of key expressions - excerpts of the

material that best describe its content; identification of main ideas - synthetic formulas that describe the meanings of the discourse. Then, the Discourse of the Collective Subject (DCS) is elaborated by grouping key expressions whose central ideas presented similar or complementary sense.¹⁴

The study was conducted considering the ethical aspects mentioned in the Resolution 466/12 of the National Health Commission, and the research project was approved by the Research Ethics Committee of the Faculty of Medical Sciences of Paraíba, according to Opinion n° 993 530/15 and CAAE n ° 40978914.0.0000.5178.

RESULTS AND DISCUSSION

As for the age of the study population, there was a variation between 61 and 67 years, prevailing an average of 64 years. Regarding gender, six were female and only one was male. Regarding marital status, five were married, and two widowers.

Elderly women have a significant share in the groups for the third age, validating as a strong point that they remain healthier when compared to the elderly men. In this perspective, women tend to have orderly life activities, seeking to maintain health, relating to autonomy and the perception of self-care. Men find it difficult to be inserted in groups because they think they do not need help to stay socially active, making it necessary to create strategies aimed at the interaction of men in such groups¹⁵.

Based on reflections on the conductive guiding questions of focal interviews, it was possible to develop three central ideas from the discourse of the collective subject: "Perception on active aging", "Dependency and its limitations" and "Challenges of facing the process of finitude."

Central idea I:	Discourse of the Collective Subject I:
Perception on active aging	It is to make physical activity, to walk, to have dialogues, to talk, to have friends, meet people [...] it is when you're always doing activities, and find something to do [...] I have a professional activity, I travel, by the Ministry of Education [...] exercises, find friends, as in my job, I'm a volunteer in a hospital [...] I always have something to do, I don't stand still [...] do not isolate myself from others [...] a healthy diet is also very important [...] people get older, and after retiring we just don't want to be alone [...] interact because sometimes the person is closed [...] water aerobics, gym and memory workshop, at night I go to a course to study Italian and I have a professional activity [...] the active people have much higher memories and a young spirit [...] we see ourselves, but we don't know how young we are inside [...] to develop activities that can promote the physical and mental health [...] working with the mind [...] I went through two heart surgeries and I already used to go jogging [...] I have many friends who get depressed after retiring [...]

Figure 1. Central idea I, DCS I of the elderly regarding the question: What is active aging in your opinion? João Pessoa, PB, 2015.

The DCS I of the elderly involved in the study highlights the perception on active aging, demonstrating essential aspects associated with this process. The practice of physical activity, healthy eating, socializing with friends and social inclusion, the act of work, the use of memory, and avoiding to isolate from others represent and characterize determinants of active aging, in behavioral, social, economic and personal aspects. Elderly who live an active life have adequate physical attitudes and activities, good eating habits, interaction with social groups, enjoying a balanced and healthy longevity.¹⁶

The World Health Organization (WHO) classifies essential factors for active aging related to the individual and the context, being characterized as: behavioral, personal, social, economic and environmental.¹⁷

With regard to behavioral determinants, these include, among others: the practice of appropriate physical activity, healthy eating, not drinking alcohol and avoiding the abuse of tobacco, as well as abstaining from several drugs. Biological aspects such as the development of chronic diseases, psychological factors, which include intelligence and cognitive ability, are the personal determinants. With respect to social determinants, the following stand out: social support to education and learning activities, protection against violence and mistreatment. Active aging is also influenced by economic factors such as income, social protection and work. The physical environment such as access to clean water, clean air and safe food also determine the daily lives of the elderly.¹⁷

In the DCSI, the behavioral determinant such as healthy eating and the practice of physical activity is evident as this contribute to active aging [...] *a healthy diet is also very important [...] it is to make physical activity, walking [...] representing a major breakthrough for the quality of life of the elderly. A rich and varied diet contributes directly to longevity*¹⁸.

Similarly, the performance of physical activity prevents diseases, increases life-length of the elderly population, and provides well-being and mental and physical disposition.¹⁹ In addition to the foregoing, the elderly talk about the positive relationship between being active, acceptance of aging, and maintenance of autonomy and independency.⁸

A study on this theme²⁰ demonstrated that there is significant relationship between physical activities, promotion of health and prevention of diseases. It is worth noting that the reduced cognitive ability is very common

in the process of aging, which implies the need for the elderly to keep actively participating in the environment in which they live, creating a bond, support and social backing.

A survey carried out with elderly women about the perception on physical activity showed that elderly performed it for the following reasons: to feel good, to have an occupation, to be included in a social groups, improving health condition and performing their routine activities, showing that elderly women that are practitioners of activities felt more independent and had an improvement in their functional capacity.²¹

The interaction with friends and the social inclusion through social groups represent examples of social determinants and can be evidenced in the DCS I of elderly [...] *to have dialogues, to talk, to have friends, meet people [...] join groups [...]*. These emphasize that social inclusion enables the consolidation of friendships, makes possible the elderly to go out, to have fun, thereby avoiding the loneliness and the emergence of possible mental illness.

Another point evident in DCS I portrays the economic determinants revealed here as the act of working in paid or voluntary basis: [...] *I have a professional activity, I travel, by the Ministry of Education [...] as my job, I am volunteer in a hospital [...]*.

An study carried out with elderly, about the determinants of active aging, pointed out that the majority (90.9%) of these actively participated in the community they lived, doing some kind of unpaid work, revealing the importance of the economic determinant.¹⁶

As for personal determinants, these have been shown in this study emphatically specifically characterizing psychological factors: [...] *develop activities that may keep you active and with physical and mental health [...] working with the mind [...]*.

This speech includes individual skills of interpersonal and social interaction, very relevant to active and healthy aging with quality of life.¹⁶

It should be noted that groups of elderly are developed with the purpose to encourage active aging. In this scenario, workshops and meetings are held to promote exchange of knowledge between health professionals and the elderly as a strategy for prevention and control of diseases, prioritizing the integration and interaction between the participants of the group.²²

Elderly who use their free time to do something with the purpose to feel good have a perception of health and feeling of

happiness. The simple fact of being with your mind occupied with pleasurable situations brings encouragement to face limitations and challenges.

The Discourse of the Collective Subject II and III with respect to the object of study and

the rationale of this in the literature in view of the authors. The aspect analyzed in the following DCS concerns the perception of the elderly about the limitations and challenges for aging in an active way (Figure 2).

Central idea II:	Discourse of the Collective Subject II:
The dependency and its limitations	[...] one has to depend on someone even to bathe, it's very annoying! [...] because to depend on someone will be very complicated [...] we go through this, and we wonder if one day will be possible not to need to depend on people, because it is bad [...] My concern is only in this area, not to depend on someone else for mobility and for reasoning, and to know who I am, where I go and what I want! [...] I do not like to give trouble to others [...]
CENTRAL IDEIA III:	DISCOURSE OF THE COLLECTIVE SUBJECT III:
Challenges of facing the process of finitude	[...] every morning I wake up is a challenge because it is a new day to face. As you don't know until what time, until what day, or even when you will not be able to do this anymore, [...] today the expiration date, the average age of life expectancy is 74 years, isn't it? I am 67 [...] we see that our past is longer than our future, then we feel, kind of, like this, because of our age [...] challenges come all the time, and every time! the time I have to stay here because, terrestrially speaking, we are already beyond expiration date [...]

Figure 2. Central Ideas II and III, and DCSII DCSIII of elderly in face of the question: In your view, what are the difficulties for aging in an active way? João Pessoa, PB, 2015.

The DCSII and III of the elderly mention emphatically and subjectively the limitations and challenges faced in the aging process, and more specifically, they leave clear the feelings that denote some concern regarding the dependency on others to perform basic activities of daily life, necessitating the help from others.

The DCSII focuses on the physical dependency such as a limitation, perceiving in the speeches of the elderly the desire for continued independency as a relevant factor and the fear before a likely possibility of dependency, as can be observed: [...] *one has to depend on someone even to bathe, it's very annoying! [...] Because to depend on someone else will be very complicated [...]*.

In this perspective, dependency is a limitation to the elderly and their family, because this passes the whole life taking care of loved ones and of himself, working, and performing daily activities. From the moment you begin to think about this possibility, many feelings emerge, among them: disability, fear, and shame. Thus, it is clear that becoming dependent on others is inevitable, whether of the family or of a caregiver to perform basic activities. A caregiver is always a good option for the family, to divide the tasks and care.²³

Challenges of facing the process of finitude can be viewed in different ways by each individual, depending on the historical, cultural and social environment in which this is put. The sense of finitude is associated with fear, anger, insecurity and helplessness. Thus, the non-acceptance of this stage of life is

related to mysterious aspects. Many elderly face this stage with fear, bearing feelings of distress by having full awareness of this fact.²⁴

Expressions like "to wake up each day," "a new day to face," "we are beyond expiration date" were appointed in DCSIII as possible challenges inherent to the aging process, as evidenced by the following excerpts: [...] *every morning I wake up is a challenge because it is a new day to face as you don't know until what time, until what day, or even when you will not be able to do this anymore [...] we are already beyond expiration date [...]*. These testimonials show that the elderly perceive challenges, especially with respect to the process of finitude, but are always looking for a way to face life positively.

A research with long-lived elderly women facing the process of death/dying and bereavement, showed that these people are influenced by their historicity, in facing the moment they are going through, and by the opportunities that are available. Nevertheless, even in the face of feelings such as fear, anxiety and fear, this process also opens the possibility to give a full meaning to existence.²⁵

Similarly, a study carried out with the elderly about the early mourning unveiled that these experienced fear in situations such as physical dependence, chronic and disabling diseases and the process of finitude.²⁶ Also noteworthy is that the dependency in the elderly raises some distress and concern about how the near future will be, what can

negatively influence the process of active aging.

FINAL REMARKS

The process of aging in an active manner is characterized by a biopsychosocial balance in the life of elderly, being guided by essential factors that determine the achievement of elements such as autonomy, disease prevention, health promotion and independency, reflecting thereby quality of life.

The perception that elderly population has on active aging is revealed as a guiding principle for the acquisition of new horizons, given that from this process wisdom emerges, as well as, valuable experiences, unknown senses, and also difficult experiences for humans. The aging is a unique and individual moment that calls for respect and attention, the assuring to the elderly person an active and full life.

The DCS I identified the participants' perception about active aging by reference to relevant determinants, such as: physical activity, healthy eating, socializing with friends and social inclusion, the act of work, the exercise of memory, and the avoiding to get isolated from others.

The DCS II and III looked closely the limitations of the process of active aging, where some concern with respect to becoming dependent on someone else in future to carry out daily activities was expressed by the elderly. The concern with the approach of death was also revealed as a challenge associated with feelings of fear and helplessness.

Thus, it is expected that this study may support further research, as studies addressing the perception that older people have on active aging are still incipient; also this study allows new insights for students and health professionals regarding the importance of the elderly to be inserted in social groups, something that promotes the achievement and maintenance of quality of life of this population.

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Corresponding Address

Fabiana Medeiros de Brito
Rua Artur Santos Viana, 31
Bairro Ponta de Mato
CEP 58100-575 – Cabedelo (PB), Brazil