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# CONDITIONS OF LIFE AND HEALTH OF ELDERLY RESIDENTS IN RIPARIAN AREAS

## CONDIÇÕES DE VIDA E SAÚDE DE IDOSOS RESIDENTES EM ÁREAS RIBEIRINHAS

## CONDICIONES DE VIDA Y SALUD DE LOS ANCIANOS RESIDENTES EN LAS ÁREAS RIBEREÑAS

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**ABSTRACT**

***Objective:*** to identify the conditions of life and health of the elderly from the Island of Colares, in the Amazon River estuary. ***Method:*** action research, whose data were collected in 2009 with 147 seniors, at the time of implementation of the Elderly Health Handbook throughout the Brazilian territory, as determined by the Ministry of Health. The research project was approved by the Committee of Ethics in Research, Protocoled n. 075/09-CEP-ICS/UFPA. ***Results:*** shows the profile of life and health of these elderly: socioeconomic and geographic condition little privileged, in circumstances of health / illness bordering the weakening process and without due consideration of the health system. ***Conclusion:*** adopted as an instrument in the present study, the Handbook of the Elderly proved adequate to delineate the said profile. The data collected, which have clinical function to identify the elderly embrittlement to intervene in this process, allowed to compose basic allowance for rethinking policies, programs and strategies in addressing the raised issues. ***Descriptors:*** Elderly; Primary Health Care; Nursing; Island of Colares; Amazon River Estuary.

**RESUMO**

***Objetivo*:** identificar as condições de vida e saúde de idosos da ilha de Colares, no estuário do Rio Amazonas. ***Método*:** pesquisa-ação, cujos dados foram coletados em 2009 com 147 idosos, por ocasião da implantação da Caderneta de Saúde da Pessoa Idosa em todo o território nacional brasileiro, por determinação do Ministério da Saúde. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolado n. 075/09-CEP-ICS/UFPA. ***Resultados*:** revela o perfil de vida e saúde desses idosos: condição socioeconômica e geográfica pouco privilegiada, em circunstâncias de saúde/doença beirando o processo de fragilização e sem a devida atenção do sistema de saúde. ***Conclusão*:** adotada como instrumento no presente estudo, a Caderneta do Idoso revelou-se adequada para delinear o dito perfil. Os dados levantados, que têm função clínica de identificar idosos em fragilização para intervir nesse processo, permitiram compor fundamental subsídio para repensar políticas, programas e estratégias no equacionamento das questões levantadas. ***Descritores***: Idosos; Atenção Primária à Saúde; Enfermagem; Ilha de Colares; Estuário do Rio Amazonas.

**RESUMEN**

***Objetivo:*** identificar las condiciones de vida y la salud de las personas mayores en la isla de Colares, en el estuario del Río Amazonas. ***Método:*** la investigación-acción, se recogieron datos en 2009 con 147 adultos mayores en el momento de la aplicación del Manual de Salud para los Ancianos en todo el territorio nacional, según lo determine el Ministerio de Salud. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolado n. 075/09-CEP-ICS/UFPA. ***Resultados:*** muestra el perfil de la vida y la salud de estos ancianos: la situación socioeconómica y geográfica poco privilegiadas en materia de salud / enfermedad bordeando el proceso de debilitamiento y sin la debida atención del sistema de salud. ***Conclusión:*** adoptado como un instrumento en el presente estudio, el Manual de La Tercera Edad resultó adecuado para delinear el dijo perfil. Los datos recogidos, que tienen función clínica de identificar los ancianos en fragilidad, para intervenir en esto proceso, permitieron componer asignación básica para repensar las políticas, programas y estrategias para hacer frente a los problemas planteados. ***Descriptores:*** Ancianos; Atención Primaria a la Salud; Enfermería; Isla de Colares; Estuario del Río Amazonas.

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## INTRODUCTION

This article describes the living conditions and health of the elderly inhabitants of the Island of Colares, located in the Amazon River estuary and is part of dozens of small islands scattered near the larger island, the well-known Island of Marajo, in the Amazon delta. For its complex ecosystem, the immense Marajó archipelago is home to great biodiversity, and its population has always lived in the economy based on abundant forest resources and aquatic sites. History records that the social groups there spread and dominated the territory, surviving thanks to that produced and accumulated knowledge about this ecosystem with practices that were continuously updated by the local culture.[1]

The small town of Colares is part of the scenario described in an important study on the emergence of towns in the Amazon,[2] in order to understand the phenomenon in the model of urbanization "disjointed", but with the logic of networking sub-regional urban amid the extensive geographical context Amazon, involving neighboring rural areas and working with economic and political interdependence of goods and services for the coming and going of people, even in poor conditions. This process of urbanization of the Amazon in recent decades has caused environmental and socio-spatial transformations, especially the proliferation of small cities: clusters of less than 20 thousand inhabitants, characterized by weak or absent infrastructure, lacking own economic activities of the municipality and surviving mainly transfer of public emergency, often mismanaged.[3]

They are invisible cities, full of life and memory, as well described the writer Calvin,[4] but also buffeted by all sorts of problems. Regional newspapers have continually denounced the precarious living conditions of 450 thousand inhabitants of the archipelago marajoara dispersed by huge area of 49.606 km$^2$. These municipalities live the lowest human development index, among the worst in the country, dominated by the feeling of abandonment by the government of the people. The association of municipalities has been buzzing with claims in favor of its inhabitants, culminating with the drastic proposed federalization of the archipelago.[5]

The authors of this article, nurses, and one of them worked in the Basic Health Unit of the Island of Colares, sensitized to the precarious living conditions and health of its population, decided to study in more detail the demands of health care for the specific group - the elderly people - who already reaches 10,3% of the population, [6] and that will continue to live on the island until the end of their lives in continuous situation of impoverishment. The intention of the study was to collect useful resources policies and public programs: health and social, to be sui generis to the marajoara population. Services run poorly, especially by the lack of material resources, physical and human, although official records relate population coverage of 87%.[7] The objective is proposed:

- To identify the living conditions and health of the elderly from the Island of Colares in the Amazon River estuary.

## METHOD

### ♦ The study context

A small island with an area of approximately 613km$^2$, Necklaces is located adjacent to the Island of Marajó, part of the vast Amazon River estuary, which empties into the Atlantic Ocean. Its inhabitants, made up of locals, fishermen and farmers, make up a population of 11.381 residents.[6] Although is far 94 km from Belém, Capital City of Pará, access is poor, the crossing is made only by ferry and boat, hampering transport of its inhabitants, especially patients who are referred for high complexity services in the capital. The basic economy is based on fishing and subsistence farming family. The major problems faced by the population are precarious access and transportation, unemployment, lack of sanitation and water supply deficiency. The health system has seven units / clinics, a post endemics, a team of **PACS** - Program Community Health Workers and four teams - Family Health Strategy, one with dental health, formally installed 7 but incompletely in discontinuous operation, mainly precariousness of material resources, human and physical, lack or instability of the presence of health professionals in the service, especially doctors.

### ♦ Study approach

A study type of action-research with data collected in 2009, during the implementation of Health Handbook Elderly health units throughout the country, as determined by the Ministry of Health.[8]

This book is the primary function of raising regular old user data signals that alert professionals to risk even before they manifest organic disease, allowing early action not only to improve the well-living individual, but also for a wider public health conscious and effective.

The National Health Policy of Old People [9] considers two broad groups of the population: the elderly independent, even though suffering from some diseases, usually chronic, remain active in the family and social environment, thanks to healthy practices and behaviors, and the frail elderly or weakening process, which for whatever reason have conditions that must be identified by health professionals.

The specific objective of the Handbook is precisely identify this latter group of seniors in order to prioritize recovery actions and monitoring, preventing the frame from getting worse. The Handbook is populated with data provided by the very elderly, sometimes with the help of family, but always in the mood for conversation, protecting your privacy and noting that it is convenient, if only because it is a document that should always be in power the elderly. Each item in the Book has its function. [8]

The item "My identity" includes, in addition to demographic data, the unhealthy habits such as smoking, alcohol use and physical inactivity. "Network support" contained data about with whom the elderly lives and whether or not the caregiver when needed. "Self-rated health" is included to be important risk indicator. "My health problems and drug use" includes not only the disease, but any abuse of the elderly: A sign or symptom.

The data of multi-pathologies and poly-pharmacy are important risk indicators. "Occurrence of Falls" is the topic deserves special attention because its consequences pose serious multifactorial epidemiological issue in old age. Under "Hospitalization" the frequency is also an important indicator of risk. In "Things I can not forget" quick guidelines relate to the elderly with the Handbook, including reminders of when and where to take vaccines and listing service with useful phone numbers, and other such as **SAMU** (Service Mobile Emergency). "My appointment book" serves for the elderly do not forget the return dates for services and professionals know the frequency, the service and the professionals who have treated you. There is still space "My blood pressure control, weight and blood glucose" which are recorded at each visit or professional visit and help to identify early indicators of any changes, enabling early action.

The identification of frail elderly or weakening process after analysis of the data allows: refer you to related services, when necessary, properly scheduled; greater attention and priority scheduling elderly who may drop or hospitalization in the last 6 months, with diabetes and / or hypertension without accompaniment; identify who does regular monitoring of health as well as those who live alone or are left alone during the day, meet carrier multi-pathologies chronic and self-rated health as poor or very poor. The ultimate goal of this evaluation and such measures of attention focuses on the organization of specific actions to partially or totally reverse the picture of weakness and allow the person weakened greater degree of independence, or in more severe cases, allowing better conditions to continue living.

The data contained in the Handbook of Health of the Elderly for clinical purposes in the care of elderly users in health service of the Island of Colares were the basis for this research, because it is related to those seniors who agreed to participate by signing the Term of Consent Free and Savvy. There was obtained a sample of 147 elderlies, of which 78 were women (53,1%) and 69 men (46,9%).

The project was submitted to the Ethics Committee on Human Research of the Federal University of Pará/ICS, in 15th September, 2009 and is approved by the opinion recorded in the proceedings filed under n. 075/09-CEP-ICS/UFPA.

## RESULTS

Seniors sampled, residents on the Island of Colares, hold characteristics of their inhabitants: a profile of life and health that identifies the real needs of health care, and constituting also a grant useful for programming specific care to the elderly population place (Tables 1 and 2).

**Table 1.** Sociodemographic characteristics of older users of basic health care, inhabitants of the Island of Colares, an estuary of the Amazon River, Brazil, 2009.

| Variables | Gender | | | | Total | |
|---|---|---|---|---|---|---|
| | Male | | Female | | n(147) | |
| | n | % | n | % | n | % |
| Gender | 69 | 46,9 | 78 | 53,1 | 147 | 100,0 |
| Age Group | | | | | | |
| 60 - 69 | 35 | 50,7 | 33 | 43,3 | 68 | 46,2 |
| 70 - 79 | 26 | 37,7 | 31 | 39,7 | 57 | 38,8 |
| 80 and older | 08 | 11,5 | 14 | 18,0 | 22 | 15,0 |
| Marital status | | | | | | |
| Married | 52 | 75,4 | 32 | 41,0 | 84 | 57,1 |
| Widow | 12 | 17,4 | 34 | 43,6 | 46 | 31,3 |
| Single/Separated | 05 | 7,2 | 12 | 15,4 | 17 | 11,6 |
| Scholarity | | | | | | |
| Illiterate | 12 | 17,4 | 11 | 14,1 | 23 | 15,6 |
| Until 4 | 37 | 54,4 | 46 | 59,0 | 87 | 59,1 |
| Until 8 | 15 | 21,8 | 10 | 12,8 | 32 | 21,8 |
| From 8 and more years | 05 | 7,2 | 11 | 14,1 | 16 | 10,9 |
| Pensionist | | | | | | |
| Yes | 51 | 74,0 | 65 | 83,0 | 116 | 79,0 |
| Family get-together | | | | | | |
| Live alone | 01 | 1,4 | 02 | 3,8 | 03 | 2,0 |
| With 1 to 5 residents | 57 | 82,5 | 62 | 79,4 | 119 | 80,9 |
| With 6 and more | 11 | 15,9 | 14 | 17,9 | 25 | 17,0 |
| Family support | | | | | | |
| Yes | 62 | 89,8 | 62 | 79,5 | 124 | 84,4 |
| Possible caregiver | | | | | | |
| Yes | 66 | 95,6 | 75 | 96,1 | 141 | 95,9 |
| In need of care | | | | | | |
| Yes | 18 | 26,1 | 09 | 11,5 | 27 | 18,4 |

**Table 2.** Living conditions and health of elderly users of basic health care, inhabitants of the Island of Colares, an estuary of the Amazon River, Brazil, 2009.

| Variables | Male | | Female | | Total n (147) | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Self-perception of health | | | | | | |
| Good/Very good | 23 | 31,9 | 28 | 35,9 | 50 | 34 |
| Regular | 39 | 56,5 | 45 | 57,8 | 84 | 57,2 |
| Bad/Very bad | 8 | 11,6 | 5 | 6,4 | 13 | 8,8 |
| Life habits | | | | | | |
| Smoking - Yes | 10 | 14,5 | 19 | 24,3 | 29 | 19,7 |
| Alcoholic beverage-Yes | 28 | 40,6 | 10 | 12,8 | 38 | 25,8 |
| Physical activity-Yes | 45 | 56,2 | 34 | 43,6 | 79 | 53,7 |
| Morbidity | | | | | | |
| None | 18 | 26,1 | 9 | 11,5 | 27 | 18,4 |
| Arterial Hypertension | 10 | 8,7 | 38 | 47,4 | 43 | 29,2 |
| Diabetes Mellitus | 19 | 27,5 | 6 | 7,7 | 25 | 17 |
| AH + Diabetes Mellitus | 5 | 7,2 | 9 | 11,5 | 14 | 9,5 |
| Low Back Pain | 8 | 11,6 | 5 | 6,4 | 13 | 8,8 |
| Cataract | 7 | 10,1 | 2 | 2,6 | 9 | 6,1 |
| Use of medicines | | | | | | |
| Non user | 25 | 36,2 | 18 | 23,1 | 43 | 29,2 |
| Prescribed | 31 | 44,9 | 51 | 65,4 | 82 | 55,8 |
| Self-medication | 9 | 13 | 7 | 9 | 16 | 10,9 |
| Popular practices | 4 | 5,8 | 2 | 2,6 | 6 | 4,1 |
| Updated vaccination | | | | | | |
| Yes | 42 | 60,9 | 59 | 75,6 | 101 | 68,7 |
| Body Mass Index | | | | | | |
| Eutrophic | 15 | 21,7 | 44 | 56,4 | 59 | 40,1 |
| Underweight | 47 | 68,1 | 24 | 30,8 | 71 | 48,3 |
| Overweight | 7 | 10,1 | 10 | 12,8 | 17 | 11,6 |
| Falls in 2009 | | | | | | |
| 60-69 | 1 | 1,4 | 3 | 3,8 | 4 | 2,7 |
| 70-79 | 2 | 2,9 | 1 | 1,3 | 3 | 2 |
| 80 and older | 1 | 1,4 | 2 | 2,6 | 3 | 2 |
| Hospitalization in 2009 | | | | | | |
| 60-69 | 5 | 7,2 | 2 | 2,6 | 7 | 4,8 |
| 70-79 | 2 | 2,9 | 6 | 7,7 | 8 | 5,4 |
| 80 and older | 0 | 0 | 2 | 2,6 | 2 | 1,4 |

Data items related to sociodemographic and life and health contained in the Handbook of Health of the Elderly are easy to understand and apply in obtaining information in the everyday context of health facilities and residences during family visits. Considering the perspective of application of the information collected tract collective seeking solving strategies common problems among elderly users was the motivation of the authors: nurses and researchers, to take the action research in order to find answers or ways to visualize the solution of the most

crucial problems of the elderly population in the community of the Island of Colares.

## DISCUSSION

The elderly residents of necklaces representing 10,3% of its total population,[6] a rate close to the national average, and second sample data presented in Table 1, show signs of increasing longevity, while it is 46,2% of the age group 60-69 years, the remaining percentages are distributed at more advanced ages, especially 15% for the age group 80 years and over. Oficiais[6] records also indicate the existence of two centuries on the island.

Such data of elderly inhabitants, even living in adverse circumstances reveal demographic profile that approximates the national average,[8-11] and other more developed countries in some aspects such as the feminization of old age, gains in longevity, morbidity and mortality in cardiovascular disease. [10,12] This reinforces the importance and necessity of an entire society to fight for quality of life and a decent living for those people who have been hitting longevity increasing, which seems natural tendency of the human species.[12]

As for marital status, the majority of the sample is married: men and women, this condition appears to be a local custom, because almost no data are single and separated. These people have families and are more or less offspring, living together in their homes, as reported the elderly, emphasizing that those who would take care when they needed. Elderly living alone seems not to be the practice of the community, which must be preserved and relieved, because it reduces the risk of weakening process,[8-9] should be extolling family life with caring relationships between its members and encouraging network social support.[13] In this sample highlights that 18.4% responded depend on others for their daily care, corroborating the importance of the binomial elderly / caregiver in primary health care.[14]

The already known feminization of old age 9-12 is observed in the data especially widowhood, with 43,6% of women over 17,4% of men, which is expected according to the known evidence of demographic aging.[9-10] As seen in the data, widowhood is no reason to live alone, contrary to the statistics increase of elderly living alone in large centers.[10-11,15]

Between living conditions and health revealed by the elderly sample (Table 2) include, for example, health habits related to alcohol consumption and tobacco. And although it predominates in men, women are not free from these vices. It should be noted that in clinical conversations with those who do not have these habits, many of them already had them in the past but abandoned because of their awareness of harmful consequences, in search of better health and greater well-being, confirming findings of many previous studies.[11,16]

As for physical activity, although the proportion of the practice is significant: 65,0% in men and 34,0% in women, it is far from a practice recommended by the World Health Organization stimulus to active and healthy aging. However, the practice of physical activity depends largely on the circumstances surrounding the elderly that provides security not always what makes those at risk of embrittlement, afraid of falling, [8-9,16] to collect a sedentary lifestyle. The data falls in a year in the sample seem sub-referred, deserving further investigation.

Regarding morbidity cited by the elderly, hypertension, diabetes mellitus and two, associated morbidities are prevalent. These data are similar to the national statistics [8-11], why is priority policy actions and preventive control by the Ministry of Health, performed by the program HIPERDIA. While there are those who do not suffer from any disease (18,4%), most carries chronic morbidities and drug use in high frequency (66,7%), prescribed or not, in this case confirm the reprehensible practice of self-medication. The indiscriminate use or abuse of drugs, rather observed among the elderly, has represented one of the risk factors to the process weakening [-9,16] and worsening of health status. Redoubled guidelines are essential to make people aware of the dangers lurking on the beneficial side of drugs. The understanding of lay people on drugs as a remedy to cure should always be reviewed and eliminated through education, especially among elderly users who often self-medicate.[13-4] data also indicate a lack special education about the need for vaccinations in the elderly, given the incomplete coverage reached 68,7%. In basic health units better served of resources,[17] coverage reaches almost completely by commitment especially nurses ESF who teach and continually make an active search in the residence of all seniors, during the campaign of vaccination against influenza.

The hospitalization data by 10,6% in 2009 indicate a rate lower than the records of studies conducted in different centers[15-6,18-9] inferring us that possibly not all admission requirements have been effected by transport difficulties Island to the Capital, where users typically are referred to services of high

complexity. Hospitalization is another risk factor for fragility alerting personnel health priority attention to the elderly in order to minimize the worsening of health status.[8-9]

The low body mass index prevalent in 48,3%, with a predominance in males, without reference to neoplasms in the sample, gives evidence of malnutrition and poverty situation they are exposed elderly residents of the island, warning the public about the prevailing shortages.

The self-perception of the elderly, which falls on the category "bad or very bad" is an important indicator for the frailty with serious injuries on their health and so it is up to the professional monitoring of these users, periodically renewed this avaliação.8 Although this sample 8,8% have responded by worse health perception a substantial proportion (57,1%) reported having health perception "regular" which also deserves attention because it could evolve into worsening risk perception and consequent worsening the clinical picture. Self-rated health is one of the most widely used in gerontological research [20] to be a strong and consistent predictor of mortality and early indicator of risk of weakening process in the elderly.

## CONCLUSION AND IMPLICATIONS

The health conditions of elderly users islanders Necklaces, detected in the present study reveal health profile similar to that found in studies conducted gerontological and population in the country, mainly on the prevalence of chronic morbidities, medications, habits of life, nutritional deficiencies and risks going into weakening process. From this observation it follows that the aging process of the Brazilian presents its similarity in appearance of the manifestations of health, regardless of geographic and socio-cultural context, as the inland community of Marajó archipelago studied here.

In socio demographic of seniors sampled, highlight the already known feminization of old age, the prevalence of widowhood in women, increased longevity, with frequency distribution at older ages beyond 80 years and over. The majority of married elderly confirms the local culture which in turn gave them offspring that will take care they need or already takes care of dependents, not letting them live alone. It is inferred that the cultural phenomenon of family life is important to social support among family members, taking care of elderly age and weaken.

A Handbook for the Elderly, Ministry of Health, adopted as a tool for data collection in this study was appropriate in the delineation of life and health profile of the elderly inhabitants of the island. The data collected, which has clinical function to identify and intervene in the frail elderly or weakening process, identified said profile that was composed in the allowance fundamental rethinking of policies, programs and procedures in addressing strategic issues raised.

Considering all of the issues listed in the profile of life and health, summarizes that the elderly residents of necklaces survive in peculiar socioeconomic and geographic little privileged amid the circumstances of health / illness bordering on the process without weakening the system health due attention. This situation imposes implications, especially practical to print any change[21] in the *status quo* of the local health system, such as:

- Leverage joint actions of local intersectoral efforts to improve the living conditions of the local population, involving and strengthening community movements.

- Transcending basic care provided by healthcare professionals in their customary roles defined, and coordinate work of social control involving the community to set priorities and develop action strategies seeking to achieve goals possible.

- Forward, even repeatedly, documents vindicated measures technically well-founded, the local government, regional and even national, if necessary, to resolve issues of health and related local community.

- Fit the nurses, always working in the units of primary care and family health, even in the most remote and poor regions, to become aware of their important role in initiating and conducting community involvement in order to search for the improvement of life in the local community, with prospects of better health, better quality of life and greater well-being of its residents.

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