SOCIODEMOGRAPHIC CHARACTERIZATION AND THE SELF-CONTROL IN THE HEALTH CONDITIONS OF ELDERLY PEOPLE
CARACTERIZAÇÃO SOCIODEMOGRÁFICA E A AUTOPERCEPÇÃO DAS CONDIÇÕES DE SAÚDE DE IDOSOS
CARACTERIZACIÓN SOCIODEMOGRÁFICA Y LA AUTOPERCEPCIÓN DE LAS CONDICIONES DE SALUD DE ANCIANOS

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ABSTRACT

Objective: to describe the sociodemographic characteristics and the self-perception of the health conditions of the elderly population. **Method:** this is a quantitative, descriptive, cross-sectional study carried out with elderly people from a Living Center. For the analysis of the data, it was chosen to perform double digitalization in the database for coding, allowing the elaboration of a code dictionary in Excel spreadsheet. **Results:** of the 106 (100%) interviewed, most of them were female, 67 (63.20%). Regarding self-perception of health, the elderly reported mostly being “GOOD” with 63 (59.42%). Regarding health problems, 78 (73.58%) elderly confirmed having some type of disease: Hypertension, 29 (27.35%); osteomuscular diseases, 17 (16.03%); and Diabetes Mellitus, 13 (12.26%). **Conclusion:** most were female, with the highest age group between 60 and 69 years old. Among the elderly interviewed, most of them reported having a good health perception, 63 (59.42%). The importance of the nursing of creating a sociodemographic profile and knowing the self-perception of the health of the elderly collaborates with the assertive development of actions to this population. **Descriptors:** Aged; Health of the Elderly; Longevity; Health Profile; Self Concept.

RESUMO

Objetivo: descrever as características sociodemográficas e a autopercepção das condições de saúde de idosos. **Método:** estudo quantitativo, descritivo, de corte transversal, realizado com idosos de um Centro de Convivência. Para a análise dos dados, optou-se pela realização de dupla digitação em banco de dados para a codificação, permitindo a elaboração de um dicionário de códigos em planilha do Excel. **Resultados:** dos 106 (100%) entrevistados, a sua maioria é do sexo feminino, 67 (63,20%). Sobre a autopercepção de saúde, os idosos relataram em sua maioria ser “BOA” com 63 (59,42%). Em relação aos problemas de saúde, 78 (73,58%) idosos confirmaram ter algum tipo de doença: Hipertensão Arterial, 29 (27,35%); doenças osteomusculares, 17 (16,03%); e Diabetes Mellitus, 13 (12,26%). **Conclusão:** a maioria foi do sexo feminino, com faixa etária em maior índice entre os 60 e 69 anos. Entre os idosos entrevistados, a maioria referiu possuir uma boa percepção de saúde, 63 (59,42%). A importância para a enfermagem de se criar um perfil sociodemográfico e conhecer a autopercepção de saúde dos idosos colabora com o desenvolvimento assertivo de ações a essa população. **Descritores:** Idoso; Saúde do Idoso; Longevidade; Perfil de Saúde; Autoimagem.

RESUMEN

Objetivo: describir las características sociodemográficas y la autopercepción de las condiciones de salud de ancianos. **Método:** estudio cuantitativo, descriptivo, de cohorte transversal, realizado con ancianos de un Centro de Convivencia. Para el análisis de los datos, se optó por la realización de doble digitación en banco de datos para la codificación, permitiendo la elaboración de un diccionario de códigos en planilla de Excel. **Resultados:** de los 106 (100%) entrevistados, su mayoría es del sexo femenino, 67 (63,20%). Sobre la autopercepción de salud, los ancianos relataron en su mayoría ser “BUENA” con 63 (59,42%). En relación a los problemas de salud, 78 (73,58%) ancianos confirmaron tener algún tipo de enfermedad: Hipertensión Arterial, 29 (27,35%); enfermedades osteomusculares, 17 (16,03%); y Diabetes Mellitus, 13 (12,26%). **Conclusión:** la mayoría fue del sexo femenino, con edad en mayor índice entre los 60 y 69 años. Entre los ancianos entrevistados, la mayoría dijo poseer una buena percepción de salud, 63 (59,42%). La importancia para la enfermería de criarse un perfil sociodemográfico y conocer la autopercepción de salud de los ancianos colabora con el desarrollo asertivo de acciones a esa población. **Descriptores:** Anciano; Salud del Anciano; Longevidad; Perfil de Salud; Autoimagen.

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INTRODUCTION

A person aged 65 years old or older in developed countries is considered to be an elderly person, while in developing countries 60 years old are considered.¹ Thus, aging is understood as a dynamic and defined by morphological, biochemical, functional and psychological changes, which establishes losses in the efficiency of adapting to the external environment and increasing the risk of pathological processes.²

In Brazil, between the mid-1940s and 1960s, there was a decrease in mortality when an increase in the number of older people was evidenced. Longevity was initially seen in groups of more privileged people who lived in more developed regions, but soon other regions will also show the number of their age structure higher than 50 years old.¹ It is emphasized that the increase in life expectancy may be greater in females up to eight years longer than in men.³

With the process of social, economic and epidemiological transition, there has been a considerable increase in the life expectancy of the Brazilian population, but also an increase in the incidence and prevalence of chronic non-communicable diseases.⁴ The elderly population has been increasing due to improvements in living conditions and advances in science/technology, since this increase in the number of individuals' days favored the emergence of long-lasting, degenerative diseases that compromise the quality of life.⁵

This scenario creates a greater demand for health services for the country increasing chronic diseases, and this results in a series of adaptations to services, ranging from changes in the management and planning of the health network as a whole.⁶ In this situation, nursing acting within the health care of the elderly is an indispensable field of information to improve the performance of professionals within health programs to move from curative action to a multidisciplinary and interdisciplinary work.⁷

The challenges that the health system will have to face are great, because with the increase of this elderly population, the expansion of constant care, continuous medications and periodic examinations will be required. This scenario increases costs and impacts on the transfer of resources destined to health.¹

The fact that increasing life expectancy cannot always be compared with the increase in quality of life, aging may be associated with functional impairment,

unproductiveness, depression, physical dependence, among other factors that generate a greater suffering in this age group. However, it is possible to have an old age associated with quality of life, since there is a search for active and healthy aging.² For quality-of-life aging, some characteristics must be carefully observed by caregivers. These dimensions include physical, emotional, functional, spiritual, social, sexual and occupational aspects. When they remain interconnected, these attributes place the elderly in balance with themselves and with all society.⁸

It is understood that the increase in the elderly population has brought astonishing visibility to society. However, it needs to reformulate its understanding of the aging process to develop new resources and provide the elderly with services that will meet their real needs.⁹ The addition of life expectancy brings with it the need for adjustments of public policies and even a cultural adjustment, reflecting on the role of the elderly in society. Therefore, it is pertinent to be attentive to the sociodemographic, economic and health conditions of this older population to provide better care to these patients.¹⁰

OBJECTIVE

- To describe the sociodemographic characteristics and the self-perception of the health conditions of the elderly.

METHOD

This is a quantitative, descriptive, cross-sectional study.¹¹ All the elderly individuals aged 60 years old or older who attended an Elderly Living Center in the municipality of the northern region of the state of São Paulo, Brazil, were invited to participate in the study, from October to December 2016. The inclusion criteria were the acceptance of the elderly in participating in the study, signing the Informed Consent Term, and presenting a score greater than 13 points in the cognitive evaluation, performed through the mini-exam of the Mental State (MMSE). In this investigation, the exclusion criteria of the study were to present a score lower than 13 points in the cognitive evaluation, performed through the Mental State mini-exam, and not accepting to participate in the interviews.¹²⁻³ After applying the inclusion and exclusion criteria, the final result of participants in the research was n=106 (100%) elderly people.

During the time that the research was carried out, all the elderly people who were present in the Elderly Living Center were

invited to participate in the study. From this, a sample was not defined. During this period, an average of 146 elderly people attended the Center.

In this place, physical, socio-educative activities, workshops of crafts and dances are performed. The elderly also obtained support from a multi-professional team with a psychologist, social worker and counselors, both linked to the Social Assistance Referral Center (CRAS).¹⁴

The interviews lasted approximately 60 minutes and were performed individually. For the data collection, the multidimensional questionnaire translated and validated in Brazil was titled: Brazil Old Age Schedule (BOAS), which allows the evaluation of several areas of the elderly's life through their self-perception. Sections I, II, V and VI of the questionnaire were prioritized to meet the objectives of this study, allowing the identification of sociodemographic characteristics and self-perception of health conditions in the elderly.¹⁵

For the analysis of the collected data, it was chosen to perform double digitalization in a database for an adequate codification, allowing the elaboration of a code dictionary in Excel spreadsheet.

This study is linked to the research project titled: Elderly Living Center: A Multidimensional Approach and its Implications for Health", approved by opinion number: 1,703,454 from the Research Ethics Committee of the Federal University of Mato Grosso do Sul Participants signed the Free and Informed Consent Term (TCLE) in two copies.

RESULTS

Of the 106 (100%) elderly people interviewed in the cohabitation center, 39 (36.80%) were males and most were female 67 (63.20%). The age group with the highest index is between 60 and 69 years old, of which 49 (46.22%) were elderly, 17 (16.03%) were male and 32 (30.19%) were female. According to data from Table 1, it can be observed that, in relation to the marital status, widowhood was pointed out by 33 (31.13%) interviewed, with the female standing out with 25 (23.58%), and in the sex male ratio was lower with only 8 (7.54%) elderly.

Regarding the home arrangement, according to Table 1, the predominance of the husband/partner response was observed, representing 34 (32.06%) elderly respondents. Regarding the level of education of the studied population, individuals with at least

complete elementary education were considered, with 51 (48.11%) of the elderly being educated, with a female prevalence of 31.13% and male 16.98%. It was also observed that 35 (33.02%) of the elderly reported not being able to read and write. Regarding the occupation, the role of a farmer with 33 (31.12%), predominant in males with 19 (17.92%) was highlighted, followed by females with 14 (13, 20%).

Considering also Table 1, referring to the question: Is your salary enough to meet basic needs? Most elderly, 53 (50%), reported that the financial income they have "is just enough". Most elderly interviewed live in their own home, representing 98 (92.41%) interviewed. Regarding the economic situation at 50 years old, it is observed that 66% (62.27%) of the elderly reported being financially better at the present time. Regarding the monthly income of this population, most of them received up to a minimum wage, being 73 (68.86%), standing out the female with 49 (46.22%) and the male presenting 24 (22.64%). Regarding satisfaction with the correspondents, 102 (96.22%) elderly people said they were satisfied.

Table 1. Distribution of the elderly people according to age, marital status, family arrangement. Coxim (MS), Brazil, 2016. (N=106)

Variable	Gender				Total	
	Male		Female			
	N	%	N	%	N	%
Gender	39	36.80	67	63.20	106	100%
Age group						
60-69	17	16.03	32	30.19	49	46.22
70-79	15	14.17	28	26.41	43	40.58
80 or more	7	6.60	7	6.60	14	13.20
Marital status						
Married/living together	13	12.26	12	11.32	25	23.58
Widow	8	7.54	25	23.58	33	31.13
Divorced/separate	9	8.50	22	20.75	31	29.25
Family arrangement						
Spouse/partner	17	16.03	17	16.03	34	32.06
Children	15	14.16	17	16.03	32	30.19
Brothers/sisters	3	2.83	13	12.27	16	15.10
Grandchildren	7	6.60	6	5.67	13	12.27
Other relatives	4	3.78	7	6.60	11	10.38
Education level						
Without education	9	8.50	26	24.52	35	33.02
With education	18	16.98	33	31.13	51	48.11
Occupation						
They never have worked	1	0.94	2	1.88	3	2.82
Housewife	0	0	18	16.99	18	16.99
Housekeeper/day laborer	0	0	13	12.26	13	12.26
Cook	0	0	5	4.71	5	4.71
Farmer	19	17.92	14	13.20	33	31.12
Other occupations	19	17.92	13	12.26	32	30.18
Family income						
1 minimum wage	24	22.64	49	46.22	73	68.86
Up to 1 minimum wage	13	12.27	13	12.27	26	24.54
Is your salary enough to meet basic needs?						
It is just enough	24	22.64	29	27.35	53	50
Always missing a little	5	4.71	22	20.76	27	25.48
Always missing a lot	2	1.89	6	5.66	8	7.55
It is more than enough	8	7.54	9	8.49	17	16.03
House						
Ownership of the person interviewed	37	34.90	61	57.51	98	92.41
Living in assigned residence	1	0.94	5	4.71	6	6.65
Rented by the interviewee	1	0.94	0	0	1	0.94
Economic situation at 50 years old						
Better	24	22.64	42	39.62	66	62.27
The same	7	6.60	9	8.49	16	15.10
Worse	8	7.54	16	15.09	24	22.63
Satisfaction with people living together						
Yes	39	36.79	63	59.43	102	96.22
No	0	0	4	3.78	4	3.78

Percentages calculated excluding the variables I do not know (NS), I did not answer (NR), It is not applied (NA).

According to results on self-perception of health, the elderly reported mostly being “GOOD” with 63 (59.42%) interviewed. When comparing self-perception of health with elderly of the same age, the majority of respondents, 70 (66.03%), said to be “better”.

When questioned if they have health problems, 78 (73.58%) elderly confirmed having some type of disease and 28 (26.42%) reported not having diseases. According to data shown in Table 2:

Table 2. Self-perception of elderly health at the Living Center. Coxim (MS), Brazil, 2016. (N=106)

Variables	Gender				Total Value	
	Male		Female			
	N	%	N	%	N	%
Self-perception of health						
Great	3	2.83	9	8.50	12	11.33
Good	26	24.52	37	34.90	63	59.42
Bad	8	7.54	14	13.20	22	20.74
Very bad	2	1.89	7	6.60	9	8.50
Their health compared to the elderly of the same age						
Better	28	26.41	42	39.62	70	66.03
The same	9	8.50	17	16.03	26	24.53
Worse	1	0.94	6	5.66	7	6.6
Have health problems						
Yes	26	24.52	52	49.05	78	73.58
No	13	12.26	15	14.15	28	26.42

Percentages calculated excluding the variables I do not know (NS), I did not answer (NR), It is not applied (NA).

For the mentioned morbidities, the three most prevalent diseases in the study population are Systemic Arterial Hypertension (SH), with 29 (27.35%), followed by Osteomuscular Diseases with 17 (16.03%) and Diabetes Mellitus with 13 (12.26%), according to data evidenced in Table 3.

Table 3. Morbidities self-reported by elderly people at the Center for Coexistence. Coxim (MS), Brazil, 2016. N=106

Variables	Gender				Total Value	
	Male		Female			
	N	%	N	%	N	%
Self-reported morbidities						
Systemic arterial hypertension	10	9.43	19	17.92	29	27.35
Thyroid Problems	0	0	3	2.83	3	2.83
Diabetes mellitus	7	6.60	6	5.66	13	12.26
Osteomuscular Diseases	4	3.67	13	12.26	17	16.03
Arrhythmia / Cardiovascular	4	3.77	3	2.83	7	6.6
Arthrosis	0	0	5	4.71	5	4.71
Chronic Renal Insufficiency	1	0.94	2	1.88	3	2.82
Other Comorbidities	7	6.60	13	12.26	20	18.86

* Calculated excluding variables I do not know/I did not answer (NS/NR).

DISCUSSION

Within the research findings, it was possible to observe that the female, with 67 (63.20%) interviewed, prevails in relation to males, with only 39 (36.80%). This predominance is similar to the situation found in other studies¹⁶⁻⁷, where it is possible to observe that the elderly female population was larger than the elderly male. This aspect demonstrates the feminization of old age mainly due to the greater longevity of these elderly women in relation to the male. A situation related to multifaceted aspects, such as the fact that women seek more health services and better adhere to health treatments. Also, there are individual habits, such as exposure to violence and traffic accidents, in which the male population is more prevalent.¹⁸

The identification of an age group is of utmost importance to delineate the age at which biological, physical and psychological

changes frequently occur, giving important encouragement in the identification of predominant characteristics in a population.¹⁹ According to the data of this study, the prevalence of the elderly population is found in the age group of 60 to 69 years old, with 49 (46.22%) elderly, with a female (32 (30.19%)), as shown in Table 1, with a predominance of aged between 65 and 74 years old.²⁰

In this investigation, the widowhood rate among women was higher with 25 (23.58%), while the male rate was only 8 (7.54%). In another study³, a higher prevalence of elderly widows (55%) was also observed. According to some authors,²¹ women are better adapted when they happen to divorce in both situations, both in separation or because of widowhood, and they are often encouraged to assume greater financial responsibility in the family.

The elderly person undergoes a new change in their role within the family because during the course of their life he promoted care and

now may need to be taken care. Thus, the family establishes new functions and rules for its members, promoting new activities for the elderly.²² As shown in Table 1 within the family arrangement, who appeared in greater numbers was the variable spouse/partner with 34 (32.06%).

Several authors^{19,21,23} affirm that the Brazilian elderly population, for the most part, has a low level of education, in which the elderly women prevail with lower enrollment rates. According to Table 1, it can be observed that the variable with education had a great incidence with 51 (48.11%) elderly with both genders; on the other hand, it is estimated that the elderly had a higher rate of education, with 26 (24.52%), compared to men with 9 (8.50%).

A study²⁴ conducted in Guarapuava/PR found that 54.6% of the interviewees considered their health as “good” and 31.5% as “bad”. This self-perception is an important factor to promote the improvement in the health status of this population through actions that act directly in the life of the elderly. It is pertinent to point out that it can only be reported by its state of health, which favors the performance of health professionals in the pursuit of subjective well-being. Regarding the elderly who participated in the research, 63 (59.42%) reported that their health was good and 22 (20.74%) reported being bad health.

In another study,¹⁷ it was observed that the elderly female population, even with the struggle for equality and changes in the labor market, still have their insertion in the highest domestic work. In the occupation variable, the farmers, 33 (31.12%), dominant in the male with 19 (17.92%), followed by women with 14 (13.20%), while women excelled in housewife occupation with 18 (16.99%) of the respondents. In a study¹⁰ carried out in the interior city of Minas Gerais, it also had the farmer profession as the highest paid activity. According to the authors, this fact is correlated with local social and economic aspects and the restrictions of access to the school for the neediest population.

According to a study²² involving elderly individuals living in a municipality in the northern region of Rio Grande do Sul, it was found that 68.4% of the elderly had low monthly income, not participating in the income of the economically active population, their majority by social security, either by retirement or some other type of benefit. Another study²¹ showed that the income level of the elderly is a minimum wage. In the

present study, according to Table 1, the same findings were found, of which 73 (68.86%) of the elderly had an income of a minimum wage. This study points to the same indication made by other authors¹⁰, in which it was suggested that the predominance of low monthly income indicates an inequality in the distribution of income, an aspect evidenced by the concentration of resources in the agricultural sector.

It was also verified that the variable most mentioned by the elderly in their income for their basic needs is “enough” with 53 (50%). Regarding basic needs, the financial resources obtained by the elderly do not assure them of their financial independence, also mentioning that their resources limit only their spending.¹⁰ Other studies^{21,25-26} found that the elderly in their majority of households have a low per capita household income, since this income is of fundamental importance for the maintenance of basic human needs, thus associating to this group unfavorable health conditions, a worse physical function and less use of the health service, the which reflects in a condensation of health deficit with a detrimental effect on well-being throughout the life.

According to a study¹⁰ with elderly people in households assigned to the three Family Health Strategies (ESF) in Salto da Divisa/MG, 89.6% of their elderly respondents reported being satisfied with their co-workers, since they promote positive things in their relationships increasing affection and reducing loneliness, a fact that enables the well-being of this population. With the data collection, regarding the satisfaction of the elderly with their family life, the quantitative of 102 (96.22%) elderly “satisfied” in their intra-household relationships was presented.

In a research²⁴ with elderly people enrolled in the Basic Health Units (UBS) and living in the city of Guarapuava-PR (N=359), only 11.6% of the elderly reported no health problems, indicating a high prevalence of chronic diseases in this population, requiring constant care for a better quality of life. In another study²⁶, 17% of their sample affirm that with the passing of the age there is a decrease in the biological and behavioral resistance bringing with it greater fragility of the aging population. When interviewed about if they currently have a health problem, 78 (73.58%) of the elderly reported having a disease and only 28 (26.42%) did not present any disease at the present time.

According to some studies^{2,10,24-25}, the chronic diseases most frequently mentioned by the elderly were hypertension, diabetes

and arthritis/arthrosis. Having a high tendency to hypertension, this increase in the prevalence of this chronic disease is associated with some factors, such as age, lifestyle, dietary habits, among others that are all linked to the greater risk for cardiovascular diseases. The main health problems found in elderly people in the living center are Systemic Arterial Hypertension (SAH) with a percentage of 29 (27.35%), followed by Osteomuscular Diseases with 17 (16.03%) and Diabetes Mellitus with 13 (12.26%). SAH is a serious public health problem in Brazil and in the world, one of the major risk factors for the development of cardiovascular, cerebrovascular and renal diseases, responsible for at least 40% of stroke deaths and 25 % of deaths from coronary artery disease and, in combination with diabetes, 50% of cases of end-stage renal failure.

It is verified that the characteristics of aging are influenced by lifestyle, health services, regional characteristics/culture and education level, that is, it is a singular process, being of vital relevance the knowledge of these local characteristics for the development of health actions aligned with the individual needs of each elderly person.^{13,27}

The delay in the constitution of information in gerontology, more particularly in the area of nursing, may be related to the fact that for a long time there were difficulties of gerontology to support itself as a subject or even science, not defining a field for its performance.⁷

Since 1994, with the creation of Law 8842, which provides for the National Policy on the Elderly (PNSI), the National Council for the Elderly emerges, which regulates attendance to the specificities of this population. In this context, nursing acts through actions that promote healthy aging, the conservation or rehabilitation of the functional disposition and specialized human resources directed to the real needs of the elderly.⁷

The importance of creating public policies that ensure the rights of this population is a fundamental issue for guaranteeing family well-being and improving the quality of life of the elderly population.²²

CONCLUSION

Given the results, it is possible to conclude that, most of the 106 elderly interviewed are female, with the highest age group between 60 and 69 years old; the "widowhood" marital status is in evidence; most living with partners or children; women have a higher educational

level; per capita income is up to 1 minimum wage, having as main diseases: Hypertension, 29 (27.35%), Osteomuscular Diseases, 17 (16.03%) and Diabetes mellitus, 13 (12.26%). Among the elderly interviewed, the majority reported having a good health perception, 63 (59.42%).

The importance of nursing of creating a sociodemographic profile of a given population is due to the search for better knowledge of the characteristics of each population/territory. Based on this, it is possible to strengthen the assistance provided with the establishment of actions and goals aligned according to the real need of the individuals, allowing to customize the activities/language according to the profile of the patients.

This research was not multicentric as limitations, having analyzed only the elderly people linked to the living center, which does not represent the total population of elderly people living in the municipality. Both deficiencies are related to financial constraints.

It is pertinent to develop new studies to verify the impact that the living center has on the quality of life of this population, with the intention of developing policies and interventions appropriate to the profile of this population.

REFERENCES

1. Baldoni AO, Pereira LRL. O impacto do envelhecimento populacional brasileiro para o sistema de saúde sob a óptica da farmacoepidemiologia: uma revisão narrativa. *Rev ciênc farm básica apl* [Internet]. 2011 [cited 2017 June 27];32(3):313-21. Available from: http://serv-bib.fcfar.unesp.br/seer/index.php/Cien_Farm/article/view/1505/1173.
2. Ferreira OGL, Maciel SC, Costa SMG, Silva AO, Moreira MASP. Active aging and its relationship to functional independence. *Texto & contexto enferm* [Internet]. 2012 July-Sept [cited 2017 June 27];21(3):513-8. Available from: http://www.scielo.br/pdf/tce/v21n3/en_v21n3a04.pdf.
3. Veloso C, Brito AAO de, Rodrigues LP, Veloso LUP. Socioeconomic and epidemiological profile of elderly residents in long term care facilities. *J Nurs UFPE on line* [Internet]. 2016 July [cited 2017 June 27];10(7):2504-12. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/7386/pdf/10578>.

4. Silva JVF da, Silva EC da, Rodrigues APRA, Miyazawa A. A relação entre o envelhecimento populacional e as doenças crônicas não transmissíveis: sério desafio de saúde pública. Caderno de Graduação - Ciências Biológicas e da Saúde - UNIT/AL [Internet]. 2015 May [cited 2017 June 27];2(3):91-100. Available from: <https://periodicos.set.edu.br/index.php/fitsbiosaude/article/view/2079>.
5. Hermann FR. Geriatric epidemiology: practical considerations when involving elderly subjects in studies. Swiss Med Wkly [Internet]. 2004 Mar [cited 2017 June 27];134(9-10):117-25. Available from: https://www.researchgate.net/publication/8599031_Geriatric_epidemiology_Practical_considerations_when_involving_elderly_subjects_in_studies.
6. Nunes MCR, Ribeiro RCL, Rosado LEFPL, Franceschini SC. The influence of sociodemographic and epidemiological characteristics on the functional capacity of elderly residents in the city of Ubá, Minas Gerais. Braz j phys ther (Impr) [Internet]. 2009 Oct [cited 2017 June 27];13(5):376-82. Available from: http://www.scielo.br/pdf/rbfis/v13n5/en_aop053_09.pdf.
7. Veiga KCG, Menezes TMO. Produção do conhecimento em enfermagem: a (in) visibilidade da atenção à saúde do idoso. Rev Esc Enferm USP [Internet]. 2008 [cited 2017 June 27];42(4):761-8. Available from: <http://www.scielo.br/pdf/reeusp/v42n4/v42n4a19.pdf>.
8. Resende JO, Silva FMR e, Assunção RS, Quadros KAN. Assistência do enfermeiro ao idoso na estratégia saúde da família. Rev enferm Cent-Oeste Min [Internet]. 2015 [cited 2017 June 27];5(3):1831-43. Available from: <http://www.seer.ufsj.edu.br/index.php/recom/article/view/880/935>.
9. Xavier AG, Santos RC. Living centers while a health promotion strategy for the elderly: case studies. J Nurs UFPE on line [Internet]. 2014 Oct [cited 2017 June 27];8(10):3555-8. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5469/pdf/6339>.
10. Meira SS, Vilela ABA, Casotti CA, Anjos ACF dos, Silva DM da. Considerações acerca das condições de vida de idosos no Vale do Jequitinhonha, Minas Gerais - Brasil. Serv Soc Rev [Internet]. 2014 [cited 2017 June 27];17(1):159-77. Available from: <http://www.uel.br/revistas/uel/index.php/ssrevista/article/view/17711/17074>.
11. Bastos JLD, Duquia RP. Um dos delineamentos mais empregados em epidemiologia: estudo transversal. Sci med [Internet]. 2007 [cited 2017 June 27];17(4):229-32. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/scientiamedica/article/view/2806/7864>.
12. Lebrão ML, Laurenti R. Saúde, bem-estar e envelhecimento: o estudo SABE no Município de São Paulo. Rev bras epidemiol [Internet]. 2005 [cited 2017 June 27];8(2):127-41. Available from: <http://www.scielo.br/pdf/rbepid/v8n2/05.pdf>.
13. Teston EF, Caldas CP, Marcon SS. Condominiums for the elderly: living conditions and health of residents in a new form of housing. Rev bras geriatr gerontol [Internet]. 2015 [cited 2017 June 27];18(3):487-97. Available from: http://www.scielo.br/pdf/rbgg/v18n3/en_1809-9823-rbgg-18-03-00487.pdf.
14. Prefeitura Municipal de Coxim. Prefeito anuncia aquisição de mesas de sinuca para idosos de Coxim [Internet]. 2013 [cited 2017 June 27]. Available from: <http://www.coxim.ms.gov.br/index.php?page=noticia&id=61005>.
15. Veras R, Dutra S. Perfil do idoso brasileiro: questionário BOAS. Rio de Janeiro: UERJ: UnATI. [Internet]. 2008 [cited 2017 June 27]. Available from: http://www.crde-unati.uerj.br/liv_pdf/perfil.pdf.
16. Silva MJ da, Lopes MVO, Araújo MFM, Moraes GLA de. Avaliação do grau de dependência nas atividades de vida diária em idosos da cidade de Fortaleza - Ceará. Acta Paul Enferm [Internet]. 2006 Apr/June [cited 2017 June 27];19(2):201-6. Available from: <http://www.scielo.br/pdf/ape/v19n2/a12v19n2.pdf>.
17. Meireles VC, Matsuda LM, Coimbra JAH, Mathis TAF. Características dos Idosos em Área de Abrangência do Programa Saúde da Família na Região Noroeste do Paraná: contribuições para a gestão do cuidado em enfermagem. Saúde Soc [Internet]. 2007 [cited 2017 June 27];16(1):69-80. Available from: <http://www.scielo.br/pdf/sausoc/v16n1/07.pdf>.
18. Porciúncula RCR da, Carvalho EF de, Barreto KML, Leite VMM. Perfil socioepidemiológico e autonomia de longevos em Recife-PE, Nordeste do Brasil. Rev bras geriatr gerontol [Internet]. 2014 [cited 2017 June 27];17(2):315-25. Available from: <http://www.scielo.br/pdf/rbgg/v17n2/1809-9823-rbgg-17-02-00315.pdf>.
19. Domingues MA, Ordonez TN, Silva TBL, Torres MJ, Barros TC de, Florindo AA. Redes

Santos Junior AG dos, Pedro JO, Oliveira MC de et al.

Sociodemographic characterization and the...

de relações sociais dos idosos residentes em Ermelino Matarazzo, São Paulo: um estudo epidemiológico. *Rev bras geriatr gerontol* [Internet]. 2013 [cited 2017 June 27];16(1):49-59. Available from: <http://www.scielo.br/pdf/rbagg/v16n1/a06v16n1.pdf>.

20. Schneider RH, Irigaray TQ. O envelhecimento na atualidade: aspectos cronológicos, biológicos, psicológicos e sociais. *Estud psicol (Campinas)* [Internet]. 2008 Dec [cited 2017 June 27];25(4):585-93. Available from: <http://www.scielo.br/pdf/estpsi/v25n4/a13v25n4.pdf>.

21. Sousa AI, Silver LD. Perfil sociodemográfico e estado de saúde auto-referido entre idosas de uma localidade de baixa renda. *Esc Anna Nery Rev Enferm* [Internet]. 2008 Dec [cited 2017 June 27];12(4):706-16. Available from: <http://www.scielo.br/pdf/ean/v12n4/v12n4a15.pdf>.

22. Luz EP da, Dallepiane LB, Kirchner RM, Silva LAA da, Silva FP da, Kohler J, et al. Perfil sociodemográfico e de hábitos de vida da população idosa de um município da região norte do Rio Grande do Sul, Brasil. *Rev bras geriatr gerontol* [Internet]. 2014 [cited 2017 June 27];17(2):303-14. Available from: <http://www.scielo.br/pdf/rbagg/v17n2/1809-9823-rbagg-17-02-00303.pdf>.

23. Paskulin LMG, Vianna LAC. Perfil sociodemográfico e condições de saúde autoreferidas de idosos de Porto Alegre. *Rev saúde pública* [cited 2017 June 27];41(5):757-68. Available from: <http://www.scielo.br/pdf/rsp/v41n5/5764.pdf>.

24. Pilger C, Menon MH, Mathias TAF. Socio-demographic and health characteristics of elderly individuals: support for health services. *Rev latinoam enferm* [Internet]. 2011 Sept/Oct [cited 2017 June 27];13(5):1-9. Available from: <http://www.scielo.br/pdf/rlae/v19n5/22.pdf>.

25. Lima-Costa MF, Barreto S, Giatti L, Uchôa E. Desigualdade social e saúde entre idosos brasileiros: um estudo baseado na Pesquisa Nacional por Amostra de Domicílios. *Cad Saúde Pública* [Internet]. 2003 [cited 2017 June 27];19(3):745-57. Available from: <http://www.scielo.br/pdf/csp/v19n3/15878.pdf>.

26. Neri AL, Yassuda MS, Araújo LF de, Eulálio MC, Cabral BE, Siqueira MEC de, et al. Metodologia e perfil sociodemográfico, cognitivo e de fragilidade de idosos comunitários de sete cidades brasileiras: Estudo FIBRA. *Cad Saúde Pública* [Internet].

2013 [cited 2017 June 27];29(4):778-92. Available from: <http://www.scielo.br/pdf/csp/v29n4/15.pdf>.
27. Teston EF, Rossi RM, Marcon SS. Use of health services by residents at a seniors-only living facility. *Rev Esc Enferm USP* [Internet]. 2013 [cited 2017 June 27];47(5):1122-8. Available from: <http://www.scielo.br/pdf/reeusp/v47n5/0080-6234-reeusp-47-05-1122.pdf>.

Submission: 2017/10/10

Accepted: 2017/12/18

Publishing: 2018/03/01

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