PERCEPTION ON HEALTHY AGING AND RACIAL ISSUES

PERCEPÇÃO ACERCA DO ENVELHECIMENTO SAUDÁVEL E DAS QUESTÕES RACIAIS

PERCEPCIÓN ACERCA DEL ENVEJECIMIENTO SALUDABLE Y DE LAS CUESTIONES RACIALES

Drielly Silva Andrade¹, Jessyka Santos Ferreira², Uilma Santos de Souza³, Michelle De Santana Xavier Ramos⁴

ABSTRACT

Objective: to describe the experience of living with the elderly with a look at racial issues and healthy aging. **Method:** this is a qualitative, descriptive study, a type of experience report, performed in a USF, from November 2017 to March 2018. A field diary was constructed through the meetings. **Results:** in the contact with the elderly, the fragilities and the difficulties of each one in carrying out the daily activities and the self-care are perceived. It is inferred that most of the participants underwent medical treatment of chronic diseases. The participation of the elderly in the discussions about racial issues and the needs aroused by them to continue aging with health becomes relevant. **Conclusion:** the intervention project made it possible for all those involved in the activities to understand the aging process and the demands demanded in this phase, both in the physical aspect and in the psychic and social aspects of the elderly, awakening in each member of the multiprofessional team, the interest in contributing and being able to welcome this clientele. **Descritores:** Health of the Elderly; Health of the Black Population; Case Reports; Nursing; Health Education; Primary Health Care.

RESUMO

Objetivo: descrever a experiência da convivência com idosos com um olhar sobre as questões raciais e o envelhecimento saudável. **Método:** trata-se de estudo qualitativo, descritivo, tipo relato de experiência, realizado em uma USF, no período de novembro de 2017 a março de 2018. Construiu-se, por meio dos encontros, um diário de campo. **Resultados:** percebem-se, no contato com os idosos, as fragilidades e as dificuldades de cada um em realizar as atividades diárias e o autocuidado. Infere-se que a maior parte dos participantes realizava tratamento medicamentoso de doenças crônicas. Torna-se relevante a participação dos idosos nas discussões sobre as questões raciais e as necessidades despertadas por eles para continuar envelhecendo com saúde. **Conclusão:** possibilitou-se, pelo projeto de intervenção, a todos os envolvidos nas atividades, compreender o processo de envelhecimento e as demandas exigidas nessa fase, tanto no aspecto físico, quanto nos aspectos psíquico e social do idoso, despertando, em cada membro da equipe multiprofissional, o interesse em contribuir e se capacitar para acolher essa clientela. **Descritores:** Saúde do Idoso; Saúde da População Negra; Relato de Caso; Enfermagem; Educação em Saúde; Atenção Primária à Saúde.

RESUMEN

Objetivo: describir la experiencia de la convivencia con los ancianos con una mirada sobre las cuestiones raciales y el envejecimiento saludable. **Método:** se trata de un estudio cualitativo, descriptivo, tipo relato de experiencia, realizado en una USF, en el período de noviembre de 2017 a marzo de 2018. Se construyó, por medio de los encuentros, un diario de campo. **Resultados:** se percibe, en el contacto con los ancianos, las fragilidades y las dificultades de cada uno en realizar las actividades diarias y el autocuidado. Se infiere que la mayoría de los participantes realizaba tratamiento medicamentoso de enfermedades crónicas. Se hace relevante la participación de los ancianos en las discusiones sobre las cuestiones raciales y las necesidades despertadas por ellos para continuar envejeciendo con salud. **Conclusión:** se posibilitó, por el proyecto de intervención, a todos los involucrados en las actividades, comprender el proceso de envejecimiento y las demandas exigidas en esa fase, tanto en el aspecto físico, como en los aspectos psíquico y social del anciano, despertando, en cada miembro del equipo multiprofesional, el interés en contribuir y capacitarse para acoger a esa clientela. **Descritores:** Salud del Anciano; Salud de la Población Negra; Informes de Casos; Enfermería; Educación en Salud; Atención Primaria de Salud.

^{1,2,3}Nurses, Federal University of Recôncavo da Bahia/UFRB. Santo Antônio de Jesus (BA), Brazil. Email: drii_andrade01@hotmail.com ORCID iD: <http://orcid.org/0000-0002-1035-3622>; Email: ferreira.jessyka@yahoo.com.br ORCID iD: <http://orcid.org/0000-0002-7356-2720>; Email: uilmamsouza@gmail.com ORCID iD: <http://orcid.org/0000-0002-0045-936X>; ⁴Master, Federal University of Recôncavo da Bahia/UFRB. Santo Antônio de Jesus (BA), Brazil. Email: michellesxavier@gmail.com ORCID iD: <http://orcid.org/0000-0001-6679-207X>

INTRODUCTION

As a result of the aging process, there are changes in the individual's organism which, for the most part, may present some comorbidities, which makes them vulnerable both physically and socioculturally.¹ In this sense, aging is considered as a heterogeneous process, influenced not only by biological-genetic factors, but also socio-cultural and historical factors.²

It is known that, currently, the increase in the elderly population is a matter of debate among the entire world, and in Brazil, according to data from the Demographic Census conducted in 2010 by the IBGE (Brazilian Institute of Geography and Statistics), the elderly represent 12% of population, that is, more than 15 million people.³ According to the Study of Population Estimates by Municipality, Age and Sex carried out by the Department of Informatics of the Brazilian Unified Health System (DATASUS), in 2015, in the municipality of Santo Antônio de Jesus, there were 9,429 elderly people.⁴ For this data, the need to increasingly investigate who the Brazilian elderly are and how they live, in order to guarantee a better quality of life for this segment.

It is emphasized that aging causes physiological changes, when correlated with health, education and income conditions, which lead to illness and the difficulty of coping in this phase.⁵

The main objective of the National Policy on the Health of the Elderly is promoting healthy aging, preventing diseases, recovering and rehabilitating those who may lose their physical and mental capacity.⁶ Thus, the Family Health Unit (FHU), guided by the principles of the Unified Health System (UHS) of universality, equity and completeness, remains a strategic target for the development of health actions aimed at this public.⁶⁻⁷

In terms of the vulnerability to which the elderly are exposed, racism and racial discrimination are factors favorable to the process of illness present in this stage of life and that can negatively influence healthy aging. It is emphasized that few studies are done on the articulation of racial discrimination and aging in order to uncover the complexity of inequality, considering the color / race of the individual and its consequences on aging and quality of life.⁵

It is possible to compare the educational and socioeconomic indices of the black population with the white population, the total discrepancy, that is, the black elderly

age less and, when they have the opportunity, there is a lower quality of life. It is extremely important to recognize the vulnerabilities and peculiarities of this public, especially with regard to the services offered by public health sectors, to provide a better quality of life.⁵

The National Policy on Integral Health of the Black Population (NPIHBP) reaffirms the responsibilities of each sphere of UHS management in the implementation of actions and in articulation with other sectors of government and civil society, in order to guarantee the access of the black population to actions and health services, in a timely and humanized way, contributing to the improvement of the health conditions of this population and to the reduction of inequities.⁸

It is essential, therefore, to plan educational activities in health for this public, favoring reflection on the determinants of the aging process and stimulating social integration, through the construction of spaces where one can share their life histories and their knowledge.^{2,9} Activities aimed at the care of the elderly by the family should be carried out in partnership with the FHU, because it has a greater possibility of recognition of health problems and development of attachment to the individual.¹⁰⁻¹

It is reported that it is incumbent upon the FHU nurse to draw up assistance strategies geared to the health of the elderly, articulating the theme of racial discrimination and aging, evidencing the need to work with this public, especially regarding group therapies, preventive and curative actions and educational.^{1,12-3}

It was identified, therefore, when undergraduates enrolled in the Nursing course entered the space of the Family Health Unit, that many elderly people in the area of coverage were black and who lived in conditions of illness, especially with regard to issues of social isolation and with changes in mood and self-esteem.

It was thus established a space where these elderly people could socialize and socialize, so as to recover their citizenship, leisure and self-esteem, through the activities proposed to be discussed in the space of the group and executed in partnership between the students and the team multi-professional.

OBJECTIVE

- To describe the experience of cohabitation with the elderly with a look at racial issues and healthy aging.

METHOD

This work has a descriptive character, as an experience report, performed at a Family Health Unit (FHU), from November 2017 to March 2018. It is described, in the same, moments experienced by the students of the 9th semester of Nursing at the Federal University of Recôncavo da Bahia, in the city of Santo Antônio de Jesus, Bahia, by establishing a group of elderly people entitled "Best Age" with the objective of awakening, in this type of user, a different way of living the aging process, in the best way and in better living conditions.

At the outset, all the elderly in the area were invited to participate, through the distribution of invitations by the CHA. It was established that the date of the meetings would be fixed, being this every first Wednesday of the month, at two o'clock, time suggested by the elderly. The meetings were held in the health unit itself, lasting an hour and a half per meeting, and composed the experience for a total of five meetings. It was understood the age group of the elderly from 60 to 80 years of age, mostly black women, and many also caregivers of other elderly or relatives.

The following activities were proposed for the group: chats on topics of interest to the elderly, such as the National Policy on Elderly Health; the National Policy of Integral Health of the Black Population; the aging process; health care; sexuality at the best age; popular culture; racial discrimination; the main health problems of the elderly and the black population and the role of the elderly in society.

At all the meetings, complementary activities were added to the chat, such as: physical activity; Pilates class; interactive games; listening time; workshops; makeup and commemorative activities.

It is emphasized that, at the end of the meetings, the students would sit down, discuss how their perception of the day's experience was and record their impressions in a field book for later data collection and analysis.

RESULTS

It is revealed that the idea of working with the black and non-black elderly population arose when performing the health diagnosis of the attached area. With the contribution of the health team of the Family Health Unit, especially the nurse and the community agents, a significant number of elderly and

black elderly people who lived in the area and presented health, biological and social problems were identified, for lack of leisure and self-esteem.

It is added that health professionals linked to the unit participated in the program if they proposed to contribute and direct the meetings. It is detailed that the partnership with the university was also significant, including, with the scheduled participation of specific teachers in the area of health of the elderly to make their contribution. It was proposed, therefore, an accompaniment of the elderly, according to the programming, by a multiprofessional team.

Through the contact with these elderly people, they perceived the fragilities of each one and their difficulties in carrying out the activities of daily life and self-care. At the moment of the meetings, beliefs, values, routines and habits were discussed. It is revealed that the majority were in medical treatment of chronic diseases, such as diabetes and hypertension, but also had decreased auditory and visual acuity and reduced mobility.

First meeting

At the first meeting, the meeting of the group of the elderly began, in which the nurses presented themselves and carried out a dynamic entitled "I take the hat", where each participant would see his image reflected when he looked at his hat. It is inferred that some elderly people did not recognize themselves in the image, which made the nurses reflect on the self-esteem compromised at this stage of life, since some elderly people had, in their expressions, a certain apathy and a careless aspect with themselves, although, become more active and enthusiastic about.

Subjects were addressed by the present team, such as the National Policy on Elderly Health, which aims to recover, maintain and promote the autonomy and independence of elderly individuals, directing collective and individual health measures for this purpose, in line with the principles and guidelines of the Unified Health System.⁶

It was also discussed about the arboviruses dengue, chikungunya and Zika and their form of prevention. The opportunity was taken to talk about the health services available at the unit, clarifying the importance of the elderly attending and taking their doubts when necessary. The services of Hiperdia, pressure measurement, glucose, preventive performance and the care provided by the

Family Health Support Group (FHSG) and by the dentist were presented.

It is reported that, in this first meeting, 18 elderly people participated and, of these, six have Diabetes Mellitus (DM); seven, Systemic Arterial Hypertension (SAH) and five, DM / SAH. It is added that, in the category of race/color, 15 were black and three, white; ten of them are monitored with the doctor in the Hiperdia program and eight do not attend frequently in the unit, but all of them do not do careful monitoring in the unit with the nurse.

In this context, the need for innovation in the organization of health services, which deal with the epidemiological profile characterized by the increase of chronic non-communicable diseases, requiring a long-term care, with emphasis on the control of risk factors.^{3,14}

Second meeting

The second meeting was conducted by a guest physical educator with the attendance of nine seniors. The objective of the National Policy for Integral Health of the Black Population was discussed, in which the promotion of the integral health of the black population is addressed, prioritizing the reduction of ethnic-racial inequalities, the fight against racism and discrimination in the institutions and services of the System Of Health (UHS).⁸

It is known that the most common genetic / hereditary diseases in the black population are: sickle cell anemia; DM (type II); SAH; deficiency of glucose-6-phosphate dehydrogenase and fibroids. It should be noted that hypertension and DM affect adults more, making the elderly more vulnerable due to a decrease in their metabolism and vessel resistance, and these comorbidities bring with them some problems, such as dysfunction and failure of several organs or systems, between them, the eyes, the kidneys, the heart, the nerves and the blood vessels. Diabetes is most often present with characteristic symptoms, such as excessive thirst, polyuria, vision loss and weight loss.¹⁴ It is pointed out that the State has a duty to meet all the demands of the population, regardless of the age, sex and race.⁸

The importance of physical activity and the benefits for those who are hypertensive and diabetic, guiding them about walking according to the physical conditioning of each individual, were discussed by the physical educator,¹⁵ and at that moment they practiced stretching and, then we did hike. Then, a game was started with the ball, with

the purpose of exercising the elderly, and the joy and fun at the moment of play were perceptible. He worked with the women of the group, then by a makeup artist, making them up and arousing in them words of encouragement to self-esteem. It is emphasized that the elderly reported having enjoyed the activity, evidencing that, even playing with light exercises, the individual can exercise.

Third meeting

The third meeting was held with eight elderly people, with the presence of the FHSG physiotherapist, in which stretching and pilates classes were performed with participants who attended the unit.¹⁶ The interaction and the disposition with the physical activity of the same ones were observed, and the professional showed that it is possible to have an active life, performing own exercises for the age.

Fourth meeting

The fourth meeting began, with the attendance of 15 elderly people, talking about their understanding about sexuality in the third age, when part of the participants associated sexuality with the sexual act, and others reported that it is giving and receiving love, the practice of care, get dressed and feel good.¹⁷ It was then discussed the importance of using condoms because, regardless of having a stable relationship, there is a need for protection against sexually transmitted diseases.¹⁸ The importance of carrying out the preventive examination was also evidenced, even though no longer having sexual relations.

At the second moment, the physiotherapist of the FHSG performed pilates activities, showing the benefit of an activity performed with the help of a professional and showing that, even with the existing limitation in the third age, it is possible to perform activities that improve their disposition.¹⁵ It ended with a Carnival ball and each one could remember and share what the party was like in their day.

Fifth meeting

The fifth group meeting was given to the elderly and the caregivers, dividing it in three moments. At the first moment, a professor and a student of the Federal University of the Recôncavo da Bahia-UFRB, in which he was approached about the prevention of falls for the elderly in the domestic environment, was exposed, exposing the risks to fall in a house and the possible adaptations for the reception of this public in their homes. It was reported, by many participants, the lack of knowledge about a house suitable for the elderly,

showing the importance of sharing knowledge about this subject.

At the second moment, a first-aid training, emphasizing the asphyxia, prevention and care, was conducted by a nurse emergency and emergency specialist and professor at UFRB. Practical activity was carried out where the public could clarify doubts. Cardiopulmonary resuscitation was then discussed, demonstrating how to perform the resuscitation maneuvers. It was considered the involvement of the participants and the health team as a beneficial point for the learning of all.

In the third moment, the importance of water intake by a nutritionist who worked on the importance of practice was discussed, especially in the elderly population.

The meeting was closed with the commemoration of International Women's Day, when a plan was distributed for each participant as a thank you for attending the meetings.

It is inferred, therefore, that addressing subjects of interest to the elderly black population was very relevant, since it is recognized the difficulty of studies aimed at this public. The social barriers experienced by men and women are a complex phenomenon, with its specific risks, with the aging of the black population, because it is linked to the overcoming of the existing prejudice due to the chronological time added to the discrimination by color count.¹⁹

In this way, we think about the means that eliminate the social barriers that prevent the equal access and treatment of this public to the goods and services as a primordial action to promote a dignified old age to all.¹⁹

CONCLUSION

It was possible for all those involved in the activities of the "Best Age" intervention project to understand the aging process and the demands that this phase requires both in the physical aspect and in the psychic and social aspects of the elderly.

Through the contact with these elderly people, they perceived the fragility of each one and their difficulties in carrying out the activities of daily living and self-care. Their beliefs and values, routines and habits were valued at each meeting. It is revealed that the majority were in medical treatment of chronic diseases, such as diabetes and hypertension, but also had a decrease in auditory and visual acuity and reduced mobility.

It was allowed, in the space established by the group, that health professionals

interacted with the elderly exchanging experiences, because, in teaching and sharing knowledge, everyone learned and benefited. It was also necessary to stimulate self-care and to offer the means to make it happen.

Another important point was to address racial issues in a group that was being created for this population, which began in November, when the National Black Consciousness Day is celebrated, and in a city in the Recôncavo Baiano, where good part of the population declares itself to be black and brown, thus giving visibility to this important social issue in the context of the health care of the elderly.

It was concluded that it was necessary to think about enabling the multiprofessional team and the caregivers of the elderly, to attend to this growing public in the country, with the purpose of offering subsidies for a healthy and profitable aging, reducing the leisure that affects so much this population and taking, even the elderly, greater protection and security.

REFERENCES

1. Tavares RE, Camacho ACLF, Mota CP. Nursing actions to the elderly in the family health strategy: integrative review. *J Nurs UFPE*. 2017 Feb 11(Suppl 2):1052-61. Doi: <https://doi.org/10.5205/1981-8963-v11i2a13476p1052-1061-2017>
2. Miranda GMD, Mendes ACG, Silva ALA. Population aging in Brazil: current and future social challenges and consequences. *Rev bras geriatr gerontol*. 2016 May/June;19 (3):507-19. Doi: <http://dx.doi.org/10.1590/1809-98232016019.150140>
3. Ministério do Planejamento, Orçamento e Gestão (BR), Instituto Brasileiro de Geografia e Estatística. Censo 2010 [Internet]. Rio de Janeiro: IBGE; 2010 [cited 2018 June 15]. Available from: <https://censo2010.ibge.gov.br/>
4. Ministério da Saúde (BR), Informações de Saúde. DATASUS Tecnologia da Informação a Serviço do SUS. População Residente: Estudo de Estimativas Populacionais Por Município, Idade e Sexo 2000-2015 - Brasil [Internet]. Brasília: Ministério da Saúde; 2015 [cited 2018 June 15]. Available from: <http://tabnet.datasus.gov.br/cgi/deftohtm.exe?novapop/cnv/popbr.def>
5. Barbosa KTF, Costa KNFM, Pontes MLF, Batista PSS, Oliveira FMRL, Fernandes MGM. Envelhecimento e vulnerabilidade individual: um panorama dos idosos vinculados à estratégia saúde da família. Texto contexto-

enferm. 2017; 26(2):e2700015. Doi: <http://dx.doi.org/10.1590/0104-07072017002700015>.

6. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 2.528 de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa [Internet]. Brasília: Ministério da Saúde; 2009 [cited 2018 July 12]. Available from:

http://189.28.128.100/dab/docs/publicacoes/cadernos_ab/abcad19.pdf

7. Thomas K, Krevers B, Bendtsen P. Implementing healthy lifestyle promotion in primary care: a quasi-experimental cross-sectional study evaluating a team initiative. BMC Health Serv Res. 2015 Jan; 15:31. Doi: <https://doi.org/10.1186/s12913-015-0688-4>

8. Ministério da Saúde (BR), Secretaria de Gestão Estratégica e Participativa, Departamento de Apoio à Gestão Participativa e ao Controle Social. Política Nacional de Saúde Integral da População Negra: uma política para o SUS [Internet]. 3rd ed. Brasília: Ministério da Saúde; 2017 [cited 2018 July 12]. Available from:

http://bvsms.saude.gov.br/bvs/publicacoes/politica_saude_integral_populacao_negra.pdf

9. Queiroz TS, Rehem TCMSB, Stival MM, Funghetto SS, Lima LR, Cardoso BG, et al. How do old men take care of their own health in Primary Care? Rev Bras Enferm. 2018; 71(Suppl 1):554-61. Doi: <http://dx.doi.org/10.1590/0034-7167-2017-0131>.

10. Barbosa KTF, Costa KNFM, Pontes MLF, Batista PSS, Oliveira FMRL, Fernandes MGM. Aging and individual vulnerability: a panorama of older adults attended by the family health strategy. Texto contexto-enferm. 2017 June; 26(2): e2700015. Doi: <http://dx.doi.org/10.1590/0104-07072017002700015>.

11. Carduff E, Jarvis A, Highet G, Finucane A, Kendall M, Harrison N, et al. Piloting a new approach in primary care to identify, assess and support carers of people with terminal illnesses: a feasibility study. BMC Family Practice. 2016 Feb;17:18. Doi: <https://doi.org/10.1186/s12875-016-0414-2>.

12. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 648, de 28 de março de 2006. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica para o Programa Saúde da Família (PSF) e o Programa Agentes Comunitários de Saúde (PACS). [Internet]. Brasília: Ministério da Saúde; 2006 [cited 2018 June 15]. Available from:

http://189.28.128.100/dab/docs/legislacao/portaria_648_28_03_2006.pdf

13. Mendonça FTNF, Santos AS, Buso ALZ, Malaquias BSS. Health education with older adults: action research with primary care professionals. Rev Bras Enferm. 2017 Aug; 70(4): 792-9. Doi: <http://dx.doi.org/10.1590/0034-7167-2016-0349>.

14. Riddell MA, Dunbar JA, Absetz P, Wolfe R, Li H, Brand M, et al. Cardiovascular risk outcome and program evaluation of a cluster randomised controlled trial of a community-based, lay peer led program for people with diabetes. BMC Public Health. 2016 Aug; 16(1):864. Doi: <https://doi.org/10.1186/s12889-016-3538-3>.

15. Shuval K, Leonard T, Drope J, Katz DL, Patel AV, Maitin-Shepard M, et al. Physical activity counseling in primary care: Insights from public health and behavioral economics. CA Cancer J Clin. 2017 Jan; 67(3):233-44. Doi: <https://doi.org/10.3322/caac.21394>.

16. Gc VS, Suhrcke M, Hardeman W, Sutton S, Wilson ECF. Cost-effectiveness and value of information analysis of brief interventions to promote physical activity in primary care. 2018 Jan; 21(1):18-26. Doi: <https://doi.org/10.1016/j.jval.2017.07.005>.

17. Minkin MJ. Sexual health and relationships after age 60. Maturitas. 2016 Jan; 83:27-32. Doi: <https://doi.org/10.1016/j.maturitas.2015.10.004>.

18. Uchôa YS, Costa DCA, Silva Júnior IAP, Silva STSE, Freitas WMTM, Soares SCS. Sexuality through the eyes of the elderly. Rev bras geriatr gerontol. 2016 Nov/Dec; 19(6):939-49. Doi: <http://dx.doi.org/10.1590/1981-22562016019.150189>

19. Warneck J. Institutional racism and black population health. Saúde soc. 2016 July/Sept; 25(3):535-49. Doi: <http://dx.doi.org/10.1590/S0104-129020162610>

Andrade DS, Ferreira JS, Souza US de et al.

Perception on healthy aging and racial...

Submission: 2018/03/21

Accepted: 2018/11/15

Publishing: 2019/01/01

Corresponding Address

Drielly Silva Andrade.

Rua do Calabar, 183

Bairro Nossa Senhora das Graças

CEP: 44574-310 – Santo Antônio de Jesus (BA),
Brazil