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## INTEGRATIVE REVIEW ARTICLE

# KNOWLEDGE, ATTITUDES AND PRACTICES IN HEALTH OF THE RURAL AREA ELDERLY

CONHECIMENTOS, ATITUDES E PRÁTICAS EM SAÚDE DO IDOSO DA ZONA RURAL CONOCIMIENTOS, ACTITUDES Y PRÁCTICAS EN SALUD DEL ANCIANO DE LA ZONA RURAL

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#### ABSTRACT

**Objective:** to identify the knowledge, attitudes and practices in health of elderly people living in rural areas. **Method:** this is a bibliographical study, type integrative, carried out in the MEDLINE, LILACS, Web of Science, Scopus and SciELO virtual libraries. The original qualitative studies, available in full and published between 2013 and 2017, were considered. Data on location and year of publication, objectives, methods and results were analyzed. The results were presented in the form of figures. **Results:** eight studies published in international journals were analyzed, resulting in the categories. **Conclusion:** it is verified that the health knowledge of the elderly living in rural areas is fragile, mainly, in the identification of risk factors and signs and symptoms of diseases and injuries. Health attitudes and practices reveal the difficulty of adherence / understanding of health promotion actions and prevention of diseases and injuries, possibly due to a lack of culturally congruent care. **Descriptors:** Knowledge, Attitudes and Practice in Health; Old Man; Older Than 80 Years or Older; Rural Population; Countryside; Nursing.

#### **RESUMC**

Objetivo: identificar os conhecimentos, atitudes e práticas em saúde de idosos residentes em zona rural. Método: trata-se de estudo bibliográfico, tipo revisão integrativa, realizado nas bases de dados MEDLINE, LILACS, Web of Science, Scopus e na biblioteca virtual SciELO. Consideraram-se os estudos originais qualitativos, disponíveis na íntegra e publicados no período de 2013 a 2017. Analisaram-se os dados referentes à local e ano de publicação, objetivos, métodos e resultados. Apresentaram-se os resultados em forma de figuras. Resultados: analisaram-se oito estudos publicados em periódicos internacionais resultando em categorias. Conclusão: constata-se que os conhecimentos em saúde dos idosos residentes em zona rural são frágeis, principalmente, no que se refere a identificação de fatores de risco e sinais e sintomas de doenças e agravos. As atitudes e práticas em saúde revelam a dificuldade de adesão/compreensão de ações de promoção da saúde e prevenção de doenças e agravos, possivelmente devido a falta de um cuidado culturalmente congruente. Descritores: Conhecimentos, Atitudes e Prática em Saúde; Idoso; Idoso de 80 Anos ou Mais; População Rural; Zona Rural; Enfermagem.

#### **RESUMEN**

Objetivo: identificar los conocimientos, actitudes y prácticas en salud de ancianos residentes en zona rural. Método: se trata de estudio bibliográfico, tipo revisión integrativa, realizado en las bases de datos MEDLINE, LILACS, Web of Science, Scopus y en la biblioteca virtual SciELO. Se consideraron los estudios originales cualitativos, disponibles en su totalidad y publicados en el período de 2013 a 2017. Se analizaron los datos referentes a la ubicación y año de publicación, objetivos, métodos y resultados. Se presentaron los resultados en forma de figuras. Resultados: se analizaron ocho estudios publicados en periódicos internacionales resultando en las categorías. Conclusión: se constata que los conocimientos en salud de los ancianos residentes en zonas rurales son frágiles, principalmente, en lo que se refiere a la identificación de factores de riesgo y signos y síntomas de enfermedades y agravios. Las actitudes y prácticas en salud revelan la dificultad de adhesión / comprensión de acciones de promoción de la salud y prevención de enfermedades y agravios, posiblemente debido a la falta de un cuidado culturalmente congruente. Descriptores: Conocimientos, Actitudes y Práctica en Salud; Anciano; Anciano de 80 o Más Años; Población Rural; Medio Rural; Enfermería.

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### **INTRODUCTION**

It is known that population aging is a reality in developed and developing countries, since most people can expect to live 60 years or more, and it is estimated that, by 2050, there will be two billion elderly people around the world, with 80 % living in low and middle-income countries. 1 It is estimated that in Brazil, due to the decrease in the number of births and the increase in life expectancy, the population in this age group by 2070 will correspond to 35% of the total number of inhabitants, surpassing the indicator for the set of developed countries. 2

It is noted that this demographic change poses a challenge to science, nurses and other health professionals regarding the formulation and implementation of public policies, while requiring, from the social and health systems of the countries, a preparation to respond positively to the aging of the population in order to provide the elderly with an old age with quality and life satisfaction.<sup>1</sup>

For this, it is fundamental to take into account the social and cultural factors of the context in which the elderly are inserted, so that the actions of health promotion and prevention of diseases and injuries are, in fact, directed to their real needs, because the aging process is heterogeneous and individual. It is added, although there is a decline in the health of the elderly of natural order, which each person ages in the way coherent with the trajectory of life traversed over time.<sup>3</sup>

In this sense, it should be pointed out that residing in a rural or urban area has differences that can significantly influence the lives of the elderly due to the specific characteristics of the localities that determine the people's historical, social and cultural life.<sup>4</sup>

Individuals such as the predominance of domestic activities, agriculture and livestock, difficulties in access to health transportation services. low economic conditions and social isolation are shared by elderly people living in rural areas. 4-5 It is necessary to better evidence such singularities in order to constitute guiding axes for the planning, implementation, evaluation and (re) formulation of health policies, programs and actions, in order to promote effective and effective care, based on principles of integrality and equity.

From the above, and considering the recent research on older people under new perspectives, although the majority focused on those living in urban areas, how fundamental are the studies on the

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knowledge, attitudes and health practices of elderly people living in rural areas with a view to culturally consistent care.

## **OBJECTIVE**

• To identify the knowledge, attitudes and practices in health of elderly people residing in rural areas.

#### **METHOD**

It is a bibliographical study, type integrative review (IR) with the purpose of synthesizing and analyzing the scientific production on the knowledge, attitudes and practices in health of elderly people living in rural areas in the national and international scenarios.

In order to extract data and incorporate evidence into health and nursing, the following steps are contemplated: formulation of the theme and the guiding question; definition of the criteria for inclusion and exclusion of studies, search in the literature, categorization of studies included in the review; evaluation of studies; interpretation of results and synthesis of knowledge.<sup>6</sup>

The guiding question in this IR is: "What are the knowledge, attitudes and practices in the health of elderly people living in rural areas at national and international levels?".

The scientific productions were searched in the databases: Online System of Search and Analysis of Medical Literature (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Web of Science, Scopus and in the virtual library Scientific Electronic Library Online (SciELO) from the following strategy: Health Knowledge, Attitudes, Practice AND Aged OR Aged 80 and over AND Rural Population OR Rural Areas.

The original qualitative studies that dealt with the health knowledge, attitudes and practices of elderly people living in rural areas, available in full, published between 2013 and 2017 in Portuguese, English or Spanish were considered. This period was chosen because it was intended to seek the most recent scientific productions in the literature, which could contribute to the quality of health policies, programs and actions directed at the elderly living in rural areas. Publications of congress annals, abstracts and letters to the editor were excluded.

The categorization and evaluation of the studies were carried out after the scientific productions were searched, and the titles and abstracts were considered, respectively, and when they did not make clear the relation with the subject matter, the inclusion and

exclusion criteria. A new evaluation of the studies was carried out by means of the integral reading aiming to refine the sample based on the guiding question.

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The results of the search process of the productions are presented in Figure 1.

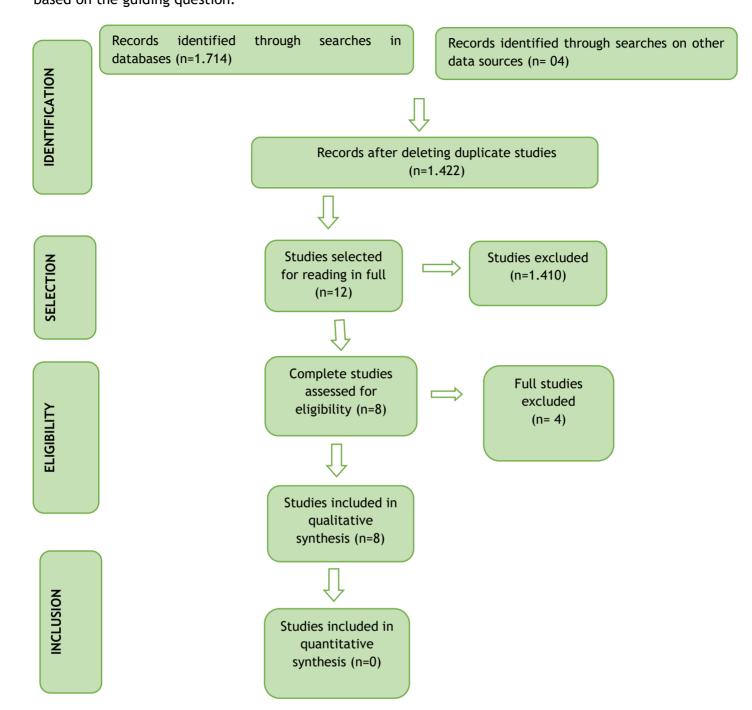


Figure 1- Flowchart of the stages of the integrative review. Pelotas (RS), Brazil, 2017.

The study's commitment to the ethical aspects referring to the citation of authors of scientific publications, as provided for in Law No. 9,610 of February 1, 1998, which deals with copyright.<sup>15</sup>

## **RESULTS**

The analysis of the eight studies<sup>7-14</sup> included in the integrative review was carried out in a critical and reflexive way, which is presented, through figure 2.

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Author	Location (Vene	Dublication	Title	A
Author Letamendi, Ayers,	USA, 2013	Publication  Journal of Cross-		Access Scopus
Ruberg, Singley, Wilson, Chavira, et al. <sup>7</sup>	,	Cultural Gerontology	Among Older Rural Mexican-Americans with Anxiety and Depression	,
Kelly, Tolson, Day, McColgan, Kroll, MacLaren. <sup>8</sup>	Scotland, 2013	Health and Social Care in the Community	Older people's views on	Scopus
Jackson, McCulloch. <sup>9</sup>	USA, 2014	Rural Remote Health		PubMed
Page-Carruth, Windsor, Clark. <sup>10</sup>	Australia, 2014	International Journal of Qualitative Studies on Health and Well- being	• · · · · · · · · · · · · · · · · · · ·	Scopus
Legido-Quigley, Lopez, Balabanova, Perel, Lopez-Jaramillo , Nieuwlaat, et al. <sup>11</sup>	Colombia, 2015	PLoS ONE	Patients' knowledge, attitudes, behaviour and health care experiences on the prevention, detection, management and control of hypertension in Colombia: A qualitative study	Scopus
Rawolle, Sadauskas, van Kessel, Dollman. <sup>12</sup>	Australia, 2016	The Australian Journal of Rural Health	Farmers' perceptions of health in the Riverland region of South Australia: 'If it's broke, fix it'	Scopus
Kovacic, Tirados, Esterhuizen, Mangwiro, Lehane, Torr, Smith. <sup>13</sup>	Uganda, 2016	PLoS Neglected Tropical Diseases	We Remember Elders' Memories and Perceptions of Sleeping Sickness Control Interventions in West Nile, Uganda	Scopus
Michael, O'Callaghan, Sayers. <sup>14</sup>	Australia, 2017	BMC Palliat Care	Managing 'shades of grey': a focus group study exploring community- dwellers' views on advance care planning in older people	PubMed

Figure 2. Presentation of the studies on the knowledge, attitudes and practices in health of elderly people living in rural areas according to the authors, place, year, publication, title and access.

It can be seen in Figure 2 that scientific production related to health knowledge, attitudes and practices of elderly people living in rural areas presented a similar distribution among the years of publication, and in the years of 2013,<sup>7-8</sup> 2014<sup>9-10</sup> and 2016<sup>12-3</sup> there were two publications, respectively.

All articles included in the IR were published in seven international and interdisciplinary journals, so they were all available in the English language; the Journal of Cross-Cultural Gerontology focuses on aging in cultural contexts and Rural Remote Health and The Australian journal of rural health, rural health, and The Australian journal of

rural health, there have been two publications from 2013 to 2017.

Three countries were studied in Australia, <sup>10,12,14</sup> two in the United States, <sup>7,9</sup> in Scotland, <sup>8</sup> in Colombia, <sup>11</sup> in Uganda<sup>13</sup> and none in Brazil, representing a gap in scientific knowledge about health knowledge, attitudes and practices of elderly people living in rural areas, especially in the national scenario.

The objectives, methods and main results of the articles included in the IR are shown in figure 3 below.

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Authors	Objectives	Methods	Main results
Letamendi, Ayers,	Examine how Mexican-	Mixed method including	The way older people report their
Ruberg, Singley, Wilson, Chavira, et al. <sup>7</sup>	American elderly describe, conceptualize, and	semi-structured interviews and quantitative evaluation.	symptoms differs from ordinary Western terminology, which interferes with the diagnosis of
	cope with symptoms of anxiety and depression.		disease; 68% of the sample meets the criteria for at least one psychic disorder.
Kelly, Tolson, Day, McColgan, Kroll, MacLaren. <sup>8</sup>	Explore the perception and experience of the elderly with the use of new hearing aids.	Mixed method including semi-structured interviews and focus groups.	Need for information to adapt the use of hearing aids, as well as attention to the psychosocial aspects of care; little family involvement and desire for the elderly.
Jackson, McCulloch. <sup>9</sup>	Explore Awareness of Heart Attack Symptoms by elderly women.	Qualitative study, with snowball sampling and interview, including a demographic questionnaire, a health questionnaire and three health vignettes with follow-up questions.	Most participants correctly identified the symptoms of a heart attack based on personal experiences or community education activities; resistance to call for help from the family and to call the emergency medical service.
Page-Carruth, Windsor, Clark. <sup>10</sup>	Explore how rural culture influences the management of type II diabetes.	Qualitative study with semi-structured interviews.	Rural people, including the elderly, were able to normalize self-management behaviors of diabetes.
Legido-Quigley, Lopez, Balabanova, Perel, Lopez- Jaramillo, Nieuwlaat, et al. <sup>11</sup>	To explore knowledge, attitudes, behavior and health care in the detection, treatment and control of hypertension in Colombia.	Qualitative study covering semi-structured interviews and focus group discussions.	Few participants were aware of ways to prevent hypertension; when diagnosed, the majority reported the use of medications, but showed little understanding regarding their treatment.
Rawolle, Sadauskas, van Kessel, Dollman. <sup>12</sup>	Exploring how closely the farmers' health perceptions correspond to the Health Organization definition of health (WHO).	Qualitative and descriptive study comprising semi-structured interviews.	Farmers understand health as physical and mental well-being and not necessarily the lack of disease. Recognize healthy while they manage to carry out their work activities.
Kovacic, Tirados, Esterhuizen, Mangwiro, Lehane, Torr, Smith. <sup>13</sup>	To evaluate how experience is preserved in the memory of the elderly in relation to sleep disease (African human trypanosomiasis).	Qualitative research employing in-depth interviews.	Negative memories were associated with diagnostic procedures (lymph node examination, mainly), duration and side effects of the treatment; positive experiences of more recent campaigns have been reported, especially, a greater confidence in new medical interventions.
Michael, O'Callaghan, Sayers. <sup>14</sup>	To evaluate the awareness, attitudes and experiences of preplanning care among the elderly and children / caregivers of the elderly.	Qualitative research, of descriptive character, with the realization of focus groups using a semi-structured question board.	The advanced planning of the care had good acceptability when evident, however, it found difficulty in planning hypothetical health and socio-cultural situations in comparison to the discussions related to the death.

Figure 3 - Presentation of articles on health knowledge, attitudes and practices of elderly residents in rural areas according to the objectives, methodology and main results.

Figure 3 shows the proposed objectives, based on the analysis of the scientific production on the knowledge, attitudes and health practice of elderly people living in rural areas, who, of the eight studies, only two assess the conceptions of the elderly with 12,14 while others address specific issues related to diseases, hearing problems and use of hearing aids, depression, heart attack, type II diabetes, systemic arterial hypertension, and sleep sickness. 7-11,13

Two studies of mixed method, <sup>7-8</sup> quantitative and qualitative, and six studies of qualitative method were found. <sup>9-14</sup> Among the

techniques of data collection, the use of interviews in the eight studies, <sup>7-14</sup> among them, the semistructured, in six studies, <sup>7-12</sup> and in three, the focus group discussion technique <sup>8,11,14</sup> was also present. The indepth interview <sup>13</sup> and the health vignettes <sup>9</sup> were used in one study each. For the selection of participants, snowball, known as a snowball sample, was used in four studies included in this IR. <sup>9-13</sup>

Data analysis was carried out in all the analyzed studies, the codification and thematic categorization of the collected data, <sup>7-14</sup> however, they diversified as to the type of

analysis used, evidencing the comparative, the inductive and the thematic The software for the treatment and analysis of qualitative data was used in four surveys: o QSR® N-Vivo10® <sup>8,11</sup> and Maxqda®. <sup>13</sup>

## **DISCUSSION**

It is shown in the results of RI that the number of scientific productions on the knowledge, attitudes and health practice of elderly people residing in rural areas, from 2013 to 2017, is restricted, emphasizing the need for new studies that mobilize the international and especially national academic debate. It is believed that aging must be understood in different contexts and, as regards the living and health conditions of these elderly people, in Brazil, there is a lack data that can contribute of improvement of care.16

It is also shown in the results that most of the publications were indexed in the Scopus database, which allows a comprehensive view of the world scientific production of several fields of knowledge, which explains the publications included in this research proceed from periodicals interdisciplinary and international studies of relevance to Nursing and other health professions.

It should also be pointed out that the expressive number of interviews, especially the semi-structured interviews carried out to collect data between the analyzed studies, may be related to the fact that they have 60 years or more as participants. It is necessary to take into account, when conducting studies with the elderly, the limitations related to aging, which can influence the understanding of the research questions; In this way, the semi-structured interview is usually preferred in these cases because of its greater flexibility, which allows us to resume and reformulate questions as necessary.<sup>17</sup>

The following categories were identified based on the guiding question and the objective of this research: Health attitudes and practices of the elderly living in rural areas; The importance of health education for knowledge, attitudes and practices in the health of the elderly living in rural areas and barriers to knowledge; attitudes and practices in the health of elderly people living in rural areas.

## Health attitudes and practices of elderly people living in rural areas

It is believed that thinking about the health attitudes and practices of the elderly living in rural areas is undoubtedly to reflect on the ways of life and the singularities related to the lived and experienced reality. The

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concept of health of these people is generally described as the ability to carry out the activities of daily living, especially work in the field, even in cases of illness or disability, compared to agricultural machinery that can be repaired when spoils.<sup>12</sup>

It can be seen that, although elderly people living in rural areas generally do not have healthy living habits, with a view to promoting health and preventing diseases and injuries, at the time they perceive patients, that is, when they can not more to develop their activities of daily living, follow the guidelines of health professionals regarding drug therapy and lifestyle change, especially in relation to the practice of physical activities and eating habits.<sup>7,11-2</sup>

It should be pointed out that older people were more likely to follow preventive measures, <sup>12</sup> thus suggesting that, as one grows older, adherence to physical exercise and food adequacy due to inherent health needs to the aging process increase.

In the study on the influence of the rural social and cultural context in the treatment of type II diabetes, in order to understand the social processes constructed, people living in the rural area, including the elderly, have the capacity to adapt in accordance with the limitations imposed by the disease in search of autonomy and self-sufficiency, that is: they manage to normalize their self-care behaviors through the construction of meanings about their lives in a way that is congruent with the specificities of the rural area. <sup>10</sup>

It thus becomes apparent that diabetes management behaviors as well as other diseases in rural areas result from cultural, social, political and economic factors that are concentrated over time.<sup>7,10-2</sup> It is recalled that there are many positive aspects of rural life, which can contribute to the health attitudes and practices of the elderly, such as contact with nature and maintenance of physical condition, and negative aspects such as working conditions, stress and violence.<sup>11-2</sup>

Based on the above, the health attitudes and practices of elderly people living in rural areas seem to be directly related to the social and cultural context and reveal the difficulty adherence/understanding of health promotion and prevention actions and, especially, by only understanding themselves as patients when they are no longer able to carry out their daily and work activities. This may be related to the lack of culturally congruent care. In contrast, identifying themselves as patients tend to develop positive attitudes of self-management of

illness in order to resume their life routines as soon as possible.

Importance of health education for the knowledge, attitudes and practice in the health of the elderly living in rural areas

There is limited awareness of risk factors for diseases and conditions, as well as the ability to recognize symptoms is greatly reduced among elderly people living in rural areas. This limitation is related, directly, to the lack of dissemination of information in relation to the health-disease-care process that contribute to knowledge and, therefore, to health attitudes and practice. 9-11,13

In a study on the prevention, detection, management and control of systemic arterial hypertension (SAH), developed in urban and rural areas in Colombia, for example, the elderly had little understanding of the disease, probably because none of the participants recalled the implementation of health education with a focus on SAH, while many participants reported the lack of information and proximity to health professionals.<sup>11</sup>

Similarly, another study of the symptoms of heart attack and decision-making revealed that women who were 65 years of age or older residing in rural areas of the Midwest of the United States with difficulty in recognizing these symptoms had no proximity to the subject and consequently sought help late. However, it was determined that the majority of the participants had an easy way to correctly recognize the symptoms cardiovascular disease due to personal experiences and participation in community classes, reflecting positively on health attitudes and practice.9

In this context, the importance of health education planning and development is highlighted, with a view to promoting health and preventing diseases and diseases, through a dialogue between health professionals and the elderly who are under their care, allowing the construction of knowledge together and from these people. It is essential to share information, as well as the consideration of the social and cultural factors of the context in which the elderly are inserted, to help them adjust and optimize their ways of life, both before and after, in the occurrence of diseases and injuries.<sup>8-9</sup>

This relevance is also evident in the study carried out in Scotland, which explored the perception and experiences of the elderly with the use of new hearing aids, emphasizing the informational needs of older people before and after adaptation to the orthosis, according to the report of the participants, <sup>8</sup>

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as well as in the study carried out in Australia, which investigated the influence of rural culture on the management of type II diabetes, showing that the lack of knowledge about services or related health information negatively influences the care management processes in patients with diabetes.<sup>10</sup>

Finally, it is pointed out that in order to importance strengthen the of health education for the knowledge, attitudes and practice in the health of elderly people living in rural areas, the study related to memories of African elderly about sleep disease, which emphasized the indispensable sharing of information between health professionals and elderly. Through the scenario resistance and fear of new health interventions, such as the development of the medical campaign of Médecins Sans Frontières Spain (2010-2011), based on the historical context and point of view of those who had experienced the disease in the past, for the construction of knowledge in the community, thus for the increase of trust. 13

It is understood, therefore, that health education can contribute in an unequaled way in the construction and strengthening of positive attitudes and health practices of the elderly living in rural areas as in the adhesion to actions of health promotion and prevention of diseases and injuries, in the identification of risk factors early and in the understanding of the treatments proposed by the health teams, increasing the knowledge of the elderly about health care. The publications analvzed highlight the importance conducting health education activities in a way that approaches the way of life of this population by valuing their beliefs, values and popular knowledge.

Barriers to knowledge, attitudes and practice in the health of elderly people living in rural areas.

It is difficult to access health services at different levels of technological complexity as the main barrier to health knowledge, attitudes and practices of elderly people living in rural areas. This difficulty is related to the lack of information, the low economic condition, the distrust of the health system and, above all, the scarce availability of health services, as well as the long distances to be covered or transportation problems, such as such as inexistence and high cost when existing. 9,111

In this study, it was demonstrated that, due to the fact that the elderly women living in rural areas of the Midwest of the United States were resistant to calling the emergency mobile service (ambulance), it would be time

consuming for the health team arrive and provide assistance, which would probably arouse the attention of the people close to them, jeopardizing the maintenance of privacy. It is pointed out by some authors <sup>9</sup> that the difficulty in accessing emergency services was identified internationally as a barrier for people residing in rural areas, both in a study that assessed access to health services of the rural and urban continuum in the Canada, <sup>18</sup> and in a study that analyzed the differences in the use of health services among older Mexicans in urban and rural areas in Mexico.<sup>19</sup>

On the basis of the above, there is a possible disarticulation between the health needs of people aged 60 and over in rural areas and the organization of health systems, which should be (re) thought of providing culturally congruent with the social and cultural context in which they are inserted, so that they become more effective and efficient.

As an alternative, access to the health service can be expanded and made possible through home visits and periodic attendance at strategic locations.<sup>20</sup> The importance of greater availability of information and interventions related to the prevention and treatment of diseases is evidenced, emphasizing that they need to be addressed to the people who really need them, referring to the rural population.<sup>11</sup>

Reluctance to seek family and friends to help them was also manifested by elderly people living in rural areas, since they did not want to worry or bother them, representing another barrier, especially, with regard to health practice.<sup>7-9</sup>

It was reported, for example, by urban, remote and rural elderly people in Scotland who were on the waiting list or already using a hearing aid, who did not want to involve family members in their health problems due to behavior indifferent or authoritarian.8 It was also identified in another study with older rural Mexicans living with anxiety and depression as the causes for this resistance in relation to family involvement, both the unavailability and rejection of members, and worry about not becoming a nuisance.7

It is also pointed out as possible risk factors for diseases and diseases in rural areas, that the diet based on the consumption of carbohydrates, fats and salt, associated to sedentary lifestyle, smoking and consumption of alcoholic beverages, constitutes a barrier to most of the time, the elderly do not have

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knowledge about preventive measures, as was discussed 9,11

Another barrier is found to linguistic diversity, since the expressions of discomfort employed by the elderly of a Mexican-American rural community do not fit with traditional medical terms for the description of the symptoms, mainly of anxiety and depression, thus interfering in the diagnosis of diseases. <sup>7</sup>

It is understood, therefore, that it is necessary an effort of the health professionals to approach the language and, not least, of the expressions commonly used by the lay population, since they represent their main means of communication and are directly related to the social factors and culture. It can also contribute to the use of a broader set of terms related to mental health, to improving the evaluation and quality of care provided to rural Mexican-American elderly experiencing psychiatric symptoms, <sup>7</sup> and it can and must occur in the other fields of action and in relation to the elderly living in rural areas of other origins.

It can be noticed in relation to the barriers identified in the studies analyzed that they meet the difficulties of access to health services and issues related to the social and cultural context in which the elderly are inserted. Thus, public policies that consider this context can significantly diminish them.

## CONCLUSION

It can be seen in this integrative review the scientific production on the knowledge, attitudes and practices in the health of elderly people living in rural areas is still incipient, especially in the national scenario. The publications indicate that the knowledge of these elderly people in relation to the health-disease-care process is fragile, especially in relation to the identification of risk factors and signs and symptoms of diseases and injuries. As well as, that their attitudes and practices in health reveal the difficulty of adherence / understanding of actions of health promotion and of prevention of illnesses and diseases, possibly due to lack of culturally congruent care.

It was also identified that one of the possibilities for building and strengthening positive attitudes and health practices of elderly residents in rural areas with a view to expanding and qualifying their knowledge is health education, developed by health professionals in a shared way with the population, approaching and valuing the local culture. In addition, the construction of a culturally congruent care may also contribute

to the transposition of the barriers identified in the selected scientific production, such as the difficulties of access to health services and linguistic diversity.

Finally, the need to increase and qualify other health professionals and regarding social and cultural diversity with the aim of improving access to health services and, consequently, the provision of a culturally consistent care for the elderly living in rural areas.

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