CONDITIONS OF HEALTH AND QUALITY OF LIFE OF THE QUILOMBOLA ELDERLY BLACK

Condicones de salud y la calidad de vida de ancianos negros quilombolas

Objective: describing the health and the quality of life of black quilombola elderly. Method: a descriptive and exploratory study, of case type, held with a black elderly, accompanied by the Family Health Strategy, located in a municipality in the countryside of Bahia, Brazil. The data collection was performed through a household interview. The study had the project approved by the Research Ethics Committee, under CAAE 24568313.4.0000.0055. Results: the elder referred to health problems, dissatisfaction and poor access to health services, satisfaction in social relationships and evaluated the quality of life as poor. Conclusion: it is necessary to expand access and utilization of health services offered in quilombola community under study, so that it serves the main demands of the elderly population, providing improvement in health and quality of life.

Descriptors: Health Conditions; Access to Health Services; Quality of Life; Elderly; Vulnerable communities.

ORIGINAL ARTICLE

CONDITIONES DE SAÚDE E QUALIDADE DE VIDA DO IDOSO NEGRO QUILOMBOLA

Condiciones de salud y la calidad de vida de ancianos negros quilombolas

Objective: descrever as condições de saúde e qualidade de vida de idoso negro quilombola. Método: estudo exploratório e descritivo, do tipo relato de caso, realizado com um idoso quilombola, acompanhado pela Estratégia Saúde da Família, localizada em um município do interior da Bahia, Brasil. A coleta de dados foi realizada por meio de entrevista domiciliar. Estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa, sob o CAAE 24568313.4.0000.0055. Resultados: o idoso referiu problemas de saúde, insatisfação e dificuldades de acesso aos serviços de saúde, satisfação nas relações sociais e, avaliou a qualidade de vida como ruim. Conclusão: torna-se necessária a ampliação do acesso e utilização dos serviços de saúde oferecidos na comunidade quilombola em estudo, de forma que atenda as principais demandas da população idosa, propiciando melhoria nas condições de saúde e qualidade de vida.

Descriptors: Condiciones de Salud; El Acceso a los Servicios de Salud; Calidad de Vida; Anciano; Las Comunidades Vulnerables.

RESUMEN

ABSTRACT

RESUMO

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INTRODUCTION

Life expectancy has risen in several countries, such as Brazil, thereby increasing the elderly population. Concomitantly, several changes occur in the conditions of the elderly and, consequently, in Quality of Life (QOL). These changes can be caused by multiple factors, including the biological, resulting character of the aging process itself, as well as other determinants of health such as those related to social, historical and environmental conditions.

In Brazil, every year, about 650,000 new seniors are incorporated into the population and many have one or more chronic non communicable diseases (CNCDs), and functional limitations. In old age, diseases and functional disabilities impact on the family, the health care system and the daily life of the elderly; so, it is important to delay its evolution in order to ensure longevity with autonomy, independence and older (QOL).¹

In health, the term QOL has its most important focus on health promotion and relies on the understanding of meeting the most basic needs of life such as food, access to clean water, housing, work, education, health and leisure; material elements that are referenced concerning notions of comfort, well-being and achievement, as much individual as collective.²

To promote health with QOL, the World Health Organization (WHO) recommends that policies in the field of aging should take into account the determinants of health (social, economic, behavioral, personal, cultural, beyond the physical environment and access to services) to throughout the course of life, with particular emphasis on the inherent issues of gender and social inequalities.³

However, few studies address the discussion between the differences in health conditions and use of services among the elderly and race, even before being vulnerable groups such as those formed by blacks, with a growing need for evidence on the impact of the health- disease process, affected by physical limitations, social inequality and injustice.⁴

Skin color is a form of race classification used in Brazil. The junction of browns and blacks, called black race, when used separately it comes to skin color.⁵ Racial Equality Statute states that the black population is the set of people who declare themselves black and mixed according to item color or race, used by the Brazilian Institute of Geography and Statistics (IBGE), or who adopt similar self-definition.⁶

In the case of quilombola communities, it is seen that these are formed by ‘blacks’ who seek rights over time, fighting for life and liberty and, therefore, organize their quilombo-spaces that allow the expression of their traditional values and practices, based on slavery and African ancestry. Quilombo communities constitute one of the expressions of resistance to the historical social exclusion suffered by blacks in Brazil.⁷

Facing the inequalities seen in Brazil, mainly to black people, the National Policy on Comprehensive Health of the Black Population (PNSIPN) that, among its objectives, is guaranteeing the expansion of access of the black population of field and forest, in particular the created Quilombo communities, the actions and health services and identifying the health needs of those using as criteria the planning and definition of priorities.⁸ However, it is seen that several Black people face difficulties in accessing the healthcare. Among their main demands are the priority to elderly health and home care to them, improvements in sanitation and housing conditions; media, more agile; smaller queues for care; renovation and/or construction of Basic Health Units (BHJs) and expansion of health teams.⁹

Several concerns arise when facing the health and QOL of elderly people living in black communities and, in turn, over the life course may have experienced adverse social determinants of health to healthy aging. Therefore, this study may provide a basis to guide professionals in the conduct of health care that should be provided for the black elderly through public policies regarding the black population, with emphasis on the elderly person who lives in Quilombo communities. To this end, the aim is:

- Describing the health and the quality of life of black elderly through a case report.

METHOD

This is a descriptive and exploratory study of case report type, drawn from the thesis “Quality of life and related factors among quilombola elderly” in drafting research, which will be presented to the Postgraduate Program in Nursing and Health, State University of the Southwest Bahia.

This study took place in a city in the countryside of Bahia (BA), in a quilombola community, belonging to the rural area, recognized and certified by the Palmares Cultural Foundation (FCP).⁷ The data collection was performed during the month of February 2014.

From the elderly in the surveyed community, one was chosen for monitoring...
and reporting, by the ease of expression and due to having health problems, comorbidities and other factors that can compromise his quality of life.

Through home visits, with the Community Health Agent (CHA), it has been identified the elderly at home. It was used as inclusion criteria: age younger than 60 years old; self-declare quilombola, brown or black (negro); reside in quilombola community recognized by FCP; be registered in the Family Health Strategy (FHS) covering the community; have preserved cognitive function as the Mini - Mental State Examination (MMSE). Thus, after identifying the elderly to monitor the case, we applied the MMSE, an instrument developed by Folstein et al., in 1997, and employed to evaluate cognitive function. The test assesses multiple domains like temporal orientation, spatial, memory and immediate memory, calculation, language, naming, repetition, comprehension, writing and copying drawing. He was rated as the notes suggested cutting illiterate 19; 1-3 years of schooling 23; 4-7 years of schooling 24; and with seven years of schooling 28, being the total score of 30 points.\(^\text{10}\)

After acquiring minimum score on the MMSE score, the elder answered a structured form, referring to socio-demographic questions and some related health conditions, previously developed by the authors through interviews conducted at home. This instrument recorded data as race/color, be self - refer quilombola, profession/occupation, monthly income, individuals who rely on the income of the elderly, smoke or smoked, makes or made use of alcoholic beverages.

The health status of the elderly was evaluated based on the questionnaire Brazil Old Age Schedule (BOAS), developed in England in 1986, with this functional, multidimensional instrument and used for community studies in elderly population.\(^\text{11}\)

Have the quality of life was assessed from the World Health Organization Quality of Life questionnaire (WHOQOL-BREF), which contains 26 questions, two general (overall quality of life and satisfaction with health) and 24 encompassed the physical, psychological, social relations, and a half, the environment.\(^\text{12}\)

This study was a research project approved by the Research Ethics Committee (CEP), of the State University of Southwest Bahia - UESB, Campus Jequie, Bahia, under protocol No 509 987 and CAAE 24568313.4.0000.0055. Contemplating thus, the requirements of Resolution No. 466/2012, the National Board of Health, Ministry of Health; this regulates research involving human subjects.

**RESULT**

A.S., 66, quilombola, race/black, male, since he was born and lives in a quilombola community located in the countryside, retired, illiterate, married and father of two. She currently lives with his wife, was a smoker and alcoholic. He worked most of his life on the farm (crops and livestock), engaging in this activity since the age of nine until 65, when he retired. Currently, takes away the livelihood of his life and his wife ‘s retirement a minimum wage, stating that always lack a bit of financial resources to meet their basic needs. The house you live in is own of adobão and cement floors, have electricity, no running water and no connection to the sewer system.

Elderly hosts and receive financial aid and company/personal care of family. Feels dissatisfied regarding their life in general, the main reasons being economic problems and dissatisfaction with health. Consider their health as poor and worse compared to the last five years, as worse than other seniors in the community who has the same age group as theirs. Presents several Chronic Noncommunicable Diseases - CNCDs and has medical diagnostics of Hypertension (HBP) for 20 years, Congestive Heart Failure (CHF) four years ago, Diabetes Mellitus (DM) type 2 two years ago, Bronchitis Asthmatic as a child, glaucoma in both eyes one year, a year ago heartburn, and pneumonia noted that there was less than one year.

Reported joint pain, he said having not received any help, rehabilitation treatment or therapy for this problem. Has auditory and visual decline, stating that these problems hinder the development of their daily activities. Presents edentulous for removal, not use prosthetic and says have difficulty hearing and reporting, by the ease of expression and due to having health problems, comorbidities and other factors that can compromise his quality of life.

Felt worried in the last month, it has often felt dyspnea, be getting slower and with less energy than usual to perform their daily activities. When sick or need health care, the elderly usually demand a public institution, and when you cannot search for medical care/private clinics. Not satisfied with the health services they normally use, mainly due to the delay in the marking of consultations/examinations, and the cost of medical services and medicines are prescribed when looking for the particular services.
In the last three months did not consult the doctor in the office or at home and did not do clinical examinations. You are using anti-hypertensive, diuretic, anti-platelet, digitalis, expectorant and eye drops. In general have problems and/or difficulties in obtaining the drugs he takes regularly, such as financial problems and difficulty in finding the pharmacy health center.

Referring to the perception of the elderly on their quality of life, it informs be bad and, from the WHOQOL - BREF, it was found that the physical domain had the lowest contribution to QOL (42,86), followed by field environment (43,75). Have the social relationships domain, showed higher contribution (75,00). Among the needs that less contributed to a better perception of QoL can be mentioned: recreation and leisure, healthcare, financial resources and ability to work.

Despite reporting dissatisfaction with health conditions and their QOL, the senior is satisfied with the relationship they have with the people around, as the wife, neighbors, friends and relatives. Feels happy in his daily life and mentions positive expectations for the future, such as improving the living conditions of the quilombolas, live in peace, have health, happiness, love and faith in the heart.

DISCUSSION

Referring to the health conditions of the elderly in this study, it appears that it lived throughout his life in conditions unfavorable to the healthy aging process, since from birth live in a quilombola community that presents several problems, including: social, economic, political and sanitation.

The Program of the Ministry of Health "Healthy Brazil" involves a national action to create public policies that promote healthier ways of living in all stages of life, encouraging physical activity in daily life and leisure, access to healthy foods and reducing the consumption of alcohol and tobacco. These issues are the basis for healthy aging, aging also means that a substantial gain in health and QOL.1

Even with the need to implement policies that are able to promote healthy aging to the individuals, in Brazil, there are several elderly patients with CNCDs, as some living in quilombola communities, and this fact results in several occasions due to factors that are preventable.

Chronic conditions tend to manifest in significantly older and usually are associated with comorbidities . Can generate a debilitating process , affecting the functionality of the elderly, ie, hindering or even preventing the performance of activities of daily living (ADL) independently. Generally , these conditions tend to impair significantly the QOL of elderly.10

From this case report, a number of problems that occur in the maroon community were mentioned by the elderly, which in turn can have a negative relationship with their health conditions, as well as their QOL. Among the problems seen can cite illiteracy , and poor working conditions exercised throughout life associated with the use of alcohol and tobacco , environmental and living conditions. Among the health problems, the only thing the interviewee said to be receiving proper treatment and regular was in relation to bilateral glaucoma. Therefore, issues related to sociocultural dynamics of maroon communities are essential to an increasingly good understanding of black populations. Among these aspects can be highlighted schooling, work organization and practices related to health.13

In review of housing conditions and health of a quilombola community, it was found that in relation to education, the majority of the population is illiterate. These statements reflect the lack of knowledge of the population, which is perpetuated between generations and contributes significantly to the maintenance of poverty and underdevelopment in the community. Besides, most focus on smallholder agriculture, often subsistence, based primarily on planting of cereals, corn, beans and tubers (cassava, sweet potato, and yam), a fact that reflects the impact of the lack of education in the population.14

Generally, individuals who live in quilombola communities suffer from poor water supply, often unfit for human consumption, associated with poor sanitation. These factors result in the dumping of waste into rivers and dams, contaminating water resources and compromising the quality of water that is used for own consumption . The adobe wall and the floor or ground observed in most of the houses, associated health conditions of the community highlighting the precarious socio-economic and environmental conditions.14

The Law No 12.288 , sole paragraph , it states that the residents of the communities of Quilombo will benefit from specific incentives to guarantee the right to health, including improvements in environmental conditions, in sanitation, food and nutrition
security and comprehensive care health. In Article 35 says that the government will ensure the implementation of public policies that ensure the right to adequate housing of the black population living in inappropriate places (like in various maroon communities) in order to reintegrate them into urban dynamics and promote improvements environmental and QOL. However, inequalities in health indicators between the race variable are visible and refer to the social determinants of health as an important factor in poor health for blacks compared with non-black population. Soon, when referring to the black population health is essential to consider the special conditions of vulnerability experienced by this group, as factors that can trigger hypertension.

In a study on hypertension and associated factors quilombola communities held in high blood pressure were observed in the population, revealing the magnitude of this problem among the quilombolas, calling attention to possible cardiovascular repercussions from this finding, as in the case of the elderly in the study which was affected by hypertension and subsequently ICC.

Considering the magnitude of which is hypertension in the black population, for example, it is understood that every effort should be made to enable searches to be directed to the knowledge of this disease in specific population groups, as well as in quilombola communities. Learning which factors may be associated with a high rate of hypertension in these communities, the example of the social, historical, economic, cultural and environmental, not restricted only to the biological, but taking into account the social determinants of health. For this it is essential that public policies and governments guide health systems to dealing with behavior problems, educational, care and chronic care population, who are driving the real epidemic of hypertension. Not only is feasible to invest in health programs, but also on the health care of primary care, notably the FHS. Appropriately trained professionals can, from the performance of collective and individual actions, prevent disease and identify risk groups, and thus, the economic well-being and quality of life for the population and contributing to the full development of families and assisted communities.

Another health problem seen in this report was the shortage of oral health of the elderly results that resemble that of a research on race and the use of oral health services for the elderly, which showed that the race for the elderly is a factor that limits the use of dental services, the chance of a black elderly have never been seen by a dental professional is more than double compared to a white elderly, the chance of the black elderly have used oral health services in the last year is less than that of a white elderly, the fact need not be painful prosthesis or minimizes the difficulty of use of the service by the black elderly.

Racial inequities in health are covering dimensions and are expressed by differential existing risks of illness and death caused by heterogeneous living conditions and access to goods and services. The differences are considered unfair between whites and blacks, and proceeds from the event of the black population have limited options, have restricted access to health resources and are more exposed to damaging factors.

From this case report, the elderly had difficulty in accessing health services, referring to delays in appointments and examinations, when it came to the services offered by ESF covering community and financial difficulties to pay for private health services. However, this is an individual who is hacked, because, besides living in an unfavorable to his health community, has several health problems and uses prescription drugs continuously, which requires periodic and constant care by professionals' health.

To resemble the result of this report, a study conducted in a quilombola community of Southwest Bahia, in general, there was also the utilization of health services, suggesting greater difficulty in accessing the quilombola population. This fact can be explained by several strands, such as the inequities faced by quilombolas go well beyond the difficulties in accessing and utilization of health services, being expressed mainly by the worst social and economic conditions. Thus, it becomes imperative to implement social policies that are able to improve the general living conditions of this population.

A survey in a maroon community, most of the population uses the Unified Health Service (NHS), through the community health agent (CHA) or community health center, where it acquires drugs. However, the principles of universality, comprehensiveness and equity SUS have not been sufficient to ensure the maroon community studied, effective public policy, in the sense, from works of infrastructure, improve their QOL, and health care promote social inclusion.

From Health Survey conducted in Quilombo Communities was possible to note the clear need to assess the conditions and
determinants of health of vulnerable populations in Brazil. The results suggest that it is necessary to implement actions to improve QOL and minimize the degree of vulnerability of the maroon population. Data mining as the use of and access to health services, morbidity, socioeconomic vulnerability, among others, can generate a large health diagnosis of the quilombolas, representing a contribution of academic impact and importance to this population. Thus, is seen that there is a disparity grown in Health Care in Brazil, and that social and professional involvement to change this reality is necessary. It is imperative that all health professions awaken to the challenge, and may join a stream inter, multi and transdisciplinary, bringing the proximity to important groups of Brazilians, for a sad motivation of the past were and are still excluded from the current process development, such as maroon communities.

Before several issues reported by the elderly in this study, it is striking expression of resistance and unity between him and members of the community. And even in the face of adversities of the life process of the elderly, he is satisfied with where you live, the relationship between other individuals living in the Quilombo, beyond hope of improvement, both for his life and for his family and community. After all, being black, to various individuals in the community is to be proud of their community and its people, is to live without prejudice, is to belong to a black and united community.

**CONCLUSION**

From the results of this case report that described the health and quality of life of a black elderly, it was found that it has no education, is in poor housing, sanitation deficits and financial resources. These, of poor social and economic conditions are the determinants of health that compromise the individual's life.

In the case of an elderly person with multiple health problems, such as the presence of chronic diseases, which requires constant and regular care, it finds difficulty in accessing public health services that are provided by FHS covering the community, seeking by individuals receiving services for specific treatment of their health problems and get revenue from drugs that are of continuous use.

Another problem highlighted were the conditions related to oral health, as even need to use dental edentulous due for removal and have difficulty chewing, the elderly looking for a dentist not too long ago because not get markup by the Unified Health System and not have sufficient financial resources to pursue a particular professional.

Faced with many health problems despite considering how bad their quality of life, the elderly is satisfied with the relationship with neighbors, friends and wife, and feel happy in your daily life, which may be related to resistance what is striking feature among the Maroons.

It is suggested as a key to increased access and utilization of health services offered in maroon community under study, so that you can meet the main complaints of the elderly, who have priority access to health, to be part of an age group that requires specific and specialized attention. Moreover, it is individuals who live in vulnerable community, formed mostly by blacks, slaves remaining individuals. From these changes, improvement in health and quality of life of these individuals may occur.

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