

Active aging from the perspective of aged individuals who are functionally independent

O ENVELHECIMENTO ATIVO SOB O OLHAR DE IDOSOS FUNCIONALMENTE INDEPENDENTES

EL ENVEJECIMIENTO ACTIVO BAJO LA VISIÓN DE ANCIANOS FUNCIONALMENTE INDEPENDIENTES

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ABSTRACT

The objective of this study was to identify the social representations of the elderly regarding active aging. Semi-structured interviews were performed with 100 functionally independent aged individuals from João Pessoa, Paraíba, Brazil. The data was organized and analyzed using Alceste software. Results showed that the aged individuals' statements about active aging are permeated with positive contents. However, when aging is not associated with the word *active*, it is still represented as *losses* and *disabilities*. Despite the existence of losses during the process, active aging should be encouraged among the elderly, as it means living a quality, plentiful life. Maintaining the elderly functionally independent is the first step to achieving active aging and thus improving their quality of life.

KEY WORDS

Aged.
Aging.
Activities of daily living.
Quality of life.

RESUMO

Esta pesquisa teve como objetivo apreender as representações sociais de idosos sobre o envelhecimento ativo. Foi realizada na cidade de João Pessoa, Paraíba, com 100 idosos funcionalmente independentes. Como instrumentos, utilizaram-se entrevistas semi-estruturadas. Os dados foram organizados e analisados pelo software Alceste. Os resultados demonstraram que os discursos dos idosos sobre o envelhecimento ativo são permeados por conteúdos positivos. No entanto, quando não está associado à palavra *ativo*, o envelhecimento ainda é representado como *perdas* e *incapacidades*. Mesmo com a existência de perdas durante o processo, o envelhecimento de maneira ativa deve ser estimulado entre os idosos, uma vez que ele é sinônimo de vida plena e com qualidade. Manter os idosos funcionalmente independentes é o primeiro passo para se atingir um envelhecimento ativo e com melhor qualidade de vida.

DESCRIPTORES

Idoso.
Envelhecimento.
Atividades cotidianas.
Qualidade de vida.

RESUMEN

Esta investigación tuvo como objetivo captar las representaciones sociales de ancianos sobre el envejecimiento activo. Fue realizada en la ciudad de João Pessoa - PB, con 100 ancianos funcionalmente independientes. Como instrumento, fue utilizada la entrevista semiestructurada. Los datos se organizaron y procesaron a través del software Alceste. Los resultados demostraron que los testimonios de los ancianos acerca del envejecimiento activo están impregnados por contenidos positivos. Sin embargo, cuando no está asociado a la palabra *activo*, el envejecimiento aún es representado como *pérdidas* e *incapacidades*. Incluso con la existencia de pérdidas durante el proceso, el envejecimiento activo debe ser estimulado entre los ancianos, toda vez que es sinónimo de vida plena y con calidad. Mantener a los ancianos funcionalmente independientes es el primer paso para alcanzar un envejecimiento activo y con mejor calidad de vida.

DESCRIPTORES

Anciano.
Envejecimiento.
Actividades cotidianas.
Calidad de vida.

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INTRODUCTION

Over the last years there have been significant changes in the socioeconomic and health conditions of the global population, and, therefore, on the demographic structure, causing an expressive growth in the elderly population. It is estimated that in 2025 Brazil will have the sixth largest elderly population in the world, i.e. approximately 14% or 32 million aged people⁽¹⁾. This has brought about great pre-occupation towards the elderly, as they are a very group with many specificities among the individuals in this age group as well as compared to other age groups, making many researchers become interested in aging⁽²⁾.

Aging may be referred to as a set of morphological, physiological, biochemical and psychological changes that determine people's progressive loss of adaptability to the environment and is considered a dynamic and progressive process. The decline in bodily functions, expressed during aging, tends to increase with time, with a rate that varies not only from one system or organ to another but also among older people of the same age. These differences in the aging process are due to unequal conditions of life and work, to which the elderly were subjected⁽³⁾.

The set of physiological and pathological changes experienced by the elderly culminates with the growing dependence, which translates into a need for help, which is indispensable for performing activities of daily living. However, dependence is not a permanent state, rather it is a dynamic process, and its evolution may be modified and even be prevented or reduced if the environment and assistance are adequate. This justifies the implementation of programs and practices that promote healthy aging, in terms of increasing participation and reducing the costs with care⁽⁴⁾. Based on these considerations, the aim of this study was to learn the social representations about active aging, developed by elderly people considered functionally independent.

METHOD

The study was conducted at the Family Health Unit of Nova Conquista (FHU), which consists of four Family Health teams, located in the suburb of Alto Matthew in the city of Joao Pessoa, Paraíba state. The sample was composed of 100 functionally independent elderly, presented by Community Health Agents (CHA) of the USF Nova Conquista. All participants were in appropriate physical and mental conditions to answer the instruments. These conditions were confirmed by a functional assessment instrument, which enabled to obtain the Functional Independence Measure (FIM) as the cutoff point to comprise the sample.

The data collected from the FIM Scale⁽⁵⁾, which served as the cutoff point for selection of the sample, was ana-

lyzed by SPSS 15 software. The calculation of total FIM scores showed that all the elderly had operational independence to carry out the analyzed activities.

Participation was voluntary and the study complied with Resolution 196/1996 of the Ministry of Health (National Board of Health / National Committee for Ethics in Research), which presents guidelines and standards governing research involving human subjects⁽⁶⁾. During the interviews, participants filled out and signed a free and informed consent form.

In addition to the MIF, a semi-structured interview was also performed, which included questions about the elderly and related to the socioeconomic profile. The information contained in the interviews was organized into a database, specifically prepared to be processed by ALCESTE (Analysis of Lexical Context of a Set of Text Segments) software, which was created by M.Reinert and introduced in Brazil in 1998. It is an auxiliary tool for textual data analysis, which considers the quality of the studied phenomenon and provides criteria for the consideration of the referred material as an indicator of a phenomenon of scientific interest⁽⁷⁾. The ALCESTE permits a lexical analysis of textual material, dividing it into classes that are characterized by their vocabulary and by the shared segments of texts.

RESULTS AND DISCUSSION

Getting to know the study participants

This study counted with the collaboration of 100 seniors aged between 60 and 93 years (M = 68, SD = 7.53), attended by the Family Health Unit (FHU) in the neighborhood of AltoMatthew, in João Pessoa – Paraíba state. Most participants were female (73%), lived in her own home (88%) and lived in the community, with a spouse and/or close relatives (75%). In other words, they were non-institutionalized and functionally independent elderly.

Functional capacity may be defined as maintaining the ability to perform activities of daily living (ADL) and instrumental activities of daily living (IADL), which are necessary and sufficient for maintaining an independent and autonomous life⁽⁸⁾. To assess this ability in the elderly, and thus their functional independence, the Functional Independence Measure (FIM) was used, considering six theoretical dimensions: (1) *self-care*, which refers to activities performed to maintain one's wellbeing related to eating, personal hygiene, bathing, dressing and using the toilet (i.e., caring for oneself), (2) *sphincter control*, which refers to the ability to hold urine and feces, (3) *transfers*, which refers to the ability of the individual to transfer from bed to chair (or wheelchair) to the toilet and the shower, (4) *locomotion*, which refers to the displacement during gait, whether on both feet or by wheelchair, and the ability to climb stairs, (5) *communication*, which refers to compre-

...dependence is not a permanent state, rather it is a dynamic process, and its evolution may be modified and even be prevented or reduced if the environment and assistance are adequate.

hension and expression; and (6) *social cognition*, which is related to social interaction, problem solving and personal memory.

The calculation of total FIM scores showed that all elderly participants presented operational independence to perform the analyzed activities. The scores were classified as levels 7 and 6 on the scale, corresponding to complete independence and modified independence, respectively.

Active aging for the elderly: content/information and positions learned from the ALCESTE

Referred to as *active aging*, the analyzed *corpus* was formed by the answers to the interviews, totaling 778 different words. The ALCESTE computer software discarded words with frequencies below 3. After a reduction based on their roots, 159 analyzable words and 30 instrumentals words were obtained. The 159 analyzable words occurred 2965 times. The corpus was divided into 172 Elementary Context Units (ECU), corresponding to text segments measured by the software.

With regard to active aging for older people, the ALCESTE constructed four classes, which were named from the discourses, namely: Class 1 – Active elderly and leisure; Class 2 - Active elderly and housework; Class 3 – Active elderly and physical activities; and Class 4 - The life of the elderly: general aspects.

Figure 1 shows the dendrogram of the Descending Hierarchical Classification (DHC) or clusters of the classes of words that were found, based on content proximity of the total *corpus*, illustrating the distribution of the 172 ECU's and the relationships between classes:

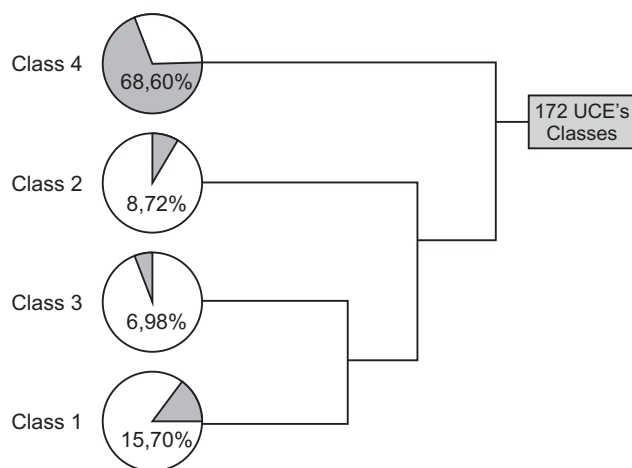


Figure 1 - Distribution of ECU's and their contributions in the Thematic Classes/Categories

It is observed that two axes are formed; the first forming the Class 4, which refers to the general aspects related to the life of the elderly, bringing the negative aspects of aging. The second axis form the other three classes (Classes

1, 2 and 3), which appear closer to each other, bringing the specific aspects related to the active elderly and a discourse more focused on the positive characteristics of aging. The following is a description of classes performed according to the sequence shown in Figure 1, taking into account the relationship between them:

Class 4 – The life of the elderly: general aspects

Regarded as the largest of all classes, Class 4, concerning the general aspects of life of the elderly, was formed by 118 ECU's (68.6%), of which discourses concerned housing situations, religion and the negative aspects such as disease and non-physical activity. The stories below show that the words that stood out were *lives* (Khi² = 107), *owns the house* (Khi² = 84), *physical activity* (Khi² = 69), *Catholic* (Khi² = 59), *hypertension* (Khi² = 42), *spouse* (Khi² = 36), *disease* (Khi² = 20) and *Evangelical* (Khi² = 12):

[...] he is Catholic, owns the house he lives in and lives with spouse and close relatives [...] I do not practice any physical activity, I do not work, I do not have hypertension and stoke sequelae [...] the individual has a disease, receive retirement pension, has grandchildren, has a weak memory and is close to death [...]

In this class, some words that appeared were not found in other classes, such as: *abused, dependent, scorn, hardship, discriminated, memory, death, past, prejudice, long-ing, stubborn* and *old age*. The following are some excerpts from discourses in which some of these words were found:

[...] the elderly have pain, are dependent, are lonely, take medication and are heading towards the end [...] aged people are prejudiced against [...] they are old, have lost their memory, are forgotten, do not walk alone, suffer a great deal, are scorned [...] the aged are physically impaired, experience hardships [...] the aged have white hair, hypertension, they are stubborn, have no memory, they are invalid [...]

These findings confirm what others authors have stated, about the representations of aging being associated with negative terms. This deficient perspective of aging is consequence of a society that values production, income, youth and beauty, and it is an alert for the marginalization that such a negative definition of old age imposes on the elderly⁽⁹⁾.

Class 2 - Active elderly and housework

This class, which holds 15 ECU's (8.72%), brings the positive aspects related to aging and the elderly associates the active aged person with housework such as house chores and independence to solve their problems and to walk alone. The words that stood out were: *solves* (Khi² = 76), *hardworking* (Khi² = 33), *care* (Khi² = 18) and *walks* (Khi² = 10):

[...] the active aged person is hardworking, takes care of the house, solves their problems, does their own shopping, looks after their grandchildren [...] the active aged person is responsible, intelligent, goes out alone, takes care of the

house [...] the active aged person is nosy, dates a lot, wants to be young, walks, goes out, is hardworking[...]

In this class, aging was seen as an active phase, in which older people work in their homes, on household chores, take care of the house, cook, shop, look after their grandchildren, and help relatives to manage their lives. For aging to be successful, in addition to the absence of disease, the individuals' conditions of autonomy and functionality must also be maintained⁽¹⁰⁾.

Class 3 – Active elderly and physical activities

This class was composed of 12 ECU's (6.98%), whose discourses are related to the positive aspects of aging. In this sense, the elderly is associated with physical activities such as walking and aspects like *good*, *happiness*, *strength* and *health*. The words highlighted in this class were: *exercise* ($Khi^2 = 113$), *walking* ($Khi^2 = 29$), *good* ($Khi^2 = 12$) and *strength* ($Khi^2 = 12$):

[...] the active aged person is healthy, good, goes for walks, exercises and is happy [...] the active aged person is good, exercises, is healthy, is strong, is agile [...] the active aged person rides bikes, exercises, has a job, has sex, goes for walks [...]

This class showed that aged people engage in physical activity and that it is also associated with health, which agrees with statements of the World Health Organization (WHO). In its latest report, the WHO emphasized the participation of the elderly in light and moderate physical activity as an important factor in the delay of functional decline, improving their motor and mental health⁽¹¹⁾.

Class 1 – Active elderly and leisure

Class 1, which contains 27 ECU's (15.7%), also focuses on the positive aspects of aging, associating the active aged person to items that relate to leisure. Aged people were characterized as happy, smart and independent individuals who go out and have fun. An important issue, in this class, was age, which ranged from 60 to 65 years, i.e. referred to the elderly who are at the beginning of the aging process. The highlighted words were: *joy* ($Khi^2 = 46$), *intelligence* ($Khi^2 = 39$), *going out* ($Khi^2 = 33$), *independence* ($Khi^2 = 15$), *energy* ($Khi^2 = 11$) and *fun* ($Khi^2 = 6$):

[...] the active person is intelligent, engages in activities, is independent, joyful, happy[...] the active aged person is healthy, joyful, has fun, is energetic, and hopeful [...]the active aged person is joyful, goes to parties, has drinks, goes out, is nice [...]

In this class, the active aged person was associated to leisure activities. For some authors, the demand for leisure, at this stage of life, could be related to either an escape from loneliness⁽¹²⁾ or to the possibility to enjoy free time and live life to the fullest⁽¹³⁾. In another study, it was evident that the leisure options vary by gender, age, physical ability, socioeconomic status and sociocultural aspects as

well as the environment in which one lives. The male preference is directed to activities such as watching television, listening to the radio and reading, while the female preference is related to activities associated socialization, such as participating in groups, going out and dancing⁽¹⁴⁾.

The results analyzed using ALCESTE revealed four thematic classes, and, most of them, the representations of aging, whenever not associated with the word active, were based on negative aspects. In this sense, the present results confirms the data found in other studies in which aging has been associated with negative aspects, such as chronic illness, dependence, frailty, disability and death. According to the authors of those studies, these representations are often influenced by culture and/or by personal references⁽¹⁵⁻¹⁶⁾.

On the other hand, the representations of active aging were characterized by positive aspects. Although 83% reported that they were not engaged in physical activities, the elderly related the active aged person to housework, leisure, and to a lesser extent, to exercise, which may be characterized as a non-sedentary lifestyle. It is emphasized that they associate active aging to functional independence, i.e., the autonomy to conduct their activities of daily living.

According to the results, it is observed that the representations on active aging, associating it to leisure, physical activities and carrying out household tasks, were developed in a dimension that was within reach of the possibilities of the elderly. It is concluded that for such a situation to occur, the elderly should be inserted in spaces that encourage the development of healthy, successful and active aging. In this study, the high percentage of functionally independent elderly was largely due to the fact that they own the home they live in (88%) and socialize in the community, with a spouse and/or close relatives (75%). That is, the elderly were not institutionalized, rather they were integrated into society.

FINAL CONSIDERATIONS

In general, the social representations on active aging, developed by the functionally independent elderly, were permeated by both negative and positive content. The participants saw aging both as favorable and unfavorable, reflecting their experiences and different ways of looking at this period of their lives. Their favorable perspective appeared to be associated to active aging, domestic activities such as taking care of their house and grandchildren and leisure. The negative perspective was portrayed by the difficulties faced by the elderly, both in everyday terms as in relation to the groups they participate in. When not associated with the word *active*, aging was represented as a synonym for *losses* and *disability*, which demonstrates the difficulties experienced by the elderly to accept this phase of life, sharing representations already disseminated in the society.

Despite several studies highlight the increasing dependence of older people to perform activities of daily living⁽⁴⁾, data from this study showed the participants as functionally independent. This reinforces the recommendation that dependence should not be viewed as something permanent, rather as a dynamic process. In this sense, dependence may be changed, reduced, and even prevented provided there is proper environment and adequate assistance.

Keeping the elderly functionally independent is the first step to achieve better quality of life. Therefore, it is necessary to implement specific intervention programs, aimed at eliminating risk factors related to functional disability. Moreover, it is essential to create actions of health promotion, disease pre-

vention, recovery and rehabilitation, which interfere directly towards the maintenance of elderly functional capacity.

Despite the existence of losses during its process, active aging should be encouraged among the elderly because it is synonymous with quality and full life. Active aging corresponds to the bio-psycho-social balance and completeness of a human being that is embedded in a social context and that, although elderly, is still able to develop their potential. Hence the importance of the support from political and social institutions, family, network of friends and groups of common interest in combating discrimination and prejudice against aging, which, even today, still exist in general culture and especially in Brazil.

REFERENCES

1. Carvalho Filho ET, Papaléo Netto M. Geriatria: fundamentos, clínica e terapêutica. 2ª ed. São Paulo: Atheneu; 2006.
2. Garrido R, Menezes PR. O Brasil está envelhecendo: boas e más notícias por uma perspectiva epidemiológica. *Rev Bras Psiquiatr.* 2002;24(1):3-6.
3. Papaléo Netto M. Gerontologia. São Paulo: Atheneu; 2002.
4. Caldas CP. Envelhecimento com dependência: responsabilidades e demandas da família. *Cad Saúde Pública.* 2003;19(3):773-81.
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Envelhecimento e saúde da pessoa idosa. Brasília; 2006. p. 148-67. (Cadernos de Atenção Básica, n. 19).
6. Conselho Nacional de Saúde. Resolução n. 196, de 10 de outubro de 1996. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Bioética.* 1996;4(2 Supl):15-25.
7. Reinter M. Quel objet pour une analyse statistique du discours? Quelques réflexions à propos de la réponse Alceste. In: Mellet S. Actes JADT. Nice: Université de Nice; 1998. p. 557-69.
8. Franciulli SE, Ricci NA, Lemos ND, Cordeiro RC, Gazzola JM. A modalidade de assistência Centro-Dia Geriátrico: efeitos funcionais em seis meses de acompanhamento multiprofissional. *Ciênc Saúde Coletiva.* 2007;12(2):373-80.
9. Uchôa E. Contribuições da antropologia para uma abordagem das questões relativas à saúde do idoso. *Cad Saúde Pública.* 2003;19(3):849-53.
10. Bezerra AFB, Espírito Santo ACG, Batista Filho M. Concepções e práticas do agente comunitário na atenção à saúde do idoso. *Rev Saúde Pública.* 2005;39(5):809-15.
11. Benedeti TRB, Borges LJ, Petrosk EL, Gonçalves LHT. Atividade física e estado de saúde mental de idosos. *Rev Saúde Pública.* 2008;42(2):302-7.
12. Joia LC, Ruiz T, Donalisio MR. Condições associadas ao grau de satisfação com a vida entre a população de idosos. *Rev Saúde Pública.* 2007;41(1):131-8.
13. Ávila AH, Guerra M, Meneses MPR. Se o velho é o outro, quem sou eu? A construção da autoimagem na velhice. *Pensamento Psicológico.* 2007;3(8):7-18.
14. Herédia VBM, Casara MB. Tempos vividos: identidade, memória e cultura do idoso. Caxias do Sul: EDUCS; 2000.
15. Pacheco RO, Santos SSC. Avaliação global de idosos em unidades de PSF. *Textos Envelhecimento.* 2004;7(2):45-61.
16. Garcia MAA, Odoni APC, Souza CS, Frigério RM, Merlin SS. Idosos em cena: falas do adoecer. *Interface Comun Saúde Educ.* 2005;9(18):537-52.
17. Pestana LC, Espírito Santo FH. As engrenagens da saúde na terceira idade: um estudo com idosos asilados. *Rev Esc Enferm USP.* 2008;42(2):268-75.
18. Araújo MOPH, Ceolim MF. Avaliação do grau de independência de idosos residentes em instituições de longa permanência. *Rev Esc Enferm USP.* 2007;41(3):378-85.