


THE SELF-PERCEPTION OF HEALTH OF ELDERLY PEOPLE WHO ATTEND COMMUNITY GROUPS

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ABSTRACT

Introduction: Knowledge of the self-perception of health in the elderly is of paramount importance since, based on it, it becomes possible to analyze the health conditions of this population and factors associated with its positive and negative aspects. It is currently considered a reliable way to assess the general health status, as well as a relevant indicator of quality of life and even mortality, with regard to the elderly. Objective: To know the self-perception of health and associated factors in elderly people attending community groups. Methodology: A descriptive cross-sectional study, of a quantitative nature, carried out in a community center in the city of São Luís, MA. A questionnaire addressing biopsychosocial data was used as collection instruments, while self-perception of health was assessed using the Old Age Schedule questionnaire, adapted for the Brazilian population. Results: sample consisted of 30 elderly people aged 60 to 85 years, 76% female and 24% male. The level of education varied between incomplete high school (17%) and complete higher education (83%), with 47% having an income equal to or greater than 2 minimum wages. 73% of older adults reported having a positive self-perception of health, while 27% reported negative self-perception. When comparing the perception of their health in relation to people of the same age, 36% of the elderly considered themselves to be in better condition than most people they know, while 64% considered that they were in the same health condition as most people they know. Conclusion: the results allowed us to conclude that self-perception of health can be influenced by different factors, such as level of education, financial and clinical conditions, adherence and practice of physical exercise, especially in groups. These elements can play an important role in the positive self-perception of the elderly, as seen in the present study.

Keywords: Self-Perception of Health. Associated Factors. Community Center. Elderly.

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INTRODUCTION

Self-perception of Health (SS) is an epidemiological measure widely used in gerontological studies, as it is considered a good predictor of health and morbidity and mortality, in addition to being a low-cost and easy-to-apply tool, making it possible, through a single question, to contemplate aspects of health in general, considering a subjective judgment, which cannot be determined by anyone other than the elderly person himself. (BORTOLUZZI *et al.*, 2018); (LINDEMANN *et al.*, 2019); (MUORELA, 2020); (CARNEIRO *et al.*, 2020).

Considering that, in the current scenario, the elderly population has been increasingly present, both quantitatively, reaching about 31.2 million in Brazil, and qualitatively, with a higher life expectancy, according to CEMBRANEL *et al.*, (2021), understanding how this population perceives aging and how it faces ways to better go through this phase is of fundamental importance and respect.

It is perceived that studies on healthy aging are beginning to be in evidence, especially when addressing topics such as the maintenance of functional capacity, independence and well-being; in the search to transform the long years lived for those of advanced age into a bonus. In most studies, such as those by Wuorela M (2020) and Kretschmer (2022), the SS of the elderly population has been used as a measure, in order to understand the factors related to healthy aging and well-being. These studies point to important associations between SS and the presence of morbidities, lifestyle, and social participation, especially in related groups, such as those living with the elderly.

However, understanding healthy aging is not so simple, as it encompasses, in sum, multidimensional interactions in the scope of physical health, mental health, habits of daily living, social integration, and all of this while maintaining balance throughout life. In addition to these factors, healthy aging is also characterized by the positive experience of aging with preservation of capacities, bringing benefits to physical, social and mental well-being, (BORGES, E. *et al.*, 2017).

The subject urges further study, since advancing age is often linked to the emergence of pathologies that result in motor, psychological, cognitive, and functional health problems, causing notable fragility that is reflected in daily tasks, progressing to limitations and dependencies, making the elderly incapable and in need of the care of others. (SCHERRER *et al.*, 2020).

One of the most serious consequences of poorly managed aging is dependence and social isolation. From this perspective, community centers for the elderly emerged, which became an innovative option, stimulated to foster the health, autonomy and independence of these individuals.

The formation of these centers is extremely important because it aims to reduce social disparities, isolation, foster an environment of receptivity, care, in addition to working as a network for the dissemination of information, allowing these people to stay up to date and active, thus contributing to healthier aging (CHALISE, 2019; PAN, 2019); (MENEZES, et al 2021).

In view of the problem presented, and the fact that community centers are being pointed out as a strategy to minimize this issue, the objective of this study was to analyze the self-perception of health of elderly people attending a community group in the city of São Luís, MA.

MATERIALS AND METHODS

This is a descriptive, cross-sectional and quantitative study, aiming to know the self-perception of health of the elderly, who attend a community group in the city of São Luís-MA. Study carried out in the Assistance Program for the Retired Elderly of the state of Maranhão - PAI, from January to June 2023.

A non-probabilistic sample was randomly constituted through a direct invitation to those who wanted to participate. Individuals aged 60 years or older were included, as long as they had been regular attendees for at least six months of the activities of the community center. Those with dependence and/or cognitive incapacity to answer the questionnaires individually, without help or intervention from third parties, including caregivers, were excluded.

Regarding the procedures for data collection, a meeting was initially held scheduled by the center's social worker, to present and invite participation in the study with due clarifications and signing of the Informed Consent Form (ICF). Those who agreed to participate went on to collect data, composing a sample of 30 elderly people.

The following were used as data collection instruments:

- a) Sociodemographic, economic and health questionnaire prepared by the researchers, with the aim of outlining the sample profile.

(b) To assess the general picture of vulnerability and perception of health, we chose the Functional Clinical Vulnerability Index-20, IVCF-20 in its version for health professionals. The questionnaire includes multidimensional aspects of the health condition of the elderly, consisting of 20 questions distributed in eight sections: age, self-perception of health, functional disabilities, cognition, mood, mobility, communication and multiple comorbidities. Each section has a specific score, making a maximum value of 40 points. In the classification of the clinical-functional vulnerability of the target population, the cutoff points (≥ 7 and ≥ 15 points) of the IVCF-20 are considered, where zero and six points are considered low risk for clinical-functional vulnerability, while greater than or equal to 15 represents high risk. From 7 to 14 points, the indication is of moderate risk of clinical-functional vulnerability. DE CARVALHO (2020)

In the descriptive analysis, the quantitative data were presented in absolute number and percentage and presented later in tables.

This study was approved by the Human Research Ethics Committee of the University CEUMA – UNICEUMA under protocol 5,498,949.

RESULTS

The present study had a sample of 30 elderly people, aged between 60 and 85 years, 76% of whom were female and 24% male. The level of education varied between incomplete high school (17%) and complete higher education (83%) and with a predominant income > 2 minimum wages, accounting for 47%, as shown in table 1.

Table 1- Description of the Sociodemographic Profile of the elderly. São Luís - MA, 2023

SOCIODEMOGRAPHIC DATA OF INDIVIDUALS AGED 60 YEARS AND OLDER		
VARIABLES	N	%
AGE GROUP		
60 to 75 years old	14	46
75 to 85 years old	16	54
SEX		
Female	23	77
Male	07	23
MARITAL STATUS		
Married	14	47
Widower	10	33
Other	6	20
RESIDES		
Accompanied	21	70

Alone	09	30
SCHOOLING		
No schooling	00	-
Incomplete elementary school	01	03
Incomplete high school	04	14
Complete higher education	25	83
INCOME		
< 1 Salary	11	37
Up to 2 salaries	05	16
>2 salaries	14	47
SOURCE OF INCOME		
Retirement	30	100
TOTAL	30	100

With regard to health-related questions, when the elderly were asked to compare their health with that of other older adults, 64% rated their health as the same as the majority they know and 36% rated their health as better than the majority they know, as shown in Table 2.

Table 2 – Description of health-related issues. São Luís - MA, 2023

HEALTH-RELATED ISSUES			
Variables	N	%	
Do you use health services?			
Yes	30	100	
No	00	-	
What kind of service?			
Public	19	64	
Private	11	36	
Do you use medication?			
Yes	28	94	
No	02	06	
How many of regular and daily use?			
1 a 3	11	37	
4 or more	17	57	
Other	02	06	
Do you have vision problems?			
Yes	29	97	
No	01	03	
Wear glasses			
Yes	26	87	
No	04	13	
Do you have hearing problems?			
Yes	05	17	

No	25	83
Compared to other people your age, how do you consider your own health status?		
Like most I know	19	64
Better than most I know	11	36
Worse than most I know	00	-
I don't know how to inform	00	-
Have there been any falls in the last three months?		
Yes	06	20
No	24	80
Do you have any chronic disease?		
Yes	22	74
No	08	26
Do you have a caregiver?		
Yes	02	06
No	28	94
Total	30	100

For the general assessment of the IVCF functional capacity vulnerability index, 23% evaluated their self-perception of health as negative, while 73% evaluated their health positively, that is, they classified their health as excellent, very good or good, according to the data in table 3.

Table 3 – Table showing results on self-perception of health.

Self-perception of health	Positive perception		Negative perception	
	F	%	F	%
	22	73	08	27
TOTAL	30		100%	

Caption: Positive perception: Excellent, very good or good; Negative perception: Regular or bad

Regarding the Clinical Functional Vulnerability Index, 17% had a low risk of vulnerability with scores from 0 to 6, 43% had a moderate risk of vulnerability with scores from 7 to 14 and 40% had a high risk of vulnerability with scores above 15 points.

These results were obtained from the total calculation of the scores of each participant, however, the sum of frail and potentially frail elderly people shows a total of 83%, corresponding to the highest number of elderly people who participated in the research.

Table 4 – Clinical-functional vulnerability index – 20. Version for health professionals.

Vulnerability index	Cut-off point					
	≥7			≥15 points		
	BRV		RMV		NUMBER	
	F	%	F	%	F	%
	05	17	13	43	12	40
TOTAL	30			100%		

Legend: BRV: Low risk of vulnerability scores from 0 to 6; RMV: Moderate risk of vulnerability scores from 7 to 14; ARV: High risk of vulnerability scores of 15 above.

DISCUSSION

During the analysis of the sociodemographic profile at the end of the survey, a percentage of 76% stood out, predominant among women, which corresponds to a total of 23 elderly women, representing the largest number of respondents during the survey. Of the elderly interviewed, 63% had an income equal to or greater than two minimum wages, which points to a good financial level compared to the national reality.

Considering that there are still many elderly people who receive only one minimum wage, in this study represented by 37% it is not always possible to affirm that low income is linked to a poor quality of life, as it is also not prudent to affirm that a satisfactory socioeconomic situation defines a better quality of life. Although studies clarify that decreased earnings among the elderly are socioeconomic factors that interfere with daily life and quality of life, there are other factors that should be analyzed. (ALBERTE, RUSCALLEDA, GUARIENTO, 2015).

The quality of life of the elderly can also be evaluated as good or bad, taking into account the way each individual experiences old age, and more, the way in which the individual perceives old age, and the results can vary between very good and very bad. It is probable that these variations will transit, depending on the emotional interpretation that each individual has, being related to the subjective perception of the events and living conditions of each one (PEREIRA, *et al.*, 2006).

We bring these aspects to light considering that the 30 elderly people evaluated here indicated that they had stable health conditions, at least with regard to mobility and autonomy, although 40% of them presented a risk of vulnerability.

This observation also applies to the issue of satisfaction with health, in the survey it was found that 73% of the elderly reported having a positive self-perception of health, while 27% reported a negative self-perception. In addition, regarding the comparison of their health on the day of the interview, 36% of the elderly women considered that they were in better health than most people they know, while 64% considered that they were in the same

health condition as most people of the same age. It is worth mentioning that the elderly who were approached on the days who practiced some type of physical activity.

Corroborating our findings, Mira (2019) states that well-being and quality of life are related to the aspect of active aging. In this sense, the coexistence groups become privileged places for the socialization of experiences, becoming a mechanism for promoting health, quality of life and can be related to the increase in physical activities.

Lima, (2020), also analyzing the perception of the elderly about the general state of health, presented positive results similar to ours in relation to the perception of the elderly about community centers, confirming that it is very positive and defended that community centers become an option for the prevention of pathologies, in addition to providing leisure, space for the exchange of experiences, practice of physical activities, building bonds and absence of loneliness.

Strengthening the information obtained here, (De Figueiredo et al 2022) found in their study that the coexistence groups presented themselves as a space of satisfaction and richness due to the power of belonging and sense of welcome that the elderly acquire when participating in groups of equals, since aspects related to the spiritual dimension were mentioned, psychological and cognitive, and, in addition, it provided the elderly with feelings of joy, self-esteem, overcoming, support and the vision of the group as a family.

The study revealed a prevalence of positive self-perception of health among the elderly who practice the activities offered in the living group in the city of São Luís-MA, indicating that social interactions influence the self-perception of health of the elderly regardless of their current health condition.

FINAL CONSIDERATIONS

The results obtained in the present study detected a positive self-perception of health among the elderly, and it is interesting to highlight that, even presenting moderate or still high risk of vulnerability, the perception of health status was positive, which highlights the importance of participating in social groups in improving health conditions and in the ability to adapt to the limitations resulting from the aging process.

The results also allowed us to conclude that self-perception of health can be influenced by different factors, such as level of education, financial and clinical conditions, adherence and practice of physical exercise, especially in groups. These elements can play an important role in the positive self-perception of the elderly, as seen in the present study.

It is also highlighted the need to implement programs aimed at health promotion and disease prevention that meet the specific health needs of each elderly person, especially those who evaluate their health as regular/poor.

Our results also highlight the importance and potential of living groups for the elderly, as a contribution to the improvement of health and aging conditions, endowed with independence, quality, identity and a sense of belonging.

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