

PERCEPTION OF THE QUALITY OF LIFE OF THE ELDERLY MARKETER IN THE COVID-19 PANDEMIC



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ABSTRACT

The maintenance of functional capacity, social interaction and financial independence are some of the important criteria for healthy old age and maintenance of quality of life. Many elderly people, due to the greater demands of the labor market and advanced age, seek street markets as an alternative to maintain or supplement their family income. The importance of these gained even more visibility with the COVID-19 pandemic, as they were considered essential to meet the population's demand. This study aimed to analyze the perception of quality of life of elderly market participants during the COVID-19 pandemic. This is a quantitative cross-sectional study with analytical and descriptive character. The empirical field was the Feira de Santana Supply Center. Sixty-one (61) people participated in the study. To measure quality of life, the WHOQOL-bref and WHOQOL-old instruments were applied. The data were submitted to the Statistical Package for the Social Sciences 22.0 for Windows, and subsequently analyzed. Of the participants, 41% were men and 59%

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were women, and the mean age was 66.69 years. In all domains and facets of the two instruments of analysis, the averages were above 3 points. In the WHOQOL-bref, the psychological domain stood out, with an average of 4.07 points, and in the WHOQOL-old, the facet on Autonomy, with an average of 4.05 points. The domain on Environment stood out negatively, with a predominance of answers with the classification "needs improvement". The majority of the IGQV was classified as "good" (31.1%). In the WHOQOL-old, the biggest negative impact was on the facets of Past, Present, and Future Activities and Social Participation, which were rated "regular." All other facets were rated "good". The results confirm the role of work as a psychological, cognitive and functional protection factor for the elderly, reaffirming informal work in the open market as a factor of exposure to risks to the health and safety of the individual. The results of the research can foster programs and intervention actions with the elderly people who are market participants, to contribute to a satisfactory QoL.

Keywords: Quality of Life, Elderly, Informal worker, COVID-19.

INTRODUCTION

The concepts and conceptions related to Quality of Life (QoL) are quite diverse and are expressed as a multidisciplinary area, which encompasses definitions that permeate people's lives as a whole, from science to popular knowledge. For an adequate understanding of QoL, there must be no reductionism in the face of the theme, as the elements that make up this universe are constantly interrelated. However, although this area of knowledge is in a phase of identity construction, all these factors lead to a positive perception of well-being, which can be identified in relation to health, housing, leisure, physical activity and eating habits (Almeida; Gutierrez; Marques, 2012).

The World Health Organization (WHO) conducted a multicenter study, whose main objective was to develop an instrument that would assess QoL from an international and cross-cultural perspective. In this case, it treats QoL as a more generic concept, in a broader understanding, without referring to dysfunctions or problems. Thus, QoL was defined as "the individual's perception of his position in life, in the context of the culture and value systems in which he lives, and in relation to his goals, expectations, standards and concerns" (WHOQOL, 1994).

According to the last Census carried out by the Brazilian Institute of Geography and Statistics (IBGE), the Brazilian population is in a process of rapid aging and in 2022, the total number of people aged 65 and over in the country reached 10.9% of the population, an increase of 57.4% compared to 2010 (IBGE, 2023). Thus, it is extremely important to study the QoL of this population in its numerous dimensions, and considering the particularities of the health and life of the elderly, in order to develop proposals that promote the well-being of those who age.

Maintaining functional capacity is an important criterion of healthy old age. This concept depends on both organic and psychological factors, since they play a fundamental role in maintaining health and independence in old age, associated with QoL, well-being or satisfaction with life (Khoury; Sá-Neves, 2014). Therefore, according to Vitorino, Paskulin and Vianna (2012), one of the main objectives in researching this age group is to allow older people to maintain their active contribution to society. Another important factor for a better perception of QoL is the social interaction of the elderly, a favorable social support network that generates satisfaction in their personal relationships. In addition, financial independence is also a factor in the positivity of old age, as it redefines its role in society (Dias; Oak; Araújo, 2013).

Work, as a social phenomenon, occupies a central place in the life of the individual. Many, due to growing unemployment, the greater demands of the formal labor market and advanced age, seek in the open markets and informal market, an alternative to obtain income, family support, autonomy, as well as social reintegration (Carvalho; Aguiar, 2017).

In Feira de Santana, the open-air market developed associated with the holding of a cattle fair, assuming great importance for the settlement of the area where the municipality would be established (Lima, 2012). On September 12, 2018, the "Free Fairs" of Feira de Santana were declared as Intangible Cultural Heritage of the Municipality, through Municipal Law No. 3883, which informs that they represent and corroborated the development of the "Princess of the Sertão" and should be part of the cultural collection, for all purposes (Feira de Santana, 2018).

The importance of the open-air market has gained even more visibility with the COVID-19 pandemic. Despite the temporary suspension of several sectors of commerce, Decree No. 10,282, of March 20, 2020, considered "accessory activities, support and the availability of the necessary inputs to the production chain" as essential to meet the population's demand, among other items (Brasil, 2020a). On March 27, 2020, the Ministry of Agriculture, Livestock and Supply (MAPA) through Ordinance No. 116, specified products and services considered essential to ensure the full functioning of the production chains of food, beverages and agricultural inputs during the Coronavirus pandemic" (Brasil, 2020b).

COVID-19 was the largest pandemic in recent human history caused by the novel coronavirus (SARS-CoV-2). It is an acute respiratory infection of global distribution and potentially serious, which has high transmissibility between people, with a higher risk of severity for the elderly and people with comorbidities. The risk from 60 years of age, both for hospitalization and death from COVID-19, was greater than twice as high as in all cases, with a progressive increase in the older age groups (Brasil, 2021).

Preventive and control measures for COVID-19 are the most effective strategies to reduce the risk of contamination. With this in mind, MAPA, in partnership with the Ministry of Health and the National Health Surveillance Agency, prepared the "Recommendations for the commercialization of food products in street markets, grocery stores and retailers" (Brasil, 2020c).

However, no specific recommendation was found for elderly market participants, although the high risks resulting from advanced age and the work environment with greater difficulty in maintaining the recommended distance are known.

Thus, recognizing that most of these workers, out of necessity, continued to expose themselves to the risks of contamination, it is inferred that there is a great possibility that the QoL of these individuals has suffered repercussions. Thus, the study of this public in the current context of the pandemic is extremely socially relevant.

Thus, this study was carried out based on the following questions: What is the level of quality of life of the elderly marketer during the COVID-19 pandemic? What are the main aspects of the quality of life of the elderly who are market stallholders affected by the COVID-19 pandemic?

In view of this question, this study had the general objective of analyzing the perception of quality of life of the elderly market participants during the COVID-19 pandemic and the following specific objectives: to evaluate the quality of life of the elderly market participants during the COVID-19 pandemic; to identify which main aspects of the quality of life of the elderly market vendor suffered repercussions in the COVID-19 pandemic.

METHODOLOGY

In this space, the methodological path taken in this study is presented. According to Minayo, Deslandes and Gomes (2009, p.14), methodology is "the path of thought and practice exercised in the approach to reality" and includes the method, techniques (instruments) and creativity of the researcher. Toledo and Shiaiashi (2009) consider that the methodology has the role of guiding the research process, using a set of processes, thus making it possible to study a given reality.

2.1 TYPE OF STUDY

The study carried out is of the quantitative cross-sectional type, with analytical and descriptive character. According to Esperón (2017), quantitative research collects and analyzes quantitative data on variables, so that it is able to identify their dynamic structure and their system of relationships. In addition, quantitative research can determine the strength of association or correlation between variables, the generalization and objectification of the results through a sample that makes inference to a population. It can also make causal inferences that explain why things do or don't happen in a certain way.

The cross-sectional study is carried out using random and representative samples of the population, not depending on the existence of exposure and outcome. Due to its analytical and descriptive character, it seeks to describe characteristics of a given

population or phenomenon, or to establish relationships between variables. The techniques involved are standardized data collection, such as questionnaires and observation. Thus, in general, it takes the form of a survey, that is, a direct questioning of people about the behavior they want to know (Romanowski; Castro; Neris, 2019).

EMPIRICAL FIELD

According to the last IBGE census, carried out in 2022, Feira de Santana had a population of 616,272 people, of which 79,499 (12.9%) were over 60 years of age (IBGE, 2023).

Regarding income, the data refer to the 2010 Census, where 31% of the population was economically active and 38.7% declared having a nominal monthly income per capita of up to half a minimum wage. In addition, 47.4% of the entire economically active population worked in informality (self-employed, or without a formal contract or in production for their own consumption or unpaid) (IBGE, 2014).

This study had as its empirical field, the Supply Center of Feira de Santana (CAFS), inaugurated on January 10, 1977 (Santos, 2009), a period in which the Free Market that was held in the city center was moved to this space, providing a dispersion of the Free Markets that began to be held in different neighborhoods of the city (Lima, 2012).

From its inauguration to the present time, CAFS has undergone renovations and expansions. It is considered a reference of commerce, having one of the largest physical structures in the region, where various products of the food industry can be found, such as meat, fish, vegetables, cereals, and other branches, such as handicrafts, leather and hardware.

In mid-September 2020, the Cidade das Compras shopping mall was inaugurated at CAFS. According to the website of the Secretariat of Labor, Tourism and Economic Development, "the equipment was structured to receive about 1,800 registered street vendors, in a modern, safe environment with a total comfort structure, in addition to a large parking area". Most of the street vendors who settled in the new equipment previously had their stalls set up on the sidewalks of streets and avenues in the city center. These were removed after the decree of the Municipal Government that suspended the licenses and permits for these occupations on public roads (Feira de Santana, 2020).

This study is part of Subproject 1 – Strategies and tactics of self-care and care of the other constructed by street vendors in Feira de Santana - Ba, with the purpose of

understanding the practices of self-care and the other constructed by street vendors in Feira de Santana - Ba in coping with health needs. This subproject is part of the research project Care practices in the daily life of street vendors in Feira de Santana – BA, which has been developed since 2010 by the Center for Studies and Research on Caring/Care (NUPEC) (State University of Feira de Santana, 2010).

The results of the research already produced in this project, on various themes, such as care practices for stallholders with systemic arterial hypertension, alcoholism and ergonomics, indicate a significant number of stallholders over 60 years of age. The researcher's experience as a volunteer at NUPEC carrying out research and extension activities, reinforces the perception of the large presence of elderly people in the open markets of Feira de Santana.

PARTICIPANTS

The study was carried out with a representative sample composed of 61 (sixty-one) stallholders. Considering the short time for the development of the research and the lack of records about the number of elderly people who work at the CAFS street market, it was chosen to use the non-probabilistic sample process.

The following inclusion criteria were considered: fairground vendors, over 60 years of age, of both sexes, registered as vendors at CAFS, who had been selling products for at least 6 months, during the period of data collection, and who had or had not stopped their work activities for a certain time during the pandemic.

And, as exclusion criteria: stallholders who do not have the cognitive, mental or emotional conditions to participate in the study.

DATA COLLECTION

Seeking an approach and approach to the participants in the most natural way possible, a report on the work that would be carried out was broadcast on the CAFS community radio, inviting the elderly people who are market participants to participate. It is noteworthy that, due to the continuous work of NUPEC in the city's street markets, through research and extension, the community radio space has been regularly used for educational and informative activities, in addition, most of the fairgrounds are already familiar with activities like this, thus providing them with greater receptivity.

The researcher had the support of a team of volunteers, composed of students from the Nursing course at the State University of Feira de Santana (UEFS), who were offered training on safety in the field, approach to participants and application of research instruments.

Considering the context of the COVID-19 pandemic, even though the immunization of elderly people and researchers has already been carried out, protection recommendations were followed, such as distance between collector and participant, use of masks by interviewers/collectors, and use of 70% alcohol gel at the end of each collection, for hand and pen hygiene.

The application of the instruments was carried out in the stalls/work boxes of the stallholders, interrupting for customer service when necessary, so as not to interfere with their work activities. Thus, the response time varied according to the need for interruptions or not, with an average duration of 30 minutes. Initially, sociodemographic data were collected through a script developed by the researcher.

Next, to measure QoL, the WHOQOL-bref was applied, a generic and simplified instrument developed by the World Health Organization through the Quality of Life Study Group. This instrument consists of 26 objective questions, 2 of which are general and 24 divided into 4 domains: Physical, Psychological, Social Relations and Environment.

As the study is specifically focused on elderly people, the WHOQOL-OLD (complementary module to the WHOQOL-bref) was finally applied, an instrument to assess attitudes towards aging. This consists of 24 objective questions, divided into six facets: "Sensory Functioning" (FS), "Autonomy" (AUT), "Past, Present and Future Activities" (PPF), "Social Participation" (PSO), "Death and Dying" (MEM) and "Intimacy" (INT).

DATA ANALYSIS

The answers of the two instruments follow the Likert scale (from 1 to 5), in which high scores represent a high QoL, while low scores represent a low QoL. Such data can be presented in three ways: in total (from 4 to 20); on average (1 to 5); or in percentage (0 to 100).

The collected data were entered into a spreadsheet database using the Statistical Package for the Social Sciences (SPSS) 22.0 for Windows and, with the support of a professional in the field of statistics, the frequencies were extracted and graphs and tables were generated.

The results obtained in the program were analyzed according to the objectives already described in this work plan and compared with the results found in the scientific literature.

ETHICAL ASPECTS

The research was developed following the ethical principles set forth in Resolutions No. 466/2012 (Brazil, 2013) and No. 510/2016 (Brazil, 2016) that regulate research with human beings and ensure respect for the dignity, autonomy and freedom of human beings participating in scientific research. It obtained the approval of the CEP/UEFS from opinion No. 5.285.476, CAAE 55566921.2.0000.0053.

The interviewers presented to the stallholders the theme of the research, the objectives and possible contributions of the study, after that, they were consulted about their interest in participating in the research, which only happened after reading and signing the Informed Consent Form (ICF), in two copies, one with the researcher and the other with the participant. For the cases of illiterate market participants, the option was offered to take the ICF to be read by someone considered trustworthy or to read it by the researcher, if the participant so wished.

From the approach and the invitation to the publication of the results, the participants were assured of respect for individualities and anonymity of the data. To maintain confidentiality and anonymity, an identification code was used instead of his name, composed of the letter F (marketer), followed by an interview number (example: F01).

RESULTS

In this space, the results of the investigation are presented, starting with the sociodemographic characterization data, followed by the results on QoL from the instruments used (WHOQOL-brief and WHOQOL-old).

SOCIODEMOGRAPHIC CHARACTERIZATION

A total of 61 elderly market participants participated in this study, including 25 (41%) men and 36 (59%) women. The mean age of the participants was 66.69 years, with a minimum of 60 years (defined in the inclusion criteria of the research) and a maximum of 84 years. Almost half (49.2%) were in the age group of 60 to 64 years and less than 5% were

80 years old or older. Regarding skin color, more than half (55.7%) declared themselves to be brown and another significant number (37.7%) declared themselves black.

Regarding place of birth and area of origin, most were born in Feira de Santana (57.4%) and/or in the rural area (54.1%). In family relationships, there was a predominance of married children (45.9%) and the average number of children was 5.2, with a maximum of 18 children. However, the highest concentration of responses was below average, with 77.1% having 1 to 6 children.

A significant portion of the participants had only completed elementary school (62.3%) and only 1 person had completed higher education. Regarding religion, 91.8% declared themselves Christians, 57.4% of whom were Catholics and 34.4% Protestants. 82% answered that they are practitioners of their respective religions.

In relation to work, vendors from different sectors responded, most of them from butchers and fruit and vegetables, which together accounted for 55.7% of the participants. When asked how long they have been working as street vendors, the average was 34.79 years, with the highest concentration of answers being above average, the minimum was 4 years and the maximum was 61 years. The average workload was 9.77 hours, with 60.7% working from 6 to 10 hours, the minimum was 4 hours and the maximum was 16 hours. 63.9% work 4 to 6 days a week. More than half of the participants (59%) did not interrupt work activities in any period of the pandemic. Among those who stopped, the largest group (16.4%) suspended activities from 1 to 6 months. 55.7% do not have the help of another person at work and 65.6% have no other source of income.

Table 1 – Sociodemographic characteristics of elderly people at the Supply Center of Feira de Santana – BA. Mar./Jul. 2022.

VARIABLES	n	%	average	Min.	Max.
Gender					
Male	25	41			
Female	36	59			
Age group			66,69	60	84
60 to 64 years old	30	49,2			
65 to 69 years old	12	19,7			
70 to 74 years old	09	14,8			
75 to 79 years old	07	11,5			
80 to 84 years old	03	4,9			
Skin color					
White	03	4,9			
Black	23	37,7			
Brown	34	55,7			
Indigenous	01	1,6			
Naturalness					
Feira de Santana	35	57,4			

Other cities	26	42,6			
Zone of origin					
Rural	33	54,1			
Urban	28	45,9			
Marital status					
Married	28	45,9			
Single	13	21,3			
Stable Union	2	3,3			
Other	18	29,5			
Number of children			5,2	0	18
None	1	1,6			
1 to 3	20	32,8			
4 to 6	27	44,3			
7 to 9	6	9,8			
> 9	7	11,5			
Schooling					
Illiterate	10	16,4			
Fundamental	38	62,3			
Medium	12	19,7			
Superior	01	1,6			
Religion					
Catholic	35	57,4			
Protestant	21	34,4			
Afro-Brazilian	2	3,3			
Other	3	4,9			
Practitioner					
Yes	50	82			
No	11	18			
Work sector					
Butcher shop	13	21,3			
Fruit and vegetables	21	34,4			
Hardware/leather	3	4,9			
Handicrafts	6	9,8			
Shrimp	3	4,9			
Herbs/Spices	7	11,5			
Other	8	13,1			
How long have you been a marketer? ^b			34,79	4	61
Up to 15 years	9	14,8			
16 to 30 years old	16	26,2			
31 to 45 years old	20	32,8			
> 45 years old	16	26,2			
Workload (hours/day) ^a			9,77	4	16
Up to 5	2	3,3			
6 to 10	37	60,7			
> 10	22	36,1			
Workload (days/week) ^b			5,1	1	7
1 to 3	15	24,6			
4 to 6	39	63,9			
7	7	11,5			
Did you suspend activities during the pandemic?					
No	36	59			
< 1 month	6	9,8			
1 to 6 months	10	16,4			
7 to 12 months	5	8,2			
> 12 months	4	6,6			

Do you have the help of someone at work?					
No	34	55,7			
1 person	22	36,1			
> 1 person	5	8,2			
Do you have another source of income?					
No	40	65,6			
Retirement	19	31,1			
Other	2	3,2			

Note: aPositive asymmetry: higher concentration below average. bNegative asymmetry: higher concentration above average Source: Data collected by the researcher (2022).

3.2 QUALITY OF LIFE ACCORDING TO INSTRUMENTS

Table 2 presents the mean quality of life (QoL) scores in each domain of the WHOQOL-bref, in addition to the General Quality of Life Index (IGQV) defined by questions 1 and 2 of this instrument. It also presents the mean scores in each facet of the WHOQOL-old, in addition to the overall average, defined by the sum of all the questions of the instrument. The answers follow the Likert scale (from 1 to 5), in which high scores represent a high QoL, while low scores represent a low QoL.

In all domains and facets of both instruments, the means were above 3 points and the asymmetry was negative, indicating a higher concentration of above-average responses. In the WHOQOL-bref, the Psychological domain stood out, with an average of 4.07 points, and in the WHOQOL-old, the highlight was the facet on Autonomy, with an average of 4.05 points.

Table 2 - Distribution of the mean quality of life (QoL) scores of elderly people who attend the Feira de Santana Supply Center - BA, in each domain of the WHOQOL-bref and facets of the WHOQOL-old. Mar./Jul. 2022.

DOMAINS/ KNIVES	AVERAGE	Dpa	CVb (%)	Asymmetry
WHOQOL-bref				
Physical	3,74	0,83	22,13	-0,40
Psychological	4,07	0,61	15,08	-0,79
Social Relations	3,96	0,86	21,68	-0,87
Environment	3,23	0,85	26,46	-0,11
IGQV	3,58	1,04	29,08	-0,33
WHOQOL-old				
Sensory Functioning	3,83	1,04	27,15	-0,71
Autonomy	4,05	0,72	17,82	-0,82
Past, Present, and Future Activities	3,95	0,87	21,98	-0,14
Social participation	3,94	0,79	20,13	-0,44
Death and Dying	3,59	1,19	33,05	-0,62
Intimacy	3,84	1,14	29,72	-1,08
General QoL	3,87	0,58	14,97	-0,29

Note: aStandard deviation. bCoefficient of variation. cDifference in means. Source: Data collected and analyzed by the researcher (2022).

Based on the averages obtained, QoL was classified as "in need of improvement" (when it is 1 to 2.9), "regular" (3 to 3.9), "good" (4 to 4.9) and "very good" (5). In the WHOQOL-bref, the domain on Environment stood out negatively, with a predominance of responses (39.3%) with the classification "needs improvement". The Physical domain had more responses (39.3%) with a "regular" classification. The Psychological and Social Relationships domains had more positive results, with most classified as "good" (60.7% and 42.6% respectively), as well as the IGQV (31.1%). No domain had a predominance in the "very good" classification.

In the WHOQOL-old, there was no facet classified mostly as "needs improvement" or "very good". The biggest negative impact was on the facets of Past, Present and Future Activities and Social Participation, with a "regular" rating of 32.8% and 39.3% respectively. All other facets were rated "good".

Table 3 - Evaluation of the quality of life (QoL) of elderly people who attend the Supply Center of Feira de Santana - BA, based on the mean scores in each domain of the WHOQOL-bref and facets of the WHOQOL-old. Mar./Jul. 2022.

DOMAINS/ KNIVES	CONCEPTS							
	Needs to improve		Regular		Good		Very good	
	n	%	n	%	n	%	n	%
WHOQOL-bref								
Physical	11	18	24	39,3	22	4	4	6,6
Psychological	2	3,3	18	29,5	37	60,7	4	6,6
Social Relations	6	9,8	18	29,5	26	42,6	11	18
Environment	24	39,3	22	36,1	13	21,3	2	3,3
IGQV	15	24,6	17	27,9	19	31,1	10	16,4
WHOQOL-old								
Sensory Functioning	11	18	16	26,2	24	39,3	10	16,4
Autonomy	5	8,2	14	23	34	55,7	8	13,1
Past, Present, and Future Activities	10	16,4	20	32,8	16	26,2	15	24,6
Social participation	5	8,2	24	39,3	22	36,1	10	16,4
Death and Dying	17	27,9	8	13,1	24	39,3	12	19,7
Intimacy	11	18	14	23	21	34,4	15	24,6

Source: Data collected and analyzed by the researcher (2022).

DISCUSSION

In this space, the discussion of the results is presented, both of the sociodemographic characterization data and on QoL based on the instruments used, seeking a dialogue with the publications and studies of other authors.

SOCIODEMOGRAPHIC CHARACTERIZATION

The higher percentage of participants being women corroborates a study by Magalhães et al. (2020) in which he highlights that most workers in the street market are women and this group is little studied in aspects related to health and safety, and understanding the dimension of these problems is necessary to improve the quality of life of this population.

The growing participation of women in the informal sector, according to Araújo and Lombardi (2013), is mainly related to recent economic, political and social transformations. As for skin color, the aforementioned authors also highlight that the majority of workers in this sector are black, thus accentuating the vulnerability of this portion of the population.

Studies show that older people increasingly need or feel the desire to remain active in the labor market, moving away from what is usually predicted for this age group by society in general (Paolini, 2016). Work after the age of 60 presumes that the person has the physical and mental conditions to do so, however, in the current context, these conditions involve a broader meaning, of permanence, or reinsertion as a self-employed worker or small employer, and not so much as an employee (Guimarães, 2012).

Informal activities, small businesses or self-employment seem to favor the entry of elderly people, which may happen due to age restrictions to enter the private or public sector (Guimarães, 2004). Data from the Brazilian Institute of Geography and Statistics, referring to 2010, show that informality is present in the elderly population in 69% of cases (IBGE, 2014), thus highlighting the need for the labor market to adapt.

The low level of education found can be justified by the fact that, according to Carvalho and Aguiar (2017), informal work in the open market, as it requires low levels of qualification and productivity, is sought by many individuals as an alternative to obtain income, family support, autonomy and also social reinclusion.

Regarding religion, although many were non-practicing, all interviewees reported having some religion, which corroborates the study by Freitas et al. (2010), in which some participants related healthy aging to religious practice. The idea that stands out is that having a healthy old age is a divine gift, and that unknown forces and spirits are the variables that determine the state of health and disease of people with the changes inherent to the aging process.

QUALITY OF LIFE ACCORDING TO INSTRUMENTS

The high averages, in the Psychological and Autonomy domains, corroborate the value attributed to work by the market participants in the study. Work is essential in people's lives, because in addition to ensuring survival through financial resources, it is a source of satisfaction and fulfillment. According to Martins et al. (2018), it is through it that the individual has the opportunity to build their identity, interact socially, find a purpose and challenges, acquire status and earn income.

The domain of Autonomy refers to independence in old age, describing the extent to which one is able to live autonomously and make one's own decisions (WHOQOL, 1994).

As a person ages, his or her quality of life is determined, in large part, by his or her ability to maintain autonomy and independence. Most elderly people fear old age because of the possibility of becoming dependent due to the disease or because they cannot perform their daily activities. Such an event strengthens the approach of maintaining a healthy life, which means compressing morbidity, preventing disabilities (Freitas et al., 2010, p. 410).

When analyzing the QoL of a given population, one of the relevant aspects, especially among the elderly, is work, with a view to maintaining them in the labor market and prolonging their productive life. In contemporary society, work is considered one of the most important factors in the social context, being "essential for access to service and consumer goods, social status and (re)construction of subjectivity, in addition to significantly interfering in the health-disease process" (Costa, et al., 2018).

Also according to the authors, QoL can be influenced, for example, by different sociodemographic characteristics. The fact that the elderly person works may be related to these aspects, as they are often also responsible for maintaining the family's expenses, especially in Brazil. Thus, the elderly person feels that it is necessary to supplement their income by staying or reentering the labor market, because, in many cases, retirement does not even cover personal expenses.

The retirement of the elderly street vendor plays a significant role in the consolidation of their function within the social dynamics of the home. This moment represents a new opportunity for them to reaffirm their presence both in the domestic environment and in public interactions, such as at fairs. In some social positions, including the way they work, older people tend to be seen as unproductive and end up isolated, losing the market's attention. However, in the context of elderly street vendors, it is noted that retirement

provides them with the chance to reaffirm their contributions in family decisions and in the activities of the market (Melo, 2014).

Silva et al. (2012) emphasize that in the aging process, not only in the biological issue it is important, but also in the self-esteem and self-image of the elderly. Socio-affective relationships and interaction with other people are capable of providing significant changes in behavior and body appreciation, which reflects on QoL.

At the time of the pandemic, when street markets were considered essential to ensure the full functioning of the production chains of food, beverages and agricultural inputs by government agencies, the stallholders experienced a double feeling. On the one hand, everyone was afraid of contracting COVID-19, especially because they were elderly and had comorbidities, but on the other hand, they felt that their informal and autonomous activity was recognized as essential for the maintenance of society, in one of the most critical moments faced in recent decades. Thus, this exercise of autonomy and choice to continue working in the street markets despite the COVID-19 pandemic causes satisfaction and pride.

The predominance of answers with the classification "needs improvement" in the WHOQOL-bref, referring to the domain on the Environment, can be attributed to the type of informal work. This tends to expose workers to vulnerable situations, with several factors that negatively influence the open market space that, in general, suffer from problems related to insufficient sanitation, inadequate physical structure, exit of illegal products, insecurity, among others.

In addition, the fair is generally not contemplated in public policies and there are almost no support and incentive programs, which can be confirmed when considering the lack of hygienic conditions of the place, the accumulation of garbage, the presence of odors, the reduced number or non-existence of toilets on site, the lack of coverage in all spaces exposing the stallholders to the sun and rain to sell the products, the absence of a place to rest and, especially, the lack of water for consumption.

According to Carvalho and Aguiar (2017), poor hygiene conditions in the work environment are reported by the stallholders themselves (and evidenced in studies) as a factor related to the worsening of the health condition, illness and decrease in the worker's QoL, which can be related to the "regular" classification in the Physical domain.

As for the typical working conditions, the stallholders work long working hours, with no time for leisure, with an unstable monthly income that even depends on climatic

conditions for the cultivation of products, in inadequate working conditions, which includes countless hours standing, lifting and handling heavy loads, food at irregular times and of dubious quality, among others (Silva et al., 2020. Oak; Aguiar, 2017).

In this sense, a qualitative study carried out at a street market in Fortaleza-CE, in 2020, pointed out that although the experience of informal work has positive aspects, it is also marked by precariousness related to intense working hours and financial instability (Carvalho et al., 2020).

The Past, Present and Future Activities facet refers to activities carried out in the past, present and future, describing satisfaction in life and future projects (WHOQOL, 1994). Thus, depending on the personal achievements achieved or not by the elderly marketers, the self-assessment of quality of life can generate satisfaction or dissatisfaction at the current moment. The classification "regular" in this facet denotes that the stallholders participating in the study probably did not achieve or fulfill their dreams and/or projects throughout their lives or even do not have goals to be achieved in the future.

FINAL CONSIDERATIONS

The survey allowed us to evaluate the quality of life of the elderly marketer during the COVID-19 pandemic based on the perception of each participant, and to identify which the main aspects of the quality of life of the elderly marketer suffered repercussions in the COVID-19 pandemic.

The results of the research confirm the role of work as a psychological, cognitive, and functional protection factor for the elderly (Costa et al., 2018), since the QoL of the participants was mostly classified as "good". However, the domain on Environment was the one that obtained the lowest average and, consequently, the worst classification, which indicates that "needs to improve", reaffirming informal work in the open market as a factor of exposure to risks to the health and safety of the individual.

In addition to the objectives of the research, it is necessary to indicate some limiting factors to this study. The biggest barrier found was the refusal of the elderly to sign the ICF, which caused a reduction in the sample initially planned. Although the collectors are identified with the UEFS badge, and are available to clarify any doubts, many elderly people are advised by their children and family members not to sign anything that is offered to them. In most cases, they are elderly people with a lower level of education and who work alone at the fair, however, situations have also been reported in which they have been deceived previously or have some legal situation in progress.

Another important limitation was the extension of the data collection period, with a consequent reduction in the time for analysis. One of the reasons for this was the reduction in the number of collectors, since 4 (four) days of training were carried out, with a total of 14 employees, however, only half attended the collections. In addition, the average time for responses of the instruments was longer than expected, since some participants had to

Finally, there was also a limitation regarding communication. At times, the use of masks and the noise of the environment made it difficult for the participants to hear the questions, and it was necessary to repeat them more than once. Because they are universal (produced by the WHO), it was not possible to adapt the language of the instruments used to the public. Thus, some questions were not understood by the participants (especially by the participants with less education), so it was necessary to explain them in other words, which is not ideal for a more accurate result.

As future perspectives, this study can contribute, above all, to give visibility to the problems faced by elderly market participants during the COVID-19 pandemic and its

repercussions on QoL. The results of the research can foster programs and intervention actions with the elderly people who work at CAFS, in order to contribute to their having a satisfactory QoL.

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