

Research article

THE THIRD AGE IN TIMES OF STATUS: what has changed

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Abstract

Bibliographical study, qualitative on publications about the advances and setbacks in the biopsychosocial elderly. The **objective** of this research is to find published studies about the elderly in Brazil after the statute. **Methodology:** The instrument used for data collection was selected productions where the Internet published in national journals, which reflect the theme considering the time limit of five years, from 2008 to 2012. During the data collection emerged 20 articles. Based on the similarity of the issues to the goal of this work, we disregard those who, although they reveal themselves in the search result, did not address the Health of the Elderly after status. **Conclusion;** Based on this principle trends pointed to the increasing elderly population serve as a warning to health professionals seeking dignified care for this population through promotion and prevention to health problems, with respect, and can manifest itself with freedom and conscience. **Copyright © WJER, all rights reserved.**

Key-words: elderly care, health of the elderly, needs of the elderly

Introduction

This article had as motivation the quality of life of elderly, after observations performed in units health as supervisor of internships, and own assistance provided to the elderly, to routine faced and its dependence of caregivers. Our attention concentrates on changes in human body physiology impossible of reversing. Among these aspects, this age deserves highlighting in understanding its mode living as citizens transformers who shared conceptions, values and cultural practices, since we know be possible provide this population quality of life what them is of law.

Therefore the objective this research is discover what comes being written regarding of the elderly in Brazil, after the status. How research problem emerges the following question: what has changed in life of elderly in Brazil after the creation of status?

In this context, is certain that the Brazil ages rapidly, and this process accelerated hampers to society, to the family, to own individual and to the State a preparation biopsychosocial in coping of old age worthily, until because if knows that not exists structure with appropriate means for the guarantee of insertion in society, until because if comes to a natural phenomenon of life.

Giving continuity the growth of elderly population is fast and inexorable. Today in Brazil, we have a contingent of approximately 21 million elderly (people aged equal or superior to 60 years); in 2025 this number will pass to 32 million, when the Brazil will occupy the sixth place in the world in elderly population, and in 2050 the percentage of elderly will equal or superior to of children 0-14 years. Claro we need understand that exist genetic variations, extrinsic factors, mode life. (Brazil, 2010).

With this understanding, seem lacking policies social and providences necessary to its stability. The action of stale is part of the biological cycle of life, constitutes a set of modifications in functional structure of the human body leading the individual to a succession systematic acting only in an only direction, ie the destructuring Organic.

Faced addition, is a course that surrounds genetic inheritances, determinants hereditary as the destruction of the environment, the individual's age, feeding type, workplace and habits of life. Besides these circumstances, exist other conditions due to social context in which the individual is inserted affecting your health and his life.

Knows-if that the process of caring for the elderly is subordinate to the incorporation of linkages for with the own family, able serve yourself of own goods at any time or in circumstances diverse perhaps even of own way to relate with the elderly. Evidencian-if that caring of elderly in the family context presumes variables sociodemographic.

In this perception knows-if that society passes by metamorphosis in its forms of disposition weighted in family organization, even because where the family contemporary limits itself increasingly the woman, husband and sons, excluding any kinship. In own context social in which the elderly is victimizes of distinctions, he passes also the feel cornered and, as a consequence, loses the initiative and motivation.

It is important highlight that the object main that involves the Elderly Statute is protection to the individual on your course of aging, to assistance and amparo. The articles of the Elderly Statute inform and guide about all family duties, government, of institutions and of each person to attention to supporting and care of the elderly. Health and quality of life are mutually implicated, because health is dimension of quality of life, the same time in which quality of life impacts the health. (Brazil, 2009).

Seen under the same optic the highlight for this relationship is valuable, insofar that the vision of health as wellbeing widely defined replaced the concept of health as absence of disease, and certain way all objectives of programs directed at health of elderly, address themselves for a quality health of life.

Faced with this affirmative this study objective reflection discuss some anxieties regarding the Elderly's Health and their care and their autonomy, face to the status into force. Not we have the pretension to exhaust the theme, but tick some observations both of studies as of observations with people close, in attempt to contribute for a discussion and sensitization of responsible for policies regarding this population considered best age.

The family in the context

The processes Educative actions directed to collectivity organize themselves from smaller groups or even of great event, what matters is discover paths to that actions are enhanced, already that the alterations provoked by industrialization caused some type of alteration in coexistence and activities of families, influencing somehow dynamic for with the elderly.

In contemporaneity the woman, eg, not takes for himself only the responsibility of the caring on home but also family, of parents case they live in the same ceiling and mainly if they are elderly. The woman contributes decisively for the economy and for society and is of knowledge of everyone who an elderly cares of the other and, in most times, the own spouse, which also has their health problems, but assumes the multiplicity of labor , what comes entail changes of feelings and attitudes in relation to their lives.

In virtue these daily responsibilities, perceive who feel tired, impatient. That entailed by stress of everyday, due to concern of fulfill the duty in right time and in right time, of being satisfying his pair, already who assumed the legal duty of responding for own actions and those of others.

The caregiver

It is known that, in the third age, usually if install some diseases degenerative and that both the family how much the caregivers will have that dispose of exclusive time to deal with diseases who suffer changes insidious, demanding attention intense, until because more than coexist the act of caring is a challenge uninterrupted for caregivers, because besides the responsibility for with the elderly, the caregiver will have to manage the family conflicts that arise in discussions, mainly when the elderly becomes dependent in almost all senses.

Therefore is important to remember that a loss accentuated of the faculties sensorial and volitional patient's not makes part of the effect of stale, is caused by a condition secondary that affects the brain. E should remember that are losses significant that demand patience, love of neighbor, and mostly like to care for another.

It is important highlight that public policies targeted at the elderly indigitam the shortage of professionals with quality and competence to take care this population, seeing for another aspect, the discussion about mistreatment against person's elderly comes becoming increasingly serious in society.

In this situation it is commented on violence physical and psychic, that goes from trespasses and strokes sometimes by own family, and caregivers, until psychic suffering in public transport or in institutions with senior care be they public or private.

Needs biopsychosocial

It is necessary to evidence that care with this age should be integral, ie, with approach syndromic, not being able be analyzed in parts, because if part of assumption that the most important is to understand and interfere in history natural disease. With this understanding, the emotional needs, spiritual, social and physical this population need to be met in all its dimensions.

From these premisses arise the concerns as the needs of the elderly in support institutional. To this, propose-if the creation of projects departing of these needs, since as theoretical contribution there a perspective of popular health education present in the actions educational with this population due to relevance in national context.

Before these considerations, would be, really, a violence, as indeed is, that men historical beings and necessarily inserted in the movement search, with other men, were not the subject of its own movement. (Freire, 2005).

The contribution this strand to development of the programs aligns itself to the concerns with risks ideological of health promotion when this is reduced in practice to a matter of individual choices. (Assis et al, 2004).

Being well, we justify this reflection from the perception of a great tribute to this population, society of yesterday that today in some sectors suffers exclusions.

The health as a whole

In this perception the current organization of theories in area of health corroborates the progress successive of attention in the primary sector, bringing reinforcement for the rupture of pyramidal vision, and serves basic for proper disposal of functions in the actions basic of a attention more intense and regular for the elderly health, caring in defense of life.

This focus guides-if through a health conception that incorporates the causes social and collective, highlighting the importance of individuality of the elderly and becoming subject and with control of your life particular. It is indispensable that the organization of health services in all sectors, promotion, prevention or retrieval, vise to consciousness of procedures and of the principles who ordain the attention primary, as integrality universality and equity.

Being well the growth of connections interpersonal imprint affective, once that this meshing may be able to guarantee quality of life physical and psychic to the elderly must underpin discussions regarding the effect of age with dignity what comes recognize the clash rightly in advancing of technologies of a society comanditária.

In this sense and with that context the increase production and exaggerated competitiveness end up jettison people of the third age of links with work and in surroundings of social relations of general way, resulting hence stringent gaps of rejection and expressive increase of lacks this phase of life.

Deficiencies these of order physical, financial and emotional.

Namely, in recent years, grew in Brazil the awareness that violence against the Elder is a problem severe and complex that your approach requires the formulation of various strategies as foresees the Plan of Action for the Combat the Violence against Elderly Person. The formation of caregivers is undoubtedly, one of them, because, as reveal national and international studies on the theme, a large part of violence against this population happens within the family or in institutions of long permanence for seniors, often, for lack of preparing the caregiver. (Brazil, 2008)

The depression

Knows-if that some elderly feel-if slaughtered physically and morally, sometimes due to frustrations in marriage, ingratitude the family mainly of the sons, some dissatisfactions during your life doing you feel useless, perceives their opinions devalued, people have no patience, and this situation by times can provoke a depression.

Vale pointing that one of expressions most used in clinics currently, beside of stress and depression, is the term anxiety. Anxiety is an affective state characterized by incomprehension insecurity and dissatisfaction in moving into an experience that can not be avoided. Has root predominantly psychic. Is related with uncertainty, with the unknown and by times, with the impatience with relation to future events. (Fernandes, 2009).

Paradela (2011) states that depression is a clinical condition of great relevance in elderly, because increases the morbimortality, impacts negatively the functional capacity and life quality of these individuals. Should be investigated of routine way, because is a very prevalent condition and treatable; the improvement of symptoms and remission complete of the frame are possible and should be persecuted.

To review we understand that is a challenge rethink the third age and power relate with a welfare social (Welfare State) The distinct growth of the population of the third age, contradicts with the hope average life. It is fact that today the elderly have an expectation largest of life, more unfortunately with loss of autonomy, and well least quality of life.

Gomes (2006) emphasizes that Welfare State can be understood as a set of services and benefits social of universal reach promoted by State with the purpose of ensure certain "harmony" between the advancement of market forces and a relative social stability, supplying society of social benefits that signify security to individuals to keep a minimum of material basis and levels of default of life, that may face the effects deleterious of a structure of capitalist production developed and exclusionary.

The material and methods

Treats-if a descriptive research with the purpose of delimit the object of study and the field research to reality that it was intended apprehending., It is a bibliographical revision where selected-if productions in form of articles published in national journals, articles in full which reflect the thematic researched, having considered the limit temporal of five years, ie, from 2008 to 2012.

To survey articles in literature, held-if search in the databases: Literature Latino-American and Caribbean on Health Sciences (LILACS) and Base Nursing Data (BEDENF) by means of descriptors "Senior care; Health of the elderly; Needs of the elderly".

The instrument contemplated the data: periodic of publication, author (es), and year of publication. The selection was based in the likeness affairs to the objective of this work, disregarded those who, despite from revealing-if in a search result, did not mention the subject under the point of view the Elderly's Health after the status.

The results and discussion of the studies

The data analysis extracted of articles was held from descriptive form, enabling observe, count, describe and sort the data, with the intention of gathering the knowledge produced about the theme explored in that review. The reflections and restlessness competed for a descriptive research exploratory of qualitative nature with regard to the phenomenon of third age in relation to status of the elderly and what it has done by this population, since 2003, when was created; were identified twenty studies, and majorities of authors belong to the health area, but was not approached directly the theme apprehended, despite of evoke the notions of well being and quality of life. How the focus this revision was the elderly health care and quality of life after the Statute or Politics the Elderly, of the twenty articles, were included in research, only seven articles. Among they, three belong to Ministry of Health In relation to methodology employed, treats-if a descriptive study and approach quantitative

Table I. Articles found in magazines, books and the Internet.

Magazine Periodicals, Books , Internet	Author (s)	Year of publications
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Conflito Social e Welfare State. Rev Administração Pública.	Gomes GF	2006
Manual do Cuidador da Pessoa Idosa. Brasil	Ministério da Saúde	2008
Estatuto do Idoso Brasil	Ministério da Saúde	2009
Revista SPAGESP Saúde mental. Uma Visão vincular Brasil	Fernandes JW	2009
Escola Nacional de Saúde Pública. Fiocruz.	Assis M, Hartz AMZ Valla V V	2010
Atenção da Saúde da Pessoa Idosa e Envelhecimento	Ministério da Saúde	2010
Depressão em Idosos. Rev.Hosp. Univ. Pedro Ernesto.	Paradela PME	2011

CONCLUSION

Notes the urgency of providing decent care enabling people really interested in working with this age group, because when you do what you love is well done. Not just anyone can take care of an elderly, especially if he suffers from any pathology. The family can help, but not completely to blame, because usually the companion (a) is too old (a) and can not afford all the work and responsibility alone (a). Health policies should deeply know the profile of this population, currently known as the best age, because only then the State may design program and evaluate policies Elderly Healthcare in Brazil, as well as factors involving the institutionalization of more than 60 years, so they can really be proud of belonging to age better. The Minister of Health at the time in 2003, Mr. Humberto Costa, felt honored when presented to professionals and managers SUS legal instrument that would assist in meeting the responsibilities therein and could guide them in carrying out the activities of this Ministry, as well as its integration into other federal government actions, fulfilling this important achievement of citizenship in our country

We continue cheering every morning hoping to society as a whole understands the needs of this population and go to treat her with great respect and care owed to it by right won the country legally.

Do not just feel the arrival of the beautiful days. We must proclaim: "The days were beautiful." Carlos Drummond de Andrade, 1945

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