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Physical, social and programmatic vulnerability of elderly people: a descriptive study

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ABSTRACT

Aim: To identify physical, social and programmatic vulnerabilities among the elderly as part of Family Health Strategy (FHS) in the city of João Pessoa/PB. **Method:** This is a cross-sectional household survey using a descriptive design, carried out with 368 elderly persons in the period from February to April 2014. **Results:** It was found that most individuals were physically vulnerable. They presented a self-assessment of poor health, difficulties in terms of mobility and in carrying out the activities of daily living. There was a predominance of elderly people residing in areas of low social vulnerability who used the services provided by the Unified Health System more frequently than the general population. **Conclusion:** Although it has been little studied in gerontology, the concept of vulnerability emphasizes the importance of the expansion of comprehensive and contextualized care with regard to the health of the elderly through the recognition of the individual and collective aspects that influence their quality of life.

Descriptors: Health Vulnerability; Aged; Public Health Nursing

INTRODUCTION

The growth of the elderly population is regarded as one of the most significant demographic transitions in recent years. It has occurred quickly and abruptly, without the proper monitoring of social and economic progresses. Population aging raises a question in terms of the need for tools and theoretical models that direct practice and allow us to understand its extent and complexity. Therefore, in the context of gerontology, we explore the concept of vulnerability, defined as the state of individuals or groups who, for some reason, have their self-determination capacity reduced, and who may have difficulties in protecting their own interests due to deficits in terms of power, intelligence, education, resources, strength or other attributes⁽¹⁾. Within this approach the following guiding question was developed: What is the prevalence of physical, social and programmatic vulnerability among older people cared for by the Family Health Strategy (FHS) in the city of João Pessoa/PB?

AIM

To analyze the physical, social and programmatic vulnerability of the elderly cared for by to the FHS in the city of João Pessoa.

METHODS

This is a cross-sectional household survey that uses a descriptive design, carried out with 368 elderly registered by the FHS in the city of João Pessoa as part of the Primary Care Information System. The participants were individuals aged 60 or more who were in

command of their cognitive facilities, so that they were able to answer the research questions, as well as those living in the studied health district.

Data collection took place in the homes of the elderly, from February to April 2014 through the use of a structured interview. For this, we used a socio-demographic and health survey, the Vulnerable Elderly Survey (VES-13), the Social Vulnerability Index and indicators related to the concept of programmatic vulnerability.

Data analysis was carried out using a quantitative approach, involving descriptive statistics of a univariate nature for all variables. We used Pearson's chi-square test and multiple linear regression with a significance level of 95%. The study was approved by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, under protocol number 0658/13.

RESULTS

Regarding the socio-demographic characteristics, it was found that 68.8% of the respondents were female, with an average age of 71.4 years. There was a predominance of elderly participants aged between 60 and 69 (45.9%). Most elderly assessed their health as fair (44%); 84% had three or more health problems, and there was a predominance of vision (21.1%) and hypertension (19.23%) problems. When assessing the degree of physical vulnerability, 52.2% of the elderly were vulnerable. Of these, 72.4% were female predominantly within the age group between 70 and 79 years (41.1%). It was found that the perception of health as being fair or poor was more prevalent among the physically vulnerable elderly (59.9%; $p < 0.001$), as well in terms

of changes in the performance of basic and instrumental activities associated with daily living ($p < 0.001$).

It was evident that most elderly lived in areas of low social vulnerability (80%). As an influence predictor, it was identified that the lower the access to basic sanitation and increased alcoholism at home, in addition to illiteracy, the greater the degree of social vulnerability. As regards the variables indicating programmatic vulnerability, it is evident that 96.6% of older people use the Unified Health System; of these, 76.6% do not have a private medical insurance plan, and only 6.8% have a private dental insurance plan. Concurrently, it was found that the elderly residents of regions with very low social vulnerability indices showed made greater use of private medical and dental plans, as well as lower use of the Health System.

DISCUSSION

Vulnerability is a multidimensional construct in which behavioral, socio-cultural, economic and political conditions interact with biological processes throughout life. Vulnerability is strongly influenced by a high degree of dependence on the part of the elderly. It may compromise their autonomy which is directly related to their ability to perform activities of daily life without assistance, as well as the freedom to decide for themselves, as well as the possibility of being socially integrated⁽²⁾. It was found in this study that the elderly presented instances of physical, social and programmatic order in their health that may develop into complications and possibly the loss of ability to perform daily activities.

However, the deleterious effects of senility can be minimized with measures aimed at comprehensive healthcare for elderly people.

CONCLUSION

The growing aging population requires adequate health services through the provision of comprehensive and contextualized care. In analyzing the study population, we have come to understand the different dimensions and characteristics that influence the health of the elderly. Recognizing concepts related to vulnerability and discussing them with the multidisciplinary team tasked with their care is of great importance in order to promote comprehensive interventions for the elderly.

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