Chapter 158

Identification of Warning Signs in Aging Neglected self-care

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1 INTRODUCTION

1.1 AGING

The increase in elderly population is constantly growing, at the same time that life expectancy has also increased, providing many reflections and studies on the subject of aging. Until recently, the view of old age was stereotyped, seeing aspects related to loss, uselessness, and loneliness. However, this view is changing, the elderly represent 12% of the world's population, with a forecast to double this amount by 2050 and triple by 2100. The process of inverting the age pyramid, associated with increased longevity, results in greater relevance of the family in the context of care for the elderly, since the family assumes the role of care, leading to changes in the family context. According to Aguiar, Menezes, and Camargo (2017), in about 3.2 million elderly people, it is the family that plays the role of care.

Greater longevity can be considered a success story for humanity. These extra years of life allow the population to plan the future differently from previous generations. In Brazil we have the following data collected by the IBGE:

> The projected total population of the country in 2018 is 208.5 million. This number will grow until it reaches a maximum of 233.2 million in 2047. From that year on, the population will decrease until it reaches 228.3 million in 2060, a level equivalent to that of 2034 (228.4 million). The total fertility rate (average number of children per woman) projected for 2018 is 1.77 children per woman and should reduce to 1.66 in 2060. The 2018 revision showed that the aging of the fertility pattern is determined by the increase in the number of women who become pregnant between the ages of 30 and 39 and by the reduction in the participation of women between the ages of 15 and 24 in fertility in all major regions of the country. (IBGE, 2018).

The gradual increase of this population has stimulated new research, especially in the areas of human, social, and health sciences, with a view to an interdisciplinary understanding of the aging process, the phase of old age, and the elderly subject. There is an emphasis on the reciprocal influences of development between the elderly and the systems in which they transit, concerning biopsychosocial and historical-cultural aspects. Starting to conceptualize the views of the concept of aging (old age), with the

approach of the term old age according to Peixoto (1998) The term old age, has a strong association with decay, and this relationship reaches all areas of Brazilian society, where over time we will have an inversion of the population pyramid.

> According to Peixoto (1998): Old age is treated as the last phase of life, being characterized by somatic and psychosocial manifestations, that is, reduction of functional capacity, work, and resistance, interrelated to loss of social, psychological, and emotional roles. loneliness. However, the same author clarifies that there is no clear awareness that, through physical, psychological, social, cultural, and spiritual characteristics, the onset of old age can be enunciated. Far beyond the difficulty of defining a fixed point from which old age begins, there is, in different ways, how society sees the phenomenon and the elderly. About this, we resort to the words of Beauvoir (1970), who says that old age appears more clearly in the eyes of others than in the eyes of ourselves.

Complementing the previous references mentioned, we can use a reference of classifications on the beginning of old age according to Costa (1998):

- 1-Medicence in Phase I - Starts at 30 and goes up to 49 years old;
- 2-Pre-sescence or middle age or middle age or intermediate age or period of involution – It starts at 40 (for some at 45) and goes up to 59 or 65 years;
- 3-Mediescence in Phase II or late maturity – Phase from 50 to 65 years old or 70 years old;
- 4-Senescence, old age, third age, older age, seclude, late adulthood, maturity, mature age, or even first age – from 65 years old (for another 60 or 70) up to the age of 75 or 80;
- 5-Second old age or fourth age or great age – starts, for some, at 75 years old; for others at age 80.

In addition, Costa (1998) deals with the use of the term “old”: ... Another term currently used is old, which may or may not be loaded with prejudice, although some people prefer to be called elderly rather than old, suggesting that this term presents a stereotyped and negative image of the way of aging.

1.2 THE ROLE OF THE FAMILY AND THE SUPPORT NETWORK:

The multidisciplinary team offers guidance to the family and care for the elderly, being aware of this much more delicate and fragile moment, in addition to providing care to the elderly, and promoting cognitive stimulation, in this way, the environment can contribute strongly to improving the quality of life. life of the individual and his socialization.

It is noteworthy that family support is essential for the elderly to feel welcomed and to preserve the feeling of belonging. This support will certainly motivate the elderly to maintain good expectations and to react positively.

> The family is the first support network for the elderly where they find the necessary assistance for their difficulties and needs (ASSIS; AMARAL, 2010). The family context represents an essential element for the well-being of elderly people. These find support and intimacy in this environment to face the different situations they face, whose relationships express and offer a place, and support that demonstrates a degree of belonging with their family members. This guarantees them certain security that perhaps they would not have if they were in another context. This panorama demonstrates that the family, despite changes in the face of different situations, remains an

> extremely important place to nurture affection and protection for the elderly (ARAÚJO, 2010). The family, therefore, represents an extremely important support for the elderly, as it is there that, in the most diverse situations, they find the necessary support to satisfy their needs, with some exceptions. However, it is worth noting that the family possibly has a much more positive role than a negative one when it comes to the relationship with the elderly.

For Souza et al. (2014) the family is understood as the central unit in health care and thus has an essential responsibility in the care of its members. In addition to the role in care, the family also plays a social, emotional, and financial role, constituting an important support system for the elderly.

It is noteworthy that the way the family organizes itself and relates to determining the roles defines its functionality (SILVA et al., 2013). A family that has a harmonious relationship is characterized as functional, with defined functions for each member, and that can communicate and resolve conflicts according to its internal structure, maintaining a support system with an effective bond. On the contrary, in a dysfunctional family, there is no support system, it is determined by the lack of articulation and respect between the members and is constantly in crisis due to the non-resolution of problems and lack of communication (VERA, 2013; BRASIL, 2007).

It is worth pointing out that the family is incorporated into the aging process, which requires changes in its arrangement, adaptations in the dynamics, and reorganization to be able to meet new demands associated with the intergenerational family composition. The changes can directly infer its functionality, in addition to affecting the health of the elderly positively or negatively. From this perspective, in agreement with Vera et al. (2015), adapting to the new family dynamics is configured subjectively in each context and must be evaluated.

> Changes in the organization of the family and the need for adaptations can be conflicting due to the lack of knowledge about the aging process and impact all members and the internal structure of the family, influencing the way care for the elderly will be carried out (CAMPOS et al., 2017; REIS; TRAD, 2015).

Nunes et al. (2018) address that care can generate situations of overload and stress, and lead to neglect of the elderly by the caregiver, represented in this context by the family, or suppression of the family's needs. The caregiver takes on a new role within the family organization, associated with responsibilities for the care and affective involvement with the elderly, which implies an accumulation of activities and exposure to physical and emotional overload that can compromise the caregiver's health (CRUZ, 2017; REIS; MENEZES; SENA, 2017).

Vera et al. (2015a) argue that the family is of great importance in the aging process and constitutes an aspect that promotes quality of life for the elderly. Similarly, Campos et al. (2017), address that family support causes direct impacts on the health of the elderly. Because it constitutes a systemic relationship, family dysfunction produces several psychological, emotional, social, and physiological consequences, contributing to pre-existing problems or even causing other problems, directly affecting the conditions and perception of the health of the elderly (STAMM et al., 2017).

> The internal structure and consequently the family functionality is configured by biopsychosocial factors such as sociodemographic aspects of the family and the elderly, such as age, gender, family income, number of individuals in the family, education, comorbidity, marital status, functional and cognitive capacity and also culture (VERA, 2013).

The dependency generated by the aging process causes these elderly women to also interrupt their activities of daily living, which were previously carried out without difficulties, thus leading to a feeling of uselessness in the family and social environment. This directly influences their mental health, causing depression, anxiety, and isolation. Generally, the elderly attribute to work the realization of their own lives, and this disconnection from these activities leads to the loss of their identity and the experience of negative feelings (TAVARES et al., 2012).

Therefore, according to Silva (2009), aging should not be considered a pathological process. They don't just appear after age 60; it is a constant process during life, because at birth, theoretically, the person already starts to age with advancing age (SILVA, 2009).

Negative perspectives on aging such as these are still supported by influential opinion makers. In addition to the medical discourse, the State and the media are included in this category.

Thus, in this study, we highlight self-care as a tool for health promotion, aiming at active and healthy aging.

1.3 SELF-CARE FOR THE ELDERLY

Self-care is defined by Orem (Derntl & Watanabe, 2004) as “the practice of activities, initiated and carried out by individuals, for their benefit, for the maintenance of life, health, and well-being”. Still, according to Foster et al. (1993), self-care is defined as “the process by which a layperson acts in his interest in promoting his health and in the prevention and detection of disease and its treatment at the level of primary health resources in the health care system" health".

To meet self-care needs, individuals need to develop skills that are influenced by intrinsic and extrinsic factors that determine the individual's ability to promote self-care. These factors include age, gender, developmental status, life experience, sociocultural orientation, health, and available resources (Derntl & Watanabe, 2004).

From these definitions, we can apprehend the individual's responsibility as an agent of self-care, which is the result of a set of experiences lived and learned by the subject. Thus, self-care implies the development of healthy habits to establish and maintain one's health, through the recognition of the resources that the individual has to take care of himself, and encompasses care with hygiene, food, lifestyle, factors environmental and socioeconomic factors.

The individual has the autonomy to take control of the factors that can compromise his aging process through the development of personal attitudes and the acquisition of skills and knowledge, aiming at the

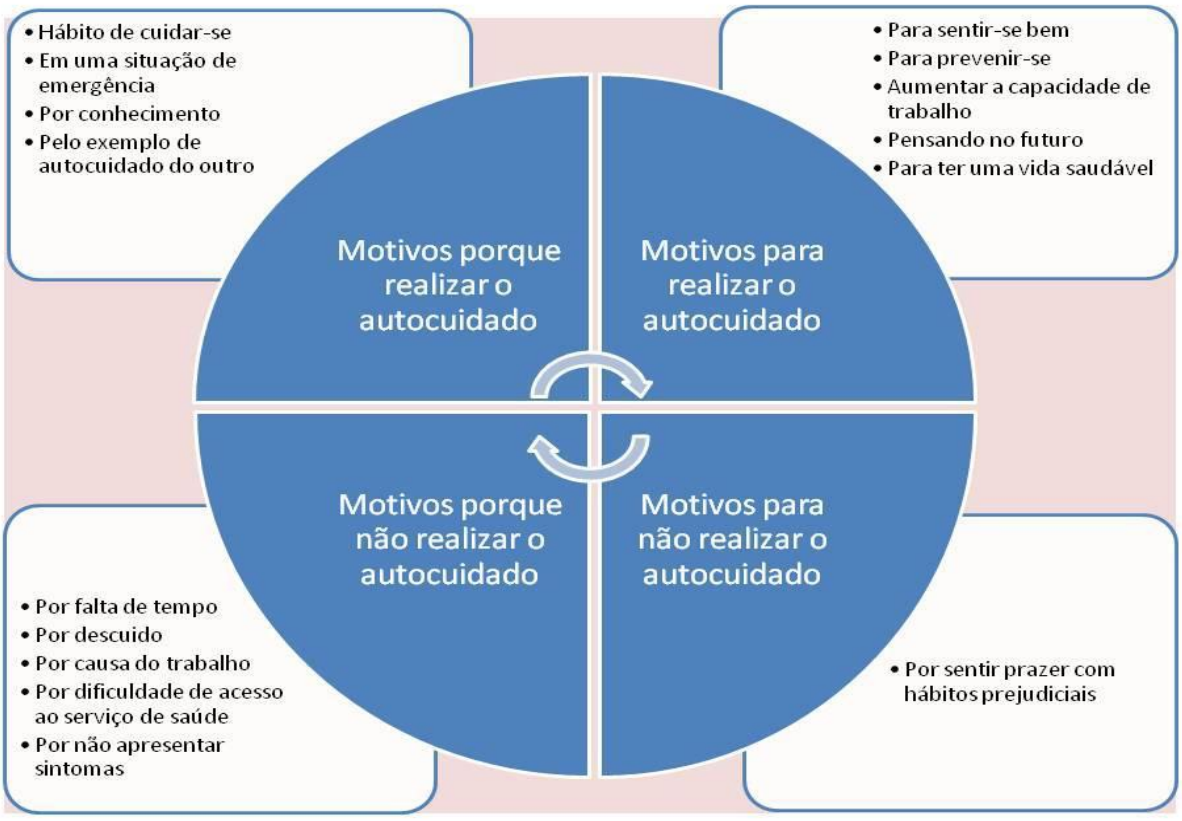
implementation of behaviors that contribute to improving his life, his health, and well-being. being (Derntl & Watanabe, 2004).

It is necessary to consider the importance of social, cultural, and personal factors about self-care, for example, certain parts of the population may present different behaviors regarding health and its care, according to the current and historically determined concept of health disease. People born in the early 20th century were brought up in an age when medical authority was not questioned; on the other hand, currently, young people are educated within a context that recognizes the limitations of medicine and reinforces the importance of social factors and individual behavior on health.

Therefore, we can conclude that the values acquired throughout life influence people's actions with their self-care. We point out some singularities of the male aging process that can contribute to the understanding of this universe concerning health care and promotion.

The motivations for self-care allowed us to identify the following concrete categories of experience, through the “reasons why” and “reasons for” performing self-care and also through the “reasons why” and “reasons for” not performing self-care, represented in the diagram (Figure 1) below:

Figure 1. Scheme of the concrete categories of the experience Scale to Assess Self-Care Capacity (EACAC)



1.4 REASONS WHY TO PERFORM SELF-CARE

Schütz (1974) points out that individuals have reasons that explain their actions. They are reasons that are rooted in past experiences, in the personality that man has developed during his life and that is called “reasons why”. Analysis of the testimonies allowed us to obtain the categories of “reasons why” to perform self-care. The categories identified were: the habit of taking care of oneself; in emergencies; knowledge; and the self-care example of the other.

> The “motivation why” is structured and constitutes a kind of accumulation of social knowledge, which is transmitted by our predecessors as cultural heritage, and the deposit of knowledge arising from personal experience. The “reason why” can only be understood through an act of reflection, which may or may not occur after completing an action and which refers to experiences in the past. It allows the observer to reconstruct, from the act performed, the attitude of the actor in his action. And the actor becomes an observer of his actions as he goes back to the past, the context of the meaning of the “reason why” (Wagner, 1979).

Dependence and lack of autonomy can be experienced in different ways throughout the life cycle. A child, they are seen as characteristics of the stage of life. In the course of an illness, they are perceived as necessary in the transition period to better health. Already in old age, the lack of autonomy and dependence are commonly negative and stressful events, which lead to a low quality of life, both for those who experience this condition and for those around them. Dependence on care from others is related to the impossibility of individuals taking care of themselves.

For reasons such as reducing the cost of hospital and institutional care years, especially for everyone with hypertension and heart disease. Caregivers (67%) lived in the elderly person's home, they were mainly women, daughters, and granddaughters; 20% were partners of male and female elderly caregivers. Although caregivers reported good health and quality of life at a good level, their lifestyle was regular. According to the elderly, families have high dysfunctionality, although they have a better quality of life in some areas and facets.

2 CONCEPTS OF VIOLENCE

> "Violence against the elderly is part of social violence, that is, in Brazil and the world, it is expressed in the way society organizes its class relations, age groups, ethnicities, gender, and how power is exercised. exercised in the political and institutional spheres (BRASIL, 2005 p.142)".

Violence between human beings has always existed in human history, with the dominance of the strongest over the weakest, being in the second group: children, women, and the elderly. These are victims of various types of violence, from insults and beatings by family members and caregivers (domestic violence) to mistreatment suffered in public transport and institutions, in general (social violence) (PASINATO; CAMARANO and MACHADO, 2006).

In its origin and manifestations, violence is a phenomenon considered socio-historical and accompanies the development of humanity. It is not in itself a public health issue, but it becomes a problem because it affects individual and collective health and requires, for its prevention and confrontation, the formulation of specific policies and the organization of practices and services peculiar to the sector (MINAYO, 2006).

3 FINAL CONSIDERATIONS

In conclusion, based on the research carried out with more than 20 articles searched in the Scielo database, Medline, and other theoretical references, we can say that the elderly must have family support so that, if possible, identify the need for redirection to the public and social support in favor of a support network for the elderly population and their families who are often dependent on this care, so that we can provide support in the spheres of civil and public society and meet the demands of the needs of the elderly, not forgetting to give affection, love, care, and understanding in every way, seeking that he can have a dignified life in his life and family care at all ages of his life for the elderly. All of this is dependent on this care, the current trend in many countries, including Brazil, is for the elderly to remain at home under the care of the family, regardless of their health status, avoiding risks and negligence in this care.

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