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# Perspective of elderly about the experience of living alone

Perspectiva de los mayores sobre la experiencia de vivir únicamente

Perspectiva dos idosos sobre a experiência de morar só

## ABSTRACT

**Objective:** To understand the perspective of the elderly on the experience of living only in Cuiabá, Mato Grosso. **Methods:** Exploratory study with a qualitative approach, carried out with 35 elderly people in 2014. Individual interview script, Katz index, Lawton and Brody scale and Bardin thematic analysis were used. **Results:** Independence and autonomy were understood through the speeches of the elderly as a gaining experience, important to remain preserved in the experience of living alone, as they lead to the feeling of freedom, independence and autonomy. On the other hand, difficult confrontations, such as health limitations, little social support and financial difficulties, to carry out activities in daily life, plague the lives of these elderly people. **Conclusion:** Living only for the elderly is a complex experience, essential to be understood by public health professionals, in the perspective of encouraging self-care, subsidizing the planning of health actions.

**ESCRITORES:** Elderly; Aging; Public health.

## RESUMEN

**Objetivo:** Comprender la perspectiva de las personas mayores sobre la experiencia de vivir solo en Cuiabá, Mato Grosso. **Métodos:** Estudio exploratorio con abordaje cualitativo, realizado con 35 ancianos en 2014. Se utilizó guión de entrevista individual, índice de Katz, escala de Lawton y Brody y Análisis Temático de Bardin. **Resultados:** La independencia y la autonomía fueron entendidas a través de los discursos de las personas mayores como una experiencia ganadora, importante para permanecer preservada en la experiencia de vivir solo, ya que conducen al sentimiento de libertad, independencia y autonomía. Por otro lado, los enfrentamientos difíciles, como las limitaciones de salud, el escaso apoyo social y las dificultades económicas, para realizar las actividades diarias, plagan la vida de estas personas mayores. **Conclusión:** Vivir solo para personas mayores es una experiencia compleja, imprescindible para ser entendida por los profesionales de la salud pública, en la perspectiva de incentivar el autocuidado, subvencionando la planificación de acciones de salud.

**DESCRITORES:** Anciano; Envejecimiento; Salud pública.

## RESUMO

**Objetivo:** Compreender a perspectiva dos idosos sobre a experiência de morar só em Cuiabá, Mato Grosso. **Métodos:** Estudo exploratório de abordagem qualitativa, realizado com 35 pessoas idosas no ano de 2014. Os dados foram coletados por entrevista semi estruturada, Índice de Katz, Escala de Lawton e Brody e analisados pela técnica de Análise Temática de Bardin. **Resultados:** A independência e a autonomia foram compreendidas por meio dos discursos dos idosos como experiência de ganho, importantes de manterem-se preservadas na experiência de morar só, pois levam ao sentimento de liberdade, independência e autonomia. Em contrapartida, os enfrentamentos difíceis, como limitações de saúde, pouco suporte social e dificuldades financeiras, para realizar as atividades no cotidiano, assolam a vida desses idosos. **Conclusão:** Morar só para idosos é uma experiência complexa, imprescindível de ser compreendida por profissionais da saúde coletiva, na perspectiva de incentivo ao autocuidado, subsidiando o planejamento das ações de saúde.

**DESCRITORES:** Idoso; Envelhecimento; Saúde pública.

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## Roselma Marcele da Silva Alexandre Kawakami

Nurse. Specialist in Health Services Auditing. Specialist in Health Surveillance. Master of the Postgraduate Program in Nursing at the Federal University of Mato Grosso. Currently teaching at Centro Universitário – UNIVAG.

ORCID: 0000-0001-5581-8115

## **Rosemeiry Capriata de Souza Azevedo**

Federal University of Mato Grosso. Degree: Nurse, PhD in Nursing.  
ORCID: 0000-0001-7986-5768

## **Annelita Almeida Oliveira Reiners**

Federal University of Mato Grosso. Degree: Nurse, PhD in Nursing.  
ORCID: 0000-0002-5699-8215

## **Idilaine de Fátima Lima**

Federal University of Mato Grosso (UFMT). Degree: Nurse, Master of the Postgraduate Program in Nursing at the Federal University of Mato Grosso  
ORCID: 0000-0001-8956-8097

## **Hellen Cristina Almeida Abreu de Lara**

Nurse. Master of the Postgraduate Program in Nursing at the Federal University of Mato Grosso. Professor at the University Center of Várzea Grande (UNIVAG).  
ORCID: 0000-0001-5845-3895

## **Fabiana Maria de Almeida**

Nurse. Master of the Postgraduate Program in Nursing at the Federal University of Mato Grosso.  
ORCID: 0000-0002-4000-0537

## INTRODUCTION

One-person arrangement refers to the individual who lives alone. In Brazil, this type of arrangement increased from 10.4% to 14.6% from 2005 to 2015, especially those made up of people aged 50 and over, which rose from 57.3% to 63.7% in the same period.<sup>1</sup> The tendency to live alone is related to aging, which is evidenced by the increase in life expectancy and schooling, the age of children, a reduction in the fertility rate and income. Data from 2019 indicate that Brazil has approximately 34 million people in this age group, a number that represents 16.2% of the country's population. Of this population aged 60 and over, 16.8% live alone.<sup>2</sup> Projections indicate that the number of people over the age of 60 will reach 2 billion people by 2050.<sup>3</sup> These data demonstrate how aging in Brazil is accelerated, compared to developed countries.<sup>1</sup>

A study showed that living alone was associated with difficulties in performing instrumental activities of daily living and also with worse health conditions. In addition, it is clear that the eating habits of the elderly who live alone are worse than those who live with a partner. All of these aspects are relevant to public policies in

order to subsidize health care according to the reality of the elderly.<sup>4</sup>

In this sense, it is understood that the family contributes to increasing the possibility of living alone for the elderly person, considering that this condition leads to the feeling of freedom and quality of life for all members of the family. Thus, nursing corroborates care strategies with families in the care plan according to needs, in order to maintain the autonomy of the elderly.<sup>5</sup>

Another study also points out that elderly people who live only face difficulties in controlling their diet, going to the doctor alone and administering medications. Therefore, the work of health professionals and the family is relevant, offering support to avoid risks and favor quality of life. Their reality is little known in Brazil, it requires frequent investigations to help them cope with daily life.<sup>6</sup> In view of this, this investigation had as its object the contextualized way for the elderly to signify the experience of living alone.

Experiences are built through people's speeches, the way they perceive and act on the world. The construction of discourses takes place from different individual and social contexts<sup>7</sup>, from relationships with family and community. Thus, it was

asked: How do elderly people mean the experience of living alone? In order to understand the perspective of the elderly on the experience of living only in Cuiabá, Mato Grosso.

## METHOD

Exploratory and qualitative study carried out with 35 elderly people from Cuiabá. Participants proceeded to recruit Louzada's research<sup>8</sup>, of the 573 elderly people in this research, 57 reported living alone, all of which were located for the present study. However, 8 of them died and 4 changed their address. Of the remaining 45 elderly, 5 stopped living alone, 1 refused to participate in the study and 4 were excluded after the Mini Mental State Examination evaluation.

The study included elderly people with the ability to understand and answer questions; being 60 or older, living for more than a month, residing in the urban area of Cuiabá. The exhaustion criterion was used to include the available individuals and to reconstruct the object.

The study was approved by the Research Ethics Committee, Opinion No. 527,935 / 2014, CEP-HUJM, with Certificate of Presentation for Ethical Appreciation (CAAE) No.

26520714.2.0000.5541. All participants signed the Free and Informed Consent Form, in attendance. Resolution 466/2012 / CNS. Participants were identified by the word elderly (o) in increasing numerical order. The duration of the interview ranged from 20 minutes to 1 hour and 40 minutes.

Individual semi-structured interviews guided by a script with open questions were used. Data were collected from March to May 2014, by the author for a master's dissertation entitled Experience of the elderly person who lives alone defended in 2015. A single meeting was held at the elderly's home, the interviews

were recorded using a cell phone. The Katz Index was used to measure independence in the performance of basic functions. The Lawton and Brody Scale to assess the independence of the elderly in activities to live in the community. Thematic analysis and discussion were used in light of the literature review.

## RESULTS

Of the 35 participants, 25 were women and 10 men with an average age of 73.6 years. Regarding marital status, most were widowed (14). Data revealed that having few children leads the elderly person to live alone, a fact evidenced by 24 elderly people who reported not having children or at most 3. Most reported low education. The main occupations performed were domestic activities and general services. Most were retired, receiving a monthly minimum wage. However, there are elderly people who worked to supplement their income and others who were financially dependent on the family. Most of them reported having arterial hypertension and changes in vision, depending mostly on public health services, according to characteristics described in Table 1.

In the assessment of functional capacity, 26 of them were independent for activities of daily living (ADL) and for instrumental activities of daily living (IADL). The other 9 were partially independent, 3 had problems with urinary continence, 7 had limitations for shopping, cleaning the house, manual work, taking medicine, using the phone and especially going to distant places. In general, they were independent elderly people who took care of themselves and the house, were responsible for carrying out activities in the community, practiced physical activities and participated in prayer or socializing groups.

*"I get up, make the bed, open the window and the door. I go to the bathroom, shower and brush my teeth, 7 hours already I'm sitting*

Table 1 - Distribution of the elderly according to sociodemographic characteristics. Cuiabá- MT, 2015

Variável	Frequência (n)	Porcentagem (%)
<b>Sexo</b>		
Masculino	10	28,6
Feminino	25	71,4
<b>Raça</b>		
Pardo	22	62,9
Branco	6	17,1
Negro	7	20,0
<b>Faixa etária</b>		
60 – 69 anos	10	28,6
70 – 79 anos	15	42,8
80 anos ou mais	10	28,6
<b>Estado conjugal</b>		
Casado/união estável	1	2,8
Viúvo	14	40,0
Solteiro	9	25,8
Separado/ divorciado	11	31,4
<b>Escolaridade</b>		
Analfabeto	7	20,0%
Primeiro Grau	19	54,2%
Segundo Grau	6	17,14%
Superior	3	8,57%
<b>Religião</b>		
Católico	20	57,1
Evangélico	10	28,6
Espírita	4	11,4
Nenhum	1	2,8
<b>Renda</b>		
1 salário mínimo	20	57,1
1 a 12 salários mínimos	12	34,3
Meio Salário	2	5,8
Não rem renda fixa	1	2,8
Total	35	100

*reading. I make tea whenever I feel like it. I make lunch early. Then I wait for the hour to pass and wash my clothes. At the end of the afternoon I get ready to go to the Spiritist Center, then I leave, eat and lie down” (Elderly 6, 85 years old and can’t remember how long she has lived alone).*

*“[...] I go to the bank to pay for my appointments, birthday, party, listen to the radio, watch television and travel with the group” (Elderly 30, 73 years old, has lived alone for three years and eight months).*

The time in which the elderly in this study lived only varied from 3 to 43 years for those who remembered. The main reason that led them to live was only the lack of alternative, resulting from widowhood, marital separation and, mainly, the children leaving home from marriage or death.

*“The husband separated from me, I lived with the children, they got married and I was alone” (Elderly 9, 75 years old and does not remember how long she has lived alone).*

*“After my husband died, I have lived alone for 12 years” (Elderly 31, 78 years old, has lived alone for twelve years).*

However, an elderly woman reported that living was just a choice, a possibility to be free and manage her life.

*“Because I decided. An idea came suddenly. [...] I will live alone. I didn’t tell anyone. I arranged everything and then I went to tell my sisters. It was an uproar, but I said: I will try it.” (Elderly 6, 85 years old, single and does not remember how long she has lived alone).*

In this study, independence and autonomy were considered an experience of gain and important conditions to be

preserved. Elderly people in this study also perceive, in the support of family, friends and neighbors, the possibility of reducing suffering, relating care and safety to them.

*“[...] My sister helps me. [...] I make rugs and my sister sells them to me. [...] I live quietly (Elderly 1, 83 years old, has lived alone for 3 years and a little).*

Thus, it is noted that the condition of living was only highlighted as gains revealed in a significant way as happiness, freedom, peace, tranquility, individuality, taking care of oneself and something of yours through the ability to carry out daily activities. According to speeches:

*I feel freedom, we get used to independence, you do it, undo it, go for a walk, nobody gets on your feet. There is nothing bad about living alone (Elderly 33, 63 years old and has lived alone for three years). It has its great side [living alone], individuality, its things in place, because I take anything of mine with my eyes closed, without light. This individuality is the good side (Elderly 32, 70 years old, has lived alone for seven years).*

To this end, they are constantly challenged to maintain their independence and autonomy in order to continue living alone. Staying active and healthy is their desire, being the biggest concern and fear, to become dependent, as reported:

*[...] I take care of all my things. If you have IPTU, electricity or the bank has a problem (Elderly 32, 70 years old, has lived alone for seven years).*

*[...] I don’t want to be [dependent], I want to die before, I have faith in God that I won’t be. [My concern] is to get sick, stay in the wheelchair, in bed (Elderly 24, 66 years old, has lived alone for 10 years).*

In this perspective, there are also elderly people in this study who depend on other people to develop instrumental activities of daily living, such as in the speech:

*[...] Sometimes I want to go somewhere, then they have to take me, [...] they come. I have to consult, I’m going to the hospital. I stay at my son’s house that is up front and I will consult. [...] [At church] I’m going with my friend, she comes by (Elderly 7, 85 years old, has lived alone for about 10 years).*

In addition, living alone requires the elderly to develop strategies, move in an attempt to satisfy their needs, maintain functionality and live well. In this study, they report that they use strategies that help them in difficult confrontations, such as taking out loans, using credit cards, among others.

*Money, when I need to run to the bank and make a loan. When I need food I go to the market, if it’s heavy I call a taxi, that’s what I do. If I sometimes miss it, I have a credit card (Elderly 3, 65, living for more than 30 years).*

*I pay someone to sleep with me, because it’s bad, so much is happening, we can’t sleep alone (Elderly 7, 85 years old, has lived alone for ten years).*

The use of these strategies leads to reflection on the low wages of pensions, the possibility of generating debts if the use of cards and loans is inappropriate, considering a risk situation for the elderly in this study. Even though some elderly people in this study are independent, they face difficult situations by accepting the help of other people, family members, neighbors and friends to carry out domestic and surrounding activities.

*My children make appointments and come and pick me up. I have*

*a niece who rags the house, takes off the linings. Sometimes I depend on people to fix a broken faucet, a burnt-out lamp. I spent those days without a lamp, it burned, but I didn't find anyone to come and change it. A nephew appeared and got it for me (Elderly 9, 75 years old and if she doesn't remember how long she has lived alone).*

*She [daughter] who receives the money for me, goes to the market. What I want, she buys and brings. Buy medicine for me. At the market, I buy small things, but when it's big, my son-in-law and my grandson buy it (Elderly 17, 80 years old, has lived alone for 22 years).*

In order to continue living alone and remain active, the elderly seek to work their bodies and minds by practicing physical and leisure activities, as well as attending groups, such as community centers and churches.

*[I attend group] only at the church, I have already traveled with the church group, I went to Rio de Janeiro, São Paulo and Goiânia. I spent ten days away. I want to go more often. I go for a walk, the doctor said to me 'start by doing thirty minutes', some days I do a lot more (Elderly, 19, 75 years old, lives alone for approximately 20 years).*

In contrast, the elderly faced difficult situations in the experience of living alone, with reduced functional capacity, difficulties in managing their activities and they needed help. As observed:

*This week I had difficulty, I got sick, unable to get out of bed, there was no one to make tea for me, to say 'let's go to the emergency room'. [...] So "I managed" (Elderly 21, 63 years old, has lived alone for 9 years).*

To face difficult situations related to the realization of IADL, it is necessary to maintain independence. However, elderly people have difficulties in going to health services, among others. In this sense, living alone in old age was worrisome, as I did not have a company in times of need. However, it is possible to live, being able to recognize their limitations and seek help when necessary.

*I am having difficulty living alone. I have to make a purchase and I'm not brave enough to go out, I can't stand walking, carrying "heavy things", but I have to. I need to have a company, but I don't (Elderly 14, 76 years old, 42 years old who lives alone).*

*[Income] is enough, but when you finish paying everything, the money ends. There is nothing left, because I buy medicine, pay for gas, electricity and water, buy food (Elderly 27, 81 years old, has lived for seventeen years).*

Finally, it is understood that living alone requires overcoming the financial difficulties resulting from insufficient income to support themselves, evidence observed in the report of an elderly man who still worked:

*I work elsewhere [...] and I am retired, because the salary alone would not pay, it is very little. Retirement alone is not enough to maintain and rent the house (Elderly 21, 63 years old, has lived alone for approximately 8 years).*

## DISCUSSION

A study carried out in Singapore shows that elderly people who lived alone in rented apartments had characteristics of resilience and resources, which contributes to the maintenance of independence. In addition, they were able to develop self-care to meet their needs. However, some of them at times when

they had difficulties did not usually accept help for fear of feeling a burden for family members, as they perceived this need as dependence. That is, these elderly people feared losing their functional and financial independence.<sup>9</sup>

In Brazil, the elderly who lived alone were mostly women. Living was only associated with difficulties in instrumental activities of daily living, worse eating habits and health conditions. These results show the need to promote social and health policies to meet the needs of these individuals.<sup>10</sup> It is worth mentioning that public health in Brazil is free and for everyone.

In Singapore, public health is financed by combinations of government subsidies, with different coverage and types of assistance. Most of the elderly were satisfied with the standard and cost of care provided by government polyclinics, which compared to private clinics were cheaper and others were free. In addition, the study showed that only one elderly person still worked, but had low pay. Others lived on their own savings or received monthly payments from the government. The sources of financial support came from social security, savings, inheritance, donations or religious organizations.<sup>9</sup>

Due to the aging of the population, especially over 85 years old and elderly people who live alone, it is necessary to invest in health interventions that favor the functionality of the elderly person, since the weaknesses such as low income, illiteracy and disabilities need to be overcome, therefore, social organizations, health professionals and family members, when establishing partnerships, can positively promote functional capacity, through physical activities, healthy eating, social support network, access to health and information services.<sup>11</sup>

In this sense, qigong is a popular physical exercise among elderly people who live alone in Singapore, being considered easy to practice and gentle for the joints and contributes to disease prevention by reducing illness. Other elderly people cri-

tized exercises in community hospitals, stating that their characteristics are childlike, such as getting up, sitting down, placing objects up or down, among others, as they consider them to be very easy activities. Thus, it is understood that an explanation for this perspective is the inefficient communication between the health team with the patient regarding the promotion and rehabilitation of health in preventive health.<sup>9</sup>

A study carried out in Canada and the United States of America highlights that living alone among the elderly is a result of economic and cultural factors, considering the influence of demographic variables. It also considers that, due to the difficulties faced by the elderly, friendly joint housing and the use of technologies constitute an alternative way to accommodate elderly people who live alone and meet their needs.<sup>12</sup>

Another study carried out in Austria

found that age, marital status and health conditions are crucial for elderly people who live alone. As a resource to support the preferences of individuals to stay at home, there is a growing increase in informal caregivers for the elderly, not relatives such as friends and neighbors, especially women in the final stages of life.<sup>13</sup>

Thus, it is understood that studies on elderly people who live alone are relevant to health policies and planning, as this is a challenging condition. Therefore, it is necessary to seek solutions to avoid the decline in functional capacity and to devise strategies that can support the elderly in this context.<sup>8</sup>

## CONCLUSION

Elderly people mean living alone as a gaining experience for feeling freedom, autonomy and independence. However, this condition was related to difficult confrontations

such as falling ill, having to make purchases alone, without presenting physical conditions at the time of precision.

The one-person arrangement is complex, their experience experienced by the elderly and their relationships with the family are peculiar. Thus, health professionals need to outline strategies that contribute to an active and healthy life, encouraging the development of the elderly's self-care.

It is suggested that studies be carried out on the relationship of the elderly with the support networks for maintaining bonds. Research on technologies for the safety of the elderly, such as monitoring activities and installing alarms and educational interventions to maintain independence and autonomy. ■

Extracted from the dissertation - Experience of living alone for the elderly, presented to the Graduate Nursing Program at the Federal University of Mato Grosso (UFMT), in 2015.

## REFERENCES

1. Instituto Brasileiro de Geografia e Estatística. Síntese de indicadores sociais: uma análise das condições de vida da população brasileira. Coordenação de População e Indicadores Sociais. Rio de Janeiro: IBGE; 2016. 146 p. n. 36.
2. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostra de Domicílios Contínua – Características dos Moradores e Domicílios 2019. Disponível em: [https://biblioteca.ibge.gov.br/visualizacao/livros/liv101707\\_informativo.pdf](https://biblioteca.ibge.gov.br/visualizacao/livros/liv101707_informativo.pdf). Acesso em 10/09/2020.
3. World Health Organization. Ageing and health. Fev 2018. Disponível em: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>. Acesso em 09/09/2020.
4. Negrini ELD, Nascimento CF, Silva A, Antunes JLF. Quem são e como vivem os idosos que moram sozinhos no Brasil. *Rev. Bras. Geriatr. Gerontol.*, Rio de Janeiro, 2018; 21(5): 542-550. Disponível em: [https://www.scielo.br/pdf/rbagg/v21n5/pt\\_1809-9823-rbagg-21-05-00523.pdf](https://www.scielo.br/pdf/rbagg/v21n5/pt_1809-9823-rbagg-21-05-00523.pdf) Acesso em 11.09.20
5. Perseguino MG, Horta ALM, Ribeiro CA. The family in face of the elderly's reality of living alone. *Rev Bras Enferm.* 2017. 70(2):235-41. DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0398>.
6. Santos MVL, Carneiro LV, Vasconcelos MS. A importância da atenção básica junto aos idosos que residem sozinhos. In: Anais do 4. Congresso Internacional de Envelhecimento Humano; 2015 set. 2(1).
7. Araújo IS. Mercado Simbólico: um modelo de comunicação para políticas públicas. *Interface – comum, saúde, educ [Internet]*. Fev 2004 [cited 2017 Jan 10]; 8(14): 165-77. Available from: <http://www.scielo.br/pdf/icse/v8n14/v8n14a09.pdf>.
8. Louzada CV. Condições de vida da população idosa do município de Cuiabá, Mato Grosso. [dissertação]. Cuiabá: Faculdade de Enfermagem, Universidade Federal de Mato Grosso; 2013.
9. Lee JMG, Chan CQH, Low WC, Lee KH, Low LL. Health-seeking behaviour of the elderly living alone in an urbanised low-income community in Singapore. *Singapore Med J* 2020; 61 (5): 260-265. DOI: <https://doi.org/10.11622/smedj.2019104>
10. Negrini ELD, Nascimento CF, Silva A, Antunes JLF. Quem são e como vivem os idosos que moram sozinhos no Brasil. *Rev. Bras. Geriatr. Gerontol.*, Rio de Janeiro, 2018; 21(5): 542-550.
11. Freitas FFQ, Beleza CMF, Furtado IQCG, Fernandes ARK, Soares SM. Temporal analysis of the functional status of older people in the state of Paraíba, Brazil. *Rev Bras Enferm [Internet]*. 2018; 71(suppl 2):905-11. [Thematic Issue: Health of the Elderly]. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0130>
12. Lee SM, Edmonston B. Living Alone Among Older Adults in Canada and the U.S. *Healthcare (Basel)*. 2019 Jun; 7(2): 68. DOI: 10.3390/healthcare7020068.
13. Pleschberger S, et al. Older people living alone (OPLA) – non-kin-carers' support towards the end of life: qualitative longitudinal study protocol. *BMC Geriatrics* (2019) 19:219. DOI: <https://doi.org/10.1186/s12877-019-1243-7>.