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Quality of life of the elderly people from the Amazon

Calidad de vida de los mayores gentes de la Amazonia

Qualidade de vida do idoso ribeirinho da Amazônia

ABSTRACT

AIM: This work aimed to evaluate the quality of life of the elderly in the region and in urban Riverside Amazon context. **METHOD:** The questionnaire was used World Health Organization Quality of Life-bref in 79 seniors, being the region's 43 Riverside municipality of Cametá-PA and 36 in the metropolitan region of Belém-PA, and analyzed by descriptive statistics and student T test by adopting a level of significance of 0.05. **RESULTS:** In General, the perception of quality of life ($p = 0.154$) and satisfaction with health ($p = 0.928$) is the same between coastal and urban seniors. In specific areas, bordering analysis have better quality of life in the psychological aspect ($p = 0.042$), social relations ($p = 0.021$) and environment ($p = 0.001$), when compared to the elderly. In addition, in more detailed analysis for each domain the bordering have more satisfactory results in almost 50% of the items in the questionnaire. **CONCLUSION:** the elderly have high life quality riparian areas, social relations and psychological environment when compared to the elderly.

DESCRIPTORS: Quality of life; Elderly; Ageing of the population; Urban population; The Rural Population.

RESUMEN

OBJETIVO: Este estudio tuvo como objetivo evaluar la calidad de vida de las personas mayores en las regiones ribereñas y urbanas en el contexto amazónico. **MÉTODO:** Se utilizó el cuestionario Bref de Calidad de Vida de la Organización Mundial de la Salud en 79 adultos mayores, 43 de la región ribereña del municipio de Cametá-PA y 36 de la región metropolitana de Belém-PA, y se analizó mediante estadística descriptiva y la prueba T de estudiante adoptándola. un nivel de significancia de 0.05. **RESULTADOS:** En general, la percepción de calidad de vida ($p = 0,154$) y satisfacción con la salud ($p = 0,928$) es la misma entre ancianos ribereños y urbanos. En el análisis específico por dominios, los residentes ribereños tienen mejor calidad de vida en el aspecto psicológico ($p = 0,042$), relaciones sociales ($p = 0,021$) y medio ambiente ($p = 0,001$), en comparación con los ancianos urbanos. Además, en un análisis más detallado por cada dominio, los habitantes de las riberas tienen resultados más satisfactorios en casi el 50% de los ítems del cuestionario. **CONCLUSIÓN:** Los ancianos ribereños tienen una alta calidad de vida debido a los dominios psicológicos, las relaciones sociales y el medio ambiente en comparación con los ancianos urbanos.

DESCRIPTORES: Calidad de Vida; Mayor; Envejecimiento de la Población; Población Urbana; La Población Rural.

RESUMO

OBJETIVO: avaliar a qualidade de vida de idosos ribeirinhos e urbanos da Amazônia. **MÉTODO:** Foi utilizado questionário World Health Organization Quality of Life – bref em 79 idosos, sendo este 43 ribeirinhos de Cametá- PA e 36 urbanos de Belém- PA, e analisados pela estatística descritiva e teste T de student adotando-se um $p < 0,05$. **RESULTADOS:** De modo geral, a percepção da qualidade de vida ($p=0,154$) e a satisfação com a saúde ($p=0,928$) é a mesma entre idosos ribeirinhos e urbanos. Em análise específica por domínios, ribeirinhos têm melhor qualidade de vida no aspecto psicológico ($p=0,042$), relações sociais ($p=0,021$) e meio ambiente ($p=0,001$), quando comparado aos idosos urbanos. Além disso, em análise mais detalhada por cada domínio os ribeirinhos têm resultados mais satisfatórios em quase 50% dos itens do questionário. **CONCLUSÃO:** Idosos ribeirinhos têm qualidade de vida elevada pelos domínios psicológicos, relações sociais e meio ambiente quando comparados aos urbanos.

DESCRIPTORES: Qualidade de Vida; Idosos; Envelhecimento da População; População urbana; População rural.

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INTRODUCTION

With the increase in life expectancy, the quality of life in the elderly is a topic widely discussed. The term Quality of Life (QOL) has been widely discussed in contemporary society, for a better understanding of the term the World Health Organization (WHO) ¹ sought to bring together what is most significant in people's lives, the attitudes and situations that most act on their well-being, based on these criteria, it was observed that the QV has several subjective and objective aspects, in addition to having a multidimensional aspect, that involves the physical, psychological and social. Finally, it came to the concept that the individual's perception of his insertion 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. ²

This is a concept with a great impact on people's lives, especially on the elderly population, as it incorporates the physical health of a person, their psychological state, their level of dependence, their social relationships, their beliefs and their relationship with relevant characteristics

of the environment. ³ Today there was an inversion in the age pyramid, WHO ⁴ declared that in the coming decades the world population over 60 years will increase from the current 841 million to 2 billion by 2050. In Brazil, according to the Brazilian Institute of Geography and Statistics (IBGE), the population of individuals aged 65 or over has arrived to 7,4% in 2010. In addition, from 1940 to 2015, life expectancy in Brazil for both sexes went from 45,5 years to 75,5 years, an increase of 30 years. ⁵

In the elderly, much is said about the interference in QOL caused by physical aspects, such as physical inactivity ⁶, institutionalization ⁷, psychological aspects, such as depression ⁸, but little is studied about cultural aspects, way of life in metropolis, rural settings, among others related to lifestyle.

Within this context, the Brazilian people, natives of the Amazonian environment, constituted their way of life, originating a population differentiated by their physical, cultural, food, beliefs and forms of organization for work. Its regional profile is characterized by subsistence systems dominated by fishing, hunting,

cultivation and land extraction. ⁹ Once again, the urban population is characterized by more access to formal education, transportation, a stable economy, industrialized labor and greater access to technologies, in other words, to more living and health conditions in what is conceived in today's society.

The study by Nascimento et al ¹⁰ shows that perceptions about the riverside population still represent a gap for society and little is known about the aging process experienced in this environment that has low levels of human development, in addition to the lack of health and social protection.

Therefore, in the case of the elderly riverside and urban population of the Amazon region, studies that characterize QOL within this socio-cultural context are still scarce and limited. For this reason, this research aims to describe the quality of life of riverside and urban elderly in the Amazon context.

METHOD

This is an observational, cross-sectional, quantitative study carried out in el-

derly native-residents and in a metropolis in the Northeast of the Legal Amazon. 79 elderly people, of both sexes, were interviewed, 43 of these in the river regions of Cametá and 36 residents in the municipality of Belém, both in the State of Pará.

The fluvial region evaluated is located in the Tocantins nonordestado of the State of Pará, in the municipality of Cametá, having a territorial area of 3.081,367 Km², whose geographical course consists of 90 river islands, with a demographic density of 39,23 Hab./km² in 2010 and a human development index of 0.577 in the same year.¹¹

Even though most of them are retired, the elderly living in this region still live from artisanal and rural work that moves the region, such as the cultivation of açaí, the fishing of fish and shrimp, in addition to the manufacture of açaí dough sticks, which serve to store the fruit right after its removal from the tree.⁹ For the research context, elderly people living on the island of Jacaré Xingu, away from the urban center and with access only by river transport, were consulted.

The urban population chosen to compose this work resides in the municipality of Belém and has an estimated population for 2017 of 1.452.275 inhabitants, 129.929 of them aged 60 years or over, in 2010 had a demographic density of 1315,27 Hab./Km² and human development index of 0,746.¹² In this region the vast majority of residents are already retired and some still have jobs in their most varied possibilities, from crafts, housework and even fixed jobs with good pay.

The research is in line with the ethical principles of the National Health Council (Res. CNS 466/12), being carried out from July to December 2016, after approval by the Ethics Committee of the Centro Universitário do Pará-CESUPA, under Opinion No. 019582/2016 (CAAE: 54215216.7.0000.5169).

Participants gave for convenience and met the following inclusion criteria: being 60 years of age or older and living in the regions mentioned for at least six months, who accepted to sign the consent form

- ICF - and were in a position to answer the questionnaire. A survey of sociodemographic data from both audiences was carried out. For data collection, the World Health Organization Quality of Life - brief (WHOQOL-bref) questionnaire was applied, which assesses the individual's perception of their position in life, in the context of the culture and value system in which they live and in relation to your goals, expectations, standards and concerns. The questionnaire consists of 26 objective questions classified in the domains: physical, psychological, social relations and the environment. Descriptive analysis of the items evaluated on the scale was used, with an average of the scores, with the distribution of the variables.

For inferential statistical analysis, parametric tests were applied due to the normal distribution of the data. The Student's t test was used to describe descriptive statistics. Statistical tests were performed using the software SPS 10.0 for Windows (Statistical Package for Social Sciences, ver-

sion 10.0, 1999), adopting a significance level set at 5% ($\alpha = 0.05$).

RESULTS

The elderly residents in the metropolitan region of Belém had an average age of 70,54 years ($\pm 7,30$), and those who live in the Amazonian islands have an average of 68,11 years ($\pm 6,65$). Regarding gender, there was a high prevalence of urban elderly women (68,57%), while the public in the Amazon rivers region was more homogeneous, 51,16% female and 48,84% male, as shown in Table 1.

The quality of life comparison is exposed by WHOQOL-bref domains (TABLE 2). The perception of quality of life - PQV ($p = 0,154$) and health satisfaction - SS ($p = 0,928$), had no significant difference between groups.

In the statistics of the specific domains, the physical domain - DF ($p = 0,167$) the groups were statistically equal. While the psychological domains - DP ($p = 0,042$),

Table 1: Age and Sex of the elderly participants in the research.

Variável	Ribeirinhos (n = 43)				Urbano (n = 35)				P – Valor ⁽¹⁾
	n	%	Média	DP	n	%	Média	DP	
Idade									
60-69	28	65,12			17	48,57			
70-79	12	27,91	68,11	$\pm 6,65$	14	40,00	70,54	$\pm 7,30$	0.3343
80-89	3	6,98			4	11,43			
Sexo									
Masculino	21	48,84			11	21,43			
Feminino	22	51,16	1,42	$\pm 0,5$	24	68,57	1,69	$\pm 0,47$	0.1181

Source: Research data (2017).
⁽¹⁾ Pearson's Chi-square test (p-value <0.05).

Table 2: Student's T test to compare the scores presented by riverine and urban elderly to the domains of the WHOQOL-Bref Questionnaire, by domain.

Domínios	Ribeirinhos		Urbanos		P-Valor ⁽¹⁾
	Média	$\pm DP$	Média	$\pm DP$	
Percepção da qualidade de vida	3,58	0,70	3,81	0,78	0.154
Satisfação com a Saúde	3,58	1,10	3,56	0,93	0.928
Domínio Físico	3,96	0,94	3,67	0,99	0.167
Domínio Psicológico	4,14	1,07	3,66	1,08	0.042*

Relações Sociais	4,14	1,08	3,60	1,05	0.021*
Meio Ambiente	4,18	0,98	3,47	1,02	0.001**

Source: Research data (2017).

⁽¹⁾ Student's T test for comparison of means (p-value <0.05).

** Highly significant values; * Significant Values.

social relationship - RS (p = 0,021) and environment - MA (p = 0,001) showed a significant increase in the quality of life in riverside dwellers.

In each specific domain, univariate analysis of each facet was performed (TABLE 3). In each domain, there were facets in which the riverside elderly had a significant or highly significant difference

in relation to the urban ones: in DF, the facet "mobility" (p = 0,019), "sleep and rest" (p = 0,000) and "leisure activities everyday life" (p = 0,042); in DP, the facet "thinking, learning, memory and concentration" (p = 0,032), "personal satisfaction" (p = 0,048) and "negative feelings" (0,000); in RS, the facet "sexual activity" (p = 0,002); in MA, "physical environ-

ment" (p = 0,000), "opportunities for recreation and leisure" (p = 0,029), "housing conditions" (p = 0,000), and "transportation" (p = 0,000).

DISCUSSION

Everyone will age, and within this aspect the quality of life can change and re-discover new meanings from experience. In general, elderly people have a reduced quality of life^{14,15,16} for presenting more limitations with physical impairments, such as sarcopenia¹⁵, psychological problems,

Table 3: Descriptive statistics of the responses of the elderly to the domains of the WHOQOL-bref questionnaire, by facet.

Domínios	Facetas	Grupos				P- Valor ⁽¹⁾	
		Ribeirinhos		Urbanos			
		Média	±DP	Média	±DP		
Domínio Físico	Dor e desconforto	3.605	1.417	3.861	1.046	0.371	
	Dependência de medicamentos	2.953	1.362	2.861	1.046	0.740	
	Energia e fadiga	3.907	1.171	3.750	0.996	0.528	
	Mobilidade	4.442	1.119	3.806	1.238	0.019*	
	Sono e repouso	4.465	1.008	3.472	0.971	0.000**	
	Atividades da vida cotidiana	4.349	0.783	3.972	0.910	0.042*	
	Capacidade de trabalho	4.279	0.959	3.972	0.845	0.139	
Domínio Psicológico	Aproveitar a vida	3.791	0.959	3.583	0.937	0.338	
	Sentimentos positivos	4.000	0.951	4.167	0.737	0.394	
	Pensar, aprender, memória e concentração	4.163	0.949	3.694	0.951	0.032*	
	Imagem corporal e aparência	4.070	1.033	3.861	0.931	0.353	
	Satisfação pessoal	4.581	0.823	4.278	0.659	0.048*	
	Sentimentos negativos	3.977	0.672	2.389	1.050	0.000**	
	Relações Sociais	4.511	0.631	4.306	0.856	0.223	
Relações Sociais	Atividade sexual	4.488	0.798	3.833	1.000	0.002**	
	Suporte (Apoio) social	4.395	0.728	4.278	0.615	0.446	
	Segurança física e proteção	3.791	1.440	3.742	1.082	0.278	
	Ambiente físico	4.233	0.922	3.306	0.856	0.000**	
	Recursos financeiros	2.767	0.922	3.139	1.099	0.106	
	Meio Ambiente	Oportunidades de adquirir novas informações e habilidades	3.814	1.296	4.000	0.986	0.482
	Oportunidades de recreação/lazer	3.698	1.489	3.028	1.108	0.029*	
Meio Ambiente	Condições de moradia	4.767	0.479	4.000	1.095	0.000*	
	Cuidados de saúde e sociais: disponibilidade e qualidade	3.558	1.315	3.306	1.305	0.396	
	Transporte	4.256	0.759	3.500	1.082	0.000**	

Source: Research data (2017).

⁽¹⁾ Student's T test for comparison of means (p-value <0.05).

** Highly significant values; * Significant Values.

making them susceptible to depression^{7,16}, change in social role¹⁷, or even extrinsic factors like social inequalities¹⁴ that interfere in their perception of their health. In this research, changes in health appeared in all the elderly, regardless of the environment where they live, given this, ratified by the equivalent SS.

As physical changes are inherent to the aging process¹⁸, riverine and urban elderly are statistically equal, with more episodes of pain, dependence on drugs, less energy and less work capacity, these findings, related to the termination of professional life, the appearance of diseases, dependence on drugs, change in style of life.¹⁹

In an expected way, in DF, the lifestyle of riverside elderly people favors mobility, sleep and rest and daily activities, as these have their income based on fishing and the cultivation of açaí which shows that they are in constant physical activity when climbing in trees for the removal of the fruit, when playing and removing the fishing nets from the rivers, requiring great physical effort, greater aerobic capacity and thus greater mobility for these individuals.²⁰ The best motor control (mobility) is related to the environment and the tasks they perform²¹, which reduces the level of dependence and increases the quality of life.

The riverside inhabitants, in general in the DP, have a significant difference with the urban ones. This fact is related to "thinking, learning, memory and concentration", "personal satisfaction" and "negative thoughts". The capacity of attention and concentration of riverine people to carry out their activities, whether in fishing, cultivation or even in the artisanal manufacture of the utensils used for their subsistence, remaining active and productive within their social context. As Pojo et al²² points out, the riverside people, have a way of life linked to nature and natural resources and know, from experience, the challenges encountered and faced in the social and daily reality where they live. The negative feeling was the item that had the highest score in the riverside population, and may be related to the uncertain livelihood, as it depends on planting and reproduction phases

that vary with the seasons, and the working conditions in which the "provider" spends days away from his family, without news, to guarantee the necessary income. For an

elderly person, small concerns can take on large proportions.²³

In general RS, the riverside population presented better QOL. This result may be linked to the greater family support in the riverside, which generally lives in a close physical space, up to three generations.⁹ Simeão et al⁷ emphasizes that living with family members is essential for maintaining the elderly's QOL, as it brings security and a feeling of love/recognition, in addition to reducing negative feelings and loneliness.^{10,23} The item "sexual activity" was significant in the riverside population and can be justified by the fact that the elderly have their sexual behavior influenced by culture, religion and education, it is emphasized that sexual activity in the elderly cannot be seen as incompatible, because it is present in all stages of human development and can be manifested in acts of affection, companionship and being beside the partner.^{24,25}

The environment of the elderly can favor QOL²⁶ and the MA domain was the most significant among all other domains, being better for the riverside. As for the physical environment, life in the countryside is more peaceful and quiet, with less noise and visual pollution, whereas in large cities the population is at the mercy of the lack of security and consequent violence, in addition to a hectic and stressful life. There are greater "leisure opportunities", mainly due to visits to neighbors and relatives who live nearby, as well as participation in community events such as card games, football and religious games.²⁷ Although housing conditions are not ideal from the sanitary point of view, with most stilt houses over the rivers, the elderly in general are attached to what they build, many think that in the house "we were born, grew up and we die, in it the past, the present and the future give the house different dynamism" and thus, being more satisfied.^{28,29}

The riverside population studied has the river as the only connection between homes, schools, markets and social centers and residents use the boat as their main means of transportation. With different

As physical changes are inherent to the aging process, riverine and urban elderly are statistically equal, with more episodes of pain, dependence on drugs, less energy and less work capacity, these findings, related to the termination of professional life, the appearance of diseases, dependence on drugs, change in style of life.

sizes and shapes, these vessels serve not only as a means of transportation, but even for the sale of cultivation, fishing and handicrafts that guarantee their livelihood. The riverside population studied has the river as the only connection between homes, schools, markets and social centers and residents use the boat as their main means of transportation. With different sizes and shapes, these vessels serve not only as a means of transportation, but even for the sale of cultivation, fishing and handicrafts that guarantee their livelihood.²⁰ Elderly people in the city generally find it difficult to get around long distances, because for the majority the main means of transport is collective and these are not adapted for this public, facing difficulties such as: step height, difficulty getting on and off buses.³⁰ Unlike riverside dwellers who have boats of varying sizes, of general family use as their only means of transport.

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CONCLUSION

Through this study, it was identified that the riverside elderly had a general quality of life equal to the urban ones, but that the domains had better results in the psychological aspect, social relations and the environment. These data point to the advantages of living in rural areas, with a native Amazonian lifestyle, and a peculiar culture that override the precarious health conditions, crop-dependent economy and isolated environment of the urban center. That is why it is evident that the aging process is the same in both groups, however, the living of the riverside elderly is better than the urban being able to provide a satisfactory quality of life. It is important to emphasize that more studies should be carried out considering the specificities and diversity of the riverside population, contributing to the promotion of the quality of life of the elderly. ■

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