

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i68p7243-7256>

How are the socioeconomic, health and working conditions of older workers and retirees?

¿Cómo son las condiciones socioeconómicas, sanitarias y laborales de los trabajadores mayores y jubilados?
Como estão as condições socioeconômicas, de saúde e de trabalho de idosos trabalhadores e aposentados?

ABSTRACT

Objective: To know the socioeconomic, health and work conditions of young elderly people. **Method:** Prospective, exploratory and descriptive study developed with elderly people between 60 and 70 years old, that is, young elderly people. The interviews took place between November 2018 and January 2019. The collected data were stored, tabulated in a Microsoft Excel® spreadsheet and analyzed using descriptive statistics. **Results:** 44 young elderly people with preserved functionality, cognition and mood participated, mostly female, with good self-perception of health and ability to work. In addition, they were elderly people with healthy lifestyle habits, who participated in different social and leisure activities. **Conclusion:** The elderly are a heterogeneous generational group, in which it is important to know information about living, health and work conditions to guide public policies and meet their needs and interests.

DESCRIPTORS: Elderly; Job; Retirement.

RESUMEN

Objetivo: Conocer las condiciones socioeconómicas, de salud y laborales de los jóvenes adultos mayores. **Método:** Estudio prospectivo, exploratorio y descriptivo desarrollado con personas mayores entre 60 y 70 años, es decir, jóvenes ancianos. Las entrevistas se llevaron a cabo entre noviembre de 2018 y enero de 2019. Los datos recopilados se almacenaron, tabularon en una hoja de cálculo de Microsoft Excel® y se analizaron mediante estadística descriptiva. **Resultados:** participaron 44 jóvenes adultos mayores con funcionalidad, cognición y estado de ánimo conservados, en su mayoría mujeres, con buena autopercepción de la salud y capacidad para trabajar. Además, se trataba de personas mayores con hábitos de vida saludables, que participaban en diferentes actividades sociales y de ocio. **Conclusión:** Los adultos mayores son un grupo generacional heterogéneo, en el que es importante conocer información sobre las condiciones de vida, salud y trabajo para orientar las políticas públicas y atender sus necesidades e intereses. É necessário fornecer o texto original para ver mais informações sobre a tradução

DESCRIPTORES: Anciano; Trabajo; Jubilación.

RESUMO

Objetivo: Conhecer as condições socioeconômicas, de saúde e de trabalho de idosos jovens. **Método:** Estudo prospectivo, exploratório e descritivo desenvolvido com idosos entre 60 e 70 anos, ou seja, idosos jovens. As entrevistas aconteceram entre novembro de 2018 e janeiro de 2019. Os dados coletados foram armazenados, tabulados em planilha do Microsoft Excel® e analisados por meio de estatística descritiva. **Resultados:** Participaram 44 idosos jovens com funcionalidade, cognição e humor preservados, majoritariamente feminina, com boa autopercepção de saúde e de capacidade para o trabalho. Além disso, eram idosos com hábitos de vida saudáveis, que participavam de diferentes atividades sociais e de lazer. **Conclusão:** Os idosos se configuram um grupo geracional heterogêneo, no qual é importante conhecer informações sobre as condições de vida, saúde e trabalho para nortear políticas públicas e atender suas necessidades e interesses.

DESCRIPTORES: Idoso; Trabalho; Aposentadoria.

RECEIVED ON: 03/30/2021 APPROVED ON: 05/03/2021

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INTRODUCTION

With regard to the binomial "aging and economic development", one will influence the other in a comprehensive and social way. Research in the economic area considers that the aging of the population increases the shortage of labor and can result in reduced productivity and production of goods and services, leading to a drop in total savings and a reduction in capital accumulation, with a consequent retraction in economic growth.¹

In the work scenario related to the elderly population, Wajnman, Oliveira, Oliveira (2004)² stated that the increase in workers over 50 years of age pressured the Brazilian labor market in terms of job creation and, according to the Monthly Employment Survey carried out in 2013, there were increases in this age group, especially for people over 65 years, in which there was an increase of 11,66% in jobs related to the advancement in the level of education of these workers.

The National Continuous Household Sample Survey for the first quarter of 2017 revealed that the elderly represent 7,3% of employed people, with greater participation in the Southeast and South regions. In the comparison between 2016 and 2017, people aged 60 years and over had a trend of increasing participation in the employed population.⁴ This trend was confirmed in the second half of 2018, revealing that 7,9% of elderly Brazilians are employed.⁵

Thus, it is possible to see that, increasingly, the elderly will be in the labor market, distancing themselves from the social imagination that generally expects that the arrival of 60 years will

be synonymous with withdrawal from the labor market and consequent retirement.⁶

The need to supplement personal or family income, the maintenance of social relationships, as well as individual motivation, has encouraged the elderly to remain or re-enter the labor market, enabling new learning and valuing their professional experiences, reducing the deficit caused by the pension system.⁷

The World Health Organization proposed the Global Strategy and Plan of Action on Aging and Health with actions that promote healthy aging and national strengthening to formulate evidence-based policies that can combat prejudice related to old age.⁸ For this, it is necessary to meet the needs of this age group, developing organizational and human resources policies capable of promoting a healthy work environment free from discrimination.

To live healthier, work must be considered an important point in longevity, as it is in this context that subjects often find their social place. Consequently, discussions about idle time that can be perceived with the arrival of 60 years and with retirement have been expanded, discussions that permeate the pension reform and the increase in the minimum age for effective retirement, a current theme in society as a whole.

Thus, the question that guides this study emerged: How are the socioeconomic, health and work conditions of elderly workers and retirees?

It is believed that this theme should be explored, as it demystifies the elderly as a subject that can burden the development of countries and gives visibility to their potential as a social being engaged with work.

The aim of this study was to know the socioeconomic, health and working conditions of young elderly people.

METHOD

A prospective, exploratory and descriptive study developed with elderly people between 60 and 70 years old, that is, young elderly people.

The form used for data collection was developed collaboratively between the researchers, consisting of 20 questions that dealt with the socioeconomic characteristics and health condition of the participants. The instrument was previously tested to optimize collection and reduce possible misunderstandings.

To know the functional and cognitive capacity of the participants, as well as the presence of depressive condition, three well-established and validated instruments were used, which make up the Multidimensional Assessment of the Elderly, being the Mini Mental State Examination (MMSE), the Lawton Scale and the Geriatric Depression Scale (GDS 15 items). In Brazil, there are different versions and cutoff points of these instruments and, in this study, the versions of the instruments and cutoffs proposed by the Ministry of Health were adopted.⁹

Participants were located in public spaces, homes, workplaces and selected for convenience. After agreeing to participate, the researchers scheduled a date and time for the interviews.

The interviews were conducted between November 2018 and January 2019, using the form described above, and took place at the participants' homes.

Young elderly people who met the following inclusion criteria were in-

cluded: both sexes, retired or not and who agreed to participate in the study by reading and signing the Informed Consent Form (FICF). Elderly people with disabilities, such as bedridden people, with severe functional limitations and those who refused

to participate in the study, were excluded.

The collected data were stored and tabulated in a Microsoft Excel® spreadsheet, being analyzed using descriptive statistics in which the qualitative questions are displayed in absolute (n) and

relative (%) values and the quantitative ones expressed through position and dispersion, both presented in tables.

In compliance with Resolution 466/2012, this study was submitted and approved by the Research Ethics Committee of the University of São Paulo School of Nursing under opinion No. CAAE 79330817.3.0000.5392.

RESULTS

44 elderly people participated, and most had satisfactory scores for the three tests Regarding the MMSE, 30,5% (n=11) of the elderly with more than seven years of schooling had a lower score than that related to their education, indicating a risk of decline cognitive, three elderly men and eight women, aged between 64 and 70 years. Among these elderly, 13,9% (n=5) were in formal work activities.

As for functionality, measured through instrumental activities of daily living, the elderly showed preserved capacity, among which 84,1% reached the maximum score of the instrument.

Only one elderly woman, aged 60 years and more than seven years of schooling, had an indication of mild depression.

The mean age was 66,2 years (sd: 3,36), of which 63,6% were between 66 and 70 years old. 68,2% were female and 68,2% were married. As for the family arrangement, most (84%) lived with their spouse and children, sharing their income with up to four people (36,4%), 16% lived alone and 34,1% did not report dependent on their income. It can be seen that participation in social activities (81,8%) is frequent (Table 01).

As for the work situation, most were retired (77,3%) and 18,2% continued in formal work activities. In addition, 54,6% of the elderly reported good work ability (Table 02).

Regarding health conditions, 70,5% perceived their health as good and the majority (81,8%) did not consume tobacco and 75% did not use alcoholic be-

Table 01 – Socioeconomic characteristics of young elderly people according to location. São Paulo, 2019.

VARIÁVEL	TOTAL		VARIÁVEL	TOTAL	
	N	%		N	%
Age group			Habitation		
60 to 65 y/o	16	36	Own	41	93
66 a 70 y/o	28	64	Rented	3	6,8
Sex			Income dependents		
Male	14	32	None	15	34
Female	30	68	1 person	13	30
			1 to 4 people	16	36
Marital Status			Family Arrangement		
Single	1	2,3	Lives alone	7	16
Married/ Stable Union	30	68	With partner	20	45
Divorced	8	18	With children	6	14
Widow (er)	5	11			
Religion			Social Participation		
Catholic	39	89	Yes	36	82
Evangelical	2	4,5	No	8	18
Spiritualist	2	4,5			
Others	1	2,3			
Education					
1 to 3 years of study	3	6,8			
4 to 7 years of study	5	11			
More than 7 anos	36	82			
TOTAL				44	100

Source: The authors, 2019.

Table 02 – Working conditions and occupation of young elderly people by location. São Paulo, 2019

VARIÁVEL	TOTAL	
	N	%
Current work situation		
Formal work	8	18,2
Informal/voluntary work ¹	2	4,5
Retired	34	77,3

Self-reported work capacity		
Great	8	18,2
Good	24	54,6
Moderated	10	22,7
Bad	2	4,5
Absences from work		
No	44	100
TOTAL	44	100

Source: The authors, 2019. ¹ The elderly who performed informal/volunteer work were already retired

Table 03 – Health status of young elderly people by location. São Paulo, 2019

VARIABLE	TOTAL	
	N	%
Self perception of health		
Very Good	5	11,3
Good	31	70,5
Regular	8	18,2
Tobacco Consumption		
Yes	8	18,2
No	36	81,8
Alcohol Consumption		
Yes	11	25
No	33	75
Health insurance		
Yes	33	75
No	11	25
Daily use of medications		
Yes	40	90,9
No	4	9,1
Daily amount ingested		
1 to 2 medications	19	43,2
3 to 4 medications	7	15,9
5 to 6 medications	11	25
Does not use	4	9,1
Acquisition of medicines		
Unified Health System (SUS)	11	25
Third party donation	1	2,3
Purchase with own resources	28	63,6
Does not use	4	9,1
Hospital admission in the last year		
Yes	6	13,6

verages, the same percentage had health insurance. There was a predominance (90,9%) of those who used medication daily. (Table 03).

Despite the majority being retired, 63,6% of the elderly acquired the medication with their own resources and 36,4% in the Unified Health System (SUS). Only 13,6% of the elderly were hospitalized in the last year and 52,3% did not undergo dental treatment (Table 03).

As for falls, 72,73% reported not having fallen in the last year, but it was found among the occurrences of falls.

DISCUSSION

Among the young elderly who participated in this study, the mean age was 66,2 years (sd: 3,36), a mean age similar to those found in studies carried out with residents of rural Minas Gerais 10 and in other countries such as China and Singapore.¹¹

With the increase in life expectancy, the number of elderly people in the labor market has increased significantly and, according to projections for 2040, around 57% of the population will be over 45 years of age. Therefore, more people will continue in their work activities, generating difficulties in the payment of pensions¹² and favoring age-based discriminatory postures.¹³

Some organizations have used a tool called Age Management, which aims to adopt a positive attitude towards aging, in order to offer proposals and reduce age barriers.¹⁴

Most of the participants in this study were female (68,2%), corroborating another study in which there was a greater participation of elderly women.¹⁵ Studies show this prevalence around the world and have awakened society's eyes to the phenomenon called feminization of old age.^{16,17}

Discrimination due to age, insufficient income, social isolation, retirement, widowhood, separation from children and care for dependent family

No	38	86,4
Falls in the last year		
Yes	12	27,3
No	32	72,7
TOTAL	44	100

Source: The authors, 2019.

members exert influence on elderly women, making them more vulnerable.¹⁸

As for marital status, the profile found is similar in studies with American elderly¹⁹ and with petrochemical workers in Iran.²⁰ There are evidences¹⁹ that the partnership between couples can be beneficial in the work context, favoring new perspectives and open channels of employment among couples in which one of the spouses is in the work environment. Another study reports that the partner's influence can favor the decision for early retirement.²¹

According to the 2010 Census, 87,2% of Brazilian families were composed of two or more people with a degree of kinship and 12,1% lived alone,²² which comes close to the results of this study.

The family can be considered one of the main axes of society, playing a central role in the economy, in addition to being a source of protection and solidarity, essential for survival.^{22,23}

Nowadays, the family has been the center of political debate because, with population aging, it is already possible to observe the constitution of new family arrangements called intergenerational families.²⁴ Amid these changes, the elderly starts to play new roles, that of the provider of the home. In Brazil, the income of the elderly, often derived from their retirement and pensions, has been identified as the main source of family income, especially for the younger ones.^{25,26}

Among the social determinants, religious involvement plays a significant role and can expand the conditions for dealing with the losses resulting from aging itself.²⁷ There was a predominance of Catholicism and studies suggest

that despite the growth of new religions, the Brazilian population maintains Catholic hegemony.²²

Another relevant factor is the level of education, since elderly people with more education have better health conditions and a more qualified occupation that allows them to pay better.^{28,29} There are several public initiatives and non-governmental actions whose purpose is to provide literacy and continuing education for adults and the elderly, given the impact of schooling on social, economic and work life.³⁰

Positive self-perception of health was found in different studies: in southern Brazil the prevalence of this perception was 51,2%,³¹ while in the study in Campinas,³² 80,9% of the elderly perceived their health condition positively. Self-perceived health has been routinely used because it is seen as a safe and reliable practice to predict survival and express different aspects of the subjects' physical, cognitive, and emotional health.³³ A better perception of health is associated with moderate consumption of alcohol, leisure, a history of falls in the last year and the absence of polypharmacy,³¹ conditions similar to those found in our population.

Regarding participation in leisure activities, there is a need to promote healthy behaviors and habits in order to support professional life extension initiatives among the elderly.³⁴ In addition, promoting participation in religious organizations, friendship groups, and family gatherings can help preserve the cognitive function of older people.³⁵

Among the factors that influence the permanence of elderly people in the

labor market, health conditions have been widely studied and identified as one of the main determinants for this to occur.^{36,37}

As for the current work situation and their self-reported ability to work, most of the young elderly were retired and 18,2% were active in work activities, including volunteering. Furthermore, they perceived their ability to work as good.

In the study developed by Ribeiro et al. (2018)²⁵ 13,1% of the elderly were in paid employment and, among American workers with an average age of 59 years, 82% of them were in paid employment. The work brings different benefits, ranging from the promotion of self-esteem, usefulness, relationships to financial security, having as one of its determinants the desire to contribute to society.^{25,38}

Thus, many elderly people, retired or not, continue to work because of some type of need, whether financial, psychological or social, and this option is directly linked to the meaning that each one attributes to work.³⁹

CONCLUSION

This study allowed us to know the socioeconomic profile of elderly people between 60 and 70 years old and their working and health conditions.

As for the socioeconomic profile and working and health conditions of the participants, a population with preserved functionality, cognition and mood was found, mostly female, with good self-perception of health and ability to work. In addition, they were elderly with healthy lifestyle habits, who participated in different social and leisure activities.

Elderly people are a heterogeneous generational group in which it is important to know information about socioeconomic, demographic, health and lifestyle conditions, which can guide public policies, programs and intervention models that are adequate to meet their needs and interests.⁴⁶

There is an urgent need for investments in strategies that guarantee bet-

ter conditions and participation of the elderly in the labor market according to

their will, free from prejudice and exercising their dignity and rights. ■

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