

The Older Adult's Knowledge of the Right to Health: An Integrative Review

O Conhecimento da Pessoa Idosa Sobre o Direito à Saúde: Uma Revisão Integrativa

El Conocimiento de las Personas Mayores Sobre el Derecho a la Salud: Una Revisión Integradora

RESUMO:

Objetivo: Analisar, na literatura científica, o conhecimento da pessoa idosa acerca do direito à saúde. **Método:** Trata-se de uma revisão integrativa da literatura, realizada em janeiro de 2025, nas bases de dados Scopus, PubMed, Embase, Web of Science e LILACS. A estratégia de busca foi elaborada a partir do acrônimo PICo. Foram incluídos estudos originais que abordassem a percepção ou o conhecimento da pessoa idosa sobre o direito à saúde. **Resultados:** A amostra final foi composta por dois artigos publicados, ambos com abordagem qualitativa e centrados na escuta direta de pessoas idosas. Os estudos evidenciaram desconhecimento parcial ou limitado sobre os direitos em saúde, bem como dificuldades no acesso aos serviços e na compreensão da efetivação desses direitos. **Conclusão:** A escassez de estudos sobre o tema revela uma lacuna importante na produção científica e reforça a necessidade de ampliar investigações que considerem a pessoa idosa como sujeito de direitos.

DESCRIPTORES: Pessoa Idosa; Conhecimento; Direito à Saúde.

ABSTRACT:

Objective: To analyze, in the scientific literature, older adults' knowledge regarding the right to health. **Method:** An integrative literature review conducted in January 2025 in the Scopus, PubMed, Embase, Web of Science, and LILACS databases. The search strategy was guided by the PICo acronym, considering population, interest, and context. Original studies addressing older adults' perceptions or knowledge of the right to health were included. **Results:** The final sample comprised two articles published between 2011 and 2015, both using qualitative approaches and based on direct listening to older adults. Findings indicated partial or limited knowledge of health rights, along with difficulties in accessing health services and understanding the State's role in guaranteeing these rights. **Conclusion:** The limited number of studies reveals a gap in scientific production and highlights the need for further research that recognizes older adults as subjects of rights, fostering citizenship, autonomy, and equitable access to health services.

DESCRIPTORS: Older Adult; Knowledge; Right to Health.

RESUMEN:

Objetivo: Analizar, en la literatura científica, el conocimiento de las personas mayores acerca del derecho a la salud. **Método:** Se realizó una revisión integradora de la literatura en enero de 2025 en las bases de datos Scopus, PubMed, Embase, Web of Science y LILACS. La estrategia de búsqueda se elaboró a partir del acrónimo PICo, considerando población, interés y contexto. Se incluyeron estudios originales que abordaran la percepción o el conocimiento de las personas mayores sobre el derecho a la salud. **Resultados:** La muestra final estuvo compuesta por dos artículos con enfoque cualitativo, basados en la escucha directa de personas mayores. Los estudios evidenciaron un conocimiento parcial o limitado sobre los derechos en salud, así como dificultades en el acceso a los servicios y en la comprensión del papel del Estado en la garantía de dichos derechos. **Conclusión:** La escasez de estudios revela una brecha relevante en la producción científica.

DESCRIPTORES: Persona Mayor; Conocimiento; Derecho a la Salud.

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INTRODUCTION

Human aging is a multifactorial process that encompasses social, economic, biological, psychological, and spiritual aspects. In Brazil, the chronological threshold established by the Statute of the Elderly is 60 years of age; however, with regard to the guarantee of certain rights, these are ensured starting at age 65¹.

Brazilian society is undergoing a rapid aging process. Data from the Brazilian Institute of Geography and Statistics (IBGE) show that the elderly population is growing with each survey conducted. Currently, Brazil has approximately 32.9 million older adults, accounting for about 15.8% of the total population. Of this group, an estimated 70% rely exclusively on the Unified Health System (SUS)². In this context, the significant increase in the older adult population has driven the expansion of studies focused on this group³.

Old age, in turn, is frequently associated with the inequalities experienced in the daily lives of older adults, whether due to a lack of information about their rights, the violation of these social rights, or situations of social vulnerability.

Aging thus presents a challenge

for the working class, evidenced by difficulties in accessing services and specialties in the region, as well as in the realization of rights such as retirement, especially in light of reforms that reduce the public budget and directly impact the provision of services. Thus, this study aimed to examine, through the scientific literature, older adults' knowledge regarding the right to health.

METHOD

This is a descriptive study conducted through an Integrative Literature Review, a method that enables the synthesis of knowledge derived from empirical and theoretical studies on a specific topic in a systematic and orderly manner, contributing to a deeper understanding of the subject under investigation⁴.

The integrative review was conducted in six stages: identification of the topic and definition of the research question; establishment of inclusion and exclusion criteria and definition of the search strategy; definition of the information to be extracted and categorization of the studies; evaluation of the included studies; interpretation of the results; and presentation of the synthesis of

knowledge⁴.

The formulation of the research question was based on the PICo acronym (Population, Phenomenon of Interest, and Context), in which the population corresponds to older adults, the phenomenon of interest to, and the context to the right to health. Thus, the following guiding question was defined: *What is the knowledge of older adults regarding the right to health as described in the literature?*

Searches were conducted in the Web of Science, Scopus, Embase, PubMed/Medline, and Latin American Literature in Health Sciences (LILACS) databases, accessed through the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), via the CAFE platform, on January 19, 2025.

Controlled descriptors identified in the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) were used: "aged," "aged, 80 and over," "knowledge," and "right to health," combined with the Boolean operators AND and OR, resulting in the following search strategy: ((aged) OR (aged, 80 and over)) AND (knowledge) AND (right to health).

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Quadro 1. Estratégias de busca usadas para as bases de dados

DATABASE	SEARCH STRATEGY
WEB OF SCIENCE	Aged (Topic) AND Aged, 80 and over (Topic) AND Knowledge (Topic) AND Right to Health (Topic)
SCOPUS	((TITLE-ABS-KEY (aged) AND TITLE-ABS-KEY (aged, 80 AND over) AND TITLE-ABS-KEY (knowledge) AND TITLE-ABS-KEY (right AND to AND health))
EMBASE	((aged[Title/Abstract]) AND (Knowledge[Title/Abstract])) AND (Right to Health[Title/Abstract])
PUBMED	((aged[Title/Abstract]) AND (Knowledge[Title/Abstract])) AND (Right to Health[Title/Abstract])
LILACS	older adult) AND (knowledge) AND (right to health) AND instance:"lilacsplus"

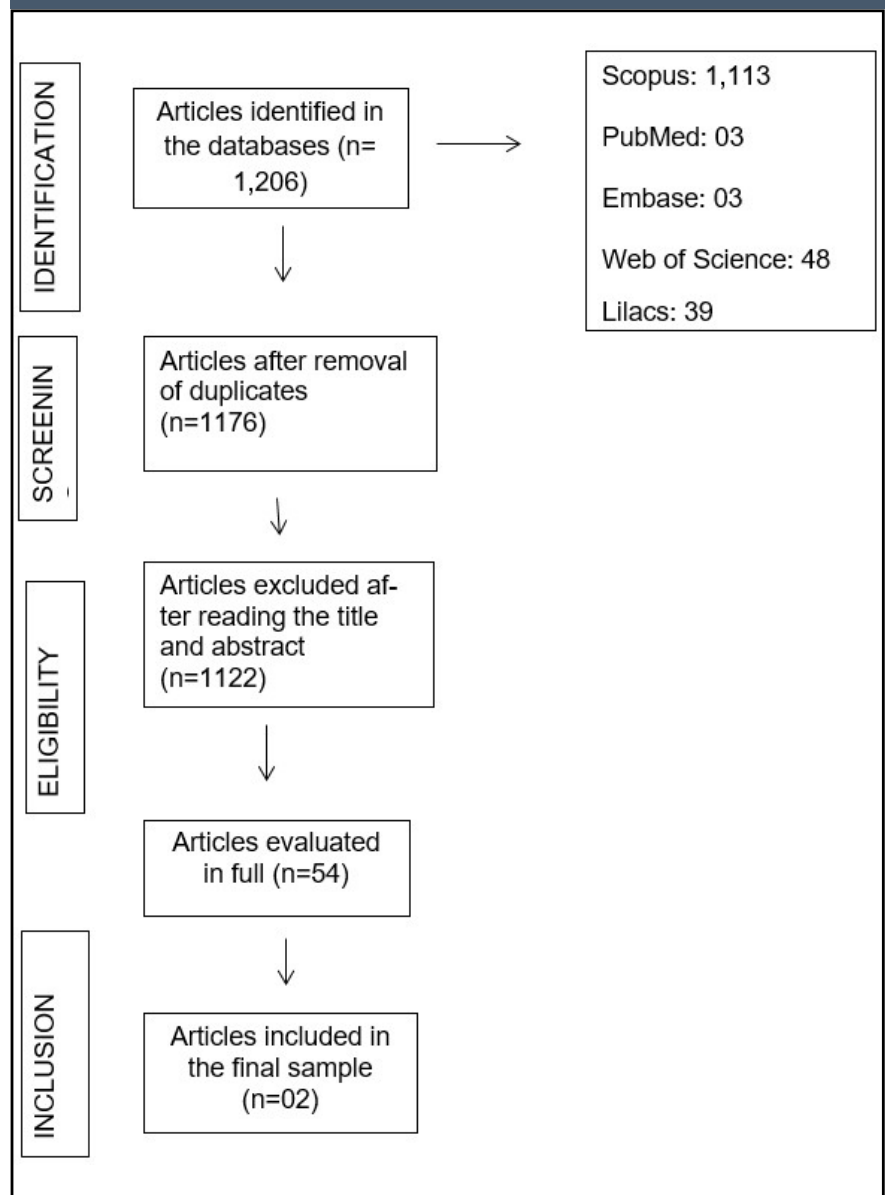
Studies addressing the elderly population and knowledge regarding the right to health were included, as well as those dealing with current legislation related to the rights of the elderly. No restrictions were applied regarding language or publication period. Studies that did not address the research question, experience reports, books, review articles, book chapters, letters to the editor, monographs, dissertations, and theses were excluded.

The identified records were organized by database and exported to the *Rayyan* software, where duplicates were identified and excluded. The selection of studies was performed by two independent reviewers, initially by reading the titles and abstracts and, subsequently, by reading the eligible articles in full for data extraction and analysis.

RESULTS

The database search resulted in the identification of 1,206 studies. After removing 30 duplicate records, 1,176 studies remained for the screening stage. Next, the titles and abstracts were reviewed, resulting in the exclusion of 1,122 studies. Thus, 54 articles were evaluated in full, of which only two met the eligibility criteria and were included in the analysis of this integrative review.

Figure 1—Flowchart of selected studies according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Recife, PE, Brazil, 2026.



As shown in the flowchart, the excluded publications lacked fundamental elements and were not aligned with the objective of this study. Thus,

the duplicates identified—although initially detected and excluded by the *Rayyan* software—included versions of the same study published in lan-

guages other than the original, which were removed from the analysis. Therefore, the articles analyzed were:

Author/Year	Country	Population/Sample	Study location	Data collection instrument	Key findings
Sonobe et al. 2010	Brazil	42 Cancer patients receiving follow-up care at a healthcare facility and their family members	Hospital unit / oncology department	Questionnaire or structured interview	A low level of patient knowledge regarding their legal rights was identified, particularly concerning social security benefits, tax exemptions, and priority in care.
Vieira et al. 2015	Brazil	30 patients, all of whom were older adults using health services	Health care facility / elderly care service	Interview or questionnaire	It was observed that older adults generally recognize the right to health, but have limited knowledge of specific mechanisms for accessing services and legal guarantees.

The methodological evaluation conducted using the CASP (Critical Appraisal Skills Programme) scale demonstrated that the included studies exhibit good methodological quality, with scores ranging from 8 to 9 points. Both are characterized as de-

scriptive studies and are classified at level VI of scientific evidence, which is common in qualitative research investigating the perceptions, knowledge, and experiences of health service users. Despite limitations related to sample size and the generalizability

of the results, the studies are scientifically and socially relevant as they highlight gaps in users' knowledge regarding their health rights.

As shown in the table below:

Author/Year	Study title	Study type	Database	CASP score (0–10)	Level of evidence*	Methodological classification
Article authors	Cancer Patients' Knowledge of Their Legal Rights	Descriptive study	Journal of the School of Nursing at USP	8	VI	Good quality
Article authors	Older Adults' Knowledge of Their Rights to Access Health Care	Descriptive study	Scientific journal	9	VI	Good quality

Both articles demonstrate satisfactory methodological quality, clear objectives, adequate data collection, and social relevance. The main limitations relate to the scope of the samples and the possibility of generalizing the results. Nevertheless, the studies are important for highlighting gaps in health system users' knowledge regarding their rights, reinforcing the need for health education strategies and the strengthening of information on social rights.

DISCUSSION

In contemporary times, the law

stands as one of the primary instruments for the development of public policies, constituting a field of action for the State. However, the formulation and implementation of these policies do not occur randomly. Social movements play a fundamental role in fostering the discussion on specific topics, such as the right to health, which culminated in the creation of the Unified Health System (SUS).

Article 196 of the Federal Constitution of Brazil establishes that health is a right of all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of

diseases and other health conditions, as well as ensuring universal and equitable access to actions and services for its promotion, protection, and recovery⁷.

The 1988 Federal Constitution, known as the Citizen Constitution, represented an initial milestone in the guarantee of rights by incorporating, in its text, the right to health and social security, ensuring social protection in old age. Social security is structured around the so-called "tripod" of Health, Social Assistance, and Social Security policies⁷.

The implementation of health policy is guided by principles and guidelines

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set forth in Laws No. 8,080⁸ and No. 8,142⁹, from the 1990s. In this sense, the establishment of the SUS in 1988 was and continues to be responsible for expanding the elderly population's access to health care, contributing to improved quality of life and increased life expectancy for this demographic group.

Studies point to an increase in life expectancy in Brazil, indicating that a person born in 2022 had an average life expectancy of 75.5 years. However, this increase does not necessarily imply that the country is prepared to adequately care for the elderly population or ensure dignified aging.¹⁰

Data from the Longitudinal Study on the Health of Older Adults (ELSI-Brazil) indicate that more than 75% of the older adult population uses exclusively the Unified Health System¹¹. This finding demonstrates that the public health system is the primary means by which this population accesses their right to health. Patients' rights are enshrined in various regulatory documents, such as the Charter of Health Users' Rights. Furthermore, Brazilian legislation guarantees that people with neoplasms and other serious illnesses have specific rights⁵.

The studies analyzed show that, despite the existence of legal provisions guaranteeing the right to health—such as the 1988 Federal Constitution, Law No. 8,080/1990, and the Statute of the Elderly—there are still significant gaps in users' knowledge regarding these rights. This scenario highlights the need to strengthen health education initiatives, institutional communication, and training for health professionals, with a view to promoting the exercise of citizenship, expanding access to health services, and disseminating information about older adults' right to health.

Regarding the elderly population's knowledge of their rights, the study found that 19 participants (45%) were unaware of these rights, while 23 (55%) had some knowledge of the existence of

these benefits, and only one participant (4%) reported having material on the legislation⁵. In the following article, a lack of awareness among hospitalized older adults regarding their rights and access to them was observed, revealing a shortage of information and clarification, as illustrated by the following accounts: "I know nothing about my rights" (I-6); "I don't really understand my rights; I can't read" (I-22)⁶.

This lack of knowledge is corroborated by the difficulty in accessing legislation, as well as by high illiteracy rates and low levels of education. Thus, the study highlighted that 26 participants had only completed elementary school, 9 had attended high school, 5 had completed higher education, and 2 were illiterate⁵.

In this context, the National Health Policy for Older Adults establishes guidelines for the organization of the SUS, prioritizing principles such as decentralization, universality, comprehensive care, equity, and social control, in addition to incorporating the principle of territoriality, with a view to facilitating the elderly population's access to health services¹².

Although policies for the care of older adults are provided for in the regulatory framework, there is a shortage of human and material resources to meet the demands of this population group. This scenario stems, to a large extent, from the absence of planning and the failure of public management to implement strategies. Added to this are persistent inconsistencies in information, instances of disrespect toward the elderly, and the precarious state of investments in the public health system⁶.

Given this situation, it is urgent to implement public policies that ensure the comprehensive well-being of older adults as rights-holders. Of particular importance are educational policies that enable a return to the classroom through programs tailored to the specificities of aging, as well as health policies that guarantee specialized care,

with geriatricians and multidisciplinary teams, ensuring qualified and priority access to health services.

CONCLUSION

This study demonstrated that, although there is a consolidated legal framework in Brazil aimed at guaranteeing the rights of older adults, especially regarding the right to health, there is a significant gap between the legal framework and the older population's actual knowledge of these rights. Analysis of the included studies revealed a scarcity of research addressing older adults' perspectives on their knowledge of social rights, as well as insufficient information among users of the Unified Health System.

The results demonstrated that a lack of knowledge regarding health rights constitutes a factor that can compromise access to services and the implementation of public policies, especially among older adults in situations of greater social vulnerability, such as those with low levels of education or illiteracy. This scenario undermines the operationalization of the principles of the SUS, particularly comprehensiveness, equity, and social control.

In light of this, it is concluded that the realization of older adults' right to health requires the strengthening of permanent, accessible educational strategies tailored to the specificities of aging, as well as the systematic incorporation of rights education at different levels of health care. Furthermore, there is a need for more studies that prioritize listening to the elderly population, contributing to the improvement of public policies and the promotion of dignified, autonomous aging with guaranteed rights.

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