

Quality of life of participants in the social program “FeliCidade do Idoso” in the city of Cascavel-PR

Abstract

The aim of this study was to analyze the quality of life of elderly people taking part in the “FeliCidade do Idoso” program and to compare men and women. It consisted of an observational, cross-sectional study. The study included individuals aged 60 or over, with the cognitive capacity to answer the questionnaires and who were present on the days of the surveys. A sociodemographic questionnaire was used to characterize the participants and the WHOQOL-OLD module was used to assess quality of life. In terms of sociodemographic characteristics, 69.7% of the participants were female, with an average age of 70.1 ± 6.2 , 42% were widowed, 47% had completed or incomplete primary education and 54.9% had some form of illness. In relation to the WHOQOL-OLD, the overall score was 64 ± 13 , with an average of 75 ± 16 for sensory functioning, 52 ± 20 for autonomy, 59 ± 20 for present, past and future activities, 60 ± 23 for social participation, 74 ± 21 for death and dying and 62 ± 24 for intimacy and there were no statistically significant differences in the overall score or facets when comparing genders ($p > 0.05$). When analyzing the participants’ quality of life, the overall score was above average and when comparing men and women, there were no significant differences ($p > 0.05$).

Keywords: aged, indicators of quality of life, public policy

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Introduction

The aging process is physiological and population aging has been happening very rapidly worldwide.^{1,2} In Brazil, the elderly are individuals over the age of sixty and correspond to around 14.7% of the Brazilian population, approximately 29.3 million people, with projections that by 2030 the number of elderly people will surpass that of children and adolescents aged 0 to 14.³ This rapid ageing of the population can be explained by the fall in fertility rates and the increase in life expectancy.⁴

Although aging is a natural process resulting from a variety of mechanisms, it brings with it physiological changes in all systems, which may require special care and management, since there are greater chances of developing chronic diseases, frailties and dysfunctions.^{5,6} In addition to all the physiological changes, there are also social and psychological changes, where these individuals have to deal with various losses, be they physical, social or cognitive,⁷ all of which can have an impact on the perceived quality of life of these individuals.⁸

There are still many challenges and changes related to aging, such as the need for physical and social environments that are pleasant for this population group, and integrated health care.⁹ In Brazil, Law N°: 8.842 of 1994 was established to deal with the National Policy for the Elderly, with the aim of ensuring the social rights of this population. Based on this legislation, public policies have been implemented to benefit the elderly.¹⁰ Government programs aimed at promoting active ageing are fundamental and must be linked to factors that determine quality of life.¹¹

The WHO¹² defines quality of life as an individual’s perception of their position in life according to the cultural context and values in which they live, also related to goals, expectations, standards and concerns. It is therefore subjective, multidimensional and encompasses the various aspects of life.¹³ And when it comes to the quality of life of the elderly, the complexity is greater, since there are several specific elements of well-being in old age, such as physical and mental health,

cognitive ability, productivity, social occupation, family relationships, among others, which can influence it.¹⁴ In this sense, group activities for the elderly can be very important, as they offer opportunities for interaction, establishing relationships and developing various activities aimed at leisure and sociability, contributing to maintaining biopsychosocial balance.¹⁵

The city of Cascavel, in the west of the state of Paraná, with a view to the well-being and active aging of the elderly, on February 12, 2020, in accordance with Municipal Law No. 7,092 instituted the “FeliCidade do Idoso” Program in the municipality, which aims to offer the city’s elderly activities that favor healthy aging, autonomy and sociability, considering the demands and interests of this population with educational, artistic, cultural, sports and leisure interventions. As stated in Article 4, the Program’s specific objectives are: to contribute to active, healthy and autonomous ageing; to guarantee a space for the elderly and intergenerational meetings, in order to increase family and community interaction; to detect needs, motivations and help develop potential for new life projects; to provide experiences that value experiences and stimulate the ability to choose and decide; to enable intersectoral actions through the Municipal Secretariats.

Evaluating the quality of life of the elderly who attend this program is important for getting to know the group’s general view of their lives, as well as providing information that can guide health professionals in implementing specific strategies within the program. The aim of this study was therefore to analyze the quality of life of elderly people taking part in the “FeliCidade do Idoso” Program and to compare it between men and women.

Material and methods

This study is an observational, cross-sectional and quantitative study. The project was approved by the Research Ethics Committee of the State University of Western Paraná (Unioeste) - Cascavel Campus, opinion no. 5.814.986. The participants were informed of the purpose of the study and were given an informed consent form, guaranteeing their anonymity.

The samples were collected at the Tarquínio Park Community Hall, where the “FeliCidade do Idoso” program meets, in the city of Cascavel - Paraná, in February 2023, on random days, taking into account that the program’s activities take place from Monday to Friday, from 9 a.m. to 5 p.m., with the exception of days and times when the space is used for other purposes.

The elderly people present were invited to take part in the research by verbalized invitation, in which the purpose of the research was explained and any possible doubts were clarified. The program has approximately 750 elderly people enrolled, but individuals aged 60 or over, with the cognitive capacity to answer the questionnaires, who consented to the research and who were present on the days the data was collected, were included. Questionnaires answered incorrectly or incompletely were excluded. Considering the population of elderly participants, a minimum sample size of 122 elderly people was calculated, with a power of 0.95 and an effect size of 0.3.

Information was collected on age, gender, marital status, schooling and the presence of diseases such as systemic arterial hypertension (SAH), diabetes (DM), osteoporosis and others, to characterize the sample. The WHOQOL-OLD module, developed, tested and validated specifically to assess quality of life in elderly individuals, was presented in the form of a questionnaire, considering issues pertinent to this population. It consists of 24 questions covering 6 facets: sensory functioning (SF); autonomy (AUT); past, present and future activities (PPF); social participation (SP); death and dying (DAD); intimacy (INT). Each domain has four questions, with answers ranging from 1 to 5, as shown in Appendix A. The results can be shown in three ways: raw mean (4 to 20 points), standardized mean (1 to 5) and transformed mean (0 to 100). There is no specific cut-off point for any of the forms of measurement, with higher values indicating a better quality of life.¹⁶

Statistical analysis

As for data analysis, all the information collected was stored and converted into spreadsheets. Statistical analysis was carried out using Microsoft Office Excel 2013 and SPSS 20.0. Descriptive analysis was carried out using percentage distributions for categorical variables and means and standard deviations (SD) for numerical variables. Comparisons for the presence of diseases were made using the Chi-square test. In addition, the groups were compared for the questionnaire within the facets, the overall mean and age using Generalized Linear Models. The significance level adopted was 5%.

Results

A total of 154 questionnaires were handed out, of which 122 met the inclusion criteria and 32 were excluded due to inadequate or incomplete completion. Table 1 presents sociodemographic information relating to the gender and age of the program participants. Regarding marital status, there was a prevalence of widowed individuals (42%), followed by married individuals (30%) and divorced individuals (21%). With regard to schooling, around 47% of the participants had incomplete or complete primary education, while another 25% had completed high school. SAH stands out with a prevalence of 54.9%, but to SAH, DM or osteoporosis, there is no statistically significant differences between men and women, no were found ($p>0.05$) Figure 1. With regard to quality of life, there were higher scores in the SF facet, which assesses the functioning of the five senses, the presence of sensory losses and the possible impacts of these losses. Table 2 shows the averages for each facet and the participants’ total score.

Table 1 Sociodemographic data: gender and age

Gender	N (%)	Average age \pm SD
Female	85 (69,7%)	70 \pm 6.3
Male	37 (30,3%)	69.7 \pm 6.0
General	122 (100%)	70.1 \pm 6.2

The data are presented in absolute numbers (N), percentages (%), averages, and standard deviations (SD).

Table 2 Description of the means of each facet and the overall score of the WHOQOL-OLD module

Facet	Gross \pm SD	Standardized \pm SD	Transformed \pm SD	p-value
SF	16 \pm 3	4 \pm 0.6	75 \pm 16	0.493
AUT	12 \pm 3	3 \pm 0.8	52 \pm 20	0.517
PPF	13 \pm 3	3.3 \pm 0.8	59 \pm 20	0.498
SP	14 \pm 4	3.4 \pm 0.9	60 \pm 23	0.541
DAD	16 \pm 3	3.9 \pm 1	74 \pm 21	0.927
INT	14 \pm 4	3.5 \pm 1	62 \pm 24	0.686
Mean	14 \pm 2	3.5 \pm 0.5	64 \pm 13	0.593

Data are presented as mean and standard deviation (SD).

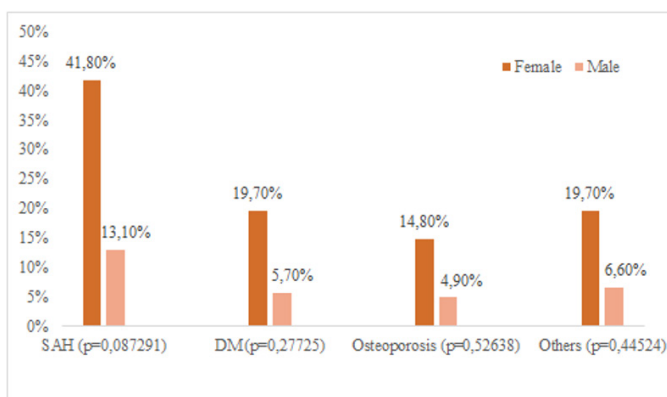


Figure 1 Sociodemographic Data: Pathologies.

Discussion

There was a predominance of female participants and an average age of 70.1 years, with no statistically significant differences. This data can be explained by the greater adherence of women to preventive health programs compared to men, as well as by the feminization of old age which, in turn, is associated with women’s longer life expectancy. It also demonstrates the change in the country’s age profile, with a significant presence of septuagenarian elderly people in society. These findings corroborate other Brazilian studies.^{13,17–20}

Regarding marital status, there was a prevalence of widowed individuals. Brazilian research shows conflicting results on this topic, such as the studies by Araújo et al.¹⁴ and Oliveira et al.²¹ which found a higher prevalence of married individuals compared to widowers. On the other hand, Barbosa et al.,²² when assessing the sociodemographic profile of participants in a community center, found similar results, with 43.7% of individuals being widowed, 31.8% married and 12.7% divorced. The discrepancies found in the literature can be explained, in part, by the composition of the sample, especially by the presence of a greater number of women in the present study, bearing in mind that this gender distribution plays a significant role in the variation of results, since evidence indicates that widowhood is more recurrent

among females, and can represent a significant emotional, physical and psychological challenge, with possible repercussions on the quality of life of this population.^{23,24}

With regard to schooling, the findings are similar to the results of an evaluation of the sociodemographic profile and quality of life of elderly people attending a Reference Center for the Elderly in the state of São Paulo, in which 47% of the elderly had elementary school and 28% high school.¹⁴ Similarly, a study carried out in a Basic Health Unit (UBS) in the interior of Rio Grande do Sul showed that 35.6% of the elderly people attended had completed elementary school and 30.5% had incomplete schooling.¹⁰ This educational reality can hinder access to information and health services, and influence the autonomy and more active participation of these elderly people in society.^{25,26}

A relevant aspect when it comes to the elderly population is the presence of chronic non-communicable diseases (CNCDs), considering the impact they can have on quality of life.²⁷ These health conditions often occur in association due to the aging process, inadequate lifestyle habits and other risk factors, requiring appropriate care.²⁸ SAH shows a high prevalence in this study, this finding is in line with previous research carried out in Brazil that shows SAH as the most prevalent CNCD among the elderly.^{29,30} On the other hand, DM and osteoporosis have varied prevalence rates in the literature, which can be attributed to the methodological differences adopted in each study.^{22,31}

With relationship the WHOQOL-OLD module, in the SF facet, participants in a study that assessed the association between sexuality and quality of life, using online questionnaires, showed similar results, with averages of 76 ± 19 .³² The same occurred in a study involving elderly women participating in a physical activity program in Curitiba, Paraná, who obtained average scores of 79 ± 16 .³³ These values suggest that the losses are small and/or that the participants cope well with them. In addition, there is a possible positive influence of the physical activities carried out in the program, as suggested by Costa et al.¹⁸

Next comes the DAD facet, which assesses fears related to the process of death and dying. When comparing the average found in this facet with an evaluation of the quality of life of Mexican and Ecuadorian elderly people, there is a similarity in the averages of the Mexicans (77) and a discrepancy in relation to the Ecuadorians (53).³⁴ Other Brazilian studies report similar DAD averages (16 ± 3 ; 74 ± 25 , respectively).^{8,35} This suggests that, although discussion of the subject is taboo in society, in general, the elderly do not seem to fear the end of life and have a good acceptance of the life cycle.¹⁵

As for the INT facet, which analyzes the ability of the elderly to establish personal and intimate relationships with emotional connection, two studies carried out in Brazil present data equivalent to this research. A study in the state of Rio Grande do Sul, with elderly people from a recreation group, comparing the application of online and paper questionnaires, found an average of 14 ± 2 in the INT facet of the paper questionnaire.³⁶ In a study carried out in Campinas, São Paulo, with frail elderly people treated at a Reference Center for Elderly Health, the average was 61 ± 15 .³⁷ This facet may have been affected by the large number of widowed elderly individuals in this sample,¹⁵ however, being part of social programs can promote good relationships between its members and strengthen friendships, as well as stimulating new connections.³⁸

In the SP facet, which concerns the elderly person's ability to participate in daily activities, especially those in the community,

and is directly related to the previous facet.³⁸ The average found was better than that obtained in a study that assessed elderly people in the community without participation in programs aimed at them, where this facet had the lowest average (58 ± 16),³⁹ suggesting the influence of the “FeliCidade do Idoso” Program on the SP facet of its participants. It is clear that, even if there are possible desires to participate more actively in other contexts, being part of a program aimed at the elderly with social activities is fundamental to improving and maintaining quality of life (GATO et al., 2018).

The PPF facet assesses the achievements already made by the individual and their future aspirations. The results showed a comparatively low score in relation to the other averages. In contrast to the findings of a study carried out with people attending a Day Care Center in Bauru, São Paulo, where male elderly people obtained an average score of 66 ± 16 and female elderly people scored 69 ± 11 in this facet,⁴⁰ similarly, Vagetti et al.,³³ reported a result of 70 ± 12 . Therefore, the findings suggest that the elderly in the “FeliCidade do Idoso” Program have a relatively negative perception of their past experiences, purposes and future plans.

AUT was the facet with the lowest score, which analyzes independence, the ability to make decisions and live independently. A study that assessed elderly people from the Regional Health Superintendence of the Southern Triangle of Minas Gerais also found the lowest average score for the AUT facet (66 ± 16), although it was higher than that of the elderly people assessed in this study.³⁰ And when comparing with studies evaluating institutionalized elderly people, the present study obtained a higher score. Bassler et al.⁴¹ presented an average of 10 ± 3 , while Araujo et al.⁴² 42 ± 14 for men and 31 ± 9 for women. Even so, it can be inferred that the elderly people studied have a perception of less autonomy in relation to their lives.

The average score in this study was similar to the result found by Simeão et al.,⁴⁰ who obtained 65 ± 9 for men and 65 ± 12 for women. And that of Casamali et al.³⁶ which resulted in 14 ± 1 in the paper questionnaires. It is therefore assumed that public policies are fundamental for the elderly population, even if this is only reflected in the long term.⁴³

Finally, when comparing the values found for men and women, no significant differences were observed in any of the facets or in the total score. Unlike the analyses of previous studies which found differences in the DAD facet when comparing the sexes, with lower results for females.^{30,44}

The study's limitations refer to its cross-sectional design, which does not allow for an analysis over a period of time, the lack of a minimum time for the elderly to participate in the program, and the fact that studies using WHOQOL-OLD have three ways of presenting the results, which can lead to various interpretations. Despite this, the findings should contribute to the discussion of health actions. Future studies on the “FeliCidade do Idoso” program are suggested in order to compare the results.

Conclusion

When analyzing the quality of life of the elderly participating in the “FeliCidade do Idoso” program, the overall score was above average and when comparing men and women there were no significant differences. The facets sensory functioning and death and dying had the highest averages, while the facets autonomy and present, past and future activities had the lowest averages.

Declaration

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Author contributions

Conceptualization, IEM. and CD; Methodology, IEM, GRFB and CD; Software, GRFB; Formal Analysis, IEM, GRFB, CD; Investigation, IEM; Writing – Original Draft Preparation, IEM; Writing – Review & Editing, GRFB; Visualization, CD; Supervision, CD; Project Administration, CD; Funding Acquisition, IEM, GRFB, CD.

Conflicts of interest

None.

Data availability

The data is held by the authors and can be made available if necessary.

Ethics approval

The project was approved by the Research Ethics Committee of the State University of Western Paraná (Unioeste) - Cascavel Campus, opinion no. 5.814.986.

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