

The Brazilian population aging and its contemporary challenges

Abstract

The growth of the elderly population is a world's phenomenon, and in Brazil, the changes are happening in a radical and very accelerated way. The percentage of the Brazilian population over 60 has been growing proportionally according to the demographic data. In 1940, the elderly represented 4% of the population. From then up to 2010 there was a leap of the elderly population from 7% to 11%. Data indicate that in 2020 the elderly population is 30 million individuals and that this number will increase to 57 million by 2040! The building of public policies aimed at the elderly population is something very complex due to individual variability in the aging process. Therefore, it is necessary to search for enlightening in this aging dimension diversity context so that the building of health policies for the elderly population becomes more practical. In the public policies it is essential to look at the specificities of the problems in order to reach a better efficiency of the actions. In this regard four factors are highlighted: the regionalizing of the problems (the studies must be carried out in different regions of the country), the social economical level, the age range and genre. A historical of the laws and statutes of the Brazilian elderly security is approached. At last, critics concerning the economic priorities in detriment of the deterioration of the conditions of social protection towards the elderly population are drawn.

Keywords: longevity, public policies, elderly in Brazil

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Introduction

The growth of the elderly population is a world's phenomenon, and, in Brazil, the changes are happening in a radical and very accelerated way.¹ The percentage of the Brazilian population over 60 has been growing proportionally according to the demographic data.² In 1940, the elderly represented 4% of the population. From then up to 2010 there was a leap of the elderly population from 7% to 11%. Data indicate that in 2020 the elderly population is 30 million individuals and that this number will increase to 57 million by 2040!

This increase of about 600% in the last 50 years is due to improvement in the variables that compose the HDI (human development index) in which the economic development and life quality are evaluated.

The demographic transition, where the indicators such as natality and mortality levels decrease, is seen in developed and in development countries.³ Thus, the population aging is a direct consequence of the proportional youth reduction conjugated with an extension of life expectancy which occur due to these demographic transformations.³ In this dimension, in the population pattern, tendency in the fecundity decrease and an increase in life expectancy can be observed.

The direct consequence of this process is that the children's population group has decreased, and, on the other hand, the elderly population has increased despite having been observed a great difference among the developed nations and the under-developed ones. For example, the life expectancy difference between Japan and Republic of Sierra Leone is of 36 years.⁴ Along these years, this alteration in the youth and elderly proportion has become more and more discrepant to the extent of becoming inverted. In 2010, there were 39 elderlies for each group of 100 young ones, in 2040 it is estimated that there'll be 153 elderlies for each 100 young ones.⁵ This elderlies increase is going to do be, in the forthcoming 4 decades, more than a billion individuals! However, independently of these

differences, the increase in life expectancy generates a need for social investments, especially in the health area.

What actually happens is that, despite the population indicators being favorable regarding life expectancy, for example, according to the public policies actions towards the elderly segment, there does not seem to be a tendency of improvement of the human development index (HDI). This, unfortunately, in the long run, can mean a worsening of the security, support and care conditions of the elderly population.

Building of strategies for a healthy aging

The building of public policies aimed at the elderly population is something very complex due to individual variability in the aging process.⁶ There are those individuals that age choosing to take part in social and occupational activities in levels similar to the young ones, while others in the same age group may need considerable health and social care and have their social involvement capacity limited. Besides, the population aging is not occurring in an isolated way. Other ample social changes are transforming the society, and these, in turn, are interacting with aging to influence the social and intergenerational dynamics.⁶ Understanding this interaction between these tendencies is crucial so that the policy makers can decide on what is best to promote health and well-being to the elderly ones.

Therefore, it is necessary to search for enlightening in this aging dimension diversity context so that the building of health policies for the elderly population becomes more practical.⁷ The main raised question is about the traditional measures for aging. It is necessary to differentiate the prolonging of the chronological age from those dimensions related to life quality in this period. When this concept is applied, a more comprehensive range of strategies to deal with the senescence illnesses can be incorporated besides allowing the establishment of comparisons among countries with different profiles. For example, the illnesses that affect the elderly population in Papua

New Guinea do not have the same impact in Japan since these two countries have big differences in their aging process. An individual age 50 in Papua New Guinea may already have demands for health care appropriate to the elderly population whereas an individual in Japan, of the same age, does not have such demands.

Another important aspect is the so-called feminization of the old age,⁸ that is, the more the population ages, the more the women's proportion becomes. Currently, according to data from the Brazilian Institute of Geography and Statistics - IBGE, the women represent 55,5% of the Brazilian elderly population and 61% of the elderly contingent over 80 years' old, besides living, in average, 08 years more than men. The main factor which impacts negatively in the life expectancy of men are the violent deaths (murders and accidents) among which 90% are of the male sex. The consequence of this is that the health public policies must have a considerate look at these proportions. Furthermore, it is important to relate the possible health problems of the elderly women as priority strategies of attention to this specific population.

In this context, an area that has become more evident is the pharmaco-epidemiology.⁹ The pharmaco-epidemiological studies become fundamental to draw the profile of medicine use in order to adopt strategical measures to guarantee the access and rational use of this important therapeutic resource, especially for the elderly patients, due to the particularities and necessities related to aging.

The public health challenges

In the public policies it is essential to look at the specificities of the problems in order to reach a better efficiency of the actions. In this regard four factors are highlighted: the regionalizing of the problems (the studies must be carried out in different regions of the country), the social economical level, the age range and genre. In addition to these factors of epidemiologic nature, it is also necessary to have an advance in the instruments that guarantee the implementation of policies towards this segment. The instruments which are significant in the Brazilian context are the Elderly National Policy, the Elderly Statute and the Elderly Health National Policy as legal bases for the actions and the social security of the elderly delimitations.¹⁰

In the building of maps about publications towards the challenges for public health, three dimensions of the actions are highlighted: the high cost of the attention to the elderly health for the health services; the importance of an interdisciplinary acting in the elderly care; and the new care models that have been applied to overcome these challenges.¹¹ Principally from the 1980's decade on, the integration of various professionals in the health area started to structure the preventive strategies planning in the aging process. These actions aim, ultimately, at optimizing the reserve of the anti-aging functions.

One of the worries of the World Health Organization (WHO) has been the healthy aging. In this regard, the psychological reserve (cognitive stimulation) and the regular physical activity have been appointed as something that can decrease the fragility of elderly individuals.¹²

The history of Brazilian legislations with positive impact on aging

In the social actions context towards aging there are the public policies and their challenges, as well as the questions focused on the rights and guarantees of this segment.

In the middle of this debate there are the Social Security and the health systems impacted by their demand increase.¹³ In addition, there is a productivity discourse that emphasizes the elderly active participation, but at the same time, make the elderly responsible for their situation, transforming them in healthy and productive ones. The question is to homogenize a group which is, in fact, extremely heterogeneous.

Historically, in Brazil, the data show actions that date from 1923 with the creation of retirement and pension funds (CAPs) destined to the railway workers and extended to the dockers in 1926.¹⁴ After many improvements regarding the retirement, another Brazilian cornerstone of care with the elderly population started in the beginning of the 1970's decade: the main adopted measure was the Decree number 72771 of September 6, 1973, which defined the conditions for the pension usufruct for old age: being 65 years old for men and 60 for women and disconnected from any paid activity. The retirement calculation by age was proportional to the contribution time. Because of this, the value of the benefit was minimal, forcing the elderly to search for another income to guarantee his survival.¹³

From an international point of view, the event that took place in the UN general assembly- World Assembly on Aging- in 1982, had as results, the elaboration of a world action plan in which 66 actions towards the health, education and security spheres, among others, were recommended.¹³

In the 1980-90's decades other advances were assured: besides the Elderly National Policy, the rights assured by the 1988 Constitution were also regulated by the Organic Law of Social Assistance (LOAS, Lei n. 8.742, de 07/12/1993). This policy aims at the universalization of all elderly social benefits in poverty and misery situations.¹⁴

The peak of these actions was the elaboration and regulation of the Elderly Statute in 2003. This appears as a cornerstone for the politics towards the elderly in a sense of recognizing, by law, the rights and duties in this phase of life, assuring the priorities and protecting them from ill-treatment from a specific legislation. The problem is that, although Brazil has a range of protective legal resources for the elderly population, they are not enough for an integral assistance and guarantee of the elderly person's rights in the country.¹⁵ It is still necessary to have an ample awareness in order to have these rights met, theoretically assured by law, but still not permeating the community common sense. Hence, the inter-sectoriality as a management strategy towards building interfaces among the sectors and governmental institutions (and non-governmental), aiming at facing the complex social problems that surpass the sphere of only one government sector or public policy area, is one of the feasible proposals.¹⁶

On the other hand, recently, some informal services to help the elderly population, in the family or social networks, are emerging.¹⁷ The increase in the longevity and the fast growth of the elderly population relative weight allied to the deficiencies in the public health system magnify the importance of the social networks that give support to the elderly. There are strong evidences that a solid social network contributes a lot for a better well-being of the elderly. In São Paulo (the biggest city in Brazil), more than half of the elderly people, with at least one incapacity, receives support from close relatives (partners, children or in-laws), which are part of the "informal" networks that offer support to the old age people.

Therefore, the big challenge is to maintain the sustainability of the health and pensions systems.¹⁸ The governmental responses have not been enough to cover the elderly needs in detriment of the economic

austerity policies. These, in turn, have not spared the elderly. The retreat of the quality of social policies have resulted in a degradation of the people's lives conditions and offended their rights without solving the state financing problem. The alternative can undergo reforms that take the state as an investment and as a factor for growth and well-being.

Discussion

The history shows a gradual loss of rights by the elderly population in Brazil. These rights which are guaranteed by the Brazilian Federal Constitution need to be claimed by this segment in the competent authorities. Among these, one can mention the participation starting at the smallest instances such as the neighborhood associations up to the legislative representation in the federal chamber and senate as well as the promotion of inclusive and informative contents in health education.¹⁸

These mechanisms can be eased, fomented and organized by actions from Non-Governmental organizations (NGOs), from the public universities projects (mainly the extensionist actions towards this public) and from the elderly municipal councils.^{19,20} Such initiatives allow the elderly to be empowered in what is already guaranteed to them by law although, in practice, it has not been implemented.

Another issue is about the elderly role in the family in a reality where the other members face guarantees and security failures. Such configuration takes place in the current times due to the workers' rights losses that have accumulated lately for the other family members, specially the grandchildren. In this context, the elderly start to guarantee the security that does not come from the "State" anymore, using the retirement guarantee, for example, to finance the home improvements at the same time in which they suffer the pressure of the younger generations, assuming a new role in the family context.^{21,22} This context, despite being sustainable in a medium term on the expense of the elderly, does not seem to have a long durability as a long term alternative since the future elderly of the second half of the 21st Century, as seemingly, will not have this security anymore.

The current Brazilian reality sets the elderly generation, on one hand, in a situation of neglect in relation to health in a "minimum state" era and, on the other hand, in a compulsory role of family provider in families without workers' rights that draw upon the rights acquired by the elderly in times of security. This model, as has been said, is not sustainable. Therefore, there must be a change in which everyone including the elderly, can be supported by the state while guarantor of the social wellbeing.

Conclusion

The alternatives are in the possibility of reuniting the state with solidarity and social justice. The elderly people are the proof that the social state has not failed, whereas the current crisis show the failure of an economic policy model that bets in retreating the state and its functions, leaving the field free for the financial speculation, the precariousness of work relations and colonization of the public interest space for the private and more powerful state which despise and vilify the solidarity and social justice values.¹⁹

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Conflicts of interest

The authors declare that there are no conflicts of interest in this paper.

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