Journals BAHIANA
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Original Article

A content analysis on the perception of quality of life among older adults resident in a southern municipality of Bahia: Qualitative Study

Uma análise de conteúdo sobre a percepção da qualidade de vida entre idosos residentes em um município sul baiano: Estudo Qualitativo

Silas dos Santos Marques[1]

Lina Faria[2]

Cristiano da Silveira Longo[3]

[1]Corresponding author. Universidade Federal do Sul da Bahia (Itabuna). Bahia, Brazil. marx.fisio@gmail.com
[2-3]Universidade Federal do Sul da Bahia (Porto Seguro). Bahia, Brazil. linafaria1964@gmail.com, cristianodasilveiralongo@gmail.com

ABSTRACT | INTRODUCTION: The change in the global demographic profile provided by the increase in life expectancy is a theme that has been causing discussions and investigations, especially with regard to the quality of life in old age. **OBJECTIVE:** Evaluate the perception of elderly individuals about the meaning of aging in a southern municipality of Bahia and verify the association between sociodemographic and health variables and the perception of quality of life. **METHODOLOGY:** Descriptive study with a qualitative approach, conducted with 25 elderly people between March and May 2019, based on data collected by a sociodemographic questionnaire and semi-structured interviews - recorded, transcribed, and analyzed through Content Analysis. The non-probabilistic sample was obtained, with elderly aged over 60 years who were approached in the waiting rooms of the Basic Health Units (UBS) and the Quality-of-life Groups, assisted by the family health support center team (NASF) of the municipality. **RESULTS:** Three central categories emerged from the analysis: "Perception about the aging process," "Perception about Quality of Life," and "Reasons for satisfaction with Quality of Life." There was an association between health, quality of life, personal autonomy, and good family and social relationships. The results suggest that older people perceive active aging and autonomy as a challenge to be faced. **CONCLUSION:** Understand how the elderly perceive the aging process and its health issues, social relationships, family life, linked to the notion of quality of life, allows the health professional to think strategies of care actions beyond the focus on the disease that encourage specific actions to seek changes in care and assistance to this population.

KEYWORDS: Aging. Quality of Life. Personal Autonomy.

RESUMO | INTRODUÇÃO: A mudança do perfil demográfico mundial proporcionado pelo aumento da expectativa de vida é um tema que vem suscitando discussões e investigações especialmente no que diz respeito à qualidade de vida (QV) na velhice. **OBJETIVO:** Avaliar a percepção de indivíduos idosos sobre o significado do envelhecimento em um município sul baiano e verificar associação entre as variáveis sociodemográficas e de saúde e a percepção da qualidade de vida. **METODOLOGIA:** Estudo transversal, descritivo, com abordagem qualitativa, realizado com 25 idosos no período entre março e maio de 2019, com base em dados coletados por questionário sociodemográfico e entrevista semiestruturada - gravada, transcrita e analisada mediante a Análise de Conteúdo. A amostra não probabilística contou com idosos com idade mínima de 60 anos que foram abordados nas salas de espera das Unidades Básicas de Saúde (UBS) e nos Grupos de Qualidade de Vida, atendidos pela equipe do Núcleo de Apoio à Saúde da Família (NASF) do Município. **RESULTADOS:** Da análise emergiram três categorias centrais: "Percepção sobre o processo de Envelhecimento"; Percepção sobre Qualidade de Vida" e "Motivos para satisfação com a Qualidade de Vida". Observou-se associação entre saúde, qualidade de vida, autonomia e boas relações familiares e sociais. Evidenciou-se que os idosos percebem e vivem de maneira ativa e entendem a autonomia como um desafio a ser enfrentado. **CONCLUSÃO:** Compreender como os idosos percebem o processo de envelhecimento, suas questões de saúde, relações sociais e convívio familiar, atrelados à noção de qualidade de vida, permite ao profissional de saúde pensar estratégias de cuidado para além do enfoque na doença, que incentivem ações específicas à esta população.

PALAVRAS-CHAVE: Envelhecimento. Qualidade de Vida. Autonomia.

Submitted 06/02/2021, Accepted 07/19/2021, Published 07/30/2021
J. Physiother. Res., Salvador, 2021 August;11(3):473-481
http://dx.doi.org/10.17267/2238-2704rpf.v11i3.3834 | ISSN: 2238-2704
Designated editors: Kátia Sá e Cristiane Dias

How to cite this article: Marques SS, Faria L, Longo CS. A content analysis on the perception of quality of life among older adults resident in a southern municipality of Bahia: Qualitative Study. J Physiother Res. 2021;11(3):473-481. http://dx.doi.org/10.17267/2238-2704rpf.v11i3.3834

CC BY

Introduction

Demographic aging due to increased life expectancy created new demands and challenges for several countries' societies, caregivers, and governments. However, in some countries, such as Portugal, Spain, Germany, Japan, and France, aging is associated with improved living conditions. In other countries, such as Brazil, aging is occurring faster but without health service reorganization and public policies to attending to new demands.[1]

Current sanitary conditions caused by Sars-Cov-2 (Covid-19), the attempt to protect the elderly worldwide, and overloaded health systems can be highlighted as demands and challenges. In this scenario, public policies are needed to encourage active aging and family and social support networks and demonstrate perspectives and perceptions of elderly individuals and their families for maintaining the quality of life.[2] Therefore, the Expanded Nucleus of Family Health (NASF) role and integrated action of multi-professional teams with Health Family teams (HFT) are highlighted in both the shared care and construction of therapeutic projects to increase attendance and care of elderly populations.

Autonomy and independence are essential for quality of life and health[3], and aging is related to these points. Prevalence of chronic and disabling diseases increases with aging and leads to loss or difficulties in autonomy and independence.[4,5]

According to the World Health Organization (WHO)[6], quality of life is the individual's perception about their position in life and value systems about goals, expectations, subjectivities, and concerns. This concept is needed in care practices and health research and used by clinicians, researchers, economists, managers, and politicians to understand dimensions of autonomy and independence.[7]

According to the Continuous National, Household Sample Survey (PNADC, 2019) Southeast and Northeast regions of Brazil present the highest number of elderly individuals (42.17% and 27.17%, respectively). In the Northeast, this percentage is related to reduced fecundity and mortality rates.[8] The National Household Sample Survey, conducted in 2015, showed an increase of 3.4% of elderly individuals in five years, totalizing 13.4% of elderlies in Bahia.[9] Electronic data of the National Unified Health System (E-SUS) in 2018 reported 88,996 elderly individuals registered in primary care in the municipality of Eunápolis (state of Bahia), of which 11,202 aged ≥ 60 years. Of these, 2,036 are considered long-living elderlies and 9,166 young elderlies.

Based on the aging process in Brazil and worldwide, especially in Eunápolis, with a significant increase of elderly population in the last decades, this study aimed to investigate the perception of aging-related to health situation and quality of life of elderly individuals participating in the "Quality of Life Group" from NASF team in Eunápolis (Bahia, Brazil).

Methodology

This qualitative cross-sectional study was based on content analysis conducted in Eunápolis (Bahia, Brazil) between March and May 2019. Data was collected using a sociodemographic questionnaire and semi-structured interviews regarding the topic. The research ethics committee of the Universidade Federal do Sul da Bahia (UFSB) approved the study (number: 03357318.4.0000.8467).

The Brazilian Institute of Geography and Statistics (IBGE), published in August 2019, demonstrated an increased elderly population and decreased births in Bahia. The study also showed that individuals aged ≤ 13 years represented 22.6% of the total population in 2013, which decreased to 19.9% in 2019. In contrast, individuals aged ≥ 60 years increased from 12% to 15.2% of the total population of Bahia.[8] The elderly population also increased in Eunápolis, according to E-SUS (2018).

Initially, 25 elderly individuals were selected from eight coexistence groups, named "Quality of Life Groups" and the NASF team from Eunápolis. Quality of Life Groups happened in two basic health units (BHU) of the municipality: Urbis and Rosa Neto. However, due to the low participation of elderly individuals in NASF

coexistence groups, other elderlies attending waiting rooms of both BHU and interested in participating in this study were included in data collection. Thus, of 25 elderlies participating in this study, seven were from Quality-of-Life Groups (two elderlies from Urbis BHU and six from Rosa Neto BHU), and eighteen were invited from waiting rooms (six elderlies from Urbis BHU and twelve from Rosa Neto BHU).

The sample was non-probabilistic and composed of elderly individuals of both genders from Quality-of-Life Groups and waiting rooms from both BHU, aged ≥ 60 years and cognitively capable of answering questions.

Among elderlies aging < 80 years from Eunápolis, 4,884 are females and 4,282 males. Eunápolis has 30 HFT to help with health assistance service (distributed in 25 BHU and three teams of the Community Health Agent Program) and one itinerant team operating mainly in the rural area.

The healthcare network from Eunápolis encourages quality of life improvement programs, with actions directed for several groups. Quality of Life Groups is one of these programs, focused in two BHU with NASF teams that provide self-care programs and guidance for healthy habits, active aging, and reduction of aging impacts.

The sociodemographic questionnaire for sample characterization was composed of eight questions regarding personal data, family group, work, income, and habitation. This questionnaire was adapted from the Longitudinal Study of Aging (ELSI-Brazil), conducted by the Brazilian Ministry of Health in partnership with the Oswaldo Cruz Foundation (FIOCRUZ).[10]

The semi-structured interview was composed of four open questions regarding the perception of the aging process and quality of life, such as: "what does aging means to you?"; "what is quality of life in the third age?"; "how do you evaluate your quality of life?"; and "would you like to add something about the quality of life and aging?". Questions were recorded and stored in a cellphone and integrally transcribed and analyzed, according to content analysis proposed by Bardin.[11] Pre-analysis, analytical description, and inferential interpretation of obtained data were performed. An exploratory reading was conducted in the first step by associating answers with the thematic of each question. Then, in the analytical description step, data was organized and systematized by categories and subcategories of analysis (grouping part of speeches). Last, significant units were extracted from categorized reports, according to meanings identified in interviews. For discussion and presentation of results, speeches were enumerated from one to twenty-five, and the letter "E" represented "Elderly."

Results

Table 1 shows sociodemographic characteristics. The sample presented mean age of 69 years (four males and twenty-one females). Of these, 13 elderlies declared living in the rural area at some moment in life. The percentage of married and widowed elderly was equal. Twelve elderly individuals self-declared as brown, and the mean number of sons was three per individual. Only eight elderly individuals completed high school, and one completed higher education. In addition, the female gender was a predictor of the increased search for health assistance.

Table 1. Sociodemographic profile of the elderly in Eunápolis, BA. 2019

Number of Childrean		
	Average	STD
	3	2
Age		
	Average	STD
	69	5,6
Sex		
	Frequency	Porcent
Male	4	16,0
Female	21	84,0
Home		
	Frequency	Porcent
Lived in a rural area	13	52,0
Has not lived in a rural area	12	48,0
Marital Status		
	Frequency	Porcent
Married/Unmarried/Stable estável	11	44,0
Divorced/Separated	3	12,0
Window(er)	11	44,0
Color		
	Frequency	Porcent
White	6	24,0
Black	6	24,0
Brown	12	48,0
Yellow	1	4,0
Education		
	Frequency	Porcent
Never Studied	3	12,0
Primary incomplete	5	20,0
Primary complete	4	16,0
Complete Gymnasium	4	16,0
High School completo	8	32,0
University degree	1	4,0

*STD – Standard Deviation

Source: Authors' oqn date.

In Table 2 are listed the significant units and the categorization performed from the participants' reports, after recording, transcription and content analysis. From then on, they were presented according to the theme addressed in each step that makes up the semi-structured questionnaire used to obtain the referred data.

Table 2. Meaningful Unit, Categories and Subcategories of the perception about aging and Quality of life of the elderly of Eunápolis, BA. 2019

SIGNIFYING UNIT	CATEGORY	SUBCATEGORY	TEMA
Aging as a privilegie; Aging as a chronological and natural process; Aging and learning	Perception about the Aging Process	Fwwling of aging	Meaning of aging
Need for Self-Care; fear of depending on others; dissatisfation with old age	Vulnerabilities and fragilities in old age	Emergence of diseases with loss of outonomy and functionality.	
Social losses, Family relationships; continuity of care	Perception about Quality of Life	Acess to healt servisse; Social Participation; Relationship with health professionals	Concepts of quality of life in aging
Leisure; Financial condition to tale care of oneself	Perceptions on Psychosocial Well-Being	Maintain a quiet life to live batter	
Maintaining interpersonal relationships and healthy habits	Reasons for Satisfaction with Quality of Life	Quality of Life and economic and social conditions	Self-Assessment of Quality of Life
Distance from family; Loneliness; Reduced ability to work	Reasons for dissatisfaction with Quality of Life	The Family as a determinant of Quality of Life	

Source: Authors' oqn date.

Meaning of Aging

Regarding perceptions, the category "perception of aging process" and subcategory "feeling regarding aging" were perceived, and significant units were observed in reports. In E-10 report: *"For me? It was the best thing in the world. I lived more in the third age than younger; just the experience that we have, for me, was worth it. I am 78 years old, so this learning will help me a lot for the rest of my life"*. According to this and other speeches regarding this topic, the meaning of aging as a privilege and learning opportunity can be extracted.

E-19 report shows the perspective of aging as a chronological and natural event: *"...is the person that lived, that already lived a lot and became an elderly person"*. In contrast, other aspects considered by elderly individuals and related to fragilities with aging are observed in the category "vulnerability and fragility in aging" and subcategory "emergence of diseases with loss of autonomy and functionality." These perceptions were reported in E-16 speech: "...elderly is not too good for me". Furthermore, a meaning of dissatisfaction is denoted with this new phase, as shown in E-13 speech: *"Aging is all these diseases that I had"*; and in E-22 speech: *"For me, is when the person can not walk anymore,"* expressing the idea of aging close related to disease, dependence, and loss of functions essential for autonomy.

Concepts of Quality of Life in Aging

In the category "perception of quality of life," speeches of subcategories "access to health services," "social participation," and "relationship with health professionals" denoted social loss, as shown by E-9: "*Quality of life is simple, independent, have the condition, and if he has a condition, he has the quality of life."* When E-22 says, *"...is when you are fine, fine with yourself, fine with those living by your side. That is it."*, it highlights the quality of life related to living well with the family. However, health concerns also express anxiety with continuous care, as shown by E-15: *"... Is having conditions like this, self-care, right?"*; and E-16: *"For me is not too good. I feel much pain. I feel much pain after aging"*.

In the category "psychosocial well-being" and subcategory "maintain a peaceful life to live better," E-13 highlights the importance of leisure for quality-of-life maintenance: *"Quality of life is enjoying, wandering, walking, traveling, and all. I have money, but I do not have health..."*. In contrast, when E-15 reports, *"Is having conditions like this, self-care, right? I think this is the best quality that exists. Good feed and having conditions to stay living"*, suggests the impossibility to have the quality of life when health care conditions are scarce.

Self Assessment of Quality of Life

Elderly individuals presented some antagonistic answers when invited to self-evaluate quality of life; some elderlies were satisfied, while others were not satisfied with their quality of life. The category "reasons for satisfaction with quality of life" emerged from these impressions and helped create the subcategory "quality of life related to economic and social conditions." This category derived meanings, such as observing a progressive improvement that already occurred or will occur, as reported by E-5: *"Considering everything I have been through in life, it is good now"*; and E-3: *"Well, in my age I think it is great..."*. This category also expressed the need to be well with surrounding people, valuing the meaning of good social relationships, as reported by E-8: *"It is normal, right? Because I love my sons and my grandsons, my life is too good. I love everybody, never fought with anyone, never argued with anyone, people say things like that, I have to pray for them, because this is ugly"*. From this category, good habits were also observed as influencing factor of quality of life, as expressed by E-18: *"...for the last one and a half year, I am fine with my feed, sleeping earlier. So, for me, for the last one and a half years, there was a difference"*.

The category "reasons for dissatisfaction with the quality of life" and subcategory "family as a determinant for quality of life" emerged from self-evaluation of quality of life. Sadness due to distance from family was also explicit in some reports, such as E-2: "*Mine is good, but could be better if I were close to my sons because they live a little bit far away, my grandsons. So, it is a little bit sad"*; and E-7: *"I think it is good, that is, some points. Good in some points and another it is bad. Because I live alone..."*. Work capacity also emerges as an essential meaning of quality of life, as observed in E-9: *"...It was good, but today it is regular because today I can not work, I have no resource, but I have what I can"*.

Discussion

Some studies demonstrated the impact of functional disability in activities of daily living of elderly individuals[12] and observed that the sociodemographic profile of this age group is similar to the national average (i.e., mostly females, mean age of 71 years, married, and with educational level between elementary [complete or not] and high school). These results are consistent with ours: mean age of 69 years, mostly females, an equal number of married and widowed, and educational level (elementary school - complete or not).

We observed that the aging experience is individual; each individual has a different view according to experiences and perceptions of health and disease. For instance, when questioned about the meaning of aging, elderly individuals presented different opinions: some showed privileged for aging, gained experience, and learned how to live over the years. Meneses et al.[13] corroborate these results since they observed in reports of 12 elderlies that aging can be interpreted as gains and opportunities, representing a moment of sharing life experiences and knowledge accumulated over the years.

The meaning of aging for the interviewed elderly individuals was associated with loss of physical capacities, such as in the E-22 report: *"Aging for me is when people can not walk anymore."* Similar results were observed by Brunnet et al.[14], who observed that aging was associated with the impossibility to perform activities due to body or mind aging. On the other hand, Teixeira and Neri[15] highlighted that functional capacity, satisfaction with life, longevity, absence of incapacity, domain/growing, active social participation, high functional capacity/independence, and positive adaptation should be considered the aging process.

Cartaxo et al.[16] observed that the environment domain often influenced the quality of life. However, health and financial independence were essential factors for quality of life and leisure activities. Financial conditions associated with health were often mentioned in the present study, indicating health and financial independence, which were occasionally unfavorable in participants' reports. Elderly individuals were also concerned about morbidities and possibilities of leisure during this phase of life.

Alves et al.[17] interviewed ten elderly individuals and suggested that quality of life was related to a health condition, as in the present study, and financial resources from a "good income" to improve access to health services, physical activity practice, and maintenance of a healthy feed. This recurrent concern can be better understood in studies.[18]

reporting that aging naturally induces fragility, unbalance the health-disease process, and generates the need for special care. In this reality, elderly individuals occasionally experience financial instability due to insufficient income to obtain specialized care. "Self-efficacy"[19] is the capacity to handle external demands of daily living, and well-succeeded experiences are the main component, based on real and lived experiences of each individual. Unfortunately, elderly individuals have negative feelings about self-efficacy due to the importance of financial situations and aging-related problems. Martins and Borges[20] affirmed that this situation is related to retirement since it is the transition from a life of working routine to a new phase marked by losses, which may trigger a crisis.

Quality of life comprises various aspects of the elderly population: socioeconomic level, social interaction, intellectual activity, self-care, health condition, cultural and ethical values, religiosity, functional capacity, and family support[21]. In this sense, Oliveira et al.[22], in a study regarding the impact of collective functional training on quality of life of the elderly, suggested that perception of quality of life was related to social life. Therefore, investments in public policies are essential to construct and maintain support networks for the elderly and their family. In addition, care from formal and informal support networks is also an essential source of assistance and needs to be encouraged and promoted.[21]

Family support and spirituality are essential for most elderly to maintain emotional balance and confront physical and economic dependence.[23] For that reason, participants showed different views when questioned about self-evaluation of quality of life. Motivation for positive or negative evaluation is multifactorial, can be influenced by intrinsic and extrinsic factors, and show frequent mentions of health condition, self-care, difficulties, and family relationships. Corroborating this study, Pereira et al.[24] showed that most elderly self-evaluated as satisfied with life conditions, whereas dissatisfaction was mainly related to health problems.

For the participants of this study, quality of life means living well, with health and autonomy, with family and friends, performing leisure activities, and having resources to maintain daily necessities. They also reinforce that quality of life is multidimensional, and perceptions have specific meanings for this age group. However, this study has some limitations, such as sample size and the absence of inferential analyses.

Conclusion

Aging is a worldwide phenomenon experienced, felt, and perceived individually, according to experiences during life cycles. We can conclude that the quality of life of the elderly from the Quality-of-Life Groups of both BHU, assisted by the NASF team from Eunápolis, was positive. Based on data from a sociodemographic questionnaire and semi-structured interview, participants were satisfied with their quality of life. Domains of autonomy and social relationships with family and friends were also highlighted.

Autonomy is essential for the care of the elderly by the NASF team and HFT. These professionals preserve and promote self-care, quality of life, and active aging using relevant strategies to maintain general quality of life and stimulate adaptation and adjustments.

Studies regarding the perception of the elderly regarding the quality of life using a probabilistic sample and cohorts must be encouraged. Therefore, interventions allowing positive impacts are suggested since the amplified health concept indicates the quality of life as an essential element in the health-disease-care process.

Author contributions

Marques SS participated in constructing the project and execution, data collection, tabulation and analysis, construction of results, and final text. Faria L participated in constructing the study, interpretation of data, as well as supported in the drafting and revision of the text. Longo CS participated in the final revision of the scientific article.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) have been declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

Reference

1. Faria LR, Santos LAC. Sense of Coherence: O sentido de coerência nos caminhos do envelhecimento. In: Faria LR, Calábria LK, Alves WA, editors. Envelhecimento: Um olhar interdisciplinar. São Paulo: Hitec; 2016. p. 19-42.

2. Matos AMDA, Perufo KF. "O mais importante é ter saúde": Representações sociais sobre o envelhecimento positivo. In: Faria LR, Calábria LK, Alves WA, editors. Envelhecimento: Um olhar interdisciplinar. São Paulo: Hitec; 2016. p. 43-60.

3. Martins CRM, Camargo BV, Biasus F. Social Representations of the Elder and the Old Age in Different Age Groups. Univ Psychol [Internet]. 2009;8(3):831-47. Available from: http://www.redalyc.org/articulo.oa?id=64712155020

4. Azevedo ALS, Silva RA, Tomasi E, Quevedo LA. Chronic diseases and quality of life in primary health care. Cad. saúde pública. 2013;29(9):1774-82. https://doi.org/10.1590/0102-311X00134812

5. Faria LR. Atenção preventiva e educativa em saúde do idoso: o saber e fazer compartilhados [Internet]. Juiz de Fora: Revista A3; 2015. Available from: http://www.ufjf.br/revistaa3/2015/10/05/1017/

6. Organização Mundial da Saúde. Manual da Classificação Estatística Internacional de Doenças, Lesões e Causas de Morte [Internet]. São Paulo: OMS; 1948. Available from: https://apps.who.int/iris/bitstream/handle/10665/70943/ICD_10_1980_v1_pt_1.pdf?sequence=4&isAllowed=y

7. Fleck MPA. A avaliação da qualidade de vida: guia para profissionais da saúde. Porto Alegre: Artmed; 2008.

8. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostra de Domicílios Contínua -PNADC [Internet]. 2020 [cited 2021 May 10]. Available from: https://sidra.ibge.gov.br/tabela/6407#resultado

9. Instituto Brasileiro de Geografia e Estatística. Pesquisa nacional por amostra de domicílio: síntese de indicadores 2015 [Internet]. Rio de Janeiro: IBGE; 2016. Available from: https://biblioteca.ibge.gov.br/visualizacao/livros/liv98887.pdf

10. Lima-Costa MF. Aging and public health: the Brazilian Longitudinal Study of Aging (ELSI-Brazil). Rev Saude pública. 2018;52(Suppl 2):2s. https://doi.org/10.11606/S1518-8787.201805200supl2ap

11. Longo CS, Narita S. "Um Corpus que Fala": Apontamentos para uma Revisão Técnica da Análise de Conteúdo. Web-Revista Sociodialeto [Internet]. 2014;4(12):42-60. Available from: https://ptdocz.com/doc/570785/um-corpus-que-fala---web-revista-sociodialeto

12. Santos LAC, Faria LR, Patino RA. Aging and death: contemporary readings in social psychology. Rev. bras. Est. Pop. 2018;35(2):e0040. http://dx.doi.org/10.20947/s0102-3098a0040

13. Meneses DLP, Silva Júnior FJG, Melo HSF, Silva JC, Luz VLES, Figueiredo MLF. The two sides of aging: the elderly people's view of the aging process. Enferm foco. 2013;4(1):15-8. https://doi.org/10.21675/2357-707X.2013.v4.n1.495

14. Teixeira INDO, Neri AL. Successful aging: a goal in the course of life. Psicol. USP. 2008;19(1):81-94. http://dx.doi.org/10.1590/S0103-65642008000100010

15. Brunnet AE, Andrades B, Souza CS, Weber JLA, Martinato L, Loreto T, et al. Social practices and meanings of aging for elderly women. Pensando fam [Internet]. 2013;17(1):99-109. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2013000100010&lng=pt&nrm=iso

16. Cartaxo HGO, Silva EAPC, Santos ARM, Siqueira PGBS, Pazzola CM, Freitas CMSM. Aged women's perception about aging with quality of life: subsidies to public interventions. Rev Rene [Internet]. 2012;13(1):158-68. Available from: http://www.periodicos.ufc.br/rene/article/view/3787/2992

17. Alves ERP, Dias MD, Costa AM, Silva ARS, Silva MM, Seabra RV. Quality of life: perception of elders in a family health unit. Rev Enferm UFSM [Internet]. 2012;2(3):487-95. Available from: https://periodicos.ufsm.br/index.php/reufsm/article/view/5240/pdf

18. Lopes MJ, Araújo JL, Nascimento EGC. Aging and quality of life: the influence of individual experiences. Revista Kairós Gerontologia [Internet]. 2016;19(2):181-99. Available from: https://revistas.pucsp.br/index.php/kairos/article/view/32155/22221

19. Cruz C, Navarro-Pardo E, Pocinho R, Anjos VN, Jacob L. Self-efficacy in adapting to the challenges of aging. Rev. Lusofona de Educ [Internet]. 2017;38:181-94. Available from: http://revistas.ulusofona.pt/index.php/rleducacao/article/view/6268

20. Martins LF, Borges ES. Education for retirement: assessment of the impacts of a program to improve quality of life after work. Interações. 2017;18(3):55-68. https://doi.org/10.20435/inter.v18i3.1496

21. Faria L, Alves WA, Amaral S. Sentimento mútuo: as relações de cuidar e ser cuidado no domicílio. In: Faria LR, Calábria LK, Alves WA, editors. Envelhecimento: Um olhar interdisciplinar. São Paulo: Hitec; 2016.

22. Oliveira DV, Silva MR, Freire GLM, Batista RPR, Nascimento Junior JRA. Health conditions and quality of life of elderly people practicing functional training. R Bras Qual Vida [Internet]. 2019;11(4):e10359. Available from: https://periodicos.utfpr.edu.br/rbqv/article/view/10359/pdf

23. Tavares KO, Scalco JC, Vieira L, Silva JR, Bastos CCCB. Getting old, falling ill and becoming dependent: the view of the elderly. Revista Kairós Gerontologia [Internet]. 2013;15(3):105-18. Available from: https://revistas.pucsp.br/kairos/article/download/8979/10186

24. Pereira KG, Silva PLN, Oliveira MKS, Gamba MA, Alves ECS, Martins AG. Autoavaliação da saúde por idosos atendidos em um centro ambulatorial de referência. J Manag Prim Health Care. 2018;9:e5. https://doi.org/10.14295/jmphc.v9i0.434