

# **PROFILE OF RESEARCH ON ELDERLY PEOPLE IN BRAZIL. CONSIDERING SUCH KNOWLEDGE, HOW SHOULD SOCIAL POLICIES FOR ELDERLY PEOPLE BE DEVELOPED? A REFLECTION BASED ON CAPES DATABASE (1988-2009)<sup>1</sup>**

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## **1. RESUMO**

O Brasil não é jovem, é idoso, e pesquisas são necessárias para responder questões emergentes sobre este envelhecimento em curso. Considerando a pesquisa importante na estruturação de políticas sociais ao idoso, utilizou-se o Banco de Dados de Teses da CAPES no período de 1988 a 2009. O ano de 1988 foi o marco, por ser o ano da promulgação da Constituição Federal do Brasil, que coloca família e Estado como responsáveis pela integridade do idoso. O estudo evidenciou que, para estruturar políticas sociais para o idoso a partir de pesquisas, há um caminho extenso a percorrer. As dissertações e teses defendidas e analisadas encontram-se centradas nas Instituições da Região Sudeste, que tem os melhores indicadores sociais para esta população em renda, moradia, educação, emprego, aposentadoria, intensificando as diferenças no processo de envelhecimento, considerando as demais Regiões. Conclui-se que as pesquisas em envelhecimento nas Regiões precisam avançar, priorizando *gaps* apresentados no conhecimento, para que possam subsidiar a estruturação de programas e políticas sociais compatíveis com o perfil de envelhecimento nas diferentes Regiões.

**Palavras-Chave:** Políticas sociais e envelhecimento. Idosos. Envelhecimento no Brasil.

## **2. ABSTRACT**

Brazilian population is not young, but old, and researches are necessary to answer the emerging issues related to the aging process. Considering the importance of research for structuring the social policies for elderly people, it was used the CAPES thesis database from 1988 to 2009. The year of 1988 was considered a milestone due to the promulgation of the Federal Constitution of Brazil in that year, which establishes that the family and the State are responsible for the integrity of elderly people. The

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study showed that much remains to be done for the structuring of research-based social policies. The dissertations and theses assessed were developed on institutions of Southeastern Brazil, a region that presents the best social indicators for this population considering income, housing, education, employment and retirement, which increases the discrepancies in the aging process among other regions. From this study can be concluded that further research on aging in different regions must be carried out, mainly on knowledge *gaps*, in order to support the structuring of social programs and policies compatible with the aging profile of the different regions.

**Keywords:** Social policy for aging. Elderly. Aging in Brazil.

### **3. INTRODUCTION AND OBJECTIVE OF THE STUDY**

The demographic data related to the increase of the elderly population in Brazil has shown that this country is not and will never be characterized for its young population any longer.

According to Goldstein (1999), such increase was intensified in the 1960s, and raised from 3% to 8% in the 1990s. It is estimated that, in 2050, the Brazilian population aged over 60 years will exceed that one consisted of children and adolescents up to 14 years old (GOLDSTEIN, 1999). This result shows the importance of adopting effective social policies in the country aiming to provide cares and community services for the elderly people, in order to support efficiently this new population profile.

Recent studies conducted by the *London School of Economics* in 12 countries, including Brazil, 12,000 people (1,005 in Brazil) expressed their expectations and plans for the old age. The data are surprising, given that the Brazilians are those with the highest expectations of being supported by their families, since 3 out of 4 Brazilian respondents expect their family to support them in elderly. In countries such as France, the U.S., Britain and Germany, less than 70% believe that their family is responsible for supporting them. Although Brazilians have the most positive expectation for the old age, whereas 72% said that they do not feel old and 67% reported to be healthy (considering the respondents aged 65 years or older), they are the least prepared for this stage of life, and less than 7% have been saving money for the time when they stop working.

Regarding to the government care, Brazilians responded similarly to people from the United States, Germany and India, since less than 10% of the Brazilian respondents believe that the government has the ultimate responsibility for the care of elderly people. In China and Britain, more than 25% expect that the government will support them during the old age (BRASILEIROS, 2010).

Nonetheless, the data from the National Research of Household Sample (PNAD, 2009) published by IBGE (2010), confirm the aging of Brazilian population, mainly in the Southern and Southeastern regions (26.2% and 25.6%, respectively, considering people aged 40 to 59 years). However, the number of dwellers in households is decreasing. In 2009, 12% of the households had only one dweller (the same as in 2008) and 25.1% had three (UM PAÍS, 2010).

If elderly people expect their families to provide care, according to the study previously mentioned, then Brazil will have to deal with this issue, since relationships of dependence are changing. It shows the urgent need for social policies for the elderly, mainly aimed to extend their autonomy and independence.

Scherbov and Sanderson (2010) discuss the importance of improving methods to measure the dependence relationship of elderly people. This may be the best manner to define social policies for this population. In their article *Remeasuring Aging*, the authors discuss the limits that chronological age imposes to the assessment of dependence relationship. To exemplify, the authors report that, in 1950, 65-year old women in Canada, Switzerland and in the United States were expected to live another 15 years and, after 2000, this expectation increased to 20 years. Thus, the authors advocate that this discussion should be adjusted, since independence (disability-free condition) can be described as the years of life available with good health. For elderly people worldwide, this condition is growing. As an example, they mention a decrease from 14.2% (in 1982) to 8.9% (between 2004 and 2005) in the number of dependent elderly people in the age group from 65 to 74 years, in the United States. Therefore, the setting of a chronological age to deal with developments/changes in health care costs can be a limiting factor for such planning, since they are very likely to be higher, considering the increase in life expectancy (WARREN, 2010).

However, many studies on elderly people were conducted around the world, such as reported by the *London School of Economics* (BRASILEIROS, 2010), the data

from the PNAD (2009) (UM PAÍS, 2010) and the research work of Sanderson and Scherbov (2010). Those studies revealed the relevance of developing research in Brazil aiming to respond the emerging issues on aging in the country, to provide responses to support the structuring of social policies for the elderly people.

Since research work is an important aid for structuring social policies for the elderly people, this study aimed to carry out a survey in doctoral theses and master's dissertations defended from 1988 until 2010, involving several areas of knowledge related to the third age.

#### **4. METHODOLOGY**

For this study, it was used the CAPES<sup>4</sup> thesis database. The starting year for collecting data was 1988, because the Brazilian Constitution of was promulgated in that year, establishing that the families and the government are responsible for the integrity of the elderly. This determination favored the creation of the Elderly Statute in 2000, which regulates such responsibility.

Worldwide research works and discussions have focused on the crisis in the care for the elderly and some issues involved, and this present study considered these world data, and pointed out the following themes: increased participation of women in the labor market; increased number of elderly people over 80 years; feminization of old age; and family income and care relationships. These aspects may jeopardize elderly care, in the case of the aging process in Brazil.

The search on CAPES database was carried out using the following keywords: household arrangements; nursing homes; welfare and elderly; elderly caregivers; demography and the elderly; aging in Latin America; aging in Brazil; family and the

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<sup>4</sup> This database was chosen because CAPES is the main public institution responsible for organizing the production of dissertations/theses funded by public resources in different Institutions of higher education and their graduate programs, both for public and private institutions. The "Campanha Nacional de Aperfeiçoamento de Pessoal de Nível Superior (National Campaign for the Improvement of Higher Education Personnel) (now called CAPES) was created on July 11, 1951, by the Decree number 29.741, aiming to "ensure the existence of specialized personnel with sufficient quality and quantity to meet the needs of public and private endeavors aimed to the development of the country". Nowadays, the now called Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Coordination of Improvement of Higher Education Personnel) (CAPES) plays a key role in the dissemination and strengthening of *stricto sensu* graduate programs in the country. (Source: <http://www.capes.gov.br/sobre-a-capes/historia-e-missao>)

elderly; housing and the elderly; institutionalization and the elderly; women and aging; public policy and the elderly; the elderly and social policies; life quality and the elderly; income and the elderly; community services and the elderly; seniors; guardianship of the elderly.

These keywords were listed from a previous search in the mentioned database using the keyword "third age". This first survey provided a list of 605 studies defended from 1988 to 2009, whereas for the year of 2010 there is no record to date of research, dissertations or theses on the issues of interest, considering the development period the mentioned study, from April to September 2010.

The analysis of the 605 abstracts of the dissertations/theses found allowed the identification of the other mentioned issues related to the elderly. Thus, the database was used considering for each issue the 1988-2009 interstice, obtaining the data listed below in Table 1.

Table 1: Keywords found in CAPES database from 1988 to 2009.

<b>Keywords consulted</b>	<b>Number of Dissertations/Thesis (1988-2009)</b>
Household arrangements	03
Nursing Home/Long Term Institutions for Elderly people (ILPIs)	12/28
Welfare and the elderly	01
Autonomy and the elderly	16
Living with relatives	01
Everyday routine and the elderly	26
Caregivers of the elderly	89
Demography and the elderly	15
Aging in Latin America	02
Aging in Brazil	12
Family and the Elderly	54
Housing and the Elderly people	03
Institutionalization and the elderly	14
Women and Aging	16
Public policies and the elderly	06
Social policies and the elderly	02
Quality of life and the elderly	200
Income and the elderly	07
Social risk and the elderly	154
Community Services and the elderly	35
Seniors	605
Guardianship of the elderly	04

After the identification of these dissertations/theses, their abstracts were analyzed again to confirm that the theme discussed was that of interest. After several assessments (a total of 4 evaluations) for relocation of dissertations/theses, considering the issue presented in the abstracts, the data listed below in Table 2 were obtained:

Table 2: Keywords found in the CAPES Database from 1988 to 2009 - Final result.

Item	Keyword	Number of References found per keyword surveyed	Number of references for the keyword surveyed	Number of references for the keywords surveyed, related to the elderly, in real numbers
01	Household arrangements	03	01	01
02	Nursing Home / Long Term Institutions for Elderly people (ILPIs)	41	21	18
03	Welfare and the elderly	988-01	379-27	26
04	Autonomy and the elderly	16	27	27
05	Living with relatives	01	-	-
06	Everyday routine and the elderly	26	14	14
07	Caregivers of the elderly	89	78	77
08	Demography and the elderly	15	02	02
09	Aging in Latin America	02	-	-
10	Aging in Brazil	12	04	04
11	Family and the elderly	54	24	24
12	Housing	03	07	07
13	Institutionalization of the elderly	14	16	14
14	Women and Aging	16	26	26
15	Public policies and the elderly	06	26	25
16	Social policies and the elderly	02	19	15
17	Quality of life and the elderly	200	32	31
18	Income and the elderly	07	11	10
19	Social risk and the elderly	154-01	20-01	01
20	Community Services and the elderly	35	01	-
21	Seniors	605	118	115
22	Tutelage of the elderly	04	07	06
	<b>TOTAL</b>	<b>2294</b>	<b>861</b>	<b>446</b>
	<b>Keywords emerged after different assessments</b>	<b>Number of references found</b>		<b>Number of references on the topic, in real numbers</b>
01	The elderly and physical activity	82		70
02	The elderly and consumption	50		50
03	The elderly and education	83		81
04	The elderly and Labor	13		13
05	The elderly and Health	337		306
	<b>TOTAL</b>	<b>552</b>		<b>520</b>
	<b>Other keywords emerged after different assessments (on topics different from elderly people)</b>	<b>Number of references found</b>		<b>Number of references in real numbers</b>
01	Welfare and adolescents	28		28
02	Social assistance and child and adolescents	39		39
03	Social assistance and family	25		25

04	Welfare and mental health	04		04
05	Social assistance and children	57		57
06	Welfare and labor	22		22
07	Leisure	01		01
08	Public Policy	196		224
09	Politics and public housing	01		01
10	Social policy	28		28
11	Social policy and family	02		02
12	Social networks	01		01
13	Social representations	08		08
	<b>TOTAL</b>	<b>412</b>		<b>440</b>
01	Social risk and children and adolescents	16		16
02	Social risk and adolescents	20		20
03	Social risk and children	18		18
04	Social risk and family	01		01
05	Social risk and environment	01		01
06	Social risk and labor	07		07
	<b>TOTAL</b>	<b>63</b>		<b>63</b>
01	Community Dental Service	02		02
02	Community Mental Health Service	16		16
	<b>TOTAL</b>	<b>18</b>		<b>18</b>
01	Not applicable	232		233
	<b>TOTAL</b>	<b>232</b>		<b>233</b>

Considering the Table 2, the results and discussions of the study are now presented.

## **5. RESULTS AND DISCUSSION**

Out of 2294 dissertations/theses defended from 1988 to 2009 found, 966 were directly referred to the elderly, as shown in Table 2. Considering the relevance to the 22 variables listed in the mentioned table (446 dissertations/theses), such as other variables that addressed studies on the elderly, regarding to physical activity, consumption, education, work and health (520 dissertations/theses).

Considering the total of 966 dissertations/theses, it was possible to identify a concentrated distribution on themes of general approach, such as the elderly (11.94% of publications) and health (31.78%) (See Table 3).

Table 3: Distribution of the dissertations/theses found in the CAPES database for the period between 1988 and 2009, considering the keywords consulted.

Item	Keyword	Number of thesis N=966	% N=966
01	Household arrangements	01	0.10
02	Nursing Home / Long Term Institutions for Elderly people (ILPIs)	18	1.87
03	Welfare and the elderly	26	2.70
04	Autonomy and the elderly	27	2.80
05	Living with relatives	-	-
06	Everyday routine and the elderly	14	1.45
07	Caregivers of the elderly	77	8.00
08	Demography and the elderly	02	0.21
09	Aging in Latin America	-	-
10	Aging in Brazil	04	0.42
11	Family and the elderly	24	2.49
12	Housing and the elderly	07	0.73
13	The elderly and physical activity	70	7.27
14	The elderly and consumption	50	5.19
15	The elderly and education	81	8.41
16	Aging and Labor	13	1.35
17	The elderly and health	306	31.78
18	Institutionalization of the elderly	14	1.45
19	Women and Aging	26	2.70
20	Public Policy and the elderly	25	2.60
21	Social policies and the elderly	15	1.56
22	Quality of life and the elderly	31	3.22
23	Income and the elderly	10	1.04
24	Social risk and elderly people	01	0.10
25	Community Services	-	-
26	Seniors	115	11.94
27	Guardianship of the elderly	06	0.62
	<b>TOTAL</b>	<b>966</b>	<b>100.00</b>

Source: Research data.

This observation shows that superficial studies have been conducted on essential aspects in order to reduce the social risk for the elderly, caused by structures such as family and society unprepared to deal with this new demographic profile (See items 7 and 9 of the Table 3).

Discussions on several issues involving the elderly are important, such as dissertations/theses on seniors, but other issues should be addressed to support the

discussions on social risk for structuring social policies for the elderly. In this context, the variable health deserved the most attention during the period observed.

Several authors claim that knowledge is still scarce on the needs related to elderly people health, especially considering the epidemiological profile. These studies conclude that comprehensive health care should be improved, and that better health research protocols should be created for the reception, treatment and monitoring of the elderly, whose conditions of autonomy and independence are compromised (ANDERSON, 1988; CARBONI, 2007; SILVA, SD). An example evidenced by the studies carried out by Jorge et al. (2008), is the reduction of 35% in the number of deaths from ill-defined causes, for the age group from 60 to 69 years, between 1996 and 2005. However, for people aged 80 years or above, it increased from 9.9% to 14.8% in 2005. It provides awareness on the necessity of discussions about the health problems focused on this population, as well as the causes of death, so that health care programs to this group can be better elaborated (JORGE, et al. 2008).

Although health care receives most of the research investments, there is still much to be done. Vall et al. (2009) conducted a study on scientific literature on the elderly, emphasizing the interaction between patients and nurses and they observed that, out of the 952 articles on nursing published from 2004 to 2008, only 32 (3.4%) focused on the elderly, none of which addressed the nurse-elderly interaction (VALL et al., 2009). It evidences the existence of gaps in state-of-the-art research on the issue health/elderly, which must be reduced to meet the global agenda on aging with autonomy/independence, since it is known that health can contribute to it, while the lack of health can be the first step to increase the degree of dependency of the elderly. At this point, it is believed that there are still much to be done in order to accomplish the provisions of the 1988 Constitution. It establishes that the government is responsible for the integrity of the elderly, in accordance with the "Letter of Vienna", a document prepared in 1992 by the United Nations (UN), mentioning that senior care policies should be developed and published in economic, social, health and legal areas, so that they could enjoy in their own family and community a full, healthy, safe and satisfying life (FLORES, SD).

The analysis of the periodicity of these studies, considering the creation of the Federal Constitution in 1988, reveals that the scientific community was not sensitive to

the need of publishing about this inherent responsibility of the government and families towards the integrity of the elderly. It was observed that out of the 446 dissertations/theses on social risk/elderly published in the analyzed period, 14.21% were developed by the year 1999, and the others (85.78%), after the year 2000 (See Table 4).

Table 4: CAPES data for 1988-2009 on the issue Social Risk and the Elderly, considering the frequency per year of publication.

<b>YEAR</b>	<b>QUANTITY</b>	<b>% (N= 446)</b>
1988	-	-
1989	-	-
1990	2	0.45
1991	4	0.90
1992	1	0.23
1993	-	-
1994	3	0.68
1995	4	0.90
1996	7	1.58
1997	13	2.93
1998	9	2.03
1999	20	4.51
	<b>TOTAL</b>	<b>14.21</b>
2000	25	5.64
2001	24	5.42
2002	31	7.00
2003	30	6.77
2004	35	7.90
2005	55	12.42
2006	34	7.67
2007	49	11.06
2008	45	10.16
2009	52	11.74
	<b>TOTAL</b>	<b>85.78</b>

Source: Search data.

The Statute of the Elderly, formalized in 2000, is believed to have favored a change in the profile of research on the elderly in Brazil. It can be observed when the other publications relevant to the study of the elderly were analyzed, i.e., the 520 dissertations/theses, since, out of these, 12.88% were published until 1999 and 86.56%, since 2000 (see Table 5). The same was observed for studies related to the production of

knowledge on the issue after the year 2000, since 85.78% of the research works were performed from that date.

Table 5: 1988-2009 CAPES data considering other keywords related to the elderly and frequency per year of publication

<b>YEAR</b>	<b>QUANTITY</b>	<b>% (N= 520)</b>
1988	01	0.19
1989	01	0.19
1990	-	-
1991	01	0.19
1992	-	-
1993	01	0.19
1994	05	0.96
1995	03	0.58
1996	12	2.31
1997	10	1.92
1998	12	2.31
1999	21	4.04
	<b>TOTAL</b>	<b>12.88</b>
2000	24	4.62
2001	23	4.42
2002	29	5.58
2003	33	6.35
2004	39	7.50
2005	55	10.58
2006	72	13.85
2007	54	10.39
2008	55	10.58
2009	66	12.69
	<b>TOTAL</b>	<b>86.56</b>

Source: Search data

The social risk consists on the way that the society is trying to reduce the exposure of the elderly to abandonment, reducing autonomy and independence, as well as ensuring quality of life and social well-being for the elderly. Through the analysis of studies, it was observed that less than a half of the research studies shown in Table 3 (996 dissertations/theses) (46%, see Table 6) made efforts to seek subsidies to reduce the social risk.

Table 6: Distribution of Dissertations/Theses from CAPES database from 1988 to 2009, which dealt with Social Risk for the Elderly.

Item	Keyword	Number of theses N=966	% N=966
01	Household arrangements	01	0.10
02	Nursing Homes and ILPIS	18	1.87
03	Welfare and social assistance to the elderly	26	2.70
04	Autonomy and the elderly	27	2.80
05	Living with relatives	-	-
06	Everyday routine and the elderly	14	1.45
07	Caregivers for the elderly	77	8.00
08	Demography and the elderly	02	0.21
09	Aging in Latin America	-	-
10	Aging in Brazil	04	0.42
11	Family and the elderly	24	2.49
12	Housing	07	0.73
13	Institutionalization of the elderly	14	1.45
14	Women and Aging	26	2.70
15	Public Policies and the elderly	25	2.60
16	Social Policies and the elderly	15	1.56
17	Quality of life and the elderly	31	3.22
18	Income and the elderly	10	1.04
19	Social risk and the elderly	01	0.10
20	Community Services	-	-
21	Seniors	115	11.94
22	Guardianship of the elderly	06	0.62
	<b>TOTAL</b>	<b>446</b>	<b>46.00</b>

Source: Search data.

Among the studied themes concerned to social risk for the elderly, once more was observed an emphasis in research on general topics related to seniors (11.94%, see Table 6) and caregivers of the elderly, which received special attention in this discussion (8.00%, see Table 6).

Considering the data presented on Tables 3 and 6, the lack of investment in the discussion on family life and community service is disturbing, since more information on both aspects could contribute to structure a more accurate expectations profile of the elderly regarding these issues, for the proposition of more efficient social policies to attend this population in Brazil.

Some studies have emphatically demonstrated this deficiency evidenced on CAPES data, including Goldstein (1999) <sup>(1)</sup>; Prota (1999); Prado et al. (2004); Silva (2005); Mendes et al. (2005); Witter (2006); Ferreira et al. (2008); Nogueira et al. (2009); País (s.d.).

According to Mendes et al. (2005), although all issues above mentioned related to demography, epidemiological and psychosocial aspects of aging, retirement and affectionate relationships and family have already been widely discussed, they still deserve attention and prominence in the discussions aimed to improve knowledge on the aging process and daily routine of the elderly.

Regarding retirement, for example, many scholars have emphasized that aging is not the cause of the crisis in the government pension system. Milko Matijascic (researcher at the Center for Public Policy Studies - NEPP Unicamp) used the data from PNAD and observed that 32 million Brazilians do not contribute to the government pension system. According to the researcher, a person contributes, on average, between 8.1 and 8.2 months a year, which means that those who contribute to the government pension system do not make it at a regular basis. Milko Matijascic declares:

That has always been structural in Brazil and has always represented a huge challenge. The Government has properly required work formalization and compulsory contribution, as a form of compulsory taxation. And this must be done because this is a social necessity. Insofar as issues such as aging are emphasized, government omission in relation to these requirements ceases. (AGING, [S.d], p.2).

Regarding the daily routine of the elderly, Witter (2006) exposes the lack of experimental studies and evaluation of available programs to offer training for the tasks related to aging, such as informal education.

When discussions deal with social support networks, there is a great lack of knowledge about how they present themselves and what role they actually play in the aging support, since the role of social networks is to provide emotional support, which is important for maintaining the life quality during this period of life. Nogueira et al. (2009), in a study involving 42 patients aged over 60 years, reported that they built a social network with 19 people on average for this emotional support. The study identified that this network had a familiar nature, with intimacy and friendship, and predominance of middle-aged women (usually daughters), due to the need for relationships based on reliability. The study also showed that the increase of age

restricts this relationship network, but the emotional ties remain (NOGUEIRA et al., 2009).

Therefore, it is noticed that the knowledge of the importance of social networks, the way they are built and their functioning in the daily routine of individuals, can help to provide data for the creation of community projects, such as the structuring of community support services to the elderly and to their social network. Thus, to ensure that aging will occur with independence and good life quality.

The data provided by Ferreira et al. (2008) demonstrate that knowing the networks is essential for reducing social risk to the elderly. These authors, who dealt with research on aging in Brazil and Mexico, stated that Brazil has a ratio of one caregiver per elderly person, while Mexico has three caregivers for each senior. This conclusion was based on the Brazilian census from the year of 2000, which recorded 7.5 million people aged over 60 years who had some degree of disability and just over 8 million people between 18 and 79 years without such characteristic. In Mexico, on year 2000, according to data from IPUMS (2008), there were about 970,000 people aged over 60 years with record of some disability and approximately 2.7 million people between 18 and 79 years without disability for activities of daily routine. In other words, in Brazil, for each elderly person that requires special care, one individual is able to provide it, while in Mexico, for each elderly person needing care, there are three individuals with the capacity to provide it. The authors concluded that it is urgent to develop more studies seeking to delay disability installation, considering the challenge of promoting a more active aging process, since there are sufficient social networks to implement such care (FERREIRA; WONG, 2008).

Considering the recent data from the 2010 Brazilian census, which show that families have decreased in number of members per household, compared to the 2004 data<sup>(3)</sup>, a question still remains: how will the relationship of elderly dependence be, if aging brings with it dependence on care? How are research works addressing this fact? CAPES data reveal that they are few (8% of the studies conducted, see Table 6), and that they only discuss the relation between caregivers and elderly people, but do not address the social crisis related to the care of the elderly within social support networks.

In spite of the relevance of the social crisis related to care, considering the demographic data on aging in the country, it is clear that, since the 1970s, initiatives to

address the issue have been transversely performed. Silva (2005) claims that studies have focused on the Open Universities of the Third Age (UNATIs); Acquaintanceship Groups they attend; Health Programs; National, State and Local Councils for the Elderly; Police Departments for the Elderly; Associations, campaigns, etc. However, the examples given do not reflect the scenario of the whole country. The author states that there is not enough research to reveal the "face of the aging process in Brazil," and to provide harmony between the programs, projects and policies of social intervention targeting to benefit the elderly (SILVA, 2005).

Considering the aspect highlighted by the author, the CAPES data arises some concern, since they do not include studies on "Aging in Latin America," which could bring some information about Brazil. For "Aging in Brazil", 0.42%, and "Demography and the Elderly", 0.21%, see Table 6. Therefore, how is it possible to describe the aging process in Brazil, if researches to obtain more accurate profile of it has not been carried out? It is believed that this will prevent seniors from having access to social policies better suited to their real needs and, mainly from improving their living conditions, with regard to independence and consequent reduced social risk.

In this respect, universities play a key role, as stated by Prota (1999), as they are responsible for building knowledge about older people. Moreover, their primary function is the creation, maintenance and dissemination of knowledge to help society to maintain or to seek for improvement (PROTA, 1999).

Universities should carry out a greater number of studies, since there are many variables that require deep investigation, which are important to determine the profile of social risk to which the elderly may be submitted. This study, for example, listed 27 variables<sup>5</sup>, but there may be others with potential to be used to improve understanding about social risk and the elderly. Without studies, there will be absence of data, which are fundamental for programs and projects of social policies for the elderly, including the policy for social assistance in Brazil.

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<sup>5</sup> The following variables on Social Risk were organized by this study: family arrangements, nursing homes and ILPIs, welfare and the elderly, autonomy and the elderly, living with relatives, everyday routine and the elderly, caregivers for the elderly, demography and the elderly, aging in Latin America, aging in Brazil, family and the elderly, housing and the elderly, the elderly and physical activity, the elderly and consumption, the elderly and education, the elderly and work, the elderly and health, institutionalization of the elderly, women and aging, public policy and the elderly, social policy and the elderly, quality of life and the elderly, income and the elderly, social risk and the elderly, community services and the elderly, seniors, guardianship of the elderly.

If the data are not accurate, then inaccurate actions will be designed to support the daily actions of this group in need of assistance in Brazil.

Considering the Brazilian scenario, it is important to report that the first census on social assistance entities in the country was performed in 2006. It showed that there were 16.089 organizations and 51.8% of them were located in the Southeast. This study demonstrated that these institutions operate mainly with volunteer work and focus on young people, aged between 15 and 24 years (51.7%). They were mainly funded by the private sector, while 32.6% depend on public funding. Regarding the elderly, only the State of Rio de Janeiro excelled in serving this group, since 47% of the existing entities assist the public aged 60 years or over. Together, São Paulo, Minas Gerais and Paraná hosted more than half of all institutions in the country (55.6%) (PAÍS, 2010).

These data show that, although social welfare in the country was adopted in the early 1970s, little investment was made to investigate its results, since the first census was performed in 2006. Besides, research works have not used different approaches, since this issue was addressed by 2.70% of the works produced from 1988 to 2009 (see Table 6). This is a complex issue, because different studies on income of the elderly reveal that they and their families depend on government assistance for their physical well-being and family survival, considering those who support their families financially. IPEA data from 2009, presented in 2010, reported that in 2009, approximately 13.8 million people aged over 60 were heads of households. In about six million families which the head or spouse was an elderly person, there were adults and children, and in 23 million families, there were grandchildren. In these families, the elderly accounted for more than half the household income (IPEA, 2010).

However, experience with social assistance is believed to open great opportunities for research and search for answers to many questions about aging in Brazil. Prado; Sayd (2004) are positive about it when they mention that studies carried out by public health specialists, nurses, social workers, nutritionists, educators and other professionals started to deal with aging from experiences of assistance and/or extension. These authors emphasize that, although 70% of the universe studied by these professionals are targeted to the areas of health and biology, with important contribution of humanities, the relevance of social assistance to the elderly should be highlighted as an issue requiring evaluation and research, mainly when the data are intended to be used

as subsidies for efficient social policies for this population group (PRADO; SAYD, 2004).

## 6. CONCLUSIVE SUMMARY OF THE DATA

There has been a sharp increase in the production of theses/dissertations on social risk for the elderly since 1999 (see Table 7). This fact coincides with the creation of the "Statute of the Elderly", which was well accepted by society, mainly because it considers that the issue had not been properly discussed by either civil society or universities.

Scholars consider that the opportunity given by the National Research Council for accreditation of new research groups, in 1999, favored the formalization of existing research on older people in universities, which joined research groups already structured and started to receive better orientation for developing their work. They were also required by funding agencies to work with periodicity and regularity.

Table 7: Summary of CAPES 1988-2009 data on Social Risk/Elderly.

Item	Keyword	Number of thesis N=446	% N=446
01	Family arrangements	01	0.10
02	Nursing homes and ILPIS	18	1.87
03	Welfare and social assistance to the elderly	26	2.70
04	Autonomy and the elderly	27	2.80
05	Living with relatives	-	-
06	Everyday routine and the elderly	14	1.45
07	Caregivers for the elderly	77	8.00
08	Demography and the elderly	02	0.21
09	Aging in Latin America	-	-
10	Aging in Brazil	04	0.42
11	Family and the elderly	24	2.49
12	Housing	07	0.73
13	Institutionalization of the elderly	14	1.45
14	Women and Aging	26	2.70
15	Public Policy and the elderly	25	2.60
16	Social policies and the elderly	15	1.56
17	Quality of life and the elderly	31	3.22
18	Income and the elderly	10	1.04
19	Social risk and the elderly	01	0.10
20	Community Services	-	-
21	Seniors	115	11.94
22	Guardianship of the elderly	06	0.62

	<b>TOTAL</b>	<b>446</b>	<b>46.00</b>
<b>YEAR</b>	<b>Quantity</b>	<b>% (N= 446)</b>	
1988	-	-	-
1989	-	-	-
1990	2	0.45	
1991	4	0.90	
1992	1	0.23	
1993	-	-	
1994	3	0.68	
1995	4	0.90	
1996	7	1.58	
1997	13	2.93	
1998	9	2.03	
1999	20	4.51	
	<b>TOTAL</b>	<b>14.21</b>	
2000	25	5.64	
2001	24	5.42	
2002	31	7.00	
2003	30	6.77	
2004	35	7.90	
2005	55	12.42	
2006	34	7.67	
2007	49	11.06	
2008	45	10.16	
2009	52	11.74	
	<b>TOTAL</b>	<b>85.78</b>	

Source: Search Data.

Research on the elderly is believed to have extended the fields of knowledge, even though many studies focused on Social Sciences, for example, discussed issues related to health.

It is noticed that investments in research on social risk and the elderly are directly related to the regions of the country with the largest number of graduate programs, namely, the Southeast and South (See Figure 1, in these regions, the different states together hold between 113 and 702 Graduate Programs). These regions also have the highest number of elderly people, as reported by the IBGE (2009), in relation to the increase of this population in 2008, as shown in Figure 2 (UM PAÍS, 2010).

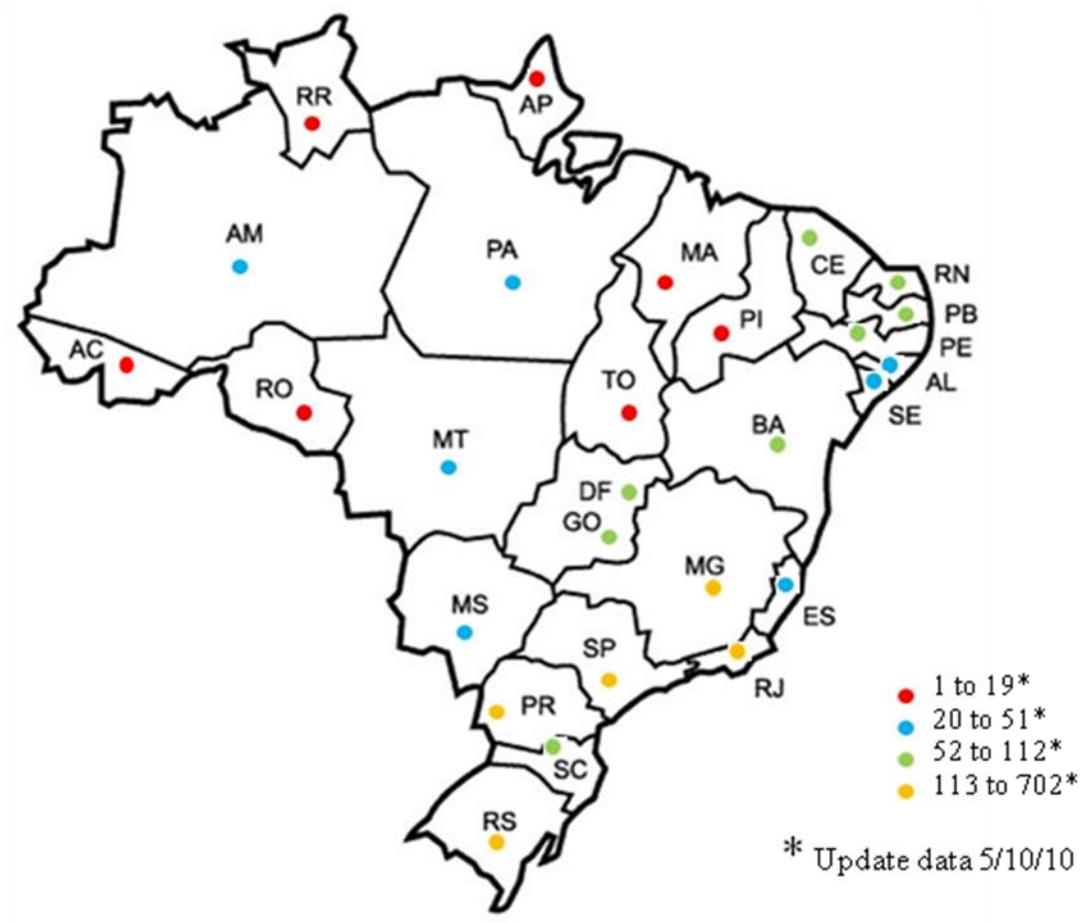


Figure 1: Distribution of Graduate Programs per federative unit.

Source: GeoCapes, 2010.

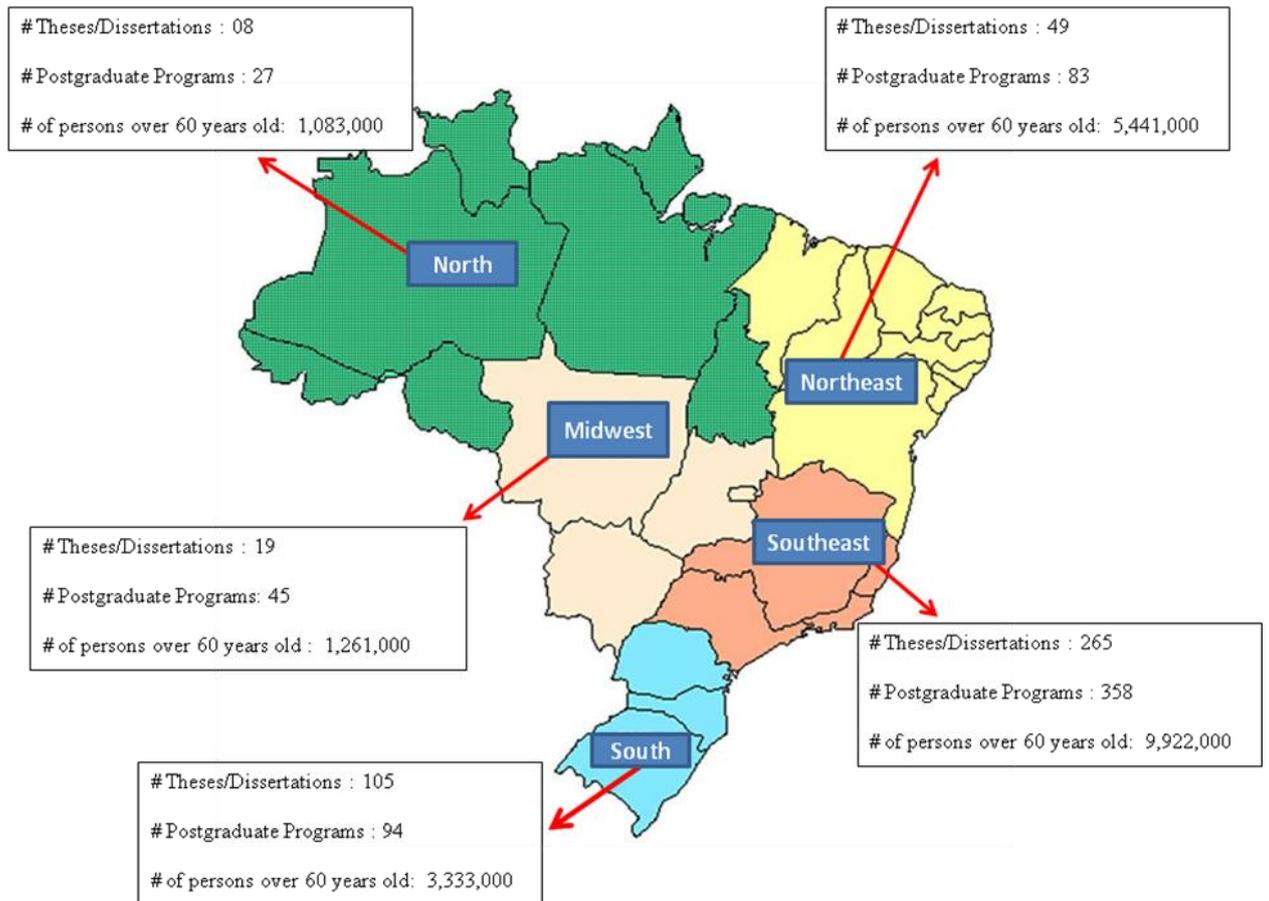


Figure 2: Distribution of the number of dissertations/theses on SOCIAL RISK AND THE ELDERLY (N = 446), Graduate Programs and People above 60 years, per region.

Source: GeoCapes (2010); CAPES Database (2010), OLIVEIRA (2009).

The data from this study indicate that research on the elderly have grown in number over the last ten years (1999-2009). In 1999, 21 dissertations/thesis were defended, while in 2009, this number increased to 66 (See Table 5). Therefore, evaluations showed no uniformity in this growth, since the health issue was prominent for 31.78% of the studies developed (See Table 3).

However, discussions about social risk and the elderly should be broader, since the variable health is just one of the different aspects of the framework of social risk the elderly are subjected to. Different studies on the aging/public policy planning, regard these issues considering different assumptions. Those issues include, mainly, a progressive increase in the number of women in the labor market and the increasing

number of elderly people over 80 who end up changing the relation of dependency by the need for care, since no effective actions are carried out to extend autonomy and independence in this group. The feminization of old age, which affects the care support network; the demand for institutionalization conditional on the absence of financial structure of families, and the lack of community services that favor the maintenance of autonomy and independence within the home; and finally, institutionalization as the only way to maintain the physical and psychological integrity of the elderly. Besides those mentioned, two other research lines regard the physical and administrative conditions of nursing homes and the lack of qualification of families for elderly caring, which increases the social risk to which they may be exposed. This aspect has been emphasized in the discussions on care network global crisis.

The data obtained from CAPES and the discussions on social risk, besides the different assumptions mentioned above related to social risk demonstrate the need for further research. It is possible to demonstrate that, for the mentioned aspects, the research works developed and cataloged by the CAPES and presented in Table 3 were distributed as follows: elderly and labor (2.60%); demographics and elderly (0.21%); women and aging (2.70%); institutionalization of the elderly (1.45%); income and the elderly (1.04%); community services and elderly (0%); nursing homes and ILPIs (1.87%); elderly caregivers (8%). In other words, all the variables considered important to discuss the relations of care for the elderly and their exposure to social risk have been addressed in less than 10% of the research works carried out in universities over the last 22 years.

Therefore, how can we say that we are prepared to propose social policies for the elderly? The answer is disheartening. We are neither prepared nor being prepared for that. Perhaps this fact helps us to understand why national policies for the elderly cannot achieve significant changes in the scenario of poverty and illiteracy, for example, which is increasingly growing in the country, for the aforementioned population. Likewise, the data can explain why the health issue, both in terms of prevention and healing, improved for this group of individuals, thereby allowing greater longevity with quality of life, considering that 31.78% of the research works were developed on the elderly and health.

This leads us to infer that research can support more targeted and thus more effective actions to ensure the achievement of the goals proposed. Therefore, it is possible to say that the diagnosis provided by research on the elderly allows the identification of the main gaps to be minimized. Considering that, these data come from research that can more effectively support the creation of social policies for the elderly, in order to reduce the social risk to which they may be subjected in the absence of knowledge, for the development of actions on the mechanisms that generate risks to this population. This study highlighted the following questions: How have arrangements of families with elderly relatives been organized? What about the physical and administrative conditions of nursing homes and ILPIs? How has welfare of the elderly been carried out in the country? How has the process of independence of the elderly been developed? How is it like living with relatives and how does it happen? How has the profile of the routine of the elderly been organized? How have the relationships of care from "caregivers of the elderly" been structured? Demographic profile of the elderly; aging in Latin America and Brazil; family and the elderly; current conditions of the house of the elderly and preparations in the house for the future; the elderly and physical activity, consumption, education, work and health. Which are the aspects that may contribute to their autonomy and independence? How and why the elderly have been institutionalized in Brazil? Women and aging; public and social policies for the elderly. How are they planned, evaluated and modified? Profile of life quality and income of the elderly; social risks to which the elderly are more susceptible in Brazil; community services organized and provided by the community to support families and the elderly; profile of the elderly in Brazil; guardianship of the elderly.

Although the topics are complex, research addressing them is necessary if effective social policies for the elderly in Brazil are to be pursued to ensure the achievement of the world target, namely, aging with independence.

## **7. CONCLUSIONS**

Goldstein (1999), using the IBICT database, mentions the increased number of dissertations/theses related to old age in 1990. However, the data from CAPES showed that this production started to expand only in 1999, when 20 dissertations/thesis were defended (4.51%, see Table 4). In subsequent years, it was observed a continued

expansion and, in 2009, an amount of 52 dissertations/thesis were defended. 90.29% of the research works on elderly people were developed from 1999 to 2009.

As already mentioned, such motivation is probably a result from the growth of Research Groups on aging in the country, since this issue is incorporated in 28 subfields of knowledge<sup>6</sup>, according to the research conducted by Shirley Donizete Prado, from the Centre for Reference and Documentation on Aging at UnATI-UERJ<sup>7</sup>.

However, such increase could not answer all the questions posed in the analysis of social risk to the elderly, considering the 27 variables mentioned in this study. We can only infer that the development of more studies are necessary to meet such demands for the elaboration of social policies for the elderly, since the epidemiological profile for the elderly in Brazil existing nowadays resulted from the different research works carried out mainly from 1988 to 2009 (31.78%), as demonstrated by the IBGE<sup>8</sup> health indicators:

Apart from modifications in population, Brazil has experienced an epidemiological transition, with significant changes in morbidity and mortality. Contagious infection diseases, which accounted for 40% of deaths registered in the country in 1950, now account for less than 10%. The opposite was observed in relation to cardiovascular diseases: in 1950, they were the cause of 12% of deaths; currently, they represent more than 40%. In less than 40 years, Brazil changed from a mortality profile typical of a young population to a condition characterized by complex and costly diseases, typical of older ages. (OLIVEIRA, 2009, p.84).

Therefore, further research should be pursued to better understand the aging process in Brazil. With such understanding, more appropriate decisions should be made so that this phase of life can be lived with more quality, autonomy and independence.

Goldstein (1999) stated that the expansion of the research groups, the creation of the Graduate Program in Gerontology, as well as the emergence of UNATIs throughout Brazil, have contributed to the increasing number of studies on elderly. However, there is much to be done in order to allow these studies to support social policies for the elderly, aimed at reducing social risk to the elderly and improving aging with autonomy.

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<sup>6</sup> Subareas identified by the UNATI study: anthropology, general biology, biochemistry, demography, law, economics, education, physical education, nursing, civil engineering, pharmacy, physics, physiology, physiotherapy and occupational therapy, genetics, history, immunology, linguistics, medicine, morphology, nutrition, dentistry, urban and regional planning, psychology, public health, social work, sociology.

<sup>7</sup> Fonte: <http://www.unati.uerj.br/crde/pesquisadores/apresenta.htm>

<sup>8</sup> Fonte: [http://www.ibge.gov.br/home/estatistica/populacao/indic\\_sociosaude/2009/indic\\_saude.pdf](http://www.ibge.gov.br/home/estatistica/populacao/indic_sociosaude/2009/indic_saude.pdf)

Thus, the structuring of social policies for the elderly from the survey data has a long way to go, especially because the dissertations/thesis from 1988 to 2009 assessed, are concentrated in institutions of Southeastern Brazil (see Figure 3), which presents the best social indicators for this population regarding income, housing, education, employment and retirement. It intensifies the differences in aging with quality, compared with other regions. This fact reinforces the imbalances in the access to existing policies and those that need to be implemented, considering the characteristics of each region. However, how is it possible to achieve this need, if there is a lack of knowledge for structuring these proposals?

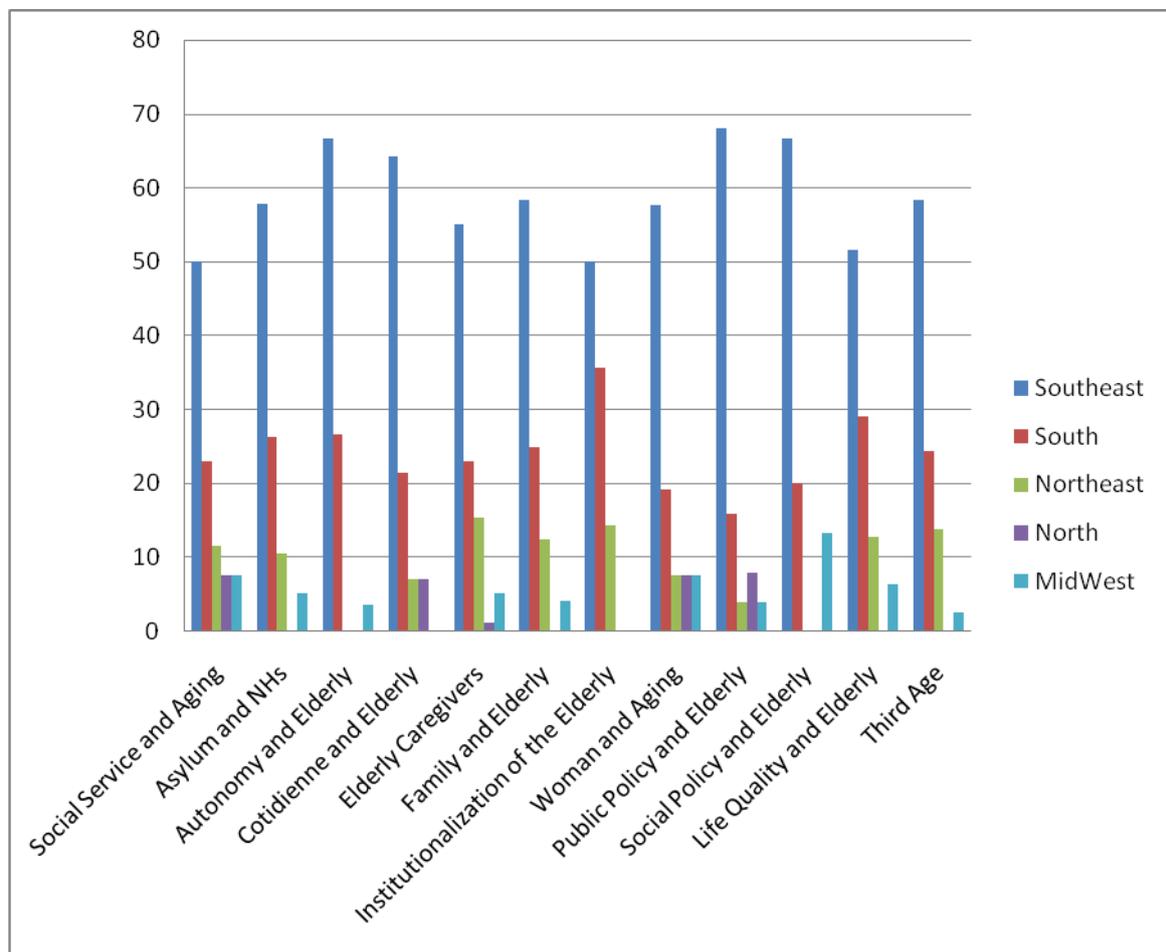


Figure 3: 1988-2009 CAPES data for frequency of the most searched keywords\* per Region-(N=446)

Observation: (\*) only those keywords with more than 10 dissertations/thesis defended during 1988-2009 were considered.

In other words, the concentration of these institutions in Southeast (see Figures 1 and 2) reinforces the inequality of investment in training and preparation on research aimed to provide more accurate information about these individuals in other regions of the country. Maфра and Wong (2010), considering the analysis of social indicators for the base-year 2008, released by the IBGE in 2009, argue that social policies for the elderly would be more effective if they observed regional differences in the country. The respect for these differences would allow public policies to be more focused on the public that needs them, considering that this population has different characteristics in each region. For these authors, if these differences are neglected, the projects/programs implemented to achieve their daily demands in the short, medium and long term may be inefficient.

Therefore, it is concluded that the Graduate Programs existing in each Region need to advance research on the elderly, mainly focusing on the lack of knowledge, as shown in Table 7 and Figure 3, considering the variables that have not been studied yet. This will possibly enable these variables to contribute to the creation of social programs and policies that achieve the needs highlighted by this study.

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