

Elderly women: revealing their experiences and care needs

MULHERES IDOSAS: DESVELANDO SUAS VIVÊNCIAS E NECESSIDADES DE CUIDADO

MUJERES ANCIANAS: REVELANDO SUS EXPERIENCIAS Y NECESIDADES DE CUIDADO

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ABSTRACT

This qualitative study used a social phenomenology approach to elucidate the experiences, care needs and expectations of the elderly women. Nine elderly women were interviewed between February and May 2011 using a semi-structured questionnaire. The elderly women referred to their physical, mental, and social limitations. They valued the preservation of their autonomy in daily activities and in self-care and considered their families to be a fundamental support. They had expectations of remaining healthy, pursuing leisure activities, and having improved access to healthcare information and treatment. The absence of prospects at this stage of life was related to the loss of significant people and the loss of health. The results of this study reveal important aspects of the experiences of elderly women and encourage further research and improvement in teaching, clinical practice and management policies in relation to the needs of these women.

DESCRIPTORS

Aged
Women
Aging
Geriatric nursing
Women's health
Qualitative research

RESUMO

Estudo qualitativo com abordagem da fenomenologia social que objetivou a compreensão da vivência da mulher idosa, suas necessidades de cuidado e expectativas nesse período da vida. Participaram nove mulheres, cujos depoimentos foram obtidos de fevereiro a maio de 2011, por meio de entrevista semiestruturada. A mulher idosa refere limitações de ordem física, mental e social, e valoriza a preservação de sua autonomia nas atividades diárias e no cuidado consigo mesma. Refere a família como suporte fundamental e tem expectativas e necessidades de se manter saudável, da busca pelo lazer e de ter melhor acesso aos serviços de saúde para receber informações e atendimento qualificado. Nessa fase, a ausência de perspectivas relaciona-se à perda de pessoas significativas e da saúde. Este estudo revelou facetas da vivência da mulher idosa, suscitando novas investigações e a adequação do ensino, prática e gestão às reais necessidades dessa mulher.

DESCRIPTORIOS

Idoso
Mulheres
Envelhecimento
Enfermagem geriátrica
Saúde da mulher
Pesquisa qualitativa

RESUMEN

Estudio cualitativo con abordaje de fenomenología social, objetivando comprender la experiencia de la mujer anciana, sus necesidades de cuidado y expectativas en dicho período. Participaron nueve mujeres, cuyos testimonios fueron obtenidos de febrero a mayo de 2011 mediante entrevista semiestruturada. La mujer anciana refiere limitaciones de orden físico, mental y social, y valoriza la preservación de su autonomía en las actividades diarias en el cuidado de sí misma. Determina a la familia como soporte fundamental, tiene expectativas y necesidades de mantenerse saludable, adhiere a actividades recreativas y busca mejor acceso a servicios de salud, para recibir información y atención calificada. En esta fase, la ausencia de perspectivas se relaciona a la pérdida de personas cercanas y de la salud. El estudio reveló facetas de la experiencia de la mujer anciana, sugiriendo nuevas investigaciones y la adecuación de la enseñanza, práctica y gestión a las reales necesidades de estas mujeres.

DESCRIPTORES

Anciano
Mujeres
Envejecimiento
Enfermería geriátrica
Salud de la mujer
Investigación Cualitativa

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INTRODUCTION

The developing countries, including Brazil, have been undergoing a process of demographic transition that is reflected in the aging of the population⁽¹⁾. According to the World Health Organization, it is estimated that by 2025 Brazil will be the country ranked sixth in the world in the number of elderly, with 30 million individuals. Between 1980 and 2000, the population that was 60 years of age or older in Brazil grew substantially, from 7.3 million to 14.5 million, with a parallel increase in the mean life expectancy⁽²⁾. This trend highlights the urgency of changes in healthcare services regarding the care of the elderly population. According to human longevity researchers, (i) the increase in life expectancy is associated with a concentration of the longevity mean, resulting in an increasingly rectangular survival curve; (ii) this increase should be accompanied by increased health expectations, which are not observed in practice⁽³⁻⁴⁾.

Brazil has clearly changed its mortality scenario from a young population to a panorama of complex and onerous diseases. This outcome is typical of high longevity countries and is characterized by multiple chronic diseases that require constant care, medication and periodic examinations. This phenomenon is reflected in an increased demand for healthcare services by the elderly, requiring the recognition of the needs of people in this period of the life cycle by those who care for this population⁽⁵⁾.

The elderly population has very particular needs. Concerns regarding this group date back to ancient accounts of world history⁽⁶⁾. Increases in life expectancy and the number of the elderly emphasize the relevance of this concern today and the need for discussions of the elderly population⁽⁵⁾. The most recent census of the Brazilian Institute of Geography and Statistics, conducted in 2010, indicated that the life expectancy of women (77.01 years as of 2009) exceeded that of men⁽⁷⁾. This finding reinforces the need for studies to better understand the implications of increased female longevity.

Empirical observations have shown that elderly women have unique needs that cannot be quantified because these women inhabit a subjective and intersubjective universe that must be understood to better elucidate how experiences during this phase of life are processed and what care needs are involved in this phase of life. These observations have led to the following questions: What is it like for women to experience the aging process? What are their expectations in this period of life? What care needs do they present during this period?

It is essential to highlight the meaning of life in old age and the associated care needs because such knowl-

edge supports the planning of public policies aimed at this segment of the population and care for this segment with an incentive of promoting health⁽⁵⁾. The aim of the present study is to elucidate the experiences of elderly women and their needs and expectations during this period of life. Such studies are useful because the increase in female life expectancy is presumed to be proportional to the increased need for care of elderly women. It is important to understand how these women experience the aging process and to systematically identify their biopsychosocial requirements. These requirements should be taken into account in the planning of actions and healthcare programs directed toward this population.

METHODS

This is a descriptive study using a qualitative approach that aims to elucidate human phenomena based on actual every day experience. The model adopted was social phenomenology based on the concept of Alfred Schütz, whereby man is studied as a subject who acts and interacts within the social world, with consideration of the relationships established by him in the world and with the world through a particular experience⁽⁸⁾. The concepts of Schütz that were used as guides for our comprehensive analysis were baggage of knowledge, intersubjectivity, motivation and typification⁽⁸⁾. According to these concepts, a person interprets the world based on the collection of previous experiences and knowledge transmitted by their peers (the baggage of available knowledge), which provides this bases for the significance that the subject attributes to a given experience⁽⁸⁾.

Intersubjectivity is regarded as a precondition of the social life, with experience being the source of human meanings. A meaning denotes a particular attitude on the part of the subject to the flow of his or her own conscience. The meaning is thus constituted for the person through experience and becomes visible to the reflective view. As the meanings the person are experienced individually become contextualized in the intersubjective relationship, they are configured as a social sense⁽⁸⁾. In regard to motivation, the subject is considered to act within the social world through existential reasons. The *reason for* is the guidance for future action. One can only capture a person's experience if that person's *reason for* (anticipated or imagined act, subjective meaning of the action) is found. The *reason why* is related to past experiences and to available knowledge and is an objective category accessible to the researcher (explanation after the event)⁽⁹⁾. The typification of Schütz refers to a type of person who lives in a real social world and performs a typ-

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ical act. The ideal type does not correspond to a specific person or a certain group. However, it provides an understanding of man in his social relationships. The construction of the experienced type occurs through the theoretical organization of the concrete existence characteristics of typical subjects who are included in the social world⁽⁹⁾.

This study was conducted in the outpatient clinic of the University Hospital of the University of São Paulo. The female subjects were invited to participate in the study prior to their medical consultations and were asked to sign the Terms of Free Prior Informed Consent as a condition for inclusion in the study. The interviews were conducted in a reserved consulting room either before or after the medical consultation, depending on the preference of the subject.

The participants were nine elderly women, 62-88 years old and retired, of whom the majority were middle class and married. Each of the participants satisfied the physical and psychological conditions for answering the interview questions and formally agreed to participate in the study. The number of participants was not predetermined; rather it was defined when we observed repetition of the significant content arising from the statements, indicating clarification of the phenomenon.

The statements were collected during February to May 2011 through semi-structured interviews that were recorded with the permission of the participants. The women were asked two questions: What is your experience of being at this stage of life? What are your expectations at this time of your life? The interview number followed by her age identified each woman. The organization and categorization of the material were conducted following the theoretical and methodological assumptions adopted by the researchers of social phenomenology⁽¹⁰⁻¹¹⁾; *i.e.*, each statement was read carefully to capture the overall meaning of the experience of the woman; the significant aspects of the statements were grouped for the composition of the concrete categories; these categories were analyzed to seek the expression of the experience of the woman; the results were discussed in light of the social phenomenology of Alfred Schütz and other studies related to the topic. The research project was approved by the Research Ethics Committee of the University Hospital of the University of São Paulo, under Protocol No. 1077/10. The concrete categories were composed of phrases that expressively voiced the experience of the women: autonomy, family, limitations and care needs.

RESULTS

The context of the experience of each elderly woman is the basis of learning involving a life story that is perceived and analyzed through the prism of aging. In this context, the woman recalls her experiences through the baggage of knowledge and the experience acquired

throughout her life and at the present moment, allowing the emergence of the categories *reasons why* (autonomy, family and limitations) and *reasons for* (care needs).

Autonomy

In the statements of the women, it was clear that the experience of aging referred to maintaining a routine of domestic affairs that had always been a part of their lives:

(...) while I can do my little things in my house, go where I want to, it is very good! I cook, clean my house, wash and iron clothes, I do everything (3;76).

(...) I take my grandchildren who live closer to the ballet, swimming; I go to the supermarket. I'm Catholic, I go to Mass every Sunday (7;70).

Some of the statements referred to an enlargement of the spectrum of activities, often related to the women having more time to devote to themselves:

I go where I want, do what I want, it's my money! Everything I do now is for me, and I feel that I'm doing very well (2;62).

(...) I don't stay still, I'm not one of those who sits about; I like doing gymnastics, exercise, walking, I don't stop (5;65).

Regardless of where the autonomy of the women was included, whether in the preservation or the expansion of daily activities, it was evident that the family constituted a fundamental support in the context of aging.

Family

The presence of the family was characterized by the participants as a *rock* to which they anchored their lives; *i.e.*, an expression of fundamental support and appreciation of the affection from the people who were significant to the elderly woman:

(...) I have two daughters that I love, I have a granddaughter and a grandson who are my joy, and my husband is very good, and we are very close (...) I'm satisfied with life (4;82).

(...) I live with my daughter and my granddaughter. I get affection from them, from my friends and relatives. So, for me, it's great (8;76).

Conversely, the absence of family support was perceived as a point that defined the negative experience of the elderly woman, robbing her of the pleasure to live and to have expectations for her life:

I do not think of anything else, because what I had to do, I have done; now there is no longer anything to do (...) there are days that I feel very sad (...), I lost two children, they were already married and, eight years ago, I lost my husband (6;88).

Aging produces obvious physiological changes that can manifest as limitations in the physical, mental and social areas.

Limitations

Physiological changes can be predictive of acute and/or chronic diseases that arise during this period of life:

I have hypertension and diabetes, which appeared four years ago. I have this problem of pain, lots of pain, I have intense fibromyalgia; irritable cervix, so, there are days that I have various problems (1;63).

I had breast cancer at age 62, I have osteoarthritis and had to do a femoral prosthesis and an angioplasty (...); I also have high blood glucose (7;70).

The statements clearly demonstrate that the presence of disease altered the everyday lives of these women, whether because of pain and discomfort or because of adaptation to a constant treatment routine. Movement difficulties characteristic of the aging process were also mentioned:

(...) I have a lot of pain in the legs, and this hinders my movement a little (...) I walk more slowly, think a little bit to avoid falling, because sometimes we can fall because of this difficulty (1;63).

(...) I walked a lot and now I have stopped. I'm thinking this is harming me. (...) I want to see if I can start to walk a little bit. I'm willing to do the things, but I am unable. I hardly leave the house (...) (4;82).

To express their expectations, the elderly women highlighted issues related to the management of healthcare services as a care need.

Care needs

In this category, the women emphasized easy access to the healthcare service, clarification and information from the attending professionals, and the quality of the care provided:

(...) I think healthcare is very important, (...) but sometimes it is lacking. (...) it takes three to four months to be able to schedule an examination or a consultation. I think this is our greatest need (...) (1;63).

(...) the clarification and information are basic. The professionals say: "you have to take the flu vaccine because it is important", but why is it important? (...) They must not only provide care but also clarification (1;63).

(...) I do not feel well cared for. (...) there is much indifference. If, in the consultation, we complain of a pain, they say: *Oh, it is age!* If it is age, should we sit back and not do anything else?(2;62).

Among the expectations reported by the women, the ideals of *staying healthy* and avoiding the possibility of disabling diseases were highlighted:

(...) while I have my health to do my little things at home, I feel happy. I'm not afraid of dying. The only thing I fear is to become bedridden, depending on others for everything (3;76).

(...) I hope my health stays good, that, if I live a few more years, I live well, that I do not have illnesses that leave me bedridden (8;76).

Anchored in the prospect of preserved health, the women perceived themselves as likely to have a life of leisure, which was taken as a care need in this period of life. The women emphasized various activities in this field, representing a dynamic and active view of the aging process:

I always try to do something to distract me. What distracts me a lot is the radio, which is a companion for me. I get up and go to sleep with the radio. And every Sunday I go out with my sister (3;76).

(...) I travel, I go out... I've traveled, I did some cruises, I flew to Fortaleza. I like a beer. I find my life very enjoyable (8;76).

In contrast to the expectations of a healthy and shared life, the absence of prospects in this phase was also emphasized by women. Their life contexts were demarcated by losses - of significant people and of health - that produced a resignification of their own experiences:

(...) I do not think of anything else, because what I had to do, I have already done. I just think about the end of life because I am not healthy anymore (6;88).

(...) I live alone at home (...) at my age, I can only hope that God will take me (9;84).

The set of concrete categories led us to construct the experienced *elderly woman* type as a person who values her autonomy to perform daily activities, values the family as a fundamental support in this phase of life and presents biopsychosocial limitations inherent to the aging process. The expectations of this type are to be better cared for in her health needs and to pursue leisure and entertainment activities, although she may not always achieve these expectations because of losses related to health and significant people.

DISCUSSION

The women interviewed in this study brought along their baggage of acquired knowledge and experienced a variety of defining representations for a life trajectory that was established by their stage of life. The baggage of knowledge and experience has its heart in the social context; while having a singularity, it is inscribed in the subjectivity⁽⁸⁾. Among the defining aspects of this trajectory, those related to the context of meanings originating from the past and present (*reasons why*) and those referring to the future (*reasons for*) are highlighted.

The *reasons why* are linked to the autonomy experienced by the elderly woman, the participation of the family as a determining factor in this experience and the existence of limitations related to aging. These reasons refer to completed acts grounded in past and present experiences, and it is possible to reconstruct these reasons retrospectively based on the reflection of the act performed⁽⁸⁾. The *reasons for* refer to the care needs that are highlighted in the current period of the woman's life cycle.

The results of this study revealed that aging brought a desire for the women to maintain their autonomy in relation to their daily activities in the domestic environment and the social sphere. This autonomy was gained in their early lives and continues in the present as a source of freedom to manage their personal, social and financial lives. This finding was corroborated by a study that revealed good functional capacity and autonomy of the elderly as expressed by the ability to perform their daily activities independently⁽¹²⁾. For the elderly person, the accomplishment of the activities of daily life is perceived as something necessary for survival and for maintaining participation both in their own healthcare - including physical activities and leisure - and in the performance of household chores⁽¹²⁾. This maintenance of autonomy is configured as active aging and is understood as a process of optimizing opportunities for health, participation and security to improve the quality of life of the elderly person⁽¹³⁾.

In this context, the elderly woman cherishes autonomy but lives under conditions that cause her, in certain ways, to be tied to another person. During this period, women find themselves immersed in a social context that evokes important intersubjective relationships, such as those occurring in the family sphere. The family relationship is permeated by a cultural world that imposes socially established standards on the elderly person in relation to the aging process; these standards are constructed in the intersubjective world.

Intersubjectivity involves the bonds between people in different social relationships; the people comprehend and are comprehended through these relationships⁽⁸⁾. Each person, throughout his/her life, interprets what he/she finds in the world that conforms to the perspectives of his/her own interests, reasons, desires, and religious and ideological commitments. The reality of common sense, the matrix of all human action, is thus directly related to the totality of the experience that a person constructs in the course of his/her existence⁽⁸⁾. Studies involving representations of old age, care and quality of life have shown that it is essential for the elderly to feel valued and to receive support and affection from the family^(1,14). Conversely, the absence of family support refers to a situation that makes the elderly woman more vulnerable. This situation is based on the feeling of being deprived, without the affection or care of significant people. In the present study, such an absence was expressed by the death of close

family members - children and husband - culminating in a cycle that had no meaning of life as a result of the bereavement experienced. In contemporary times, however, some elderly people live without support from the family with whom they live; the family does not present the conditions or desire to assume the care required in connection with the aging process⁽¹⁵⁾.

In this process, the limits are linked not only to the absence of family support but also to the physical limitations that affect the everyday life of the elderly woman. The presence or onset of diseases in elderly people provokes changes in their functional framework and can lead them from a condition of complete independence to one of dependence⁽¹⁶⁾.

As people age, their quality of life becomes compromised in relation to their inability to maintain full autonomy and independence. The majority of elderly people fear aging because of the possibility of becoming dependent and unable to perform their everyday activities, as demonstrated in the present study. This fear promotes the maintenance of a healthy life approach, expressed as the absence or reduction of morbidity and the prevention of disabilities that may impact the elderly person⁽¹⁷⁾.

A similar situation was observed in another study that found that chronic conditions tend to manifest simultaneously and with greater expression in the elderly. Such conditions, although not life-threatening, may significantly compromise the quality of life of this population. A disabling process may thus appear in which a particular condition (acute or chronic) affects the functionality of the elderly person and, consequently, the performance of their everyday activities⁽¹⁸⁾. In situations in which the elderly person has some functional limitations, e.g., difficulty in walking, the person will display greater dependence for the performance of daily activities and may need the assistance of relatives or neighbors⁽¹²⁾.

Several care needs mentioned by the elderly women reflected their expectations concerning the moment they were experiencing (*reasons for*). Such expectations refer to the future behavior of a person and are promoted based on how the person is situated when faced with a given experience and on the body of knowledge available to him/her when designing the action⁽⁸⁾.

In regard to healthcare service, the statements of the elderly women evidenced gaps in the care for their needs. In this context, investments must be made in access to healthcare services and in effective communication that addresses the specific needs of the elderly population and the provision of available services⁽¹⁹⁻²⁰⁾.

Integral care focused on elderly women is necessary and must be based on their real needs, including the guarantee of their physical, moral, social and cultural rights, particularly in regard to specific requirements, such as health, leisure, education, and free social participation⁽¹⁹⁻²⁰⁾.

The absence of prospects for the elderly women regarding their care needs was linked to their current life context. This association was noted in those who had experienced the loss of significant people and/or of their own health. The loss of health can have a great impact for this population because it brings major social and physical losses resulting from the stigmatization of old age as a phase that denotes disability and condescension. Working with such losses is a complex process, particularly in association with the death of a spouse or (above all) a child⁽²¹⁾.

Whether as a result of such losses or the impact of active aging, the elderly woman must be understood in terms of her biopsychosocial needs. She must be viewed in a way that potentializes the specificities arising from her current context of life, which has been shown to be a determinant of the experience of the aging process and the developments that arise from it. The well-being of the elderly woman is considered to involve care relationships with family members and professionals, and public policies that seek to ensure her rights, with the purpose of creating conditions that promote health, autonomy, integration and social participation⁽²⁰⁾. The greatest challenge for the humanities, applied social sciences and health sciences is the understanding of the transformations of the aging process that involve the elderly, their family members and healthcare services because these transformations impact society and generate diverse demands⁽²²⁾.

This study revealed important aspects of the experience of elderly women. However, a limitation of the study is that it is based on interviews of women in a specific scenario, making it impossible to generalize the results. Other aspects will be revealed in future studies of this topic, improving our understanding of the phenomenon.

CONCLUSIONS

Because of the increase of life expectancy in Brazil, particularly of women, it is important to better understand how women have experienced longevity. The present study contributes to such knowledge by examining the experience of elderly women and their care needs in this phase of life.

REFERENCES

1. Comerlato EMB, Guimarães I, Alves ED. Tempo de plantar e tempo de colher: as representações sociais de profissionais de saúde e idosos sobre o processo de envelhecimento. *Rev Eletr Enferm* [Internet]. 2007 [citado 2011 out. 17];9(3):736-47. Disponível em: <http://www.fen.ufg.br/revista/v9/n3/pdf/v9n3a13.pdf>
2. World Health Organization (WHO). *Envelhecimento ativo: uma política de saúde*. Trad. de Suzana Gontijo. Brasília: OPAS; 2005.
3. Pavarini SCI, Menciondo MSZ, Barham EJ, Varoto VAG, Filizola CLA. The art of caring for the elderly: gerontology as a profession? *Texto Contexto Enferm*. 2005; 14(3):398-402.
4. Costa MFBNA, Ciosak SI. Comprehensive health care of the elderly in the Family Health Program: vision of health professionals. *Rev Esc Enferm USP* [Internet]. 2010 [cited 2011 Aug 13];44(2):437-44. Available from: http://www.scielo.br/pdf/reeusp/v44n2/en_28.pdf

The aging process of the elderly women who participated in this study can be seen as mainly positive. The aging process provoked an evaluation in these women of their previous life in comparison with their present life. The participants perceived the present moment of life as a phase in which the maturity earned had its value; however, they also described reflections based on the aging process of the body, such as chronic diseases and physical limitations. In spite of such limitations, the pursuit of autonomy in this phase was still perceived as something of great value because it reflected the independence gained in the past and preserved in the present.

Regardless of the elderly person's situation - autonomous or partially dependent - it was evident that the family constituted a fundamental support in the aging process. This finding suggests that the family must be included as a factor in the care scenario of the elderly person; the factor provokes a sense of the value of life when present and a lack of life prospects when absent.

The care needs expressed by the elderly women also indicate the need for various reevaluations of access to healthcare services, the information provided to the women and the care provided by the professionals who assist them. These expressed needs also demonstrate that the elderly person strives for quality of life, as expressed by the pursuit of leisure activities and the desire to stay healthy during this period of life.

The experiences and care needs of the elderly participants as revealed in this study indicated typical characteristics of this group that can contribute to planning in the areas of teaching, clinical practice and public policies directed toward this population. Such contributions refer to the specific issues and needs involved in the female aging process, which need to be valued and put into practice by the managers, teachers and healthcare professionals who directly assist these women. The results of this study may contribute to improved care for elderly women through legitimization of their concerns and qualified listening regarding their health requirements, with consideration of the singular features of the experience of women in this phase of the life cycle.

5. Veras R. Population aging today: demands, challenges and innovations. *Rev Saúde Pública*. 2009;43(3):548-54.
6. Martins MS, Massarollo MCKB. Changes in the care of the elderly after the enactment of the Elderly Statute according to professionals of a geriatric hospital. *Rev Esc Enferm USP [Internet]*. 2008 [cited 2011 Aug 13];42(1):26-33.
7. Instituto Brasileiro de Geografia e Estatística (IBGE). Primeiros resultados do censo 2010 [Internet]. Rio de Janeiro; 2010 [citado 2011 maio 4]. Disponível em: http://www.ibge.gov.br/censo2010/resultados_do_censo2010.php
8. Schütz A. *Estudíós sobre teoria social: escrito II*. Buenos Aires: Amorrortu; 2003.
9. Capalbo C. *Metodologia das ciências sociais: a fenomenologia de Alfred Schütz*. 2ª ed. Londrina: UEL;1998.
10. Gonçalves R, Aguiar CA, Merighi MAB, Jesus MCP. Experiencing care in the birthing center context: the users' perspective. *Rev Esc Enferm USP [Internet]*. 2011 [cited 2012 Mar 29];45(1):62-70. Available from: http://www.scielo.br/pdf/reeusp/v45n1/en_09.pdf
11. Merighi MAB, Jesus MCP, Domingos SRF, Oliveira DM, Baptista PCP. Being a nursing teacher, woman and mother: showing the experience in the light of social phenomenology. *Rev Latino Am Enferm*. 2011;19(1):164-70.
12. Oliveira LPBA, Menezes RMP. Representations of frailty for elderly within the family health strategy context. *Texto Contexto Enferm*. 2011;20(2):301-9.
13. World Health Organization (WHO). *Active ageing: a policy framework*. Geneva; 2002.
14. Silva MG, Boemer MR. The experience of aging: a phenomenological perspective. *Rev Latino Am Enferm*. 2009;17(3):380-6.
15. Silva L, Galera SAF, Moreno V. Meeting at home: a proposal of home attendance for families of dependent seniors. *Acta Paul Enferm*. 2007;20(4):397-403.
16. Braz E, Ciosak SI. O tornar-se cuidadora na senescência. *Esc Anna Nery Rev Enferm*. 2009;13(2):372-7.
17. Freitas MC, Queiroz TA, Sousa JAV. The meaning of old age and the aging experience of in the elderly. *Rev Esc Enferm USP [Internet]*. 2010 [cited 2011 Aug 20];44(2):407-12. Available from: http://www.scielo.br/pdf/reeusp/v44n2/en_24.pdf
18. Duarte YAO, Andrade CL, Lebrão ML. Katz Index on elderly functionality evaluation. *Rev Esc Enferm USP*. 2007;41(2):317-25.
19. Brasil. Ministério da Saúde; Secretaria de Gestão Estratégica e Participativa, Departamento de Monitoramento e Avaliação da Gestão do SUS. *Painel de indicadores do SUS: 2 - Saúde da Mulher*. Brasília; 2007.
20. Moura MAV, Domingos AM, Rassy MEC. A qualidade na atenção à saúde da mulher idosa: um relato de experiência. *Esc Anna Nery Rev Enferm*. 2010;14(4):848-55.
21. Oliveira JBA, Lopes RGC. O processo de luto no idoso pela morte de cônjuge e filho. *Psicol Estudo*. 2008;13(2):217-21.
22. Aires M, Paes AA. Necessidades de cuidado aos idosos no domicílio no contexto da saúde da família. *Rev Gaúcha Enferm*. 2008;29(1):83-9.