

Population aging and the Nursing commitment

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Since the end of the 1970s Brazil has imposed administrative and political tools that define who are elderly. The National Policy for Senior Citizens (NPSC) states that elderly people are the ones who are 60 years old and above, according to the Law 8,842 on January 4th, 1994 and governed by the Decree 1948 on July 3rd, 1996 with the Senior Citizens' Statute [Estatuto do Idoso], Law 10,741 on October 1st, 2003. Both laws assure and govern the elderly people's rights in the Brazilian social policies⁽¹⁻³⁾.

It is known that chronological age is not an accurate marker to state changes in the human aging as it is multifactorial and there are differences related to the health state, participation and dependence levels among people with the same age, but to access public policies, is primordial an age definition.

We are living a moment in which elderly people's rights must not and cannot be missing due to many reasons, among them, because they are the population who is growing the most because of the fast broaden of life expectancy (51 years old to 75) from 1950 to 2010 and it is already foreseen, in 2040, people living until 80 years old⁽⁴⁾. People worldwide is getting older and this process will be faster and stronger in developing countries⁽⁵⁾.

Taking into account this demographic reality is important to be aware to the needs of the elderly in a country with weak social policies, and no guarantee of access to the Social Security, health and dwelling. In Brazil, what is stated in the article 230, 1st Paragraph, shows that "programs to support elderly people will be carried out preferably at home", in other words, by their families. However, families are smaller and struggling in supporting them with dignity and welfare in order to assure the right to live. Who takes this responsibility? The Society? The State⁽⁶⁾?

Social inequality is constantly in the life of people, presenting different characteristics that can be the source of breach and rights discrimination. There is a lot to be done in order to achieve equality of access and rights to old people, because it is not intended only to broaden life time but also to provide quality of life.

Quality of life means growing older actively and independently, preserving the body's functional capacity, however, this condition depends on personal, social and environmental life factors that together and combined can be the key to an either healthy aging process or not.

Ageing is not homogeneous, but the individual diversity is increased over the years. Nevertheless, the decline's promptness can be influenced and reversible at any age, as long as there are individual actions and public policies promoting life style changes and healthy environment. Another important aspect is the increase of people with 80 and 90 years old, and as people live longer, there will also be a sharp increase in the elderly with dementia, increasingly impacting the need for long-term care, vulnerability and the risk of maltreatment⁽⁵⁾.

Ten priorities towards a decade of healthy ageing – The World Health Organization (WHO) suggested, in a document published in 2017, there should have four years of preparation for a global action to promote the Decade of Healthy Ageing from 2020 to 2030. The WHO⁽⁷⁾, considering the obstacles and lack of ability showed by many countries to shape and implement policies to promote healthy ageing, comes from the need for research and meaningful information to subsidize health models and prepare its workforce, through the

building of knowledge and clinical abilities to develop evidence-based approaches. This document proposes strategies to promote changes, such as: 1) Establish an Innovation Platform and change; 2) Support the planning of the country to act for a healthy aging; 3) Collect better global data on Healthy Aging; 4) Promote research that addresses the current and future needs of older people; 5) Align the health system to the needs of the elderly; 6) Define theoretical concepts for long-term care; 7) Ensure the human resources needed for comprehensive care for the elderly; 8) Undertake a global campaign to combat discrimination against the elderly "Ageism"; 9) Define areas of economic investment and; 10) Expand the global work of the network to cities and communities that are friendly to the elderly.

In this sense, it is worth questioning - who are the elderly in Brazil, Latin America and the world? How many differences do we live with and how many resources do we have to think about aging? In what way can we chronologically define who the elderly person is and what they need to live a healthy aging? And, what is the role of nursing?

Nursing is a profession that provides care for people throughout their lives in the most diverse areas of attention and has in the process of population aging a large space of work to be conquered and built as a field of knowledge. Many studies have been carried out by Brazilian gerontological nursing; however, it is urgent to synthesize this knowledge, as well as successful experiences. The knowledge produced must be consolidated in good practices in order to overcome the gap between theory and practice and provoke changes in nursing care for the elderly, contributing in a preponderant way to a healthy aging.

REFERENCES

1. Brasil. Ministério do Desenvolvimento Social e Combate à Fome. Política Nacional do Idoso. Lei nº 8.842, de janeiro de 1994 [Internet]. Brasília (DF), 2010[cited 2018 Jan 21]. Available from: http://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Normativas/politica_idoso.pdf
2. Brasil. Presidência da República. Subchefia para Assuntos Jurídicos. Decreto nº 1.948, de 3 de julho de 1996. Regulamenta a Lei nº 8.842, de 4 de janeiro de 1994, que dispõe sobre a Política Nacional do Idoso, e dá outras providências [Internet]. Brasília: DF, 1996[cited 2018 Jan 21]. Available from: HYPERLINK http://www.planalto.gov.br/ccivil_03/decreto/d1948.htm
3. Brasil. Presidência da República. Subchefia para Assuntos Jurídicos. Lei n 1074/2003, Estatuto do Idoso. Brasília: DF, outubro de 2003.
4. Fajier, Dirk Jaspers. Presentación. IN: CEPAL, Nações Unidas. Los derechos de las personas mayores en el siglo XXI: situación, experiencias y desafíos. Sandra Huenchuan Editora, 2012. 10-18p.
5. World Health Organization. WHO. Envejecimiento y ciclo de vida [Internet]. 2018. [cited 2018 Jan 21]. Available from: <http://www.who.int/ageing/about/facts/es/>
6. Brasil. Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal: Centro Gráfico, 1988. 292 p.
7. World Health Organization. Department of Ageing and Life Course. 10 Priorities towards a decade of healthy ageing [Internet]. 2017[cited 2018 Jan 21]. 20 p. Available from: <http://www.who.int/entity/ageing/WHO-ALC-10-priorities.pdf>