

RESPECT DOES NOT AGE: INTERVENTION PROJECT FOR AGING WITHOUT VIOLENCE

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Abstract: The issue of domestic violence against the elderly emerges as a serious and growing public health problem and suggests the need for a greater field of intervention in this area, given the supposed risk to which this older population is subjected. This work aims to propose interventions in Primary Health Care that impact the reduction of violence and abandonment rates against the elderly, proposing actions through health education for the elderly and their family members/ caregivers assisted by a family health team (ESF) in the municipality of Juazeiro-BA. Thus, it is an extension project developed by medical students at Faculdade Estácio de Juazeiro, which proposes to carry out meetings with the elderly and their families through workshops that bring relevant information about violence against the elderly. Finally, it is expected that this work can contribute to reducing the rates of violence in the intervention area, as well as sensitizing professionals and local managers on the subject.

Keywords: Elderly; Domestic violence; Abandonment; Medicine.

INTRODUCTION

Domestic violence against the elderly is alarming and occurs, in large most cases within the family. It is a complex phenomenon and multifactorial, which is difficult to control, even in countries with a high level of quality of life. This violence can be classified into several types, such as such as: physical, psychological, moral, sexual, economic, and social, being the first and the second the most common. It is considered a public health problem because it harms not only the elderly, for causing damage to the full development of the same, but the whole of society, since it demonstrates a lack of public policies that are effective in controlling such violence (BARROS *et. al.*, 2019).

About the epidemiology of violence against

the elderly population, it is usually not well defined because it is not sufficiently reported. It is estimated that, worldwide, 1 in 6 elderly people has suffered some type of violence and that 15.7% of people aged 60 or over are subject to abuse and mistreatment. According to data provided by the Department of Informatics of the Unified Health System (DATASUS), from 2012 to 2019, were 18,357 cases of violence against the elderly were registered in the northeast region in Brazil, highlighting the state of Bahia with 3,091 reported cases (LIMA; PALM TREE; MACEDO, 2021).

In this context, the incidence of violence and its impact on the lives of people and collectivity have turned this issue into a public health priority because, due to its complexity, it involves the awareness and participation of the whole society (BRAZIL, 2020). It is noticed, among the violators, the lack of responsibility and interest in caring for the elderly, frequent irritation, hostility, and high degree of work stress. Therefore, several factors determine the beginning of this aggravation such as, for example: the cycle of intergenerational violence, that is, cycle recurrent family violence, care, or financial dependency and, for end, caregiver stress. Thus, consequently, the elderly who suffer this aggravation end up isolating themselves from society, developing depressive symptoms, strange behaviors such as: thumb sucking, lying straight on the bed, and in some cases, they reach the point of taking refuge in alcohol (SANTOS, *et. al.*, 2019).

Lopes and his collaborators (2018) emphasize the importance of development of laws that meet the needs and guarantee the rights of this growing population. It is the duty of the State and the family to collaborate for the achievement of a dignified old age, preferably within the family sphere. The family must be made aware of its role in relation to legal protection and protection of

these elderly people, since the State cannot, by itself, offer such condition. Domestic violence against the elderly is a public health issue serious. However, we observed that scientific production and public policies on the subject are still scarce. This way, the importance of public services aimed at focusing on the social role of the elderly, privileging the care and protection of this part of the population in their families and institutions (BARROS, *et. al.*, 2019).

Therefore, this extension project has the general objective of proposing interventions that reduce violence and abandonment against the elderly, through health education for the elderly and their families/caregivers assisted by an ESF in the city of Juazeiro, BA.

OBJECTIVES

GENERAL OBJECTIVE

Propose interventions that reduce the rates of violence and abandonment against the elderly, through health education for the elderly and their family members/caregivers assisted by an ESF in the municipality of Juazeiro, Bahia.

SPECIFIC OBJECTIVES

- Estimate, through a meeting with the ESF, the incidence of cases of violence domestic and abandonment against the elderly;
- Raise the main health problems related to the elderly assisted by the ESF team;
- Decide as a team which of the issues raised are most urgent and possible interventions;
- Organize the strategic planning of actions with the team, that is, decide which themes and methodologies will be used to address the problems listed;
- Assemble, together with the health team, a group of elderly people in the

community;

- Start health education interventions defined in conjunction with the health team in the elderly group;
- Sensitize the team regarding the relevance and performance of the team in the face of violence against the elderly.

GOALS

- Hold three meetings with the Family Health Team of UBS of ``Novo Encontro``;
- Articulate the creation of an elderly group at the UBS;
- Hold at least three meetings with the elderly participants in the group to work on the themes;
- Create a booklet that will address the prevention of domestic violence and the abandonment of the elderly;
- Distribute 100 of these booklets at meetings;
- Present a case report summary at a congress or scientific event.

JUSTIFICATIONS

Violence is a social problem that grows every year. The elderly, due to their vulnerability, they have often suffered acts of violence and violation of their rights, often by people in their group familiar. Studies have shown that violence against the elderly is responsible for high rates of morbidity and mortality and manifests itself in different ways: physical, psychological, sexual, financial abuse, abandonment, negligence, and self-neglect (TORREZAN, 2017).

In 2015 there were 810 million elderly people in the world and every second two people turn 60, this can be considered a longevity revolution. It is estimated that by the year 2050 a large part of developed countries will have 30% of the population aged 60 or over, with exception of Japan, which already

reached this percentage in 2015 (International of longevity Brazil (ILC-BRASIL, 2015).

It was verified in the city of Recife-PE in 2019 the existence of 133 elderly with signs indicative of at least one type of violence in their environment household, representing a prevalence of 78.7%, with neglect being the type most prevalent (58.5%), followed by psychological (21.5%) and financial violence (14%). The interviewed elderly who classified their health as regular/poor have this increased risk, and the study reinforces the hypothesis of the existence of domestic violence against the elderly. Thus, identifying its prevalence is the first step towards tackling this public health problem (BARROS *et. al.*, 2019).

Accompanying the progressive increase of elderly people in Brazil and even meeting the social needs that this increase is bringing is a challenge for public policies, programs and services that embrace these particularities. Thinking about avoiding violence against the elderly, it was found that 88% of the world population uses as a strategy the awareness of the promoter of health, that is, that health professional who is always in contact with the population. Another form implemented is to inform the population about violence, how to identify them and how to get help (SILVA, 2016).

Pursuing policy improvements for concrete implementations are also alternatives, but there is little research on the effectiveness of such programs in prevention of this crime, which is a critical gap that needs to be completed (W.H.O., 2014). Hence the importance of carrying out studies and interventions that seek to address the issue through health education and propose actions that promote the prevention of violence against the elderly.

METHOD

The methodology is considered an instrument for the researcher, since it is through it that the paths that will be adopted for make possible a delimitation of the study. Therefore, questions such as where, how, with whom/what and how much will they produce answers, will they serve to capture reality and the phenomena resulting from it (GIL, 2010).

STUDY DESIGN

This is a descriptive study, framed as a project of extension.

According to Oliveira (2005), descriptive research is considered a type of comprehensive research, which makes it possible to carry out an analysis in-depth and detailed analysis of the research problem regarding aspects economic, social and political, including also the perceptions of different communities, groups, among other aspects. According to Gil (2010), this type of research describes the characteristics of a given phenomenon or population, having been chosen for application in the present study, due to the fact that, for it, the objective is to propose interventions that reduce the rates of violence and abandonment against the elderly through health education made for the elderly and family members/caregivers assisted by a Family Health Team (ESF) from the municipality of Juazeiro-BA.

The extension project is characterized as a single case, since it will consider only the reality experienced in the Basic Health Unit of ``Novo Encontro`` in Juazeiro, Bahia. It therefore includes a collection of data preliminary, involving perceptions and experiences of family members of the elderly and health professionals working in this Basic Health Unit.

It is also possible to frame this research in the design model called survey research. This type of study is characterized by carry out a direct investigation with people, aiming to

know their behavior. It is, therefore, the basis for a good intervention project, since allows knowing the basic aspects involved in the phenomenon occurring with the research subjects, object of study, based on information that was collected on a given problem (VERGARA, 2013) – in the case of this study, of domestic violence against the elderly at UBS of ``Novo Encontro`` in Juazeiro, Bahia.

PARTICIPANTS

The participants of this intervention project will be the elderly and their relatives/caregivers assisted by the UBS of the ``Novo Encontro`` of Juazeiro, Bahia.

ELIGIBILITY CRITERIA

It will be included in the research, starting to act as subjects of it, the elderly aged 60 years or more, of both sexes, who are registered in the Family Health Teams of the UBS Novo Encontro de Juazeiro-BA, and their relatives/caregivers, who are in possession of their mental faculties and who accept to participate in the meetings, by signing the Free and Informed Consent Form – ICF.

PLACE AND PERIOD

The extension project will be developed at the UBS of ``Novo Encontro``, located in the Jardim ``Novo Encontro`` neighborhood in Juazeiro da Bahia, composed of two-Family Health Teams, where each one is composed of a doctor, a nurse, a dentist, an oral health assistant, a nursing technician and Community Health Agents. Team A serves the population of the Lobato Júnior neighborhoods and part of the ``Novo Encontro``, while Team B serves the population of the neighborhoods Centennial, Park Centennial and part of the ``Novo Encontro``. The estimate of elderly who are assisted by FHS A is 425 elderlies, while those who are assisted by FHS B is 401 elderlies, totaling 826 elderly people assisted

at the UBS of ``Novo encontro``.

PROCEDURE

To make the project planning clearer, the actions were divided into: steps, which are:

FIRST STAGE

Initial contact with the UBS management to present the project and schedule a meeting with the Family Health Teams to present the project and propose intervention. At this stage, the current number of elderly people registered at the BHU will also be surveyed.

SECOND STAGE

Meeting with the FHS and presentation of the intervention proposal. In the opportunity will be raised which the main health problems lead the elderly to UBS and estimate the incidence of violence and abandonment against the elderly attended by the teams.

In a second meeting with the team will be listed and prioritized the problems pointed out by the teams, placing them in order of priority and feasibility of intervention.

In the third meeting with the team, the group will decide how it can intervene in the problems listed, that is, which methods will be used.

THIRD STAGE

At this stage, the group will organize with the teams the creation of the elderly group, a space where the interventions outlined by the group will be carried out. At this time, considering the actions already planned, it will be decided the place and date for the meetings with the elderly and their relatives/caregivers.

It will also be at this time that digital and other media will be used to publicize the group's actions and invite the elderly and family members/caregivers.

FOUR STAGE

Beginning of intervention actions in the elderly group through workshops that took place in conjunction with the research group and the FH teams of the ``Novo Encontro``.

ETHICAL TERMS

The intervention project will follow the legal and ethical norms of Resolution No. 466/12 of the National Health Council, so that the proposed methodology will offer minimal risks or damages to the participants, among them to morals and may cause embarrassment during the workshops.

To minimize such risks, the researchers in charge and the professionals of the ``Novo Encontro`` team will be in charge of guaranteeing the elderly and their relatives/caregivers privacy, by holding the workshops in an appropriate place.

CONCLUSION

The main social impact will be the viability of Public Policies aimed at the elderly, stimulating the social protagonism of the elderly and their families with regard to the exercise of the rights intended for them. It will bring viability and the potential power to transform the lives of those involved, making the elderly population increase life expectancy and quality of life.

The benefits go beyond just our seniors living longer and with higher quality, it also extends to family members, who will benefit with greater tranquility, knowing that their seniors will be taking better care. The intervention will bring with it a reduction in cases of violence against the elderly in the Basic Health Unit of ``Novo Encontro`` in Juazeiro, Bahia. And consequently, there will be a secondary impact on the awareness of health professionals about violence against the elderly.

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