

SOCIODEMOGRAPHIC AND HEALTH ASPECTS OF ELDERLY MEN IN A METROPOLITAN CITY OF SÃO PAULO, BRAZIL

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Abstract: Goal: The study aims to identify the sociodemographic and health characteristics of elderly men living in a metropolitan city of São Paulo, Brazil. **Method:** This is a quantitative, cross-sectional, descriptive study. The sample consisted of 174 men aged 60 or older. Data collection was performed using an instrument developed by the authors, focused on the sociodemographic and health characterization of the participants. **Results:** Most participants were between 60 and 69 years old (60.3%), with a mean age of 69.8 years (standard deviation = 7.0). The majority had completed approximately eight years of schooling (78.8%) and were married (65.5%), with 63.8% having three or more children. They were not employed (78.7%) and were retired (85.9%). Almost all participants had some religious affiliation (94.8%). Regarding health, 59.4% reported having at least one chronic disease, with an average time since diagnosis of 12 years, and the majority expressed satisfaction with their health situation (68.1%). **Conclusion:** The analysis revealed distinct characteristics of elderly men throughout the aging process. Understanding these aspects is essential for the development of specific care strategies adapted to the needs of this population. This in-depth understanding enables the creation of more effective care approaches that are sensitive to the particularities of male aging. **Keywords:** Elderly; Aging; Demographics; Health.

INTRODUCTION

Population ageing is a prevalent reality in many societies, implying changes in the age structure of the population. This phenomenon is intrinsically associated with the decrease in the birth rate and the proportional increase in the elderly portion of society. The context in which the increase in the elderly population is observed is distinctly marked by demographic and epidemiological transitions^(1,2).

In Brazil, unlike what has occurred in nations with advanced economies, the population aging process has occurred at a substantially accelerated pace. According to projections by the Brazilian Institute of Geography and Statistics (IBGE), the number of elderly people in Brazil was 20.9 million in 2010. However, this number rose to 28 million in 2018, with the forecast of reaching approximately 43.3 million in 2032 and surpassing the 60 million mark in 2050⁽³⁾.

Greater population longevity is undoubtedly a significant achievement for humanity, the result of scientific and technological advances, especially in the area of health. These advances have extended people's life expectancy. However, it is crucial to emphasize that, although longevity has increased, this does not necessarily imply better health. Gaining extra years in life is not always accompanied by well-being, health and quality of life. In many situations, the arrival of old age can be a challenging period for the elderly, as it can be marked by serious complications of a psychological, physical and social nature. These adversities can negatively impact the lives of the elderly, limiting their ability to live with independence, dignity, freedom and quality of life⁽⁴⁾.

It is important to highlight that the development of chronic non-communicable diseases is a common occurrence among older people, often resulting in restrictions and lasting consequences. The emotional, physical and

psychological changes associated with these conditions can substantially affect the quality of life and sense of well-being of older people, influencing their independence in carrying out daily activities and, consequently, serving as an early indicator of a decline in quality of life⁽⁵⁾.

In addition to physical health issues, old age is marked by the manifestation of a variety of feelings, both positive and negative. At times, aging is associated with the notion of “time to enjoy life”, “fulfillment” and “a sense of duty fulfilled”. On the other hand, it also involves losses related to spouse, family, health, work, social status, among others⁽⁶⁾.

The transition to old age has a significant impact on people’s mental state, not only in terms of the health issues typical of this age group, but also in terms of their perceived value and role in society. Many older people may feel out of place or without purpose after retirement, which can lead to feelings of worthlessness in society and abandonment by their families⁽⁵⁾.

Thus, even within the family context, older people may face various situations that affect their quality of life. This is because, as people age, they naturally become more dependent on assistance, care and support from others, especially their families. However, not all families are prepared or willing to provide this assistance and care, as the presence of an older person and their limitations is still a relatively new reality for many.

For the health system, population aging has profound implications, because as more people become older, serious problems arise, such as the need for more medical services for age-related diseases, more long-term care, home care and nursing homes. This puts pressure on health resources, including mental health, palliative care and well-being for older people. It is also important to manage appropriate health policies to ensure equality in access to health care and to address the financial challenges of

this demographic change.

For men, the transition to old age is particularly relevant, as it affects their identity as providers and prominent figures in the home, especially in capitalist societies where active participation in the labor market is valued. The loss of this connection with work and economic contribution can undermine the elderly man’s sense of worth, which in turn has a negative impact on his autonomy, quality of life and well-being⁽⁴⁾.

It is essential to recognize that issues related to human aging require a deeper understanding on the part of health teams in order to offer ethical and humane treatments. Understanding the meanings of aging can help in the search for and provision of individualized and quality care for older people⁽⁵⁾.

Historically, the valorization of aging was directed mainly at men, while women were often relegated to domestic and family responsibilities. This dynamic of male domination also influenced the construction of Brazilian society, affecting both the difference in the social roles of men and women and the nature of domestic activities⁽⁴⁾.

As for social activities, interaction with the world, sociability and authority, historically these were responsibilities attributed to men, while women were mainly responsible for housework and family care, with little influence on decisions related to domestic needs. It is essential to understand how these relationships were formed throughout the development of human society, since many elderly people today grew up under this overlap of male power, bringing with them elements that refer to this social context⁽⁶⁾.

On the other hand, it is important to highlight that men and women age in different ways, reflecting a gender peculiarity in the aging process. Women generally have a longer life expectancy compared to men. Several

factors contribute to this difference, including different patterns of alcohol and tobacco consumption between the genders, the fact that women spend more time at home, which protects them from violent events, and the tendency of women to seek health services more, enabling earlier diagnosis and broader treatment options⁽⁴⁾.

In the current scenario, it is clear that conducting studies focused on the elderly, with an approach that is sensitive to gender issues, is of significant relevance. This is because existing literature has already pointed to the existence of particularities that can influence the quality of life and needs of women and men in old age in different ways.

Therefore, the main objective of the present study was to identify and analyze the specific social, demographic and health characteristics that permeate the experience of elderly men living in a metropolitan city located in the region of São Paulo, Brazil. By focusing on this approach, we hope to contribute to a more complete understanding of the dynamics of male aging, providing support for the creation of policies, programs and strategies aimed at this demographic group, which, although often underestimated, plays a fundamental role in our constantly changing society.

METHOD

This study is characterized as a quantitative research of a cross-sectional nature, with an emphasis on a descriptive approach. The setting chosen for conducting this research was the city of Mogi das Cruzes, located in the metropolitan region of São Paulo, Brazil. It is relevant to note that the municipality of Mogi das Cruzes covers a territorial area of 721 square kilometers (km²) and, according to data provided by the Brazilian Institute of Geography and Statistics (IBGE), its population currently revolves around approximately 400,000 inhabitants⁽⁷⁾.

In this study, the research sample consisted of male individuals who were 60 years of age or older. It is important to note that the definition of who is considered elderly in terms of chronological age may vary according to the circumstances of each country. In developed nations, the World Health Organization (WHO) establishes the age of 65 years or older to recognize someone as elderly, while in developing countries, such as Brazil, anyone aged 60 years or older is considered elderly⁽⁸⁾.

The sample consisted of 174 elderly men living in the community of the city in question. The non-probabilistic convenience sampling method, heterogeneous by quota, was chosen to select this sample. The non-probabilistic convenience method consists of selecting a sample that is accessible to the researcher, that is, not by statistical criteria.

In the heterogeneous by quota technique, strata of the population are initially identified based on their characteristics and then quotas are established for each stratum, with the aim of strengthening the representativeness of a sample. Stratification is based on variables that reflect important differences in the dependent variable under investigation. The variables (age, sex, ethnicity, socioeconomic status and medical diagnosis) are the most commonly used⁽⁹⁾.

Thus, the sample was distributed into quotas according to age group, with reference to population data of the elderly male population of the city of Mogi das Cruzes obtained through the Brazilian Institute of Geography (IBGE). In each stratum, quotas proportional to the distribution of the target population were maintained (Table 1).

Age (in years)	Population of men		Population quotas	
	N	%	n	%
60 to 69	10.514	60,23	105	60,24
70 to 79	5.216	29,88	52	29,88
80 or over	1.725	9,89	17	9,78
Total	17.455	100	174	100

Table 1: population of men residing in the city of Mogi das Cruzes and distribution of the sample by quotas.

Source: IBGE.

The requirements for inclusion of participants in the study were as follows: residing in the city of Mogi das Cruzes, being 60 years of age or older, having preserved cognitive conditions and agreeing to voluntarily participate in the study. Data collection was conducted through interviews conducted in natural environments, such as streets, squares, churches and homes. The following instruments were used for data collection:

1. Sociodemographic and health characterization instrument: This instrument was developed by the authors of the study and was intended to obtain personal, family, economic and health identification data from the interviewee, such as: age, sex, religion, education, marital status, number of children, employment status, satisfaction with monthly income, current perception of health, chronic diseases and physical activity.

2. Mental assessment questionnaire: This is a questionnaire to assess the patient's cognitive state. It consists of ten questions that briefly analyze temporal-spatial orientation and memory for later events. It is recommended as a way of screening cases to be submitted to a more in-depth evaluation⁽¹⁰⁾. It is worth noting that the questionnaire in question was used to detect any cognitive alteration that would prevent the interviewee from participating

in the study, and that this research did not aim to deeply evaluate the cognition of the elderly.

The data collected were organized in a database in the Excel program and later analyzed using the SSPS statistical program. To perform the descriptive analysis, measures of absolute and relative frequency, mean, median and standard deviation were used.

This study followed the precepts established by the Ministry of Health for studies with human beings. Before the beginning of the interview, the participant was informed of the objectives of the study, the instruments to be applied and the guarantee of anonymity and confidentiality of the data. Upon agreeing to participate in the study, the interviewee was informed of the Free and Informed Consent Form. The respective work was approved by the ethics and research committee of ``Universidade de Mogi das Cruzes``, SP under the opinion, number: 341.143

RESULTS

The study included 174 elderly men. Regarding sociodemographic characteristics, there was a predominance of the age group from 60 to 69 years, representing 60.3% of the total, with a mean age of 69.8 years (standard deviation = 7.0). The mean number of years of schooling reached eight complete years, covering 78.8% of the participants, while 65.5% were married and 63.8% had three or more children. The majority of the participants were not employed (78.7%) and were retired (85.9%). In addition, the vast majority had some religious affiliation, corresponding to 94.8% of the cases. Regarding health and disease status, the majority of the elderly reported having at least one chronic disease (59.4%), with an average of 12 years since diagnosis (62.4%). The practice of physical activity was less common, with 53.1% of participants declaring that they did not engage

in physical activities regularly. Regarding income, (52.2%) reported being satisfied with it, as well as with their health situation (68.1%) and general quality of life (97.5%) (as per Table 2).

DISCUSSION

The average age of study participants was 69.8 years, with the 60 to 69 age group being the most prevalent. These data agree with information obtained from the analysis of data provided by the Brazilian Institute of Geography and Statistics (IBGE) on aging in the country. Similar to what was observed in this study, previous studies, such as that of Barbosa ⁽¹¹⁾, they also highlighted an average age of around 70 years for the male population.

According to information provided by the IBGE, the Aging Index of Brazil and the State of São Paulo has been registering a constant increase since 2010, with projections indicating that this trend will continue until 2060. During the period analyzed by the institute, the proportion of people over the age of 60 increased from 11.3% to 14.7% of the country's total population⁽⁷⁾.

Regarding education, it was found that most participants had, on average, eight years of education. In this context, data from the Brazilian Institute of Geography and Statistics (IBGE) ⁽⁷⁾ reveal that in Brazil, the illiteracy rate is closely related to the age group, highlighting that the more advanced the age of the population group, the greater the proportion of illiterate individuals.

In a study conducted by Camarano et al. with elderly people, the average level of schooling identified was approximately five to six years. The authors point out that this relatively low level of schooling can be attributed to social, historical and cultural factors that influenced the educational experiences of these people in the past. They also suggest that the lack of adequate investment in education by the

Government during the period in which these people were of school age may have contributed to this educational reality⁽¹²⁾.

Another point highlighted refers to the financial difficulties faced by families during this period. This occurred because, as the authors point out, in the past, families were generally made up of many members compared to today, which led to all members working early in order to contribute to the family's subsistence. As a result, opportunities to attend school often took a back seat⁽¹²⁾.

In summary, it can be observed that the average number of years of schooling of the elderly Brazilian population is very low, although data show that there has been an increase in recent years. Notably, for men, the average time of schooling increased from 2.4 years to 5.1 years, while for women, it went from 1.9 years to 4.9 years. It is worth noting that the level of schooling of a population is a crucial indicator of its living conditions, impacting both health and participation in the labor market and income earned⁽¹²⁾.

Elderly literacy plays an important role in promoting their inclusion in family dialogues, stimulating conversations and improving relationships within the family. This occurs through the cultivation of values such as patience, tolerance, admiration and respect between different generations⁽¹¹⁾. Therefore, literacy plays a substantial role in the quality of life of individuals, contributing to psychological, physical and social balance in old age.

Both literacy and the learning process are intrinsically related to the quality of life of elderly people, since the activities facilitated by these skills tend to delay the decline of intellectual capacities. This, in turn, allows them to remain integrated into society for longer, remaining an active part of the population.

Variables	n	%
Age		
60 to 69 years	105	60,3
70 to 79 years	52	29,9
80 years or over	17	9,8
Education (N=170)		
0 to 8 years	134	78,8
9 years or over	36	21,2
Marital status		
Without spouse	60	34,5
With spouse	114	65,5
Number of children		
The person does not have children	13	7,5
1 to 2 children	50	28,7
3 children or over	111	63,8
Does the person work at the moment?		
Yes	37	21,3
No	137	78,7
Status of retirement (N=163)		
Retired	140	85,9
Not retired	23	14,1
Religion		
Yes	165	94,8
No	9	5,2
Does the person consider himself a religious and spiritual person?		
Yes	145	83,3
No	29	16,7
Does the person have a chronic illness? (N=160)		
No	65	40,6
Yes	95	59,4
Time of chronic disease carrier (N=93)		
Less than 12 years	58	62,4
12 years or over	35	37,6
Practice of physical activity? (N=162)		
Yes	76	46,9
No	86	53,1
Satisfaction with monthly income (N=163)		
Satisfied	85	52,1
Instatisfied	78	47,9
Satisfaction with health (N=163)		
Satisfied	111	68,1
Instatisfied	52	31,9
Satisfaction with life (N=161)		
Satisfied	157	97,5
Instatisfied	4	2,5

Table 2: Sociodemographic and health characteristics of elderly men - Mogi das Cruzes, 2022(N=174)

Source: study

Regarding marital status and number of children, the survey revealed that most of the elderly participants stated that they were married and had three or more children. It is believed that having a spouse and a greater number of descendants provides the elderly with the security of counting on future care within their own family, with such responsibilities shared among the members. In addition, the presence of the spouse in daily activities and social interactions contributes to the self-esteem and autonomy of the elderly⁽⁷⁾. Therefore, it is clear that having a partner, children and a family is a factor that stimulates social relationships and, consequently, promotes greater autonomy, well-being and quality of life at this stage of life.

Regarding the topic of “work”, it was observed that the majority of elderly men (78.7%) stated that they were no longer working, and 85.9% of them were retired. A study conducted in Porto Alegre, involving elderly people who continued working after the age of 60 and those who stopped working shortly after that age, revealed that work was highly valued by the elderly, providing feelings of fulfillment and satisfaction. These results are supported by the fact that 54.7% of those who had stopped working expressed the desire to return to professional activities, if they had the opportunity⁽¹³⁾.

In view of this, it is clear that maintaining an active and productive life is extremely important for the elderly, since this approach offers a renewed perspective on aging, promoting social inclusion and improvements in quality of life, in addition to contributing to the reduction of the incidence of depressive symptoms. The author concludes that there is an association between maintaining professional activities and a lower number of depressive symptoms, as well as a better quality of life, especially in the psychological, physical and social domains⁽¹³⁾.

Another descriptive study on this topic, conducted with 113 elderly people in a community group in Cajazeiras, Paraíba, with the aim of evaluating the quality of life between elderly people who work and elderly people who do not work, found that elderly people who continued to work had higher average quality of life scores compared to those who did not work. This led the authors to conclude that work plays an important role in maintaining and improving the quality of life of elderly people⁽¹⁴⁾.

Another relevant aspect to be highlighted is retirement, since the majority of participants in this study reported being retired. According to data from the IBGE (Brazilian Institute of Geography and Statistics), 76% of seniors aged 60 or over receive retirement or survivor's pensions, or both, and this coverage is similar for men and women. However, only 40% of the population aged 15 to 59 contributes to the social security system, while another 5% contributes to their own social security schemes or to the military pension scheme. This disparity, combined with the rapid aging of the population in Brazil, creates a scenario conducive to a significant increase in the number of retirees by age or contribution time, without a corresponding increase in the number of contributors to the social security system. This could negatively impact the current social security model, which will require intergenerational solidarity⁽¹⁵⁾. In any case, it is notable that retirement has a significant impact on the well-being and quality of life of the elderly, although, in most cases, it does not provide the minimum necessary for a dignified life⁽⁴⁾.

Regarding religion, most elderly people stated that they practiced some religion, with Catholic affiliation being the most prevalent. Furthermore, data from the Brazilian Institute of Geography and Statistics show that the majority of the Brazilian population

(77%) is Christian, with Catholic affiliation predominating⁽¹⁶⁾. Religion appears to play an important role in the lives of older adults, especially as age advances and the challenges associated with aging increase. Many turns to religion as a coping strategy to overcome these adversities. Therefore, religion and spirituality represent important sources of emotional support for older adults, with significant impacts on physical, mental, and social health⁽¹⁷⁾.

Religion is a sociocultural dimension that has meaning for both individual and collective expression. It can be seen as a way of dealing with the suffering and illnesses that can arise with advancing age, as well as a way of participating in society and building emancipatory opportunities. Therefore, religiosity can play a fundamental role in aging with dignity, allowing people to better face the challenges and transitions throughout life. Through religious belief, individuals can attribute meaning to life events, understanding them as part of something greater and believing that nothing happens by chance. These personal beliefs can contribute to personal development, promoting wisdom, balance and maturity⁽¹⁸⁾.

Regarding chronic non-communicable diseases, approximately 65% of the elderly participants in this study reported having some type of chronic disease, with high blood pressure and diabetes mellitus being the most prevalent, respectively. Data from the IBGE corroborate these results, indicating that high blood pressure is the most common chronic disease among the elderly in Brazil, affecting approximately 60% of this population. As age advances, the probability of developing chronic diseases increases. For example, in people aged 75 or older, the probability of having chronic diseases is 54%⁽⁷⁾. The rapid aging of the population in Brazil has contributed to the increase in the prevalence of chronic non-

communicable diseases, which are the main causes of mortality and disability worldwide. These diseases account for 38 million deaths per year, with three out of four occurring in developing countries, such as Brazil⁽¹⁹⁾.

Currently, chronic non-communicable diseases represent a serious public health problem, not only due to the high costs they generate for the health system, but also due to the consequences they impose on the lives of the elderly. They can result in death, loss of functional capacity and, as a result, a worse quality of life⁽²⁰⁾. For older men, the impact of these diseases is particularly felt, since health is a matter of great relevance, and facing a disease can represent a disabling condition that prevents them from actively participating in society and carrying out daily activities⁽²⁰⁾.

When it comes to health, it is, in fact, one of the most important factors for the well-being and quality of life of elderly people. As age advances and the limitations and disabilities inherent to this process emerge, maintaining good health becomes the most valuable asset for autonomous aging with quality of life.

The perception of satisfactory health is related to social, demographic, economic, cultural, psychological factors and physical capacity. One way to assess these aspects is through self-perception of health, which is the assessment made by the individuals themselves or by the reported morbidity. Although there is a growing interest in assessing the self-perception of health in the elderly, studies of this nature are still scarce, especially in Latin American countries, such as Brazil⁽²¹⁾.

Regarding the habit of practicing physical activity, several studies highlight the importance of elderly people adopting this practice to maintain their health. The main benefits are related to better functioning of the body, reduction of functional losses, promotion of autonomy, reduction of the risk of death

from cardiovascular diseases, control of blood pressure, maintenance of bone density, expansion of social networks, reduction of anxiety, relief of stress, among others⁽²²⁾.

To maintain a routine that includes regular physical activity allows seniors to feel more energetic, increase their ability to perform tasks, and have more enthusiasm for life. In Brazil, studies have shown that regular physical activity has a positive impact on seniors' quality of life in all aspects. Activities such as walking and dancing, for example, provide benefits for general health.

These practices contribute to improved cognition, stress reduction, muscle strengthening, joint protection, balance development, increased flexibility, improved attention, and fostered social interaction⁽²⁴⁾.

Therefore, it is extremely important to encourage the habit of practicing physical activities in old age. Strategies must be adopted to promote the practice of physical exercise and raise awareness among this population about the risks of physical inactivity, especially with regard to the development and worsening of chronic diseases. It is possible to establish public policies that allow older people, especially men, to participate in physical activities that promote strength and endurance, such as weight training.

FINAL CONSIDERATIONS

The study provides a comprehensive overview of the sociodemographic and health characteristics of older men in the metropolitan city of São Paulo, reflecting important trends and challenges of aging in Brazil. The average age of participants, which is 69.8 years, is in line with national statistics on aging, and the predominant age range between 60 and 69 years is consistent with data from the Brazilian Institute of Geography and Statistics (IBGE). These data confirm the growing trend of population aging, with

projections indicating that this phenomenon will continue until 2060.

Analysis of educational levels reveals that most participants have approximately eight years of formal education, a pattern that is in line with the historical trend of low educational attainment among older adults in Brazil. The relationship between age and educational level is significant, reflecting the educational limitations that these individuals have faced in the past due to socioeconomic and historical factors. This scenario highlights the importance of public policies that aim to improve access to lifelong education, especially for the elderly population, so that they can enjoy a better quality of life and social inclusion.

The study also highlights the relevance of marital status and the number of children in the quality of life of the elderly. The presence of a spouse and children is associated with a crucial social support network, which contributes to the autonomy, security and emotional well-being of the elderly. This aspect reinforces the importance of supportive family structures in promoting healthy aging.

Retirement is another significant point. The research revealed that the majority of elderly men are retired, and the literature indicates that continuing to work or being engaged in productive activities can improve quality of life and reduce depressive symptoms. This suggests the need for strategies that promote continued engagement in meaningful activities, even after retirement, to preserve mental health and life satisfaction.

Religiosity plays a fundamental role in the lives of the elderly, offering emotional and spiritual support that can be vital in facing the challenges of aging. Religious practice can provide a sense of belonging and purpose, helping to cope with adversity and improving overall quality of life.

Non-communicable chronic diseases, such as hypertension and diabetes, are prevalent among participants and represent a significant public health challenge. Managing these conditions is crucial to maintaining the quality of life of older adults. The importance of regular physical activity is emphasized, with evidence showing that exercise can improve overall health, reduce the risk of cardiovascular disease, and promote psychological well-being.

In summary, understanding the sociodemographic and health aspects of

older men is crucial to developing policies and programs that meet their specific needs. Integrated approaches that consider continuing education, family support, engagement in productive activities, physical exercise, and spiritual support can provide healthier and more satisfying aging. The study reinforces the need for a careful and comprehensive look at the older population, to ensure that public policies and health services are aligned with their realities and needs, promoting active and quality aging.

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