The influence of gender on quality of life in older adults at a health service in Vitória-ES

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Abstract

Objective: To analyze the influence of gender in the different domains of quality of life in the older adults of a Family Health Unit in Vitória-ES.

Methods: Quantitative cross-sectional study with 171 older adults based on the inclusion criteria: age equal to or greater than 60 years, registered in the Bem-Estar Network and assisted by the Family Health Unit studied; and exclusion: inability to answer the questionnaire, impossibility of access to older adults, death and/or migration, incompleteness or absence of the relevant variables. Quality of life was analyzed using the SF-36 instrument and data were analyzed descriptively and inferentially using the t test, adopting p < 0.05.

Results: Most seniors were female (60.8%), with 0 to 4 years of study (59.6%). Women had a perceived quality of life as regular/negative when compared to men. Analysis of the SF-36 scale showed lower quality of life among females in terms of functional capacity, physical appearance, general health, vitality and social functioning.

Conclusion: Gender can be a factor influencing the quality of life among older adults, although there are several studies on the subject, more studies are needed to compare the quality of life of older adults in relation to gender.

Keywords: Quality of Life; Elderly; Gender and Health; Family Health Strategy.
INTRODUCTION

Aging is a natural process that encompasses several changes in the body and in human life, and this condition is characterized by biological, psychological, social, cultural and economic changes. In addition, the physiological transformations that occur contribute to the reduction of the individual’s organic functions and, therefore, it is understood that aging occurs slowly and gradually over time.

By 2060, Brazil will present a significant drop in the infant age group, which can be explained by the sharp decrease in the fertility rate and, consequently, in the birth rate, which, when combined with the decrease in the mortality rate, shows the aging of the population. In view of this, projections by the Brazilian Institute of Geography and Statistics (IBGE) show that the growth of people over 60 years of age may reach more than 200% in the coming decades, and today this age group represents approximately 13% of the Brazilian population.

Consequently, this situation in the country can be intimately related to a phenomenon known as demographic transition, where there is a considerable increase in the number of older adults and, thus, a change in the structure of the Brazilian age pyramid. Based on this situation, it is important to highlight that the increase in non-transmissible chronic diseases (NTCDs) in older adults is inevitable and this can be an aggravating factor for the decrease in the quality of life of this group of individuals.

Through this growth, it is important to highlight that construction of social roles differs between men and women. This distinction creates several instances where some practices are socially more accepted by a given gender. Thus, certain outcomes tend to be more common in females, while others occur more frequently in males. Education, employment, social roles and family relationships contribute to different life paths between those born male and those born female. Thus, in old age, inequality between the sexes can be found, which reflects on quality of life of older adults.

Feminization is part of the aging process, characterized as the predominance of females over males in the older population. Therefore, in most regions of the world, women are the majority of older adults and, according to estimates, they live, on average, five to seven years longer than men, although older women are more frequently affected by several comorbidities when compared to older adults men.

This longer life expectancy might be associated with improved disease prevention and treatment, as well as greater health care by women. Women adopt, in their routine, healthier life habits and have a greater demand for health services, since, during aging, this gender experiences important physiological issues, such as the onset of the climacteric, which causes a great hormonal, psychological and sociocultural impact, as well as the feeling of worthlessness, loss of youthfulness and infertility, generating feelings of suffering and anguish.

Furthermore, it is worth noting that, with rapid modernization and cultural changes, the social experiences of each generation vary greatly. Women of the 20th century had activities mostly focused on the domestic environment, taking care of the home and children, with high fertility rates and greater social and sexual repression. Over the years, a phase of social and gender transition was established, where women sought prominence in society, as well as insertion in the labor market, thus having more autonomy over their life choices. In addition, Kowalski JP, et al. (2017) report that today mature women have a greater perception of freedom when compared to years ago and, therefore, they exalt the richness of the current moment.

Such experiences have repercussions on the way of facing old age, being seen differently by each one, that is, while some are concerned with taking care of activities related to home and family, others seek professional and personal accomplishments, since aging entails the decrease in economic status, making them more dependent on family or state support, with less and less quality of life.

Therefore, it can be noted that older adults demand care and special attention to maintain their own autonomy and, above all, personal satisfaction.

The measurement of quality of life in older adults can be influenced by several factors, such as interpersonal relationships, represented by family and social life, conditions that affect the psychological, such as mourning processes, personal beliefs, self-esteem and personal satisfaction, and even environmental factors, determined by the daily practice of physical and leisure activities, place of residence and economic conditions.

Given this scenario, it is important to understand that the quality of life of older adults in both sexes is a broad and subjective concept that varies from person to person, in addition to being considered dynamic, as it is not just about physical and mental health of the individual, but also contemplates issues of paramount importance for the human condition, such as physical, social, psychological, cultural and spiritual factors, as well as relevant domains for its determination.

Therefore, taking into account the importance of the changes that occur during the aging process that generate a significant weight for health and understanding that these changes can be influenced by different characteristics, this study aimed to analyze the influence of gender in the different domains of quality of life in older adults at a Family Health Service (FHS) in Vitória-ES.

METHODS

This is a secondary analysis of the database of an analytical cross-sectional study with a quantitative approach, carried out at the FHS Luiz Castellar da Silva, located in the Jesus de Nazareth neighborhood, in Vitória-ES.

The primary study had an intended sample of 246 older adults, calculated from the number of older adults registered at the FHS in April 2018 and with a proportional estimate equal to 0.5, a margin of error of 0.05 and an increase of 30% to remedy possible sample losses. For selection, the older adults were randomized from an organization in alphabetical order according to their micro area and, afterwards, there was a random choice of 2 out of 3 older adults. The interviews and assessments with
the selected older adults were carried out at home by the researchers themselves, after undergoing prior training.

The inclusion criteria were: older adults aged 60 years or over, registered on the Wellness Network (Rede Bem-Estar) platform and assisted by the FHS in the studied neighborhood, as well as those who have answered the quality of life questionnaire and signed the Informed Consent (TCLE). As exclusion criteria, the following were considered: illiterate or cognitively impaired older adults who were unable to answer the questionnaire, impossibility of access to the older adult due to refusal or family restriction, cases of death and/or migration to another region prior to the conducting interviews and/or assessments and those with incompleteness or absence of data relevant to this study. Thus, 171 older adults who met the established criteria were included in this survey.

The sociodemographic profile was characterized considering the following variables: age (60 to 69 years old, 70 to 79 years old or 80 years old or more), gender (female or male), marital status (with or without a partner) and education (by years of study). Data were obtained through a semi-structured questionnaire that allowed tracing the sociodemographic profile and health conditions, recorded in a separate collection form.

Short Form Health Survey – 36, known as the SF-36, was used to assess quality of life, that is easy to understand and apply, translated and validated by Laguardia J, et al. (2013). It consists of 36 items grouped into 8 domains called functional capacity, physical aspects, pain, general health status, vitality, social aspects, emotional aspects and mental health. The score of this questionnaire is obtained by answering the items, with scores for each question converted into a scale from zero to one hundred, in which zero corresponds to the worst general state of health and one hundred to the best.

Subsequently, the data were tabulated using the Microsoft Excel Software spreadsheet and analyzed using descriptive and inferential statistics, where the t test was adopted to compare the averages of the domains between female and male older adults, with a significance level of p < 0.05 for all analyses.

This research is part of an umbrella study entitled “Health conditions and functionality of older adults assisted by the Family Health Strategy in Vitória”, which was presented and approved by the Research Ethics Committee of the Higher School of Sciences of the Holy House of Vitória (EMESCAM) under the number 2,142,377, following the norms and guidelines of Resolutions 466/2012 and 510/2016 of the National Health Council.

RESULTS

The sociodemographic profile of the surveyed population is mostly of older adults aged between 60 and 69 years (38.6%), female (60.8%), who lived with a partner (62.6%) and who had 0 to 4 years of study (59.6%).

The prevalence of low perception (regular/negative) of the quality of life of this sample was 57.3%, with the women perceiving their quality of life more regularly/negatively (63.0%) than the men (47.0%).

The results of the SF-36 domains associated with gender indicated that differences between the mean values of the two groups are greater than expected by chance or chance and there is a statistically significant difference between the two studied groups (Table 1).

Regarding to the comparison of the averages of the different domains of quality of life among the older adults, it is noticed that the older men have a better score in most aspects when compared to the older women. In addition, a lower quality of life was observed among female individuals in the domains of functional capacity (p = 0.003), physical appearance (p = 0.017), general health status (p = 0.043), vitality (p < 0.001) and social aspect (p = 0.024).

Table 1: Comparison of males and females in relation to the mean and standard deviation in association with the domains of the SF-36 instrument.

<table>
<thead>
<tr>
<th>SF-36 Domains</th>
<th>Male</th>
<th>Female</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional capacity</td>
<td>75.1 ± 28.1</td>
<td>61.8 ± 30.5</td>
<td>0.003</td>
</tr>
<tr>
<td>Physical Appearance</td>
<td>65.0 ± 21.7</td>
<td>56.3 ± 23.6</td>
<td>0.017</td>
</tr>
<tr>
<td>Pain</td>
<td>66.5 ± 31.6</td>
<td>57.8 ± 33.5</td>
<td>0.073</td>
</tr>
<tr>
<td>General Health Status</td>
<td>58.9 ± 21.7</td>
<td>54.9 ± 18.9</td>
<td>0.043</td>
</tr>
<tr>
<td>Vitality</td>
<td>77.0 ± 21.0</td>
<td>63.4 ± 24.8</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Social Aspect</td>
<td>81.4 ± 27.6</td>
<td>72.2 ± 30.1</td>
<td>0.024</td>
</tr>
<tr>
<td>Emotional Aspect</td>
<td>60.8 ± 43.1</td>
<td>59.9 ± 45.6</td>
<td>0.988</td>
</tr>
<tr>
<td>Mental health</td>
<td>79.8 ± 19.7</td>
<td>74.0 ± 22.7</td>
<td>0.072</td>
</tr>
</tbody>
</table>

Source: Own authorship. SD: Standar deviation
Each individual faces the aging process in a different way, with the influence of external and internal factors that affect social, cultural and psycho-emotional aspects, together with the decrease in cognitive and motor functions, intrinsic to this period of life. However, this situation should not be synonymous with losses, since technological advances in the health field aim to provide a better quality of life for older adults.

Regarding the assessment of quality of life, it is noticed that older adults males had better indices in the SF-36 domains compared to females. Associated with this, Oliveira ERA, et al. (2011) state that higher scores in functional capacity lead to better adaptation to daily activities and, thus, the importance of physical exercises in the daily routine is perceived, with the aim of giving new meaning to life and daily tasks.

The regular and constant practice of physical activities and aerobic exercises can positively influence the quality of life and functional capacity of older adults. Physically active individuals have better self-rated health, physical vitality, BMI and lower incidence of diseases common in senility, such as hypertension, diabetes, osteoporosis, thyroid disorders and osteoarticular diseases. Thus, the intimate relationship between the act of exercising and the increase in the perception of quality of life, as well as issues related to this area, is perceived.

It is worth noting that women had negative results in these domains, as found by Roncon J, et al. (2015) who show significant differences in the level of quality of life according to gender, both in functional capacity and in mental health, evidenced by depression and anxiety. In these aspects, women have a lower quality of life when compared to men.

On the other hand, analyzing the functionality of older adults, the study by Gouveia ERQ, et al. (2017) show that the improvement in the functional and physical capacity of this population has generated great progress in quality of life, since lack of joint and motor flexibility can influence body mobility, increasingly reducing social interaction and autonomy of older adults. Allied to this, it can be stated that physical health directly affects quality of life of older adults and, consequently, regular practice of physical exercises proposes a positive increase in functionality, delaying losses and providing greater independence.

Campos ACV, et al. (2015) found that the number of men with active aging was greater than that of women, reaffirming the findings of the present study. Occasionally, the insertion of older adults in group activities contributes to the individual being more active, as these collective practices can help reduce social isolation and, therefore, favor the increase of self-esteem and encourage the development of associated positive life habits to self-care and health promotion.

Furthermore, Resende MC, et al. (2011) carried out a survey with a sample of 406 members, with an average age of 66 years and who frequented Community Centers, presenting results similar to the findings of this study, since women reported feeling more pain and having worse health physical. Therefore, the authors associated this with the fact that women have greater longevity when compared to men and more years of life mean that many older women go through an experience called biological debilitation due to chronic diseases, while men have a shorter life span.

Likewise, Lasta KC, et al. (2018) gathered a sample consisting of 244 women who were divided into three groups according to age and evaluated regarding their quality of life through the SF-36 questionnaire, where it was found that, in the general state of health and vitality, women had a worse quality of life, more evident with advancing age, reinforcing the findings of the present study where, in fact, older women had the same outcome.

On the other hand, when comparing these same domains between older men and women, it is identified that men have a better score than women. This is in line with a study with 1204 older adults by Guedes DP and Hatmann AC (2013), in which, 645 were female and 559 were male and it was identified that men had more favorable values in terms of autonomy and overall quality of life.

Such results may be associated with the prevalence of female older adults in relation to male, explained by Silva J, et al. (2020) with a cross-sectional study that associated a lower female quality of life with the fact that women have greater longevity compared to men. Due to their longer life expectancy, older women are highly vulnerable to developing physical and depressive symptoms during old age, in addition to more advanced ages being accompanied by a higher incidence of chronic diseases, disabilities and depression.

Faced with this heterogeneity that exists between men and women, both in their social roles and in their experience, it is extremely important to highlight that the quality of life goes far beyond the assessment of just the functional capacity of older adults. This variable is also shaped by the social and cultural experiences that each individual has the opportunity to experience, since aging process is difficult and arduous for some, especially when psychic, mental and bodily changes are more marked, such as the emergence of new pathologies that demand more care and can culminate in increased dependency on third parties.

The limitations of this study are mainly characterized by the research design, that is, cross-sectional studies, as they demonstrate a temporal cut, do not allow establishing a causal relationship between the variables analyzed. In addition, sample size is small and would require prospective studies to conclude any hypotheses raised. Another limiting factor would be the memory bias of the interviewed older adults, since they needed to respond to the questionnaire and could not remember some information, which tried to be circumvented using a team of previously trained researchers and the exclusion of older adults with inconsistent data or incomplete.

Among the strengths of this study, use of a validated instrument that is widely recognized by the scientific community, as well as the interview form that allows a comprehensive and broad health assessment of the older adults. In addition, different variables were used for the research composition, which also adds value in building the profile of the studied population. It is extremely important that older adults are seen as part of society, respecting their particular and complex characteristics.
CONCLUSION

It can be concluded that the quality of life is influenced by gender and most of older adults who participated in the research were female, living with their partners and had low educational levels. Furthermore, differences in quality of life between men and women were found after evaluating the various domains covered by SF-36, where women had a lower quality of life than men in both functional and social aspects, as well as in the state general health, physical health and vitality.

Therefore, more studies are needed to compare the variable in older adults in relation to gender to better elucidate this scenario, thus bringing conclusions and guidelines so that the health team knows where early intervention is necessary in order to remodel quality of life, especially for women, to ensure means that promote and maintain the well-being of older adults, also increasing autonomy.

REFERENCES


Resumo

**Objetivo:** Analisar a influência do gênero nos diferentes domínios da qualidade de vida em idosos de uma Unidade de Saúde da Família de Vitória-ES.

**Métodos:** Estudo transversal quantitativo com 171 idosos a partir dos critérios de inclusão: idade igual ou superior a 60 anos, cadastrados na Rede Bem-Estar e assistidos pela Unidade de Saúde da Família estudada; e de exclusão: incapacidade de resposta ao questionário, impossibilidade de acesso ao idoso, óbito e/ou migração incompleta ou ausência das variáveis pertinentes. A qualidade de vida foi analisada por meio do instrumento SF-36 e os dados foram analisados de forma descritiva e inferencial por meio do test *t*, adotando-se *p* < 0,05.

**Resultados:** A maioria dos idosos era do sexo feminino (60,8%), com 0 a 4 anos de estudo (59,6%). As mulheres apresentavam qualidade de vida percebida como regular/negativa quando comparada aos homens. A análise da escala SF-36 demonstrou menor qualidade de vida no sexo feminino na capacidade funcional, aspecto físico, estado geral de saúde, vitalidade e aspecto social.

**Conclusão:** O gênero pode ser fator de influência na qualidade de vida entre os idosos, embora existam diversos trabalhos sobre o tema, são necessários mais estudos que comparem a qualidade de vida dos idosos em relação ao sexo.

**Palavras-chave:** Qualidade de Vida; Idoso; Gênero e Saúde; Estratégia Saúde da Família.