


SELF-PERCEPTION OF AGING AND OLD AGE OF URUGUAYAN ELDERLY LIVING IN HOUSING PROJECTS

 <https://doi.org/10.56238/sevened2024.029-045>

María Virginia Aquino Santiago¹, Celmira Lange², Marcos Aurélio Matos Lemões³, Carolina Gabriela Ocampo Aguiar⁴ and Enrique Agnese⁵

ABSTRACT

Self-perception influences the way you face challenges related to health, aging, and your physical and mental well-being. Objective: To know the self-perception of elderly people living in housing complexes provided by the Social Security Bank, regarding aging and old age, their social relationships and the economy. Methodology: Qualitative study, with a narrative approach. Intentional selection of participants. Study population 27 people over 65 years of age, with more than one year living in one of the three housing complexes. Techniques for obtaining information: semi-structured and individual interviews. Field period September to December 2022. Results: Of the participants, 20 were women and 7 were men. All have comorbidities and some functional limitations. Regarding self-perception, the results varied in relation to aging and old age. Relations with neighbors expressed that they were weak or absent ties. Final thoughts: Your economic situation is limited and the social support network is insufficient or non-existent. The diversity found in the self-perception of ageing and old age may be due to past and present circumstances, their social environment, economic resources and health.

Keywords: Self-perception. Aging. Oldness. Old. Qualitative research.

¹ Highest degree of education: Prof. PhD in Health Sciences and Nursing
Academic institution: Universidad de la República - Faculty of Nursing UA Salud Adulto y Anciano - Uruguay.

² Education: Doctor Professor in Nursing at the Ribeirão Preto College of Nursing
Academic Institution: University of São Paulo (USP) – Brazil

³ Education: Doctor in Sciences, Federal University of Pelotas (UFPeL)-Brazil
Academic Institute: University of São Paulo (USP) – Brazil

⁴ Highest degree of training: Prof. Adj. Esp. in Health Services Management - Master's Degree.
Academic Institute: University of the Republic - Faculty of Nursing UA Adult and Elderly Health - Uruguay.

⁵ Highest degree of education: Bachelor of Nursing, Dr. Aydte.
Academic institution: Universidad de la República - Faculty of Nursing UA Salud Adulto y Anciano - Uruguay.



INTRODUCTION

The world is ageing, the proportion of people aged 60 and over continues to rise, with people over 80 being the fastest growing demographic sector. The increase in life expectancy can be considered a triumph, but it must be accompanied by a change in the perception of old age. Aging and old age are a natural part of the life cycle, with biological, psycho-affective, social and cultural changes, it is an individual process and is not synonymous with disease. ¹

The concept of old age that each individual has is a cultural construction, where forms of kinship, health, economy, functional capacity, education, religion, among other things, interfere.²

In other words, the self-perception of aging and old age will be different for each person, varying according to their individual and cultural experiences, although there are common issues at this stage. There are people who can self-perceive this process as natural and part of life, having a positive attitude, and in others this self-perception can become negative for various reasons, being accompanied by feelings of sadness, loneliness, abandonment, devaluation, changes in health, physical fragility, mental deterioration, fragility in social relationships, poverty, generating concern and/or fear, thinking or living this last stage of life.³

Trying to understand the elderly, their feelings, their needs and desires, would help to recognize and respect the heterogeneity of these people who do not lose their rights just because they are elderly. It would be avoided to continue classifying these people into rigid and derogatory categories any longer, understanding that each person has their own life story, that there is no single way to live it, and that it is subject to personal circumstances and decisions.⁴

In Uruguay, there is a sustained increase in the number of seniors aged 65 and over, compared to other age groups, making it considered one of the oldest countries in Latin America and the Caribbean.⁵ The State assumes the responsibility of facing this reality, generating public policies on the issues of old age and aging, in order to promote the rights of the elderly to achieve a dignified and quality old age.⁶

To this end, there are institutions that have centralised policy action on old age; Within the Ministry of Social Development, the National Institute for the Elderly⁷ is created, responsible for designing, coordinating and evaluating social policies on the issues of old age and ageing.⁷

One of the State's responses is linked to housing for the elderly population, through the Housing Solutions Program of the Social Security Bank (BPS), in agreement with the



Ministry of Housing and Spatial Planning. The right to housing is recognized, seeking to respond to a sector of this elderly population that receives the lowest pensions or pensions, adding other elements of social vulnerability in which it is, providing different types of solutions such as: Housing located in Housing Complexes, rent subsidies and "sleeping space".

Housing is provided, often leaving behind issues that were important in their life and that are part of their identity, their sense of belonging, such as having to get rid of the neighborhood, the affective ties, to guarantee a place to live.⁸

Although there are many methods to assess the health status of the elderly population, self-perception has been widely used, because despite its subjectivity, its practicality and reliability have been demonstrated, being able to predict morbidity, mortality and functional deterioration. The individual's perception of aging and their life contributes significantly to this process.⁹

Knowing the self-perception of older adults living in BPS housing complexes about their old age is essential to improve their quality of life, guide new policies and programs, promote social participation, and understand their needs and concerns. This would help to address challenges more effectively and promote healthy and positive ageing.

In Uruguay, no studies were found on self-perception in elderly people living in housing projects of the Social Security Bank.

This article allows us to know the self-perception of the elderly people who live in these housing complexes made available by the Social Security Bank, about old age and aging, and their social and economic relationships.

METHODOLOGY

The study carried out had a qualitative approach because it allows, as Minayao says: to work with the universe of meanings, motives, aspirations, beliefs, values and attitudes that cannot be reduced to an operationalization of variables.¹⁰ People's lives are important, focusing on feelings and perspectives, on the physical, social and cultural context in which they occur.

Three housing projects for BPS retirees and pensioners in the city of Montevideo were selected for the investigation. The criteria that were established for the selection of the complexes were as follows: Complexes that were selected by the Faculty of Nursing to carry out practical teaching for students of the Bachelor of Nursing, in the care of the elderly at different times (Continues in 3 years, 1 year and less than 6 months); the geographical location of the complexes in terms of accessibility to health services. The study received



authorization from the BPS and data collection was carried out between September and December 2022.

The invitation was made in each of the complexes through posters in the elevator and in the spaces for common use by residents, ensuring that everyone had the same possibility of participation. However, people had to be 65 years old or older and have lived in the BPS housing complex for more than a year.

The study population consisted of 27 elderly people living in housing complexes for retirees and pensioners. To define the number of participants, the saturation point methodology was used, so that, after a certain quantity, new cases are repeated or come to saturate the content of previous knowledge.¹¹

To obtain information, individual semi-structured interviews were conducted. There were eight interviews in Complex 1, Complex-2 ten interviews and Complex-3 nine interviews. The day and time were agreed upon before the interviews were conducted. These were recorded for later transcription.

25 interviews were conducted at the person's home by decision of each participant, 2 were conducted in the meeting room of the corresponding complex. During the data collection process, the people who were part of the sample signed the Informed Consent Form after receiving the necessary clarifications. In this, the objectives of the research were explained and clarified that their participation is voluntary, anonymous, confidential and that the information collected would be used for exclusively scientific purposes, in accordance with Decree 158/019 on the full protection of human beings. object of investigation, considering his dignity and integrity. To maintain the anonymity of the participants, we changed the names to CH, B, C, which indicates the Housing Complex in which they live, and the number of the order of the interview. The study was approved by the ethics committee, and the request for registration of the project was made to the General Directorate of Health of the Ministry of Public Health - Health Evaluation Division No. 5218709.

RESULTS

CHARACTERIZATION OF HOUSING COMPLEXES

CH Complex. It is located in a central neighborhood with a large concentration of services, public and private offices, educational centers of various levels, theaters, cinemas, important access to public transport, commerce. The streets are concrete, illuminated, there are traffic lights, there are no unevenness. The Complex is a 10-story apartment tower, with



a total of 29 houses spread over 9 floors, the top floor has a lounge that can be used by residents for social activities.

As for the distance to access health services, the closest is 6 blocks (600 meters) and the farthest is 35 blocks.

Regarding services, Pharmacy 1 to 4 blocks, Supermarkets 2 to 3 blocks. The green spaces are between 5 and 10 blocks long. In this complex, the Faculty of Nursing has been working with the elderly for 1 year, after the beginning of fieldwork.

Complex B It is located in one of the most vulnerable areas of Montevideo. According to the boundaries of the neighborhood, it is in the same area as complex 3, but the latter is to the southeast. It is an area that presents several housing problems, unemployment, labor informality, difficulty in accessing basic services. The government of the capital has sought to revitalize the area to improve the quality of life with regard to the neighborhood's infrastructure, social integration, security, health, housing, employment and education. It is a building with 28 apartments, located on a street that has a slope. It is a building that has 3 floors and in the center was left a green space with trees and plants and a meeting room.

It is located in the eastern center of the city of Montevideo, near the summit of a small hill. It is an area with a significant population density, compact, endowed with infrastructures and social services, with signs of impoverishment. Several of its streets are built on these slopes. It is an area that has heritage and historical values, with several social and cultural educational organizations and institutions. In this complex, the Faculty of Nursing has been working with the elderly for 3 months, since the beginning of the fieldwork. It is located on a block that leads to three streets. It is a 3-storey building, with no main entrance ramp. The different floors are accessed by stairs or elevator, it has 47 apartments occupied out of a total of 50. All the houses have natural lighting and face the common courtyard and others face one of the three streets that surround the building. On the ground floor there is a common room, with bathroom, kitchen, is spacious with natural light that overlooks a patio with barbecue and green areas.

With regard to the participants, a characterization table was prepared taking into account age, gender, level of education, the number of people living in the household and the length of residence in the Complex (Table No. 1).



Table 1- Characterization of older adults living in the Montevideo/Uruguay complexes, 2022.

| Interviewee | Genre | Age (years) | Level of education | Number of people per Dwelling / presence of pet | Time living in Complejo |
|-------------|-------|-------------|-----------------------------|---|-------------------------|
| Ch1 | F | 92 | Primary Complete | 1 | 20 years |
| Ch2 | F | 67 | E.Superior Incomplete | 1 | 5 years |
| Ch3 | F | 82 | Utu Secretariat | 1 Pet | 7 years |
| Ch4 | F | 79 | Incomplete Secondary School | 2 (husband) | 4 years |
| Ch5 | M | 86 | Incomplete primary | 2 (wife) | 4 years |
| Ch6 | F | 80 | Incomplete primary | 1 | 1 year |
| Ch7 | M | 76 | Complete Primary | 2(couple) Mascot | 1 year and a half |
| Ch8 | F | 72 | Incomplete Secondary School | 2 (couple) | 1 year and a half |
| B1 | M | 75 | Incomplete primary | 1 | 5 years |
| B2 | F | 68 | Incomplete Secondary School | 1 | 3 years |
| B3 | F | 70 | Incomplete primary | 1 | 5 years |
| B4 | F | 84 | Incomplete primary | 1 | 7 years |
| B5 | F | 72 | Complete Primary | 1 | 12 years |
| B6 | F | 86 | Complete Primary | 1 | 17 years old |
| B7 | F | 87 | Complete Secondary | 1 | 3 years |
| B8 | F | 70 | Incomplete Secondary School | 1 | 1 year |
| B9 | M | 77 | Complete Primary | 1 | 18 years old |
| B10 | M | 78 | Incomplete primary | 1 | 6 years |
| C1 | F | 74 | Complete Primary | 1 pet | 12 |
| C2 | F | 76 | Illiterate | 1 | 6 |
| C3 | F | 76 | Incomplete primary | 2 | 12 |
| C4 | F | 79 | Complete Primary | 2 | 10 |
| C5 | M | 78 | Incomplete primary | 1 | 3 |
| C6 | M | 84 | Complete Primary | 2 | 8 years |
| C7 | F | 71 | Complete Primary | 1 | 4 years |
| C8 | F | 82 | Incomplete primary | 1 | 4 years |
| C9 | F | 70 | Complete Secondary School | 2 | 8 years |

Of the 27 interviewees, the age group was 92 years old and the youngest was 67 years old. In our interviews, 9 of the people are over 80 years old. There is a higher proportion of women living in the complexes, of the interviews, 20 were women and 6 of them were over 80 years old. According to the stories, 19 elderly people live alone. As for the level of education, most do not have a high level, 18 people completed the primary level, but half only managed to complete it. Several of the interviewees expressed that the reason



they could not continue their studies was because they had to leave for work. There were 8 people who reached high school, but only three managed to complete it.

The time of residence in complexes, according to the stories, was 20 years and the minimum was 1 year. Of the total number of interviewees, 9 people live between 5 and 10 years.

Regarding the health of the interviewees, all have comorbidities. The same person has more than one non-communicable disease, which implies health checks, pharmacological treatments, among others. Several of them have some type of functional limitation. Everyone has a healthcare provider that can be public or private.

In the analysis of the interviews, three categories were identified: Self-perception of aging and Old Age; relationship with the neighbors of the complex; socio-economic situation.

"I'm not the same" Self-perception of aging and old age

There are positive aspects that can make this stage of life an enriching experience. One of them is the development of greater wisdom and experience accumulated over the years. As the participants explain below:

"I'm a person who has to thank God every day, because at my age there are people who are already crazy. However, it will be because I exercised my mind in my work,... I'm still mentally well. Well, for me, aging is a part of the human being that has to be respected" (C6).

"Always young, for me the age never came... I hope everyone reaches my age like me... I proudly say that I am 72 years old" (CH8).

"I'm going to enjoy it until the last moment" (B5).

In the stories they express in a positive way their self-perception about their aging process and old age, both in men and women. Where they express a natural phase that is part of life, joy, the feeling of pride. Some attribute what they did in other stages of life as a contribution to them being able to express themselves positively about their aging process today. These are people who have some chronic non-communicable diseases, but that does not invalidate them.

Each individual lives and experiences aging and old age in a unique and different way from others. This self-perception can be conditioned by health problems, decreased functional capacity, loneliness, and social isolation.

"At this age, for example, I would like to be younger, to be able to do more things, which I can't do now,... because of the tiredness of the body... it's like getting old, the fan is shutting down, it's shutting down" (CH2).

"I'm forgetting things. Don't put me in a residence because I don't want to. I'll stop there unfortunately..." (B8)



"I'm not the same anymore, I don't have the same strength anymore,..., it seems like I'm going to break alone" (B10).

"I wouldn't like it, but you. I think about my children. There are days that I lie down and cry like crazy... But it hurts terribly. I mean, I wouldn't want to have a disease. I saw my mother suffer a lot" (C3).

"Getting older is, it's like saying: Well, I'm just sitting here, I'm old,... it is like sitting and waiting for death" (B5).

The elderly express a self-perception with negative aspects. These are people who suffer from chronic health problems, so it is living with them every day and to this is added the need to comply with medications and dietary treatments on an ongoing basis. They associate this phase with physical and cognitive losses, a phase that causes pain, no more plans, passivity, loneliness, sadness, fragility, tiredness, loss of autonomy, dependence.

Other participants have a different self-perception than those mentioned above. To resist lifestyle adaptation or to refuse to recognize the physical and cognitive changes of age, expressing a refusal to have to live old age as expressed below:

"For me, I don't age. I like to be tidy and not get old" (C3).

"I didn't want to reach old age" (C2).

"Yes, yes, I can't answer because I don't know, I haven't thought about what it's like to grow old" (B2).

In the stories, it is impressive that this stage was not thought of, perhaps it was not considered part of the cycle of life. In some, it conveys the idea that he could not stop this process and now he had to live it. Even relating aging to sloppiness, a phase of carelessness, of carelessness in self-care.

RELATIONSHIP WITH THE NEIGHBORS OF THE COMPLEX

Relationships with neighbors can play a significant role in the lives of seniors. For many, neighbors become close companions, providing emotional, social, and practical support, for others they do not. To continue the relationship with the neighbors, they express:

"Moving to the complex..., I lost all the friendships I had there" (CH3).

"Strange to be able to make friends... And here it does not exist, no, it does not exist here" (CH7).

"Relationship with neighbors, honestly I have felt more discriminated against here, here in this complex than outside" (B3).

"There are people here who are scary and there are people who are not. There are people who are difficult to understand" (C6).

"It's complicated. Things are complicated here. You get along with one person and then you can't get along with anyone. Because it's every man for himself" (B4).

"Because there are people who believe that they will never need anyone... And logically,... here the fundamental thing is to help the other" (B9).



The research addresses men and women from different groups, where participants express the fragility or absence of bonds between neighbors. They are people who live the same stage of life, who may have some elements in common such as the fact of living alone, having health problems, difficulty accessing certain services, living in the same condominium, having the same needs. However, the stories I relate between neighbors in the different complexes reflect, it is difficult, there is a lack of empathy, understanding, the impossibility of generating new bonds of friendship, of strengthening the support network, it is mentioned by some neighbors, having felt discriminated against. These are expressions that demonstrate the difficulty of living in housing projects, where it affects well-being, which can increase people's loneliness and isolation.

SOCIOECONOMIC SITUATION

Socioeconomic conditions can have a significant impact on people's self-perception of old age. The relationship between low socioeconomic status and negative self-perception of old age can be explained by several factors. Following the self-perception of the interviewees, they point out that:

"... The elderly in general are poorly cared for, the government has to take care of the elderly. We are a country of the elderly... They give us housing, so what? We are alone as if we were nothing... the pension they pay us... because we earn a pittance" (CH3).

"The government works to improve the quality of life for some. But who cares about the poor? (C9).

"No, the income I have is not enough for me at all... If I don't have money, I have a son who is a sun. He doesn't let me lose anything" (C1).

"No, but retirement doesn't give me... I wish I had more... not worrying about paying the bills and not running out of money" (B1).

"Yes, because when I'm so, really lacking, I take out a loan" (B10).

Important issues felt by older people are collected in the stories. Understand that in the country we are faced with a reality that is the proportion of elderly people, a group that continues to grow and that needs greater support from the State. From what was expressed "Who cares for the poor?", perhaps we want to convey the idea of the importance and value of dedicating time and effort to taking care of these people, of ensuring respect for their rights, of ensuring that they have support for those who are in situations of poverty and vulnerability. They receive pensions that they express are not enough to cover their expenses and are considered a "misery"



DISCUSSION

Particular attention is needed to the situation of older people and in a national context that demonstrates the growth of an ageing society. Old age, a phase that can be prolonged because life expectancy has increased, resulting as much as adulthood, reaching 60 years and adding to these on average another 20. The increase in life years has been accompanied by pathologies and dependence in old age (CIEN 2020).¹² This is demonstrated in the population of people living in housing projects in the city of Montevideo, Uruguay.

Projections indicate that by 2050, women aged 65 and over will account for 54% of the world's population (United Nations, 2019).¹³ The elderly who are unable to stay with their families or in single-cell homes have Social Policies that provide housing complexes.

The results of this research demonstrate a feminization of aging in residents of housing complexes, a phenomenon in which there is a higher proportion of women than men, especially at older ages. Feminization in the elderly population is also noted in a study conducted in Brazil.¹⁴

The fact that aging is more prolonged among women, since they survive longer.

Of those interviewed, most refer to what their history was like since childhood, with health, economic and educational deprivations, and certainly this had an impact on their old age. Many of them were part of disadvantaged socio-economic backgrounds, where they had to drop out early because they had to start working. There are authors who mention that people who have been educated are more likely to make better decisions or have more information about their health than those who have not. These investigations showed how the level of education is considered in the quality of life of the individual. Older adults with no academic education or primary education perceived the dimensions of quality of life as low, compared to older adults with higher levels of education.¹⁵

When analyzing schooling and occupation, it was found that there is a large number of elderly people with little schooling, which may be a reflection of the difficulties in accessing school when they were children and, even due to the precarious socioeconomic conditions, therefore, low income.

Similar data were also found in a study carried out in a Long-Term Care Institution for the Elderly in Rio Grande do Sul/Brazil: low education, low professional qualification and income, in addition to chronic health conditions.¹⁶

The way we see and understand old age, our own and that of others, will be conditioned by various factors such as health, the economic situation and the context in which we age, giving it a meaning according to our own experiences. To have a successful



old age as a goal is not to want to extend the limits of life span, but rather to seek to ensure that she is in good health, in activity and social interaction, independence and autonomy.¹

Self-perception is diversified in the interviewees, and may or may not influence society's view of old age and aging. In the case of Uruguayan society, old age continues to be linked to passivity, deterioration, spending, illness, and the absence of the capacity to act, rarely wisely (CIEN, 2020).¹²

This view is not shared by all the elderly and this makes them heterogeneous, showing that there is no single path and that it is different from what society has of them. There are those who perceive themselves as positive, recognizing it as part of the cycle of life, even nostalgic for some, youth as years of well-being and old age with its losses, but also with gains. The real understanding of the elderly about the changes in their own bodies and in the environment in which they live has a significant impact on active aging and on the good perception of old age.¹⁷

Those who express having difficulties in recognizing themselves in this process, express it as if it did not correspond to their own experience, stating that having the years of life that link it to old age does not mean an element that makes them feel identified as such. The results are similar to a study on Conception and social attributes of old age according to the self-perception of the elderly in the twenty-first century, which shows the imprecision of the concept of old age and the negative connotations associated with it.

The refusal to identify oneself as elderly demonstrates the need to update the meaning that still exists of old age.¹⁸

The lack of acceptance or recognition of old age and aging can cause the person to lose the opportunity to take care of their health and well-being, have difficulties adapting to new circumstances and limit their access to resources that could help in their quality of life. Of the interviewees, their self-perception is linked to issues that accompany them in this phase and affect them in their activities of daily living because they have health problems or live with physical pain. Others have had the experience of seeing a loved one in old age, as is the case of their sick and dependent parents having to be institutionalized.

Another category of the study concerns the social relationships of the elderly, in these situations, the relationship between neighbors of housing complexes. It is an informal network where it can be formed by family and friends as well as neighbors. The elderly interviewed in the complexes live mostly alone, so a component of their informal social relationships should be neighbors.



A study mentions that there is support in care, household chores, monitoring and the money comes mainly from family members, but those who live alone do not receive this support, being followed by those who live alone with their partner.¹⁹

In the investigation, the stories indicate that some people have little connection, very few people mention the existence of friends. A study conducted in Mexico showed that seniors in single-person homes have a smaller support network compared to other types of family arrangements. For those with few economic resources and limited social protection, the informal network is expected to be what helps to cover people's needs, with the family generally being considered as a protective factor.

The study also refers to the need for the elderly to strengthen their social relationships throughout life to generate reciprocity.²⁰

The next category of research is socioeconomic status. People living in the complexes have formal social support in terms of material transactions, as they receive a pension or contributory pension from the BPS that should not exceed 12 Adjustable Units. Generally, at this stage of life, the financial situation is worrying, and you may have money to cover expenses with medicines, health exams, food, services, among other things, and not depend on others to live. This is also an important issue that contributes to the self-perception of how they see themselves at this stage of life.

In the story they say that the money they receive monthly "is not enough for anything", which is a "misery".

One study refers to the role of the family as an important resource for the elderly, responsible for providing direct help, especially for those with health problems, and this support is highly valued.²⁰

Those who do not have the support of their social network resort to monetary loans and enter a recurring circle to obtain money to cover their expenses, exposing themselves to other difficulties that arise in these situations.

A study on older people relates a precarious economic situation with greater frailty, associating that being a woman, widowed and having a low level of education were risk factors for a higher rate of frailty and level of satisfaction. Suggesting that before old age, socioeconomic health conditions should be improved to avoid the presence of financial fragility.²⁰

Undoubtedly, financial fragility is an indicator of health in older people, schooling is an element of protection in both men and women. In the study by Zimmer: where he addresses the prevalence of frailty, he mentions that the most favorable socioeconomic characteristics



and those who live in countries with stronger economic indices, the elderly have life expectancy without disability.¹²

FINAL CONSIDERATIONS

The stories show that self-perception is positive, for others negative or both, perhaps conditioned by life circumstances in the past, personal and cultural experiences, but also in the present, by factors such as their social environment, their economic resources, their health status and emotional support.

In this study, all people live with chronic non-communicable diseases, others with functional limitations, which weakens them to a certain extent. Most are women who live in these complexes, demonstrating that they also survive longer, but not in better health.

The participants' stories allowed them to learn about the social relationships with the neighbors. Human beings are part of the community and need the support of other people in various situations throughout life. In old age it is important to have this support, considered as an element of protection that helps to reduce isolation and the feeling of disconnection from the community, avoids feelings of loneliness and promotes a feeling of permanence and support. The results of the study show that these social relationships are scarce, perhaps ineffective or non-existent, for the interviewees of the different housing complexes, who express difficulties in the bonds between neighbors.

They are people of low socioeconomic status, with a significant impact on their lives, their health, their emotional well-being and their ability to access services and resources. The level of health shows that they have chronic diseases, with certain limitations that affect their daily lives.

Knowing the self-perception of the elderly about their aging and old age brings several benefits, such as knowing the physical and mental health of the elderly, and helping them to adapt and be resilient to the changes associated with old age to face new challenges. It would favour the development of interventions and policies aimed at this population that would promote equality for the elderly, recognizing their rights.

Create programs and services that meet physical, emotional and social needs to promote healthy and satisfying aging, with a positive outlook, which helps to shift to a new paradigm of active and healthy aging, to a more just society, providing opportunities to the elderly. Society must collaborate with the older generations, so that they take an active role in their interaction with the health and citizen security sectors, managing to uproot negative images about this group of people and even about those who are already living old age.



This would help to provide adequate support, opportunities for social participation, access to health services, and promotion of inclusion in society.



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