# ANALYSIS OF SOCIAL INDICATORS ON AGING DATABASE IBGE. IDENTIFICATION OF VARIABLES FOR SOCIAL POLICY MAKERS IN REDUCING THE SOCIAL RISK FOR AGING INDIVIDUALS: THE CASE OF THE ELDERLY IN BRAZIL[1]

# ANÁLISE DOS INDICADORES SOCIAIS SOBRE ENVELHECIMENTO A PARIR DOS DADOS DO IBGE. IDENTIFICAÇÃO DAS VARIÁVEIS PARA TOMADORES DE DECISÃO REDUZIREM O RISCO SOCIAL PARA INDIVÍDUOS EM PROCESSO DE ENVELHECIMENTO: O CASO DOS IDOSOS NO BRASIL

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## 1. ABSTRACT

By considering the discussions on Brazilian families who have elderly individuals in their structure, and the progress in the design of social policies to support aging with autonomy, it was perceived the necessity to identify variables in the social indicators presented by the IBGE in 2008, discussing them based on the literature to suggest possible variables in the design of effective social policies for the elderly in Brazil, offering them a guarantee of autonomy. This study aimed to discussing based on the methodology mentioned, to know the kind of family more susceptible to expose its elderly to social risks, so that progress can be achieved within the scope of studies on

aging.  This analysis aims to support the design of social policies addressed to the elderly in Brazil, as well as to contribute to the global agenda on aging that is, reducing the social risk of the elderly often caused by poor access to support services to autonomy or its absence to support of the routine of the elderly and of their families.

**Keywords:** Social risk.  Elderly. Family and Aging.

## 2. RESUMO

Considerando as discussões sobre as famílias no Brasil que possuem idosos em sua estrutura familiar e o avanço no desenho de políticas sociais para apoio a um envelhecimento com autonomia, percebeu-se a necessidade de identificar variáveis nos Indicadores Sociais apresentados pelo IBGE no ano de 2008, discutindo-as com base na literatura, para possibilitar sugerir variáveis efetivas no desenho de políticas sociais para o idoso no Brasil que ofereçam a garantia da autonomia a esse público. Este estudo buscou discutir, a partir da metodologia mencionada, conhecer o tipo de família mais sujeita a expor seu idoso ao risco social, para que avanços possam ser conseguidos no âmbito da pesquisa sobre envelhecimento. Pois tal análise se propõe subsidiar o desenho de políticas sociais voltadas para o idoso no País, bem como contribuir para a agenda mundial sobre envelhecimento, qual seja diminuir o risco social do idoso, causado muitas vezes pela dificuldade de acesso a serviço de apoio à autonomia ou pela inexistência desse atendimento no cotidiano do idoso e de sua família.

**Palavras-chave:** Risco social. Idoso. Família e envelhecimento.

## 3. INTRODUCTION AND OBJECTIVE OF THE STUDY

It has been discussed the overall social risk to the elderly adults who are exposed to the care issue, especially by considering: (1) the gradual increase in the number of

women entering into the labor market and struggling to attend the demand of care of the aged, (2) the increase in the degree of dependency of the aged considering the growth of the group of elderly people over 80 years old in the world, (3) the feminization of old age, which puts women more likely to lose their family support network as care is perceived as being primarily responsible for the this support within the family, (4) low family income by choosing institutionalization of the elderly in public institutions, and these plaintiffs great financial commitment from the municipal or state governments for running such places, (5) lack of community services, or policies to implement them, reducing the possibility of the aged to remain at home, (6) the physical and administrative burdens for nursing homes to receive the aged, seeking to maintain or to increase their quality of life (7) to qualify the family for the activity of home care, (8) discussion of institutionalization as a way to maintain physical and psychological integrity of the aged, since the income is not sufficient to maintain their autonomy in the house, which is placed as a result of social security policies that do not match the reality from the perspective of life. The latter one is very important for Latin America countries, many of which have aimed at reviewing their current policies for retirement.

By considering the discussions above, this study has as its central motivation to identify variables among different databases and existing studies on Brazilian families with elderly adults in their family structure, to provide data to advance the design of social policies to support aging independently. Specifically, we aimed at identifying variables of Social Indicators presented by the Brazilian Institute of Geography and Statistic (IBGE) in 2008 by considering how old the object of investigation is, discussing them with the literature in the perspective to suggest variables for designing effective social policies in Brazil, offering the guarantee of autonomy for the elderly adults.

This study aimed at discussing the type family more prone to expose its aged to social risks, so studies on aging can achieve success, given that this analysis proposes to

subsidize the design of social policies directed to Brazil as well as to contribute to the global agenda on aging, that is, reduction of social risk in the elderly adults often caused by lack of access to service support to autonomy or their absence in the daily life of the elderly adults.

## 4. METHODOLOGY

The study was conducted by using secondary data of IBGE to show their importance in the production of knowledge on the aging issue in Brazil, as well as to discuss them.

The strategy of the study predicted the use of Social Indicators of 2008 of IBGE on the theme elderly as those are the most suitable for the purpose of this study and are the new ones in addition of being available for public consultation.

Those indicators are used because they allow the understanding of the social profile of the elderly adults in Brazil, and factors that can aid the design of social policies for this population category can be identified from that understanding.

The identified data were presented and discussed by particularly considering the different case studies developed in Brazil and other countries in the world, with special regarding to aspects of these studies as being essential to the understanding of macro variables on the aging process in the world. Among them are the following: participation of the elderly in the labor market, the increasing number of elderly above 80 years old; feminization of old age, family income and care relationships.

We tried to show the manner in which these aspects can affect the ratio of elderly care and because of that they need to be considered for the planning of more appropriate social policies to the design of independent old age adults and thus the quality of everyday life for those involved, namely, the elderly and their families.

## 5. RESULTS AND DISCUSSION

The reflection proposed by this study was based on data of IBGE from 2008, considering both issues for the aging population in Brazil. The data emphasize aspects related to social indicators of the country, which are essential for socio-economic analysis of this population and their families. The variables that were addressed during the study are the following: age, living situation, education, household *per capita* monthly income, housing condition considering own private permanent housing, type of living arrangement, type of living together with their children, distribution of retirees or pensioners, persons performing labor activity; retired performing labor activity. These variables were presented considering the northern, northeastern, southeastern, southern and central regions of the country.

The age of the elderly has been introduced as a variable in the ascendancy in the world. Studies have shown that countries as the United States will have 70.3 million elderly adults over 65 years old in 2030, and the very old (group at 85 years old or more) is 5% of the total population of that country. The group of centenarians, which have increased by 40% since 1900, has 131,000 individuals in 2010, up to 834,000 in 2050. This is a considerably increase when compared to 4,000 centenarian people in 1960 (WEEKS, 2008).

In the case of the United States, older age may be an important variable for the process of residential mobility. Studies have shown that 6% of the population aged 85 or more move in or out their residences, and 50% choose to live in suburban areas, 27% in the cities and 23% in rural areas. This matter is different in Brazil where a process of urbanization of the elderly adults takes place.

When analyzing the issue of older age in Brazil, we see the importance of this variable considering other social indicators of IBGE (housing, years of education, income, labor market). Thus it was necessary to analyze them jointly in this study.

The number of people over 80 years old is considered homogeneous in the Brazilian regions (see Table 1). Brazilian elderly population is distributed in the following proportions: 0.9% in the northern region, and 1.5% in the northeastern region, 1.7% in the southeastern region, 1.5% in the southern region, 1.1% in the central region. Regarding the total elderly population aged 60 years old or older in 2008, Brazil has 1.5% of those in the group aged 80 years old or older. By analyzing the data, we perceive a much greater concentration of them in the southeastern region.

Table 1 - Total resident population and at 60 years old or older, and their total percentage distribution by age groups, according to Major Regions, Units of the Federation and Metropolitan Areas, 2008

**Resident Population**

| Major Regions, Units of Federation and Metropolitan Areas | | 60 Years or older | | | | | | |
| | | | Total | | Percentage distribution by age groups (%) | | | |
| Total (1000 People) | Absolute (1000 People) | Relative (%) | 60-64 years | 65-69 years | 70-74 years | 75-79 years | 80 years or more | |
|---|---|---|---|---|---|---|---|---|
| **Brazil** | **189 953** | **21 039** | **1.11** | **3.4** | **2.7** | **2.0** | **1.4** | **1.5** |
| **North** | **15 327** | **1083** | **7.1** | **2.4** | **1.8** | **1.2** | **0.8** | **0.9** |
| Rondonia | 1519 | 106 | 7.0 | 2.3 | 2.0 | 1.0 | 1.0 | 0.8 |
| Acre | 692 | 45 | 6.6 | 2.4 | 1.5 | 1.0 | 0.7 | 1.0 |
| Amazon | 3399 | 214 | 6.3 | 2.3 | 1.5 | 1.1 | 0.7 | 0.8 |
| Roraima | 421 | 20 | 4.9 | 1.9 | 1.4 | 0.7 | 0.5 | 0.3 |
| Para | 7367 | 545 | 7.4 | 2.5 | 1.9 | 1.3 | 0.8 | 0.9 |
| Belem Metropolitan Region | 2090 | 162 | 7.8 | 2.4 | 2.0 | 1.4 | 1.0 | 1.0 |
| Amapá | 626 | 30 | 4.8 | 1.8 | 1.4 | 0.8 | 0.3 | 0.5 |
| Tocantins | 1303 | 121 | 9.3 | 2.7 | 2.5 | 1.6 | 1.3 | 1.3 |
| **Northeast** | **53 493** | **5441** | **2.10** | **3.0** | **2.6** | **1.8** | **1.3** | **1.5** |
| Maranhao | 6400 | 553 | 8.6 | 2.6 | 2.1 | 1.6 | 1.2 | 1.1 |
| Piauí | 3164 | 349 | 11.0 | 3.3 | 2.8 | 2.0 | 1.5 | 1.5 |
| Ceará | 8472 | 920 | 10.9 | 2.9 | 2.7 | 1.9 | 1.5 | 1.8 |

Table 1 - Total resident population and at 60 years old or older, and their total percentage distribution by age groups, according to Major Regions, Units of the Federation and Metropolitan Areas, 2008

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Fortaleza Metropolitan Region | 3529 | 322 | 9.1 | 2.7 | 2.2 | 1.6 | 1.2 | 1.4 |
| Rio Grande do Norte | 3153 | 333 | 6.10 | 3.0 | 2.4 | 2.1 | 1.4 | 1.7 |
| Paraíba | 3794 | 438 | 6.11 | 3.1 | 2.8 | 2.2 | 1.6 | 1.9 |
| Pernambuco | 8745 | 887 | 1.10 | 3.1 | 2.5 | 1.8 | 1.2 | 1.5 |
| Recife Metropolitan Region | 3737 | 381 | 2.10 | 3.4 | 2.3 | 1.8 | 1.2 | 1.5 |
| Alagoas | 3173 | 303 | 9.5 | 2.7 | 2.6 | 1.7 | 1.2 | 1.3 |
| Sergipe | 2030 | 161 | 7.9 | 2.4 | 2.0 | 1.4 | 0.9 | 1.3 |
| Bahia | 14 561 | 1497 | 3.10 | 3.2 | 2.6 | 1.7 | 1.3 | 1.4 |
| Salvador Metropolitan Region | 3716 | 3030 | 8.2 | 2.7 | 2.0 | 1.5 | 1.1 | 0.9 |
| **Southeast** | **79 800** | **9922** | **4.12** | **3.8** | **3.0** | **2.3** | **1.6** | **1.7** |
| Minas Gerais | 19 904 | 2343 | 8.11 | 3.7 | 2.8 | 2.1 | 1.5 | 1.6 |
| Belo Horizonte Metropolitan Region | 5054 | 545 | 10.8 | 3.5 | 2.8 | 1.8 | 1.4 | 1.4 |
| Espírito Santo | 3448 | 378 | 11.0 | 3.2 | 2.3 | 2.1 | 1.7 | 1.6 |
| Rio de Janeiro | 15 685 | 2330 | 9.14 | 4.5 | 3.6 | 2.8 | 2.1 | 1.9 |
| Rio de Janeiro Metropolitan Region | 11 513 | 1779 | 5.15 | 4.6 | 3.7 | 3.0 | 2.2 | 2.0 |
| Sao Paulo | 40 764 | 4871 | 11.9 | 3.7 | 2.8 | 2.3 | 1.5 | 1.6 |
| Sao Paulo Metropolitan Region | 19 509 | 2237 | 5.11 | 3.5 | 2.7 | 2.2 | 1.5 | 1.5 |
| **South** | **27 556** | **3333** | **1.12** | **3.9** | **3.0** | **2.2** | **1.5** | **1.5** |
| Paraná | 10 605 | 1185 | 2.11 | 3.7 | 2.9 | 2.0 | 1.3 | 1.2 |

Table 1 - Total resident population and at 60 years old or older, and their total percentage distribution by age groups, according to Major Regions, Units of the Federation and Metropolitan Areas, 2008

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Curitiba Metropolitan Region | 3225 | 305 | 9.5 | 3.1 | 2.5 | 1.8 | 1.1 | 0.9 |
| Santa Catarina | 6091 | 685 | 2.11 | 3.7 | 2.7 | 2.0 | 1.4 | 1.5 |
| Rio Grande do Sul | 10 860 | 1463 | 13.5 | 4.3 | 3.2 | 2.4 | 1.7 | 1.8 |
| Porto Alegre Metropolitan Region | 4026 | 494 | 3.12 | 3.7 | 3.0 | 2.2 | 1.7 | 1.6 |
| **Midwest** | **13 777** | **1261** | **9.2** | **2.9** | **2.4** | **1.6** | **1.1** | **1.1** |
| Mato Grosso do Sul | 2372 | 232 | 9.8 | 3.3 | 2.5 | 1.9 | 1.1 | 1.0 |
| Mato Grosso | 3010 | 246 | 8.2 | 2.8 | 2.1 | 1.4 | 0.8 | 1.0 |
| Goiás | 5870 | 585 | 10.0 | 3.0 | 2.6 | 1.8 | 1.4 | 1.2 |
| Distrito Federal | 2526 | 198 | 7.8 | 2.7 | 2.2 | 1.4 | 0.8 | 0.8 |

Conclusion.

However, the issues of income distribution do not increase in the same fashion (more income information on the issue can be found in Tables 2 and 3). Thus, when reflecting on the design of social policies, the poorest regions have a different view with regard to the contribution of community services to maintain the situation of autonomy of the elderly. For this contribution, it should be considered that the family will have greater difficulty in assisting the elderly in their function of its income, information and family support network for care.

Table 2 – People at 60 years old or older living in private households, total and their percentage distribution by class of average household monthly income *per capita* in the Major Regions and Metropolitan Areas, 2008

**People at 60 years old or older living in private households**

| Major Regions and Metropolitan Areas | | Percentage distribution, by class of middle-income household monthly *per capita* (Minimum Wage) (%) | | | |
|---|---|---|---|---|---|
| Total (1000 People) (1) | Up to 1/2 | More ½ to 1 | More 1-2 | More 2 | |
| **Brazil** | **20 995** | **11.0** | **31.0** | **28.9** | **24.2** |
| **North** | **1 080** | **18.0** | **38.4** | **26.6** | **13.0** |
| Belem  Metropolitan Region | 162 | 11.0 | 31.6 | 27.6 | 22.1 |
| **Northeast** | **5 432** | **20.7** | **44.2** | **21.2** | **11.0** |
| Fortaleza  Metropolitan Region | 321 | 18.0 | 34.7 | 23.0 | 20.4 |
| Recife  Metropolitan Region | 380 | 17.2 | 33.2 | 22.6 | 22.1 |
| Salvador  Metropolitan Region | 303 | 13.3 | 27.5 | 26.8 | 29.0 |
| **Southeast** | **9 901** | **6.5** | **24.4** | **31.4** | **30.9** |
| Belo  Horizonte Metropolitan Region | 544 | 6.6 | 23.2 | 31.6 | 31.4 |

Table 2 – People at 60 years old or older living in private households, total and their percentage distribution by class of average household monthly income *per capita* in the Major Regions and Metropolitan Areas, 2008

| | | | | | |
|---|---|---|---|---|---|
| Rio de Janeiro Metropolitan Region | 1 772 | 5.2 | 21.4 | 28.5 | 34.7 |
| Sao Paulo Metropolitan Region | 2 229 | 4.6 | 17.2 | 30.2 | 38.4 |
| **South** | **3 324** | **6.4** | **25.7** | **35.5** | **29.4** |
| Curitiba Metropolitan Region | 304 | 4.1 | 18.5 | 30.2 | 44.3 |
| Porto Alegre Metropolitan Region | 493 | 4.6 | 19.9 | 31.1 | 36.8 |
| **Midwest** | **1 257** | **10.6** | **33.9** | **27.4** | **24.4** |

Source: IBGE, National Household Sample Survey, 2008.
(1) Including people at 60 years old or older without a declaration of income and without income.

Conclusion.

Table 3 – People at 65 years old or older living in private households, total and its percentage distribution per by classes of *per capita* household monthly average income, in the Major Regions and Metropolitan Areas, 2008

**People at 65 years old  or older living in private households**

| Major Regions and Metropolitan Areas | Total (1000 People) (1) | Percentage distribution per class of middle-income household monthly *per capita* (Minimum Wage) (%) | | | |
|---|---|---|---|---|---|
| | | Up to 1/2 | More ½ to 1 | More 1-2 | More 2 |
| **Brazil** | **14 502** | **9.9** | **33.1** | **29.2** | **23.1** |
| **North** | **716** | **15.8** | **40.3** | **26.8** | **12.6** |
| Belem Metropolitan Region | 112 | 9.2 | 33.0 | 27.7 | 21.9 |
| **Northeast** | **3 833** | **18.5** | **47.2** | **21.4** | **10.3** |
| Fortaleza Metropolitan Region | 225 | 15.0 | 38.1 | 24.4 | 19.4 |
| Recife Metropolitan Region | 253 | 15.4 | 36.3 | 22.9 | 20.8 |
| Salvador Metropolitan Region | 202 | 11.6 | 28.1 | 26.7 | 30.5 |
| **Southeast** | **6851** | **6.0** | **25.9** | **31.7** | **29.8** |
| Belo Horizonte Metropolitan Region | 366 | 5.9 | 23.4 | 32.7 | 31.7 |

Table 3 – People at 65 years old or older living in private households, total and its percentage distribution per by classes of *per capita* household monthly average income, in the Major Regions and Metropolitan Areas, 2008

| | | | | | |
|---|---|---|---|---|---|
| Rio de Janeiro Metropolitan Region | 1243 | 5.1 | 21.6 | 28.4 | 34.6 |
| Sao Paulo Metropolitan Region | 1 546 | 4.7 | 18.6 | 30.2 | 36.9 |
| **South** | **2 248** | **5.7** | **27.7** | **35.6** | **28.1** |
| Curitiba Metropolitan Region | 203 | 3.5 | 20.9 | 30.3 | 42.4 |
| Porto Alegre Metropolitan Region | 344 | 3.8 | 21.3 | 31.6 | 35.5 |
| **Midwest** | **854** | **8.6** | **36.7** | **29.3** | **22.1** |

Source: IBGE, National Household Sample Survey, 2008. (1) Including people at 65 years old or older without a declaration of income and no income.

Conclusion.

Studies show that 87% of the elderly people are male and the family provider, 72.6% work 40 or more hours per week and only 12.7% receive an income below one minimum wage (MW) monthly. They often participate largely in the family income (68% of seniors aged 60 to 64 years old), a situation that contributes to changing family structures. In 2002, 28.8% of rural families had the senior resident as the provider considering the security benefits or other such as the provision of Continuing Benefit (PAC) (SILVA et al., 2004; WRUBLEVSKI et al., N.d.; CORTE et al., 2006; SILVA et al., N.d.; RAMOS et al., 1993; ARAÚJO et al., 2000; RENDA, N.d.; PARAHYBA, 2004; CAMARGOS et al., N.d.; NERI et al., 2007; PREVIDÊNCIA, N.d.; FERRARIO, 2009).

These studies have shown that the income of the elderly has a major impact on reducing poverty, improving health conditions. On the other hand, it has to be observed that this brings their dependence and of their families on the welfare policies, as they have not been prepared to the process of autonomy at the old age, which could have been achieved by improved educational policies, health and employment/work in particular (CAMARGO, 2001; OLIVEIRA et al., 2009; IDOSO, N.d.; DAMASCUS et al., N.d.).

Regarding home or housing situation, there is a greater concentration of elderly people living in rural areas in the northern and northeastern Brazil. These regions that are already considered as the lowest socioeconomic level, therefore, because these individuals are inserted in areas presented with few chances of improvement, ends up generating the movement of migration from rural areas to the cities. However, there is a policy of expanding fixation on men in the country, with particular attention to the young men coming from rural families. If this is characteristic of the regions studied by the IBGE survey, and other studies suggest such a profile, this variable refers to the need for social policies addressing the distinction among Brazilian regions to avoid migration to urban areas, for example, generating, as a consequence, a growth of social risks that these elderly people from rural areas are exposed to (see Table 4). Besides, it is important to highlight that most of the elderly living in rural areas in those regions are black and women, a strata considered historically marginalized by the social policies. In addition of being grouped within the group of the most excluded people, there are issues related to health, for example, that differ considering the variable race. This aspect needs to be managed differently to community issues related to these elderly people, considering that they are in rural area and most of them are women and black.

Table 4 - Resident population at 65 years old or older, and their total distribution percentage of living situation4, color or race and gender, according to Major Regions and metropolitan Areas, 2008

| Major Regions, and Metropolitan Areas | | Resident population at 65 years old or older | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Total (1000 People) | Percentage Distribution (%) | | | | | |
| | | | Living Situation | | Color or Race | | Gender | |
| | | | Urban | Rural | White | Black or brown | Man | Woman |
| | **Brazil** | **14 532** | **83.5** | **16.5** | **56.9** | **41.6** | **43.0** | **57.0** |
| | **North** | **718** | **77.8** | **22.2** | **25.6** | **71.9** | **47.8** | **52.2** |
| Belem Region | Metropolitan | 112 | 98.9 | 1.1 | 28.5 | 69.3 | 39.6 | 60.4 |
| | **Northeast** | **3 840** | **69.5** | **30.5** | **33.9** | **65.6** | **43.8** | **56.2** |
| Fortaleza Region | Metropolitan | 226 | 95.8 | 4.2 | 36.9 | 62.3 | 42.7 | 57.3 |
| Recife Region | Metropolitan | 253 | 98.8 | 1.2 | 48.9 | 50.5 | 36.1 | 63.9 |

Continues...

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4 **Living situation:** urban or rural status as defined by municipal law in force at the time of Census. The position covers the urban areas corresponding to the cities (municipal seats), towns (district headquarters) or to urban areas alone, the state covers the entire rural area outside those limits (Synthesis of Social Indicators: an analysis of living conditions of the Brazilian population, 2009).

Table 4 - Resident population at 65 years old or older, and their total distribution percentage of living situation5, color or race and gender, according to Major Regions and metropolitan Areas, 2008

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Salvador Metropolitan Region | 202 | 98.4 | 1.6 | 27.3 | 72.1 | 35.5 | 64.5 |
| **Southeast** | **6 865** | **92.5** | **7.5** | **65.9** | **32.2** | **41.7** | **58.3** |
| Belo Horizonte Metropolitan Region | 368 | 98.6 | 1.4 | 47.2 | 51.6 | 38.7 | 61.3 |
| Rio de Janeiro Metropolitan Region | 1 250 | 99.3 | 0.7 | 64.7 | 34.9 | 38.1 | 61.9 |
| Sao Paulo Metropolitan Region | 1 550 | 98.0 | 2.0 | 71.1 | 24.4 | 40.3 | 59.7 |
| **South** | **2 253** | **80.9** | **19.1** | **82.0** | **16.7** | **42.9** | **57.1** |
| Curitiba Metropolitan Region | 204 | 93.7 | 6.3 | 79.6 | 17.4 | 37.0 | 63.0 |
| Porto Alegre Metropolitan Region | 345 | 95.0 | 5.0 | 82.9 | 16.0 | 38.4 | 61.6 |
| **Midwest** | **856** | **85.3** | **14.7** | **48.2** | **49.8** | **47.0** | **53.0** |

Source: IBGE, National Household Sample Survey, 2008.
Note: The data show, regarding the housing situation in the Brazilian regions, explain the consequences of this historical divergence considering the history of Brazilian colonization, their etiology background and mapping of processes that were built along it. The North and Northeast adding more individuals of blacks and natives, as the Indians and other Regions a further colonization of Italians, Germans. The North, Northeast and South in function of colonization and geographical features stand out in agricultural production and in the other Regions, there is a productive diversity, giving more prominence to the manufacturing sector. It is believed that this enhances the maintenance of a shaped profile when the colonization of Brazil as mentioned earlier, and by different social and economic policies tailored to the Regions.

Conclusion.

5 **Living situation:** urban or rural status as defined by municipal law in force at the time of Census. The position covers the urban areas corresponding to the cities (municipal seats), towns (district headquarters) or to urban areas alone, the state covers the entire rural area outside those limits (Synthesis of Social Indicators: an analysis of living conditions of the Brazilian population, 2009).

Considering the issues previously mentioned, it is believed that the urbanization of the aged can set a pattern of different cities. For this purpose, it is necessary that social and public policies address the deficit in the first instance of urbanization which they live in to accommodate the new profile of residents.

Manifestations of the population have sought initiatives of this nature, among which the example of Garmic (Group of Articulation for Housing for the Elderly of Capital), established in 1999 to implement housing projects for the senior citizens as envisaged in the law of the Elderly Statute ( see Article 38 of the Statute) (QUIROGA, 2007).

In addition to initiatives of Non-governmental Organizations (ONGs) as mentioned above, the law 10.188/2001 deals with the Residential Leasing Program (PAR), a public policy to access housing for low-income individuals. However, the elderly are excluded from this process because by following the logic of investors in PAR, the combined age of the applicant plus 15 years cannot exceed 80. This is considered a fair criterion to ensure the realization of the investment, as advocated by its founders but it excludes the prospect of attending an applicant population, such as the elderly (ISMAEL, N.d.).

According to the few existing studies on the age of urbanization coupled with the lack of policies aiming to reducing the constraints of everyday life for this population, one sees that definition of  social policies for the elderly to address the issue of housing in both cities and the countries (for those who remain living in it) to ensure autonomy and independence is very urgent.

It is known that in the U.S., high educated elderly citizens are more likely to live alone and less likely to co-reside with children, since education is directly related to a better health and smaller number of children (WILMOTH, 2002). But, this fact is of great concern as reported in Brazilian studies. Not if welcomes the reduction in size of families, as it is believed that this is what should provide care to the elderly, however

they are showing care for its family, because 33% of older residents, in particular, are pensioners, 25.1% are unemployed and 22.1% have or do not have some type of formal employment (SILVA et al., 2004).

In the United States, only 2% of families are extensive and multigenerational arrangements are more common for immigrants. However, 60% of seniors live in communities that have support services and the remaining 30-50% lives in nursing homes. However, the market for services grows every day to provide adequate services to applicants. In 1999, for example, there was an increase by 75% to provide services for those consumers (VIERCK, 2004).

Services are scarce in the everyday reality of the elderly in cities. Besides, both in Brazil and abroad, little is known on the effect (positive or negative) of informal social exchange on transitions in living arrangements to a better understanding on the influence and utilization of services available in communities. This fact becomes important for future research when the objective is to build and to implement social policies targeting the aged (WILMOTH, 2002).

In relation to the education level, the lowest average years of schooling was found in the North and Northeast in Brazil, as can it can be seen in Table 5. This may contribute for these regions to become the margin of social policies since the lack of instruction reduces the ability to act when no one has the knowledge for the decision making process.

What is observed in studies on elderly and education in Brazil is that illiteracy is higher in older age groups. More than 63% of rural population and over 35% of urban population over 60 years old is uneducated or has less than 1 year of schooling. Only 4% of the elderly and 0.29% of urban and rural elderly has 12 years or more of instruction (FRANÇA et al., N.d.; PERES, 2010; MARTINEZ, s.d; SERRA, 2009; SILVA et al., 2004; METADE, 2007).

However, the education for the elderly in Brazil is seen as a way to keep the individual on the job, as predicted in the National Curriculum Guidelines (CEB Legislation 11/2000), suggesting a curricular organization to highlight the thematic work on cross-cutting themes, and suggests that the prediction is made for alternative hours for classes in schools, considering the labor activity of the applicants (GUIMARÃES, 2009; OLIVEIRA, N.d.; SILVA  et al., 2009; PIRES et al., 2007).

Such an approach contradicts the idea of Comenius that education for the elderly would ensure better human relationships among individuals of the same or other age groups, so that learning was present and it occurred without sufferings or regrets in old age people (LIMA, 1999).

As a perspective of providing education for the elderly, it was created the UnATI (Open University of Third Age), which has a proposed "andragogy education"[6] with subjects facing the three areas of knowledge (humanities, exact  and biological sciences). However, this initiative does not reduce the illiteracy rates given that this program does not face this character. Thus, it is clear the necessity of social policies focused on literacy for the elderly, which seeks to incorporate this issue within the education policy for elementary education (PERES, 2010).

Continuing with this discussion, we can enumerate the various unsuccessful initiatives to eradicate illiteracy in Brazil. In 1990, it was instituted the International Year of Literacy, launching targets to eradicate illiteracy for the next 10 years through the National Program for Literacy and Citizenship (PNAC), with the creation of AJA (Adolescents, Youths and Adults in Goiania, 1993), LDB (Law of Directives and Bases, 1996), the EJA (Youth and Adult Education, 1998). In 2003, the Federal Government launched the Literate Brazil Program, which is in progress, but does not include the elderly in that policy (SILVA  et al., 2009).

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6 Andragogic: term originated from the Greek word *andros,* meaning man adult, in this sense the andragogy pedagogy differs by having a focused methodology specifies the highest age groups.

Concerning education, the elderly have been regarded in extension courses at universities, according to a study of Netto (2001), quoted by Alencar (2002). The study showed that there were 140 extension courses in Brazil in 1999, which can be considered, in the opinion of the author, a phenomenon that may help to break the manner in which education is seen as something structured in stages of life (especially those aiming at the production/productivity) to be seen in the aspect of continuing education, one that presents itself for everybody throughout life (D'ALENCAR, 2002).

As said by França et al. (Nd):

> Essentially, a project of continuing education for the elderly population would mean changes in quality of life, promoting social mobility, expansion of self-image and self-esteem, reinforcing in their individual health conditions, the memory stimulation and encouragement of their participation in community. The company would have in return: new products and new consumers, but new citizens, able to integrate their experiences of life and work of new technologies to promote new values, more positive in relation to aging and the possibility of contributions of the elderly citizens of society changing (FRANÇA, N.d.).

Considering the reality of education for the aged adopted in Brazil, and the different indices of schooling in these Brazilian regions, it is believed that the services to be provided to these regions, which aim to meeting the elderly adults, should consider that the absence of formal education can be an obstacle to the access to services to promote independence of older people. The service needs to be made available to specialize in order to provide greater ease of comprehension for the target consumers.

If we consider that the woman is the one who is usually ahead of any settlement with the family, regarding the family and community interaction, and who, in turn, registered a lower rate of instruction compared to men, it is important that this is taken into consideration when structuring such policies, which involve offering community

services for the elderly, especially in the northern and northeastern regions which have the lowest indices, considering years of study (see Table 5).

We know that the education level of women is greater than men's nowadays. Taking into consideration the difference between the northeastern Brazil – school years of men and women is higher than the Brazilian average because in that region 62.7 % of women and 37.3% of men have 12 or more years of study (TAAM, N.d.;   MENNOCHI et al., 2009; PONTAROLO et al., N.d.; BERGO, N.d.).

However, the current generation of elderly referred by the IBGE study and presented in Table 5, deals with elderly people from a different social context where women have a lower education level than men, a reality observed in the social context in the 1930s and 1940s (MARTINEZ, N.d), a period when Brazil had an average of 3.5 years of schooling for men and 3.1 for women. However, in the Brazilian northern region, this education level is much lower, compared to the national average, which is an average of 1.5 years of schooling.

Regarding the group of older (80 years old or older), the educational level is still lower (see Table 5), thus increasing social risk considering the reduction of the capacity of understanding the support services when they are the provision, as previously mentioned, shown in different studies.

Table 5 - People of 65 years old or older, total, average of years of study and their percentage distribution per groups of years of study, according to Major Regions and Metropolitan Areas, 2008

| | | People at 65 years old or older | | | | |
|---|---|---|---|---|---|---|
| **Major Regions, and Metropolitan Areas** | **Total (1000 People)** | | **Percentage Distribution per groups of years of study (%)** | | | |
| | | **Average years of schooling** | **No education and less than 1 years** | **1-3 years** | **4-8 years** | **9 years or more** |
| **Brazil** | **14 523** | **3.7** | **35.8** | **20.0** | **29.7** | **14.5** |
| **North** | **717** | **2.7** | **48.0** | **20.9** | **21.1** | **10** |
| Belem Metropolitan Region | 112 | 4.9 | 21.7 | 22.2 | 32.1 | 24.0 |
| **Northeast** | **3 838** | **2.4** | **55.9** | **16.9** | **17.9** | **17.6** |
| Fortaleza Metropolitan Region | 226 | 4.4 | 35.9 | 16.4 | 26.8 | 20.9 |
| Recife Metropolitan Region | 253 | 5.0 | 30.0 | 14.6 | 28.3 | 27.1 |
| Salvador Metropolitan Region | 202 | 5.5 | 24.0 | 15.9 | 30.5 | 29.6 |
| **Southeast** | **6 860** | **4.5** | **26.1** | **20.0** | **35.4** | **18.5** |

Continues...

Table 5 - People of 65 years old or older, total, average of years of study and their percentage distribution per groups of years of study, according to Major Regions and Metropolitan Areas, 2008

| | | | | | | |
|---|---|---|---|---|---|---|
| Belo Horizonte Metropolitan Region | 368 | 4.7 | 22.6 | 20.2 | 37.8 | 19.4 |
| Rio de Janeiro Metropolitan Region | 1 247 | 6.1 | 14.8 | 15.4 | 40.5 | 29.3 |
| Sao Paulo Metropolitan Region | 1 549 | 5.1 | 20.6 | 15.7 | 42.3 | 21.4 |
| **South** | **2 252** | **4.0** | **24.8** | **27.6** | **37.8** | **12.9** |
| Curitiba Metropolitan Region | 203 | 5.0 | 18.1 | 20.5 | 39.6 | 21.8 |
| Porto Alegre Metropolitan Region | 344 | 5.4 | 17.1 | 19.9 | 41.5 | 21.6 |
| **Midwest** | **856** | **3.3** | **42.2** | **20.4** | **24.0** | **13.4** |

Source: IBGE, National Household Sample Survey, 2008.

Conclusion.

Another important aspect of social indicators of a country is the housing condition. Considering this variable to examine social risks for elderly adults, it can be seen from the data presented by IBGE and highlighted in Table 2, that the elderly from North and Northeast regions are the most vulnerable in this regard. This vulnerability is partly due to the fact that most of them, despite living in private housing units, have a lower *per capita* income, a characteristic of the extensive families, where different people live together in the same house to guarantee minimum conditions of autonomy and survival. When checking the data of the elderly, the poverty rate increases as the

number of families living on the minimum wages increases. Thus, it can be inferred that this aged is living in a standard extended family, because this is a tendency in Brazil to the issue of expanding the family income. Regarding the care offered to elderly adults, it may be inferred that it is deficient because despite living in large families, the likely caregivers are seeking the insertion and/or they are in the labor market to have access to consumption and therefore to meet the minimum conditions for supporting the family, as shown in Table 2 and discussed in different studies on this topic (CORTE et al., 2006; SILVA, N.d.; RAMOS et al., 1993; AGOSTINHO et al., 2006; ARAÚJO, et al., 2000; RENDA, N.d.; PARAHYBA, 2004; CAMARGOS et al., N.d.; NERI et al., 2007; PREVIDÊNCIA, N.d.; FERRARIO, 2009).

Regarding the conditions of residence, there is a tendency of the richest regions of the country to decline in the number of very elderly people living in their own private households when comparing the North and Northeast. For IBGE, this fact is explained by the price of homes, as they are very expensive in the richest regions therefore considered difficult to access. This fact is presented as a negative aspect to the quality of life of the elderly, as with retirement, there is a trend of reduction in the individual's income and therefore, the family income, and it may generate a stronger dependence on the elderly adults because in many cases the independence can be more easily implemented when there is more availability of personal or family use, as this can ensure reform in the physical structure of the house, access to assistive technologies to improve the daily life at home and in social space (CORTE et al., 2006; RAMOS et al., 1993; CAMARGOS et al., N.d.; QUIROGA, 2007; ISMAEL, N.d.).

Furthermore, the data mentioned above can also reveal a likely search by the elderly for their autonomy when they can afford to leave when their homes do not offer adequate living conditions for his/her new life. Being in households that can offer more autonomy for the development of everyday activities of their daily life, thereby offering better quality of life for both the elderly and the family since it reduces the stress within

the family, considering the possibility to reduction of social risk that it could be exposed when structures remain in housing which does not meet his or her new lifestyle (see Table 6) (CAMARGOS et al., N.d.).

Table 6 - People at 60 years old or older, total and proportion of residents permanently in their own private homes according to Major Regions and Metropolitan Areas, 2008

| Major Regions and Metropolitan Areas | Persons at 60 years old or older | | Persons at 65 years old or older | |
|---|---|---|---|---|
| | Total (1000 people) | Proportions Residents in their own permanent private households (%) | Total (1000 people) | Proportions Residents in their own permanent private households (%) |
| **Brazil** | **21 039** | **87.6** | **14 532** | **87.9** |
| **North** | **1 083** | **91.6** | **718** | **92.9** |
| Belem Metropolitan Region | 162 | 90.6 | 112 | 91.7 |
| **Northeast** | **5 441** | **88.9** | **3 840** | **89.2** |
| Fortaleza Metropolitan Region | 322 | 87.1 | 226 | 87.9 |
| Recife Metropolitan Region | 381 | 86.8 | 253 | 86.2 |
| Salvador Metropolitan Region | 303 | 90.1 | 202 | 89.9 |

Continues...

Table 6 - People at 60 years old or older, total and proportion of residents permanently in their own private homes according to Major Regions and Metropolitan Areas, 2008

| | | | | |
|---|---|---|---|---|
| **Southeast** | **9 922** | **85.8** | **6 865** | **86.2** |
| Belo Horizonte Metropolitan Region | 545 | 88.4 | 368 | 88.9 |
| Rio de Janeiro Metropolitan Region | 1 779 | 84.2 | 1 250 | 84.0 |
| Sao Paulo Metropolitan Region | 2 237 | 87.8 | 1 550 | 87.8 |
| **South** | **3 333** | **89.6** | **2 253** | **90.0** |
| Curitiba Metropolitan Region | 305 | 89.3 | 204 | 90.4 |
| Porto Alegre Metropolitan Region | 494 | 88.9 | 345 | 89.3 |
| **Midwest** | **1 261** | **86.8** | **856** | **86.4** |

Source: IBGE, National Household Sample Survey, 2008.

Conclusion.

In Brazil, it can be seen a tendency to reduce the number of very elderly people living in private housing; this may be linked to lack of family network to keep them within this space. The absence of this network can be explained in very poor regions by seeking the insertion and maintenance in the labor market and in the less poor regions, also by the insertion of women into the labor market. As studies have shown, when the woman enters into the labor market, the family loses its primary caregiver, creating a disruption in the tradition and possibilities for which it occurs. This evidences a change

in the profile of Brazilian families in relation to care, i.e., the family is no longer able to present itself as the main caretaker of its elderly, thus showing that immediate actions must be undertaken so that services communitarian get specialized, mature and in many cases, are deployed to reduce social risks to which the elderly are subject to in the absence of the woman in the house: the sexual division of difficulty for that care and the absence of specialized services offered by community as a support for the elderly adult and his or her family (see Table 7).

Table 7 - Private households, total and proportion of reference persons at 60 and 65 years old or older, according to Major Regions and Metropolitan Areas, 2008

| Major Regions and metropolitan Areas | | Private households (1,000 households) | Proportion of people from references at 60 and 65 years old or older in private households (%) | |
|---|---|---|---|---|
| | | | 60 years old or older | 65 years old or older |
| | **Brazil** | **57 656** | **23.3** | **16.2** |
| | **North** | **4 035** | **17.0** | **11.2** |
| Belem Region | Metropolitan | 562 | 17.2 | 11.4 |
| | **Northeast** | **15 011** | **23.5** | **16.6** |
| Fortaleza Region | Metropolitan | 1 001 | 19.6 | 13.8 |
| Recife Region | Metropolitan | 1 115 | 21.8 | 14.4 |

Continues...

Table 7 - Private households, total and proportion of reference persons at 60 and 65 years old or older, according to Major Regions and Metropolitan Areas, 2008

| | | | |
|---|---|---|---|
| Salvador Metropolitan Region | 1 148 | 17.3 | 11.3 |
| **Southeast** | **25 341** | **24.9** | **17.4** |
| Belo Horizonte Metropolitan Region | 1 582 | 22.7 | 15.7 |
| Rio de Janeiro Metropolitan Region | 3 895 | 28.9 | 20.2 |
| Sao Paulo Metropolitan Region | 6 205 | 22.4 | 15.8 |
| **South** | **9 004** | **23.2** | **15.9** |
| Curitiba Metropolitan Region | 1 003 | 19.3 | 13.4 |
| Porto Alegre Metropolitan Region | 1 382 | 22.6 | 15.7 |
| **Midwest** | **4 264** | **19.1** | **13.0** |

Source: IBGE, National Household Sample Survey, 2008.

Conclusion.

Considering the issue privately owned housing and the type of living arrangement that the data presented in Table 8, we can say that they seek to explain some aspects of the changes in the family profile for the care and the search for the elderly by different possibilities for this care will be realized. This also shows a

demonstration of autonomy during the decision-making process, the need to try. Among the different possible analysis the ones that stand out are presented below:

- The tendency of the elderly to choose to live alone or without children, due to difficulties of the social network called family, operating with efficiency is the perspective of the elderly, as the family itself. When this network aims to provide social welfare for the elderly, it cannot harness this discussion on the issue family income. In regions where the family income is lower, there is a tendency for greater household arrangements formed by extensive families;

- Throughout Brazil, family arrangements consisting of extensive families are still very common, either for cultural reasons, because society sees the family as the main responsible for the care of their elderly, or even because of the income issue. In the poorest regions such living arrangements are observed in greater frequency because the family income is a very important reference to support dependents, either the children, grandchildren, great grandchildren or other kinship relationships that exist within the families;

- The dependence on the older adult makes the family to contribute to realization of care. Even though outnumbered, the data show the existence of older adult living in other family arrangements, such as the situation of household, because they have no other resource to offer for their protection (psychological and physical). This fact corroborates with other studies on the issue of rest homes, or the search for rest homes, where these studies show that many seniors and their families, because of not being able to accomplish the sheltering, put themselves in the situation of applicants for a future vacancy, considering that this reality can provide more satisfaction to those involved with the daily life of the aged particularly for issues related to physical and psychological safety. The waiting list is placed in the studies as a result of a smaller number of units given the existing demand and expressed by the population (see Table 8).

Some changes can also be observed due to the aging of the population, but the evaluation of the data mentioned in Table 8 presented earlier also explain the data in table 9 and therefore it serves as strategies to understand which evidence they seek for.

Table 8 – People at 60 years old or older living in private households, total and its percentage distribution per type of living arrangement in the Major Regions, 2008

| Major Regions | Total (1000 people) (1) | People at 60 years old or older living in private households | | | | | |
| | | Percentage Distribution by type of living arrangement (%) | | | | | |
| | | | | | Living with children and/or other (5)r | | |
| | | Uni-staff (2) | Couples without children (3) | Living childless and other (4) | With children younger than 25 years old (6) | All Children at 25 years old or older | Other (7) |
| **Brazil** | **20 995** | **13.7** | **23.8** | **10.1** | **13.1** | **30.2** | **9.1** |
| North | 1 080 | 10.0 | 14.0 | 13.9 | 20.1 | 30.4 | 11.6 |
| Northeast | 5 432 | 12.2 | 16.5 | 11.9 | 19.3 | 31.6 | 8.5 |
| Southeast | 9 901 | 14.4 | 26.2 | 8.9 | 10.1 | 31.3 | 9.1 |

Continues...

Table 8 – People at 60 years old or older living in private households, total and its percentage distribution per type of living arrangement in the Major Regions, 2008

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| South | 3 324 | 15.3 | 30.7 | 9.1 | 10.2 | 25.3 | 9.3 |
| Midwest | 1 257 | 14.0 | 26.3 | 10.8 | 11.9 | 28.3 | 8.7 |

Source: IBGE, National Household Sample Survey, 2008.
(1) Exclusive boarders, domestic workers or relatives of the domestic servant. (2) Households with people at 60 years old or older living without a spouse, children, other relatives and aggregates. (3) Address with person at 60 years old or older and spouse, and at least at 60 years of age or older, no children, other relatives and aggregates. (4) Domicile responsible person with or without spouse at least at 60 years of age or older, living with other relatives and/or clusters at any age and without children. (5) Domicile responsible person with or without spouse, at least at 60 years old or older, living with children and/or with other relatives and/or aggregate, of all ages. (6) Residence with at least one child under 25 years of age. (7) Household with people at 60 years or older only on condition that another relative and/or aggregate.

Conclusion.

Table 9 - People at 65 years old or older living in private households, total and its percentage distribution per type of living arrangement, in the Major Regions, 2008

| Major Regions | Total (1000 people) (1) | People at 65 years old or older living in private households | | | | | |
|---|---|---|---|---|---|---|---|
| | | Percentage Distribution per type of living arrangement (%) | | | | | |
| | | | | | Living with children and/or other (5)r | | |
| | | Uni-staff (2) | Couples without children (3) | Living childless and other (4) | With children younger than 25 years (6) | All Children younger than 25 years or more | Other (7) |
| **Brazil** | **14 502** | **15.4** | **24.3** | **9.8** | **8.0** | **30.2** | **12.3** |
| North | 716 | 11.1 | 14.2 | 14.4 | 13.3 | 31.5 | 15.7 |
| Northeast | 3 833 | 13.5 | 17.0 | 11.7 | 13.0 | 33.2 | 11.6 |
| Southeast | 6 851 | 16.0 | 27.2 | 8.6 | 5.6 | 30.3 | 12.3 |
| South | 2 248 | 18.1 | 30.4 | 8.8 | 5.2 | 24.9 | 12.6 |
| Midwest | 854 | 15.2 | 26.1 | 10.5 | 7.4 | 28.3 | 12.5 |

Source: IBGE, National Household Sample Survey, 2008.
(1) Exclusive boarders, domestic workers or relatives of the domestic servant. (2) Households with people at 65 years old or older living without a spouse, children, other relatives and aggregates. (3) Address with person at 65 years old or older and spouse, and 65 years old or older, no children, other relatives and aggregates. (4) Domicile responsible person with or without spouse at 65 years old or older, living with other relatives and/or clusters of any age and without children. (5) Domicile responsible person with or without spouse, at 65 years or older, living with children and/or with other relatives and/or aggregate, of all ages. (6) Residence with at least one child younger than 25 years old. (7) Household with people at 65 years old or older only on the condition of another relative and/or aggregate.

The data presented in Table 10 below also show that household arrangements formed by extensive families are more common in the care for their elderly, particularly the woman is seen by the family as the primary caregiver, but in the future, the older woman receive more support by these family to live the process of aging.

The figures presented in this study explain the feminization of the old age and the tendency of the elderly women to stay alone in the family. The reduction of some percentage in some Brazilian regions where the income is higher may be a behavior presented by the elderly, searching for autonomy, many of them as an individual with the right choice for his or her daily life issues, as well as the family may also choose to support its elderly, the choice for other types of housing, so that it would result in a greater autonomy and well-being for those involved.

It is important to highlight the social policies as it reveals a perspective of autonomy to be achieved by the elderly, as a consequence there is the opportunity of choice, so the elderly will not have the care within the framework of family only (see Table 10).

Table 10 - Women at 60 years old or older, living in private households, total and its percentage distribution per type of living with children[7], in the Major Regions, 2008

| Major Regions | Total (1000 people) (1) | Women at 60 years old or older living in private households | | |
|---|---|---|---|---|
| | | Percentage Distribution per type of living with children (%) | | |
| | | | With Children | |
| | | None or do not know the children | Do not live in same domicile | Live in the same domicile |
| **Brazil** | **11825** | **11.4** | **36.9** | **47.3** |
| North | 563 | 7.5 | 32.0 | 56.1 |
| Northeast | 3 045 | 11.6 | 30.9 | 50.1 |

Continues...

7 It will be used to explain the variable that the concept of family position used by IBGE, since that concept explains the variable children. Condition in the family classification of the components of the family as the family relationship or cohabitation between each member and the person of reference in the family or with his spouse of reference person - person responsible for the family or so regarded by other members, spouses - who is married or lives together with the reference person's family, whether or not the marriage bond, son - who is the son , stepchild, adopted child or the establishment of the reference person's family or spouse, other relative - a person who has any degree of kinship with the reference person's family or with his/her spouse, excluding those listed above; household - Person that is not a relative of reference person's family or spouse and do not pay accommodation or feeding to the family; pensioner - who is not a relative of reference person's family or spouse and pay for their accommodation and feeding for the family; domestic worker - a person who provides domestic services paid in cash or only by benefits, the member (s) of the family, a relative of the domestic servant - Any person who is a relative of the domestic servant and does not provide services to domestic staff member (s) of the family. For publicity purposes, households, pensioners, domestic workers and relatives of domestic employees are the group called "unrelated".

Table 10 - Women at 60 years old or older, living in private households, total and its percentage distribution per type of living with children[8], in the Major Regions, 2008

| | | | | |
|---|---|---|---|---|
| Southeast | 5 688 | 12.5 | 37.3 | 46.7 |
| South | 1 866 | 9.2 | 45.5 | 42.5 |
| Midwest | 663 | 9.8 | 40.4 | 46.2 |

Source: IBGE, National Household Sample Survey, 2008. (1) Women at 60 years old or older without informing fertility.

Conclusion.

There is a tendency to decrease the prevalence of elderly people living with children (Table 1). It is an age group where the dependence is greater and often the family is unable to absorb this caution, requiring for example, Long-term Institutions for Elderly. This presents itself as a major emphasis on social policies for the elderly because they need to recognize the limits of that care for families and the community need to specialize more for such care that can be offered both to support the families who keep in perspective to implement the care, but more importantly, to support the elderly aiming at maintaining and increasing their time with autonomy in society.

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8 It will be used to explain the variable that the concept of family position used by IBGE, since that concept explains the variable children. Condition in the family classification of the components of the family as the family relationship or cohabitation between each member and the person of reference in the family or with his spouse of reference person - person responsible for the family or so regarded by other members, spouses - who is married or lives together with the reference person's family, whether or not the marriage bond, son - who is the son , stepchild, adopted child or the establishment of the reference person's family or spouse, other relative - a person who has any degree of kinship with the reference person's family or with his/her spouse, excluding those listed above; household - Person that is not a relative of reference person's family or spouse and do not pay accommodation or feeding to the family; pensioner - who is not a relative of reference person's family or spouse and pay for their accommodation and feeding for the family; domestic worker - a person who provides domestic services paid in cash or only by benefits, the member (s) of the family, a relative of the domestic servant - Any person who is a relative of the domestic servant and does not provide services to domestic staff member (s) of the family. For publicity purposes, households, pensioners, domestic workers and relatives of domestic employees are the group called "unrelated".

Table 11 - Women at 65 years old or older, residing in private households, total and its distribution per type of living with their children, in the Major Regions, 2008

| Major Regions | Total (1000 people) (1) | Women at 65 years old or older living in private households | | |
|---|---|---|---|---|
| | | Percentage Distribution per type of living with children (%) | | |
| | | | With Children | |
| | | None or do not know the children | Do not live in same domicile | Live in the same domicile |
| **Brazil** | **8 278** | **11.6** | **37.6** | **45.6** |
| North | 375 | 6.8 | 33.3 | 54.2 |
| Northeast | 2 158 | 12.1 | 31.4 | 47.5 |
| Southeast | 4 005 | 12.7 | 38.3 | 45.2 |
| South | 1 287 | 9.5 | 46.2 | 41.3 |
| Midwest | 454 | 10.4 | 39.8 | 45.2 |

Source: IBGE, National Household Sample Survey, 2008. (1) Women at 60 years old or older without informing fertility.

In relation to the data in Table 12, they show an important finding, namely, the dependence on the elderly's retirement income, because for most people, regardless the region in Brazil, its main source of income comes from the social security.

Considering this variable, we need to make efforts to ensure that reforms are implemented so that retirement will actually subsidize care for the elderly adults as there are no data that prove the sufficiency of income for elderly care. In relation to this fact, 20% of elderly women are employed and 43% of men surveyed are in this

situation, in the case of the latter, 28% of those are over 70 years old, considering the data from the IBGE, 2005. This points to another question, if the woman is considered the primary caregiver, what will happen to this care if this woman is in the market labor? Who will take care of this woman when she will be the applicant for this care?

In the context of reforming social security so that social policies for aging are more effective, one cannot fail to consider important demographic variables, for example, the reproduction rate (fewer children are born), the survival of women in relation to man because traditionally men were more inserted in the labor market, thus contributing more to the time of retirement than women. This may also explain the high rate of pensions for women, as evidenced in Table 12. This situation needs to be seen also considering the profile of people who maintains the labor market. For the improvement of quality of life of the elderly that who are able to work longer, as can be seen in tables 13 and 14. Moreover, these aspects of the reformulation of retirement policies are necessary because the elderly remaining longer in the labor market and if another person is no longer contributing associated with the aging of the population, there is a sharp reduction in the number of taxpayers and an increase in the benefit of applicants for retirement of the social security program.

Table 12 – People at 60 years or  older, total and percentage distribution of retirees or pensioners per gender in the Major regions, 2008

| Major Regions | People at 60 years old or older per gender | | | | |
| --- | --- | --- | --- | --- | --- |
| | **Men** | | | | |
| | Total (1000 persons) | Distribution of retirees or pensioners (%) | | | |
| | | Retirees | Pensioners (1) | Retirees and pensioners | Other |
| **Brazil** | **9 215** | **75.4** | **1.4** | **2.4** | **20.8** |
| North | 520 | 61.6 | 3.0 | 1.5 | 33.9 |
| Northeast | 2 396 | 76.3 | 1.5 | 2.8 | 19.4 |
| Southeast | 4 234 | 77.0 | 1.2 | 2.1 | 19.7 |
| South | 1 467 | 79.8 | 0.9 | 3.1 | 16.2 |
| Midwest | 598 | 62.3 | 1.7 | 1.9 | 34.1 |

| Major Regions | People at 60 years old or older, by gender | | | | |
| --- | --- | --- | --- | --- | --- |
| | **Women** | | | | |
| | Total (1000 persons) | Distribution of retirees or pensioners (%) | | | |
| | | Retirees | Pensioners (1) | Retirees and pensioners | Other |
| **Brazil** | **11825** | **44.9** | **18.9** | **11.8** | **24.4** |
| North | 563 | 49.8 | 14.4 | 7.9 | 27.9 |
| Northeast | 3 045 | 55.2 | 13.6 | 11.8 | 19.4 |

Continues...

Table 12 – People at 60 years or  older, total and percentage distribution of retirees or pensioners per gender in the Major regions, 2008

| | | | | | |
|---|---|---|---|---|---|
| Southeast | 5 688 | 39.022.6 | 10.8 | 27.6 | |
| South | 1 866 | 45.9 | 18.1 | 17.4 | 18.6 |
| Midwest | 663 | 40.4 | 17.9 | 8.4 | 33.3 |

Source: IBGE, National Household Sample Survey, 2008. (1) People who accumulate as much as retirement pension.

Conclusion.

Data from Tables 13 and 14 showed a high percentage of maintenance of the elderly in the labor market, which explains the interdependence of the children and grandchildren on the income of these individuals. It also explains the high number of extended families in the various regions of Brazil, in many cases by economic dependence on the elderly, so that they make low socioeconomic levels in those living arrangements.

In this sense, one cannot consider that such living arrangements aims at endorsing the family as "natural/social caregiver" of its elderly, since it is the elderly that is posed as a supporter of this family. That becomes more important when one sees the IBGE of 2000, where it was indicated that 62.4% of seniors were responsible for housing in Brazil, a period marked by the growth of retirement and the incentives in the law for the absorption of the labor force of retired people and the tendency of Brazilian families of being unable to save throughout their economically active life, considering the prospect of a saver retirement and the difficulty of the youngest to work in the labor market. This vicious cycle has perpetuated this condition within the Brazilian families, when the 2008 data shows a large number of elderly people who still are present in the labor market (WAYNMAN, N.d; WAYNMAN, et.al, N.d; FERNANDEZ  et al., N.d.; QUEIROZ et al., N.d. MOTA et al., N.d.).

Table 13 - Proportion of people at 60, 65 and 70 years old or older employed in the reference week, per gender according to Major regions, 2008

| Major Regions | Proportion of people at 60, 65 and 70 years old or older occupied in the reference week per gender (%) | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | 60 years old or older | | | 65 years old or older | | | 70 years old or older | | |
| | Total | Men | Women | Total | Men | Woman | Total | Men | Women |
| **Brazil** | **30.5** | **43.5** | **20.3** | **22.8** | **33.9** | **14.5** | **17.0** | **26.0** | **10.5** |
| North | 36.7 | 52.2 | 22.4 | 28.4 | 41.1 | 16.8 | 19.5 | 29.7 | 10.7 |
| Northeast | 34.1 | 48.0 | 23.2 | 26.7 | 38.9 | 17.2 | 21.1 | 32.0 | 12.8 |
| Southeast | 26.4 | 38.1 | 17.7 | 18.8 | 28.1 | 12.2 | 13.5 | 20.1 | 8.9 |
| South | 33.8 | 46.9 | 23.6 | 25.9 | 37.9 | 16.8 | 20.4 | 31.5 | 12.5 |
| Midwest | 33.3 | 48.4 | 19.7 | 24.8 | 38.6 | 12.6 | 17.8 | 28.8 | 8.4 |

Source: IBGE, National Household Sample Survey, 2008.

Table 14 - Proportion of people at 60, 65 and 70 years old or older and employed retired in the reference week per gender according to Major Regions, 2008

| Major Regions | Proportion of people at 60, 65 and 70 years old or older and employed/retired in the reference week, per gender (%) | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | 60 years old or older | | | 65 years old or older | | | 70 years old or older | | |
| | Total | Men | Women | Total | Men | Woman | Total | Men | Women |
| **Brazil** | **18.5** | **27.5** | **11.5** | **17.6** | **27.8** | **10.0** | **14.3** | **23.1** | **7.8** |
| North | 18.6 | 26.0 | 11.8 | 19.5 | 28.2 | 11.5 | 14.1 | 21.7 | 7.5 |
| Northeast | 23.7 | 33.5 | 16.0 | 22.5 | 33.6 | 13.8 | 18.8 | 29.3 | 10.7 |

Table 14 - Proportion of people at 60, 65 and 70 years old or older and employed retired in the reference week per gender according to Major Regions, 2008

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Southeast | 14.2 | 22.4 | 8.1 | 13.6 | 22.5 | 7.2 | 10.6 | 17.7 | 5.8 |
| South | 24.0 | 34.5 | 15.8 | 21.9 | 33.9 | 12.8 | 18.2 | 29.6 | 10.3 |
| Midwest | 15.2 | 23.2 | 7.9 | 15.5 | 25.2 | 7.0 | 13.2 | 22.2 | 5.5 |

Source: IBGE, National Household Sample Survey, 2008.

Conclusion.

By considering the reflections discussed above regarded to different regions of Brazilian territory, it is necessary to highlight some important aspects in relation to the Southeast region, since this is the most populous region in the country and although traditionally considered as a region with political and high inflow of investment in the social aspects, it presents a particularly importance in relation to the aging process not noticed elsewhere, citing as an example the urbanization of old age, because most elderly and many seniors are living in the cities. However, in that region, the state of Minas Gerais has the second highest population of elderly, surpassing the state of São Paulo, as it is also the second largest state in population in the country, but protecting a phenomenon not seen in other states of the region, which is the large number of elderly in the rural area of the state. This is important, considering the dimension of the state of Minas Gerais, as well as its importance for the Brazilian territory. Therefore, some data worth mentioning in relation to that state, and it can be seen in Table 1, which are:

- The Southeast Region has 79.8 million individuals at 60 years old or more. Of these, 19,904,000 are in the state of Minas Gerais. Of the 19 million, 1.6% are over 80 years old (3,184,640), being 42.5% of men and 57.5% women;

- Minas Gerais, in the southeast region, is the third-largest state in proportion of elderly (23.32%), but it has a feature that the states of São Paulo and Rio de Janeiro do not have, which is a large number of elderly residing in the rural area. Of these, 23.32%

of elderly people aged 65 years old or older, 83.5% of them are in the urban region and 16.5% in the rural region of the state. In São Paulo, 96.6% live in urban areas and 4.4% in rural areas, and in Rio de Janeiro, 96.8% live in the cities and 3.2% in the rural area;

- In Minas Gerais, of the 4,356,906 of existing housing units, 4,349,260 are individuals and 7,646 (0.18% of total) are collective housing[9]. Despite the number of collective housing, it does not reveal a significant number. There are studies that show a great demand for rest homes by institutions in the mode of families, especially for those living in urban areas, considering in particular the metropolitan region of Belo Horizonte, capital of the state.

The emphasis made for the Southeast Region, particularly in this study, is a reminder that some parts of Brazil have important characteristics that must be met within the social policies. In the state of Minas Gerais, one still observes an agrarian profile, considering the elderly population, which is a differential profile in relation to the Southeast. Thus, it is necessary, in relation to social policies for the elderly in the country, and thus for forming of the Regions, the prioritization of the characteristics of these regions. To look for this difference can ensure greater efficiency in the planning of social policies for the elderly of regional character, instead of thinking on national policies for the elderly, whereas the social indicators presenting the profile of the elderly population change among the regions where they are located. Within this principle, it is considered not possible not to show these data the peculiarities in the design of social policies for the elderly so that they are designed to be more effective and efficient.

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9 **Collective housing:** the relationship between institutions where those who dwell therein on the date of reference standards was restricted to administrative subordination.

## 6. FINAL CONSIDERATIONS

The data analyzed were considered as a good beginning for the designing of social policies for the elderly, especially considering the existing social indicators analyzed in this study.

Considering the analysis from the perspective of micro view that several studies have proposed within the theme and autonomy in old age, this study arose as a necessity to support the discussion of social risk which these elderly people are exposed to. Studies mostly identify existing problems, relating them to the lack of social support networks to ensure dignity to elderly adults, maintaining quality of life as a result. However, the data obtained in these studies continue to be presented isolated and in a non-correlated fashion, making it difficult to understand the differences regarding gender, income and culture in Latin America, especially Brazil, and the approach to aging. This study came as a contribution to the study of the social network for the care of the elderly. This network basically consists of the family, including from that, the limitations and possibilities that have reduced dependency of the elderly adults and the subsidies that can provide the design of more effective social policies to support the increase in the number of elderly dependents, as provided in demographic studies for the coming decades.

Data from this study and the analysis benefit various research institutions, such as the WHO/PAHO and in particular the Latin American Network for the Study of Aging (REALCE) since the last report dated in 2009 on "Social Panorama of Latin America "and" Ageing Care Systems: Crisis to Opportunity?", and the document of the Institute of Applied Economic Research (IPEA), Brazil, demonstrated that there were no advances in this argument, but it observes that the elderly, in the case of Brazil, will probably act as co-responsible for funding the service to support their autonomy, similar to what already happens in the U.S., thereby reducing its dependence. Overall, it is

discussed in Latin America, the family tradition in the care of elders, however, adding to this debate the possibility of creating a social policy for qualification of home caregiver in templates implemented in Argentina in 2002 to supply the community support families to home care. This discussion has been considered the existing formats in Germany, Spain, France, Japan, UK and Sweden, for example.

Different research on aging and on the family role in supporting the dependence, presented in different studies focusing on the profile of families in the world, show that, in Latin America, there is a predominance of extended families, and thus perhaps a greater number of elderly in the family, which results in many cases, in financial dependence on the latter. Moreover, there is the issue of income as a definer of the autonomy of the elderly in both developed and developing countries, and the responsibility of care for the elderly as natural condition of the family and the woman. However, it does not discuss the process of independence of older people from the perspective of choice, both of the family and of the elderly, and the difficulties of everyday life so that they can choose for the decision of institutionalization or institutionalization. Especially in Brazil, the institutionalization of the elderly has been discussed from the perspective of abandonment and it does not seek the institutionalization of the family as a way to enjoy the income of the elderly, using it as an increase in family income.

This simplistic view of study covers an important field of study, which is the improvement or creation of social policies that are truly effective in helping families and the elderly in achieving this autonomy for his or her everyday life. In Latin America as a whole, it is expected by the mid-century that 22.6% of the population will be 60 years old or older, and these made up 18.1% of those aged 80 or older, thus demonstrating a higher condition of dependency as chronic and degenerative processes expected for this age.

The study at matter had to be innovative in view of proposing a different look for the variables that exist in Brazil for the construction of social policies which will assist in ensuring the independence to the elderly without emphasis on the issue of family responsibility with this care, but in co-responsibility for this with the planning of an efficient social policy. Seeking to discuss a new concept for the elderly subject, in which the family is a co-responsible agent, and non-primary "institution" caring, being the use of family profile the starting point for the supply of these variables. Thus, the design of social policies to guarantee autonomy for the aging population, considering the different living arrangements, can achieve more secure facility in search of autonomy during the aging process.

By considering the demographic expected to Latin America, and particularly for Brazil, it is realized that it is necessary to set social policies that provide family and the very elderly, more conditions to ensure the autonomy of the elderly, considering the issue of care. However, different studies in Latin America and especially in Brazil have focused on the income of the elderly population arising mostly from retirement pensions received from social security services designed to reduce poverty in those countries. The care or the lack of care is decided within the family and household arrangements benefiting more the younger generations than the elderly. Considering the aspects mentioned above, we conclude that: (1) families with low socioeconomic level expose their elderly to poor quality of life, (2) lack of social policies to ensure the independence of older people puts the elderly adult in a situation of great dependence on the family and on the government assistance, becoming more exposed to social risk.

However, it is seen a gap in the information presented in this population group, since the variable and household living arrangements as a consequence do not present the reality of the everyday life experienced by elderly people assisted by homes for the aged people and mostly, there is no analysis of the conditions of service of these as it occurs for the housing question in the Census. Therefore, it is noted that there is a

difficulty of inserting information on this aspect within the social policies for the elderly, considering the search for institutional services in the community that will maintain or enlarge their autonomy, as these data are not publicly known and therefore it cannot be understood how the different regions perceive and behave with the existence of these institutions in their states and counties.

However, by considering the data IBGE/2008, we realize that social policies that aim for the elderly alter the current situation in which the elderly population are living in, variables such as:

- The different types of living arrangement that best explains the everyday reality of the elderly, trying to discuss this with the variable effects of informal social exchanges in the pursuit and maintenance of autonomy and independence;

- The work done by the elderly in the formal and informal market, not by the welfare perspective but with the possibility that he or she will remain active for longer regarding the EAP (Economically Active Population), changing the consequent relationships of work that is set in today's society of production/consumption. This category of analysis will bring with it the applicant discussion of the necessary changes, considering the politics of social security and of social assistance agency for the elderly in the country;

- Implementation of an education policy that addresses the process of education of the elderly, since access to education will change the welfare of these individuals, while emphasizing improvement in health conditions and access to more effective community services for quality assurance of the elderly adults and their families. Considering the data from PNAD (National Household Sample) of 2009 released in September 2010, Brazil is the in eleventh place in the ranking of illiteracy in South America. According to the education specialist Claudio de Moura Castro, "Brazilian illiteracy is concentrated in the older population and part of that population dies every year: thus, the rate decreases gradually, slowly, and evolution has maintained the same

pace of decline." For this reason, illiteracy will extinguish the nature of task to be accomplished through the death of the older stratum of the population.

According to Cimar Azeredo Pereira, manager of integration of the PNAD, the data presented in 2010 reveal that the highest rate of illiteracy is among Brazilians aged 25 or over (92.6% of illiterates are in this group). The 50 year old people or older, totalizes 21% of illiterates. The Northeast Region has the highest frequency, with 18.7% of illiterates and the Southeast has 5.5%, 4.7 percentage points less than the national average. The data presented in 2010 strengthen what the IBGE census research has been showing since 2004, and at this point nothing has been done to change this picture of illiteracy for the next generations, and to soften it in the current Brazilian population, since the 2009 study showed that 100% of Brazilian children are in school. Yet, the fact of being in school does not guarantee complete literacy skills, because the functional illiteracy rate among people at 15 years old or older was estimated at 20.3% (0.7 % lower than that what was seen in 2008 and 4.1% lower than 2004), i.e. those people do not attended school for more than four years, according to researchers of the IBGE.

- Policies for generation of income linked to relationships of work/employment, education and pension reforms, because the approach in the current welfare-oriented improvement of income does not maintain the existing aging process and projected for the next few years, and it does solve the existing poverty pools, considering the Brazilian example, and in consequence it does not promotes autonomy and independence to the individual elderly and their families;

- Housing conditions must be changed, especially if it is regarded the need for more effective oversight of construction processes in cities, in particular, whether public or private enterprises, so that, projects and ensuring accessibility to be effected in consequence of the autonomy and independence of older longer in its relationship with the spaces they live in.

Concerning the housing issue, the access to housing for low-income elderly, from social housing policies for the elderly, in turn, will ensure improving in the income and stability in life planning because it reduces housing costs, and improve their living conditions as a function of access to housing fitted for to the new living demands.

The social indicators of the IBGE of 2008 have proven effectiveness for the design of social policies for the elderly as these data allowed us to understand the family profile and the elderly adults and it showed the points of deficiency experienced by them and that it demands policies aimed at reducing these shortages that cause embarrassment in everyday relationships for the elderly. That is, the family of these individuals has lower levels of education, health, income and so they have a relationship of great dependency on government welfare policies. As a larger number of families headed by women, and many studies about this theme reported that, these families are more prone to the vicious cycle of poverty, that is, less access to education, as studies show that children of women who are head of their  homes, tend to study less, since they assume more in common activities in the framework of the house or in the labor market, to contribute to the family income. And consequently, poor education interferes in other important aspects every day, namely, health and income.

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