

Autoestima e fatores associados às condições sociais em idosos

Self esteem and factors associated with social conditions in the elderly

Autoestima y factores asociados a las condiciones sociales en idosos

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ABSTRACT

Objective: To evaluate self-esteem and its association with the social conditions in elderly corresidentes in the Jequitinhonha Valley, Minas Gerais. **Methods:** Epidemiological study, population-based household survey, conducted with 279 elderly residents in urban and rural area of the municipality of Salto da Divisa/MG without cognitive impairment according to the criteria of the Mini Mental State Examination. For obtaining the data, it was used the *Rosenberg Self-Esteem Scale* and the *Brazil Old Age Schedule* questionnaire. The data were tabulated and analyzed using SPSS®. To verify the association it was used the Pearson's chi-square test (X²), with 5% significance level. **Results:** Regarding self-esteem, 22.9% had high, 69.5% had normal and 7.5% had low self-esteem. Significant differences were found between self-esteem and the variables educational level (p = 0.005) and satisfaction with cohabitants (p = 0.048). **Conclusion:** In the studied population, to have education and interpersonal relationships at home are configured as protective factors for good self-esteem.

Descriptors: Aging; Family; Housing; Self-Image; Relationship Between Generations.

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RESUMO

Objetivo: Avaliar a autoestima e sua associação com as condições sociais em idosos “corresidentes” no Vale do Jequitinhonha, Minas Gerais.

Métodos: Estudo epidemiológico, tipo inquérito domiciliar de base populacional, realizado com 279 idosos, residentes na zona urbana e rural do município de Salto da Divisa/MG, sem déficit cognitivo segundo critérios do Mini Exame do Estado Mental. Para obter os dados utilizou-se a *Escala de Autoestima de Rosenberg* e o questionário *Brazil Old Age Schedule*. Os dados foram tabulados e analisados no SPSS[®]. Para verificar a associação utilizou-se o teste do qui-quadrado de Pearson (X^2), com nível de significância de 5%. **Resultados:** Quanto a autoestima, 22,9% apresentaram alta, 69,5% normal e 7,5% baixa autoestima. Diferenças significativas foram identificadas entre a autoestima e as variáveis escolaridade ($p = 0,005$) e satisfação com os coabitantes ($p = 0,048$).

Conclusão: Na população pesquisada, possuir escolaridade e as relações interpessoais em domicílio se configurou como fatores protetores para a boa autoestima.

Descritores: Envelhecimento; Família; Habitação; Autoimagem; Relação Entre Gerações.

RESUMEN

Objetivo: Evaluar la autoestima y su asociación con las condiciones sociales en corresidentes de edad avanzada en el Valle de Jequitinhonha, Minas Gerais. **Métodos:** Estudio epidemiológico, tipo encuesta domiciliar de base poblacional, realizado con 279 ancianos de la zona urbana y rural del municipio de Salto Lema/MG y sin deterioro cognitivo, según los criterios del Mini Examen del Estado Mental. Para obtener los datos se utilizó la *Escala de Autoestima de Rosenberg* y el cuestionario *Brazil Old Age Schedule*. Los datos fueron tabulados y analizados con el programa SPSS[®]. Para verificar la asociación se utilizó la prueba del chi-cuadrado de Pearson (X^2), con un nivel de significancia del 5%. **Resultados:** En cuanto a la autoestima, 22,9% tenían alta, 69,5% normal y 7,5% baja autoestima. Se encontraron diferencias significativas entre la autoestima y las variables nivel educativo ($p = 0,005$) y la satisfacción con los cohabitantes ($p = 0,048$). **Conclusión:** En la población estudiada, tienen la educación y las relaciones interpersonales en el hogar se configura como factores de protección para una buena autoestima.

Descritores: Envejecimiento; Família; Vivienda; Autoimagen; Relación Entre Generaciones.

INTRODUCTION

Social determinants always occupy a prominent place among the doctrinal formulations that guided the Brazilian health movement from its origins in the 1970s. Almeida Filho¹ believes that human health should be understood and analyzed from the economic and social structure, as these dimensions are inextricably linked to the physical and mental dimensions of individuals.

In the social environment, to assess the way of people's lives, it is necessary to identify the social aspects such as education, housing, access to health services and psychosocial factors that enable to plan and improve the living conditions of the elderly.

In Brazil, population aging process is occurring significantly from the 60's and it should be considered that in times of economic crisis inequalities and social problems

worsened rebounding significantly in determining the configuration of patterns of population life.²⁻³⁻⁴

In view of this, various approaches have been used to meet this challenge as that ones that emphasize the material aspects of life of individuals and community infrastructure and that ones that emphasize psychosocial factors in the generation of health problems, such as the self-perception of people about their position in society.

Contemporary changes that began to occur in living arrangements contributed increasingly to the need to establish a strong and stable social network, focused on adopting positive behaviors toward life in areas in which two or more people share jointly social and economic situations, referred to as “co-residence”, contributing to maintain and/or restore a well-being, and consequently, better living conditions among the elderly and other family components.

Self-esteem is a psychological expression about the subjectivity of existence, the union of trust and respect to yourself. It is an important protection factor, since it is related to the mental health and well-being, and with it are implicated other elements such as social support, self-efficacy and autonomy, which influence the way older people will live their old age.⁵⁻⁶⁻⁷

Some factors can influence self-esteem, such as age, gender, marital status and the diseases that are manifested. Similarly to the financial abuse, aspects of the housing, suicide and depression are associated with low self-esteem.⁸

For a satisfactory life it is essential the presence of a positive self-esteem, which allows the individual to feel confident, suitable for life and worthy, because this personal development should consist of feelings of competence and self-worth, self-respect and self-confidence⁹. In this context, self-esteem can be considered as a sense of judgment, appreciation, satisfaction that the subject has of himself/herself, which are expressed by attitudes towards himself/herself.¹⁰⁻¹¹

Epidemiological population studies acquire importance in this scenario by allowing the identification of determinants and etiological aging factors, aimed at providing better understanding of the different social contexts and health care of those populations, seeking an extension of human life through disease prevention and health promotion.²

The aim of this study is to evaluate the self-esteem and its association with the social conditions of the elderly “co-residence” in the municipality of Vale do Jequitinhonha, Minas Gerais.

METHOD

This is an epidemiological study, a household population-based survey of elderly “co-resident” individuals, aged over 60 years living in the urban and rural areas of Salto da Divisa/MG, small municipality, with an estimated population of 6,858 inhabitants (IBGE, 2010). This study adopted as old “co-resident” the one who shared the home with more than

one person in one of the three (3) of the Family Health Strategy (ESF) in the municipality.

Initially we asked the Department of Health of the municipality the amount of elderly registered in the Primary Care Information System (SIAB). Then, there was an active search through the "Sheets A", with the Community Health Agents (ACS) of the three (3) ESF in order to identify the elderly who lived in a state of "co-residence". After estimating the total number of elderly people living in "co-residence" (n = 699), there was the calculation of the sample size by adopting the following parameters: the proportion of 50% for the calculation of finite populations according to Martins,¹² confidence level of 95% and error of 5%.

The minimum representative sample of this population was 249 elderly to which was added 20% foreseeing the possible losses, coming to 299 individuals. Then we calculated the sample interval (n = 2) and concomitantly performed the drawing of the elderly participants search, obtaining a sample of 349 elderly.

A pilot study was conducted with 30 elderly, being drawn proportionally in each of the three (3) USF (10 elderly per ESF), of the municipality Salto da Divisa/MG to verify the applicability and adequacy of the data collection instruments used in the research. Data from the pilot study were not included in the final results.

The pilot study identified the need for some changes in the questionnaire Brazil Old Age Schedule (BOAS), involving items and resources with values included in other sessions, which were removed with care to not affect the significance of the questionnaire, in order to reduce the interview time (important strategy in research with the elderly).

Upon completion of the pilot study the data collection was initiated and occurred from January to March 2013, during a visit to the homes of respondents. Firstly, it was applied Mini-Mental State Examination (MMSE), and if detected cognitive status preserved, it was applied the other instruments: the Rosenberg Self-Esteem Scale and the semi structured questionnaire BOAS.

The following criteria for inclusion of the elderly in the study used were: be registered in one of three (3) ESF, cohabiting with one or more people at home and present a preserved cognitive status that would allow them to respond to the data collection instruments. And to exclusion: not fully respond questionnaires; refuse to participate; present result lower than the cutoff points on the MEEM, considering their elderly respondent education level; and not being at the house for up to three (3) visits made in different days and times.

On the MMSE the cut-off level has been established according to education (years of schooling) declared by the elderly, differentiates between: illiterate (19 points); 1 to 3 years of schooling (23 points); 4 to 7 years (24 points) and; more than 7 years (> 7) of education (28 points).¹³

To assess self-esteem it was used Rosenberg Self-Esteem Scale,¹¹ translated by Dini¹⁴. This instrument consists of 10 items, with content related to feelings of respect and

acceptance of oneself, and half of the items are stated positively and half negatively. For each statement there are four answer choices, type Likert (strongly agree = 4, agree = 3, disagree = 2 and strongly disagree = 1). The sum of the responses to 10 items provides a score range whose total score ranges from 10 to 40 and the higher the score, the higher the "level" of the person's self-image. Participants were classified as having low self-esteem (10-24 points), normal (25-35 points) or high (36 to 40).

To contextualize the life of the elderly it was used the semi structured questionnaire BOAS, that is a multidimensional construct translated and validated for Brazil that allows to obtain general information; physical health; use of medical and dental services; activities of daily living; social resources; economic resources; mental health; needs and problems that affect the respondent¹⁵. Because it is a multidimensional instrument, it has been increasingly used in Brazil.¹⁶ Their sessions allow us to describe the social determinants of the subject in question, whereas transposes into broader discussions as how these factors interfere with individual, family and group of elderly relationships.¹⁷

The data were tabulated and analyzed using SPSS® 15.0 and it were obtained descriptive statistics (absolute frequency, percentage and confidence interval of 95%) for each of the variables. To verify the association, we used Pearson's chi-square test (X²), adopting a significance level of 5% (p = 0.05).

As dependent variable it was adopted the self-esteem obtained by the Rosenberg Self-Esteem Scale and, as independent variables, socio-demographic and economic characteristics (age, gender, education and marital status, and income), cohabitation and perception of health conditions.

The study was approved under No. 047/2009 Protocol of the Council of Ethics in Research of the State University of Southwest Bahia (CEP/UESB) as subproject of a larger research entitled "Aging and Co-habiting: a gender issue".

RESULTS

Of the 349 elderly randomly selected to participate in the study, 70 were excluded, 58 for not reaching the minimum score of MEEM and 12 refusals to participate in the study or were not found at home after three visits.

Among the 279 seniors who responded to the survey, there was a predominance of females (58.8%), the age group 60-69 years (52.0%) with average age of 70 years (SD±7.3), ranging between 70 and 98 years old, married (62.0%), illiterate (64.2%) and average monthly income of R\$ 790.00 (minimum value of R\$ 678.00 and maximum of R\$ 8.000) as shown in Table 1.

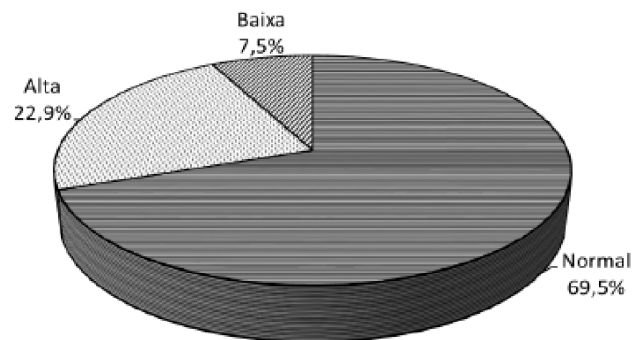
Table 1 - Sociodemographic characteristics, economic and health perception of the elderly co-residents in the municipality of Salto da Divisa/MG, 2013

Variable	Category	n	%
Gender	Female	164	58.8
	Male	115	41.2
Age range	60 a 69	145	52
	70 a 79	106	38
	80 ou +	28	10
Education in years of study	No schooling	179	64.2
	With education	100	35.8
Marital status	Married/living together	173	62.0
	Widower	73	26.2
	Divorced	20	7.2
	Single	13	4.6
Income	Up to 1MW	227	81.4
	>1MW	52	18.6
	Great	24	8.6
Health status	Good	169	60.6
	Bad	64	22.9
	Very bad	22	7.9
Satisfaction with coresidents	Yes	250	89.6
	No	29	10.4

*SM = Minimum Wage in 2013- R\$ 678.00
*MW = Minimum Wage in 2013 - R\$ 678.00

Regarding self-esteem Rosenberg scale, it was found that, in patients that co-reside, 202 (69.5%) had normal self-esteem, 64 (22.9%) high and 13 (7.5%) low. Chart 1 shows the data of self-esteem scale among the “co-residents” elderly.

Chart 1 - Self-esteem of “co-residents” seniors in the municipality of Salto da Divisa/MG, 2013



According to Table 2, among the sociodemographic and economic variables, only schooling (p = 0.005) and satisfaction with cohabiting (p = 0.048) were associated with self-esteem, in the others there was no statistically significant difference, gender (p = 0.757), age (0.921), marital status (p = 0.252) and income (p = 0.685).

Table 2 - Sociodemographic and economic characteristics and values of self-esteem Scale of “co-residents” elderly in the municipality of Salto da Divisa/MG, 2013

Variable	Self esteem						X ²	p
	Low		Normal		High			
	n	%	n	%	n	%		
Gender								
Female	7	4.3	117	71.3	40	24.4	0.557	0.757
Male	6	5.2	85	73.9	24	20.9		
Age group								
60 a 69	6	4.1	105	72.4	34	23.4	0.921	0.921
70 a 79	6	5.7	75	70.8	25	23.9		
80 ou +	1	3.6	22	78.6	5	17.9		
Education								
No	11	6.1	137	76.5	31	17.3	10,423	0.005
Yes	2	2.0	65	65.0	33	33.0		
Marital status								
With partner	6	3.5	123	71.1	44	25.4	2,720	0.252
No partner	7	6.6	79	74.5	20	18.9		
Income								
Up to 1 MW**	11	4.8	161	70.9	55	24.5	0.755	0.685
> 1 MW	2	3.8	40	76.9	10	19.2		
Satisfaction with cohabitants								
Yes	9	3.2	183	65.6	58	20.8	6,077	0.048
No	4	1.4	19	6.8	6	2.2		

Level of significance p < 0,05.

** SM = Minimum Wage in 2013 - R\$ 678.00

Level of significance p < 0.05.

**MW = Minimum Wage in 2013 - R\$ 678.00

DISCUSSION

The results indicate that the majority of elderly respondents have normal self-esteem, being this perception considered a key aspect in the life of the elderly and is one of the dimensions of personality that most influence on the well-being of the individual and their adaptation in the world that surrounds it, it is important to the success and satisfaction with life.^{18,11} It further expresses a deeply individual attribute, though modeled in everyday relationships and also decisive in the relationship of the individual with himself and with others, influencing the perception of events and people in behavior and the individual experiences.¹⁹

Yet on this aspect, people who feel cherished, capable and endowed with value develop a healthy personality and a better self-esteem.²⁰ In Salto da Divisa/MG, among the “co-residents” elderly, the normal self-esteem seems to reflect the good level of acceptance and social and family appreciation through established relationships, keeping alive these elders’ interest in life.

For elderly of this study, although they are in a moment of development marked by adversity, the results indicate that these are adapting well to changes inherent to aging showing that satisfactory development is not only related to age, but the multifactorial aspects, including the positive acceptance of their living conditions.

In this study there was a predominance of female elderly. According to Mastroeni *et al.*,²¹ the predominance of elderly women over 60 years is a response of health programs in local communities to support the elderly, indicating that women and men age differently and that women tend to have greater resilience in all ages.

In the population studied, the gender variable was not statistically associated with the level of self-esteem. The greater supply of labor, the higher income and socio-cultural aspects related to the enhancement of male figure,²¹ that could affect the self-esteem of the elderly, did not interfere in the results.

It is further noted a subtle tendency for women to have normal to high self-esteem (see Table 2) when compared to men, and it may suggest that, despite the old age be considered in general a period of decline, the elderly woman shows up more adapted to these situations limitations of aging.²²

The variable age did not show statistical association with their self-esteem. It should be noted that in the studied population the majority of the sample consists of seniors who have 60-69 years. The self-image of individuals seems to decrease with increasing age, which may be related to physiological, social status or loved ones losses.²³

Also regarding the variable age, according to a study in Ontario, in Canada, older respondents report lower health control, self-efficacy and self-esteem since the greater the survival, the greater the chance of developing chronic diseases²⁴. These disorders can limit or restrict the possibilities of social support because of changes in the

emotional state by restricting the activities that encourage self-esteem in the “co-residents” elderly.²⁵⁻²⁶

Among the participants, the education variable was statistically associated with self-esteem, showing that elderly people with higher education had proportionally higher level of self-esteem, a trend also found in the works of Eulalio, Santos, Nunes.²⁷

The education is related to access to income opportunities, the use of health services and adherence to health and education programs in the field of health promotion and protection, these factors are important for the perception of health of older people²⁸. This suggests that higher education allows the “co-resident” elderly a sense of greater security and dignity before the social relations, projecting that better self-esteem in the home.

In the studied population, it was not identified statistically significant association between marital status and self-esteem of the elderly. However there is a greater tendency of elderly married or living together have higher self-esteem, suggesting that share co-residence with a companion tends to establish a greater sense of security among them. Noteworthy is the presence of the wedding protection case, since a set of causal mechanisms consisting of environmental, social, and psychological factors, makes married healthier state than the others.²⁹⁻³⁰ Moreover, it is believed that the increase of social networks, result of the wedding, facilitates the access to information and health services, encourages to have healthier behaviors and acts as a mechanism in stressful situations.²⁹⁻³⁰

The variable income was not statistically associated with self-esteem being therefore important to consider that 81.4% of respondents declared income up to 1 minimum wage. These data suggest that these people have some degree of financial autonomy achieved through the universalization of the pension benefit. The improved self-perception of these elderly may be related to the reversal of the economic standard, as previously they may be dependent on the economic power of the children.³¹

It was possible to identify in the studied population a statistically significant difference in satisfaction of the elderly on the coexistence with others and positive self-esteem. These results indicate that sharing the house with other people has been an important protective mechanism for the maintenance of better self-esteem levels of the elderly, which positively affects the vision that has about himself.

In a study conducted in São Paulo, 71.0% of seniors reported receiving in their homes home care of the children and the spouse.³² Leite *et al.*³³ when analyzing the family support to elderly residents in the urban area of Alecrim/RS, verified a high percentage of elderly people who had large families and social networks, which may resort to emotional, material, emotional and informative support. Therefore, these seniors have shown to have good family and social life, which in turn influences the improvement of their esteem and confidence.

Social support is an important factor for the elderly to keep up with autonomy and a satisfactory aging without so many negative effects. Pinazo³⁴ points out that older people who participate in social networks actively and receiving informal social support are the ones with better physical and mental health, also considering that the family is the main source of informal support.

It is known that self-esteem depends on multiple factors that interfere directly or indirectly in health care of the elderly, deserving approach in future studies³⁵. The results of our study corroborate those obtained by Andrade Souza and Minayo,¹⁹ related to scarcity and the need for new studies with the self-esteem scale of Rosenberg, which, although widely used internationally and having high coefficient of reliability (92%), is not commonly used in Brazil in community studies, especially if treating the elderly.

CONCLUSION

For a healthy aging it is necessary that the elderly present not only a good state of physical and mental health, but also feel secure, recognized for their experience and participating in your community. The self-acceptance is essential for the individual to enjoy himself and refuses to deny or reject the very "I". A positive self-esteem in old age leads the individual to feel secure, independent, respected, recognized, worthy to life and deserving of happiness.

The self-esteem of elderly enrolled in ESF municipality studied was associated with education and satisfaction with cohabiting. Thus, for the studied population, to have education and how configured interpersonal relationships were in the shared home environment functioned as protective factors for higher levels of self-esteem.

The elderly faced the aging process in a pleasurable way and without major conflicts to disclose, on average, positive perceptions of life and facts. Thus, a good self-esteem can be seen as an appropriate way to understand and experience the aging process.

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REFERENCES

1. Almeida filho N. A problemática teórica da determinação social da saúde (nota breve sobre desigualdades em saúde como objeto de conhecimento). *Saúde em Debate*. 2009; 33 (83): 349-370.
2. Linck CL, Crossetti MGO. Fragilidade no idoso: o que vem sendo produzido pela enfermagem. *Rev Gaúcha Enferm*. 2011; 32 (2).
3. Litvoc J, Brito FC. *Envelhecimento: prevenção e promoção da saúde*. São Paulo: Atheneu; 2004.
4. Aires M, Paskulin LMG, Morais EP. Functional capacity of elder elderly: comparative study in three regions of Rio Grande do Sul. *Rev Latino-Am Enfermagem*. 2010; 18 (1).
5. Amparo DM, Galvão ACT, Alves PB, Brasil KT, Kolle SH. Adolescentes e jovens em situação de risco psicossocial: redes de apoio social e fatores pessoais de proteção. *Estud Psicol*. 2008; 13 (2): 165-174.
6. Collins A, Smyer M. The resilience of self-esteem in late adulthood. *J Aging Health*. 2005; 17 (4): 471-89.
7. Freitas MC, Queiroz TA, Sousa JAV. The meaning of old age and the aging experience of in the elderly. *Rev Esc Enferm USP*. 2010; 44 (2): 403-8.
8. Terra, FS. Avaliação da ansiedade, depressão e autoestima em docentes de Enfermagem de universidade pública e privada [tese de doutorado]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto; 2010.
9. Branden N. *Auto-estima no trabalho: como pessoas confiantes e motivadas constroem organizações de alto desempenho*. 1ª. Ed. Rio de Janeiro; 1999.
10. Quiala MF, Rodríguez IZR. Autoestima en el personal de enfermería. *Revista Cubana de Enfermería*. 1999; 15 (3): 184-189.
11. Rosenberg M. *Society and the adolescent self image*. Princeton: Princeton University Press. 1965.
12. Martins GA. *Estatística geral e aplicada*. 3. ed. São Paulo: Atlas. 2005. p. 421.
13. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. *Envelhecimento e Saúde da pessoa idosa*. Brasília: Ministério da Saúde, 2007.
14. Dini GM, Quaresma MR, Ferreira LM. Adaptação Cultural e validação do questionário de auto-estima de Rosenberg. *Rev. Soc. Bras. Cir Plást*. 2004; 19 (1): 41-52.
15. Veras RP, Dutra S. *Perfil do idoso brasileiro: Questionário BOAS*. Rio de Janeiro. Série Livros Eletrônico. 2008. p. 100.
16. Pilger C, Menon MH, Mathias TAF. Socio-demographic and health characteristics of elderly individuals: support for health services. *Rev Latino-Am Enfermagem*. 2011; 19 (5).
17. Veras RP, Souza CAM, Cardoso RE, Milioli R, Silva SD. Pesquisando populações idosas - A importância do instrumento e o treinamento de equipe: uma contribuição metodológica. *Rev Saúde Pública*. 1988; 22(6): 513-518.
18. Ruibyte L. Relationship between individual attributional style, self-esteem, locus of control and academic achievement of vytautas magnus university students. *Ugdymas, Kūno Kultūra Sportas*. 2007; (4): 71-8.
19. Andrade ER, Sousa ER, Minayo MCS. Intervenção visando a autoestima e qualidade de vida dos policiais civis do Rio de Janeiro. *Ciência e Saúde Coletiva*. 2009; (14): 275-285.
20. HAMACHEK, D. E. *Encontros com o Self*. Rio de Janeiro: Interamericana. 1979.
21. Mastroeni MF, Erzinger GS, Mastroeni SSBS, Silva NN, Marucci MFN. Perfil demográfico de idosos da cidade de Joinville, Santa Catarina: estudo de base domiciliar. *Rev bras epidemiol*. 2007; 10 (2).
22. Figueiredo MLF, Tyrrel MAR, Carvalho CMRG, Luz MHBA, Amorim FCM *et al*. As diferenças de gênero na velhice. *Rev bras Enferm*. 2007; 60 (4).
23. Krawczynski M, Olszewski H. Psychological well-being associated with a physical activity programme for persons over 60 years old. *Psychology of Sport and Exercise*. 2000; 1 (1): 57-63.
24. Schieman S, Campbell J. Age variations in personal agency and self-esteem: the context of physical disability. *J Aging Health*. 2001; 13 (2): 155-185.
25. Martins LM, França APD, Kimura Miako. Qualidade de vida de pessoas com doenças crônica. *Revista Latino-Americana de Enfermagem* 1996; 3: 5-18.
26. Vitoreli E, Pessin S, Silva MJP. A auto-estima de idosos e as doenças crônico-degenerativas. *Rev. Bras. de Ciên do Envelh Hum*. 2005; 2 (1): 102-114.
27. Eulálio MC, Santos KL, Nunes RP. Autoestima e auto avaliação de saúde de idosos. In: *Anais do III Congresso Internacional de Envelhecimento Humano Avanço da Ciência e das políticas públicas para o envelhecimento*; 2013 jun 13-15; Campina Grande (Br). Paraíba: CIEH; 2013.
28. Telarolli Jr R, Machado JC, Carvalho F. Perfil demográfico e condições sanitárias dos idosos em área urbana do Sudeste do Brasil. *Rev Saude Publica* 1996; 30 (5): 485-98.
29. Goldman N, Hu Y. Excess mortality among the unmarried: a case study of japan. *Soc Sci Med* 1993; 36 (4): 533-546.
30. Johnson NJ, Backlund E, Sorlie PD, Loveless CA. Marital Status and Mortality: The National Longitudinal Mortality Study. *AEP* 2000; 10 (4): 224-238.
31. Delgado G, Cardoso Jr, Celso J. "O Idoso e a previdência rural no Brasil: A experiência recente da universalização" Texto para discussão nº 688. Rio de Janeiro: IPEA, 1999.
32. Feliciano AB, Moraes AS, Freitas ICM. O perfil do idoso de baixa renda no Município de São Carlos, São Paulo, Brasil: um estudo epidemiológico. *Cad Saúde Pública*. 2004; 20 (6).
33. Leite MT, Battisti IDE, Berlezi EM, Scheuer AI. Idosos residentes no meio urbano e sua rede de suporte familiar e social. *Texto Contexto Enferm*. 2008; 17(2): 250-7.
34. Pinazo S. Relaciones sociales. In: Triadó C; Villar FP. *Psicología de la vejez*. Madrid: Alianza, 2006. p. 253-282.
35. Chaim J, Izzo H, Sera, CTN. Cuidar em saúde: satisfação com imagem corporal e autoestima de idosos. *O Mundo da Saúde*. 2009; 33 (2): 175-181.

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