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Health needs: experience of older women in a day care center

Necesidades de salud: experiencia de mujeres mayores de un centro de día

Necessidades de saúde: experiência de mulheres idosas num centro de dia

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Abstract

Background: Older adults are more susceptible to manifest the effects of their social, economic, cultural, or political environment on their health.
Objective: To describe the health needs of older women in a day care center.
Methodology: Mixed study, with a population of 490 women and a sample of 177. The 60-item Gordon's 11 Functional Health Patterns Assessment questionnaire was applied, obtaining a 0.735 reliability, as well as an in-depth interview in 10 key topics. The data were analyzed with central tendency and content analysis measurements.
Results: The needs of older women were submitted to a full analysis (physical, social, emotional, and spiritual). The majority has type-2 diabetes mellitus or high blood pressure. Almost half of them has overweight, constipation, and abdominal distention problems. There is no follow-up of preventive health actions, only curative ones.
Conclusion: The needs detected are nutritional guidance, preventing and recovering from physical ailments, keeping moving, reducing stress and anxiety.

Keywords: women; aged; health of the elderly; nursing care

Resumen

Marco contextual: La población de adultas mayores es vulnerable a mostrar afectaciones en su salud, por las condiciones sociales, económicas, culturales o políticas en las que se desarrollan.
Objetivo: Describir las necesidades de salud de las mujeres mayores que asisten a un centro de día.
Metodología: Estudio mixto, con una población de 490 mujeres y muestra de 177. Se aplicó el cuestionario de 11 patrones funcionales de Marjory Gordon con 60 ítems y una confiabilidad de 0,735; así como una entrevista en profundidad en 10 sujetos clave. Los datos se analizaron con medidas de tendencia central y análisis de contenido.
Resultados: Las necesidades de las mujeres mayores se analizaron de forma integral (física, social, emocional y espiritual). La mayoría padecen diabetes *mellitus* tipo 2 o hipertensión arterial. Casi la mitad tiene problemas de sobrepeso, estreñimiento y distención abdominal. No hay seguimiento de acciones de salud preventivas, solo curativas.
Conclusión: Las necesidades detectadas son orientación nutricional, prevenir y superar malestares físicos, mantenerse en movimiento, disminución de estrés y ansiedad.

Palabras clave: mujeres; anciano; salud del anciano; atención de enfermería

Resumo

Enquadramento: A população de idosos é vulnerável a mostrar efeitos sobre as suas condições de saúde, sociais, económicas, culturais ou políticas em que se desenvolvem.
Objetivo: Descrever as necessidades de saúde das mulheres idosas que frequentam um centro de dia.
Metodologia: Estudo misto, com uma população de 490 mulheres e amostra de 177. Aplicou-se o questionário de 11 padrões funcionais de Marjory Gordon com 60 itens e uma confiabilidade de 0,735; bem como uma entrevista em profundidade em 10 participantes. Os dados foram analisados com medidas de tendência central e análise de conteúdo.
Resultados: As necessidades das mulheres idosas foram analisadas de forma integral (física, social, emocional e espiritual). A maioria sofre de diabetes *mellitus* tipo 2 ou hipertensão. Quase metade tem problemas com excesso de peso, prisão de ventre e inchaço. Não há acompanhamento de ações preventivas em saúde, apenas curativas.
Conclusão: As necessidades identificadas são: orientação nutricional, prevenir e superar desconfortos físicos, continuar em movimento, reduzir o *stress* e ansiedade.

Palavras-chave: mulheres; idoso; saúde do idoso; cuidados de enfermagem

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Introduction

According to the World Health Organization (WHO),

> people between 60 and 74 years old are considered to be youngest-old; middle-old if between 75 to 90 years old, and oldest-old if they are over 90. All individuals with more than 60 years of age will be termed older adults (Moya & Vayas, 2016, p. 1).

For the purpose of this article, an older adult is defined as a person who is in the last stage of life, undergoing physical, psychological, social, and spiritual changes, and is described as wise, experienced, patient, and tolerant, as a result of the transition associated with life experiences, acquired knowledge, losses, and life thoughts.

In this sense, older women constitute a segment of special research interest because they are the largest group in older adult population and the most vulnerable in all senses (social, economic, physical, psychological).

Globally, philosophies, myths, customs, and beliefs of each society influence how older women's health is conceptualized and understood. Together with societal stigmas about aging, they hinder an objective perspective on the characteristics and needs of this population. The physical and biological changes presented by older women give them a preview of their representation and conceptualization, without taking into consideration what it involves and what it means to be an older adult (Zapata, 2001).

Likewise, in women, social factors or determinants, especially culture, education, and economy, have defined their helpless or vulnerable image. Older women face a difficult reality: recent studies and statistics show that they tend to have a longer life expectancy than men, which does not mean that their longevity comes with an optimal quality of life or health state (Cámara de Diputados, 2008).

Hence, the relevance of determining the health needs of older women in a day care center, which is the objective of this study. Considering the physical, emotional, psychological, social, and spiritual aspects, it aims to interpret and establish specific health care for their well-being and healthy aging.

Background

Mexican women older than 65 specifically manifest health-affecting problems: 1) acute respiratory, urinary, and intestinal tract infections, 2) ulcers, gastritis, and duodenitis, 3) high blood pressure, 4) non-insulin-dependent diabetes mellitus, 5) gingivitis and periodontal diseases, 6) intestinal amebiasis, 7) pneumonia and bronchopneumonia, and 8) conjunctivitis. Chronic non-communicable diseases such as high blood pressure and diabetes mellitus are emphasized, the latter with an incidence rate of 1528.9 cases, well above that recorded in males, with 1395.1. Unlike ischemic heart disease, women recorded a rate of 361.3 cases, lower than that found in men, with 477.7 (Sistema Nacional de Vigilancia Epidemiológica, 2010).

In 2010, the federal entities with the highest rates of population over 60 years old in the country were the State of Mexico, Mexico City, Veracruz, Jalisco, and Puebla, which comprise 4.1 million older adults, that is, just over 40% of the population. Nowadays, the State of Mexico is home to a total of 1,137,647 older adults, 521,277 men and 616,370 women (Instituto Nacional de Estadística y Geografía, 2016). This means that women become ill at an early age and live for longer periods.

This study obtained an approach to the needs of older women, based on their own perspective and experience, considering the social context of the day care center. This center is a space for recreation, coexistence, and training, where older adults can join a group or participate in the workshops and activities held in this institution.

The contribution to nursing science is the promotion and strengthening of individuals' own resources (knowledge, motivation, attitude, functionality), so that they can meet their needs or accept help from others around them. Similarly, a specific diagnosis of the needs of aging women will allow obtaining a healthcare model that impacts their well-being.

Research question

What are the health needs of older women who go to a day care center?

Methodology

The theoretical approaches to describe the health needs of older women were based on Kristen Swanson's model of professional nursing care, *knowing* the person receiving care, centering on him/her, that is, going beyond knowing (Swanson, 1995). For that purpose, a mixed study was designed with an explanatory approach divided into two stages: the quantitative stage identified the health needs, and the qualitative stage determined the interpretation of health needs of older women.

The research was carried out in a day care center in the State of Mexico. The authors obtained permission from the authorities to enter the facility, where they explained the topic of this research.

The study population comprised 490 older women who go to the day care center. Simple random sampling was carried out, with a 5% error and 95% confidence level, resulting in a sample of 177 women. Older women between 65 and 84 years' old who go the day care center's programs were considered, and those who wished to participate had no decreased cognitive ability and signed the informed consent.

Once the field of study was authorized, the potential participants were approached individually. They were informed about the purpose of the research and told, at the time of signing the informed consent, that the data provided in this research would be treated confidentially and that their participation was voluntary.

The instrument to determine the health needs of older women was based on Marjory Gordon's 11 Functional Health Patterns, consisting of 160 items grouped into 11 patterns that focus on the patient holistically and collect the necessary information of the patient, the family, and the environment (Gordon, 2010). For reliability measurement, a pilot test was carried out on 5% of the sample. Based on the statistical measurement of the items, some modifications were made so that 60 items remained, because the others did not coincide with the characteristics of the study population. A Cronbach alpha of 0.735 was obtained.

The instrument was applied individually, with a mean duration of one hour and a half. The information was treated and analyzed to move on with the qualitative stage, in which the purposeful sampling technique and saturation of data were used to determine the number of study subjects (Creswell & Plano, 2008). Ten older women with some chronic-degenerative condition were selected and interviewed in depth.

The quantitative data analysis was carried out with measures of central tendency based on the qualitative study, which used the method of codification for their interpretation. Information was organized in matrixes to better identify patterns and, then, understand and interpret the results through methodological triangulation. To ensure the validity of the qualitative study, the data obtained were compared with the contribution of previous studies in the area of theoretical research and triangulation, results of the descriptive and hermeneutic method, informants and sources of data collection. The five caring processes according to Kristen Swanson were considered as starting categories: 1) Maintaining belief, 2) Knowing, 3) Being with, 4) Doing for and Enabling, 5) Caring consequences. Triangulation was valuable in identifying the health needs of older women.

It is worth noting that the bioethics committee of the Medical Science Research Center of the Autonomous Mexico State University authorized the development of this investigation under registration number 2014/19.

Results

Characterization of study participants

Among the older women who participated in the study, 49.7 % were between 65 and 69 years old, and 32.2% were between 70 and 74, meaning that the median age of the sample ranged between 70 and 74 years old. Concerning their marital status, 42.9% of the interviewees are widows between 70 and 74 years old, 37.9% are married with ages ranging from 65 to 69 and 75 to 84, 13% are single, and 6.2% are separated. 89.8% of the population are Catholic. Slightly more than half of the older women (52%) has completed primary school, and 16.4% are illiterate. The main occupation of the sample is housekeeping (86.4%), while only 13.6% are retired (Table 1). They go to the day care center to mitigate their loneliness, to have someone to listen to them: "I come to

the day care center to see my friends, because at home it is just my husband and I alone, our children no longer visit us, they do not see us, they do not care about us" (E-1; May 2016).

Health state

Regarding health changes in older women who go to the day care center, 81.4% have at least one of the following diseases: high blood pressure, diabetes mellitus, and arthritis. Of this segment of the sample, 49 out of 100 are between 65 and 69 years old, while 30 out of 100 are between 70 and 74 years old. As age increases, the percentage of sick older women decreases, which may be related to the presence of chronic diseases with complications or death. It should be noted that 44.1% women have overweight, 22% have class-1 obesity, and 3.4% have class-2 obesity, meaning that overweight is present in all ages (Table 1). Nevertheless, regarding their health situation, they report feeling happy and satisfied for having reached their age and are grateful to be alive: "For me it is fabulous to be here, now, even with my illness, life is a flickering moment, to enjoy what you could not do when you were at home. Life is as we want it to be, heavy or light" (E-2; May 2016). "I feel contented. Sometimes it is even a privilege to be in better health than other people. Yes, I am glad to have reached this age" (E-3; May 2016).

Table 1
Assessment of the health needs of older women

Marjory Gordon' Functional Pattern	Quantitative results	Qualitative results
Pattern 1. Health perception – Health management	87.6% of the interviewees reported that the housing conditions (drinking water, electricity, telephone, and sanitation) are good, that is, they have all four services, 11.9% state that they are regular, and 0.6% state they are bad. The cleanliness of the houses was reported as good in 73.4% (houses are cleaned daily). The hygiene habits of the study population reveal that 79.7% are good, meaning that they bathe daily, do oral hygiene three times a day, and change underwear and outerwear daily, while 20.3% do so, but on a regular basis. 22% of the population reported that there are risk factors where they currently live, and 71.2% did not consider it so. The majority of the female participants (90.4%) comply with their medical plan, 87% adequately carry out their medical and pharmacological treatment. However, 22.6% practice self-medication.	Women mention that they know the necessary measures and activities to maintain their health or reduce complications, since in recent years they see their doctor regularly, they receive counselling and their medication, but they do not follow these instructions to the letter because they also need to feel supervised in this type of care by their loved ones: I imagine there's no school to learn how to take care of yourself but the one that life gives you. Sometimes I realize that they neglect me a lot, but I don't give it importance either, because for what I lack at home, I receive more than enough from unexpected companions in terms of affection. (E-2; May 2016)

Pattern 2. Nutritional – Metabolic	Participants report a change in weight during the last six months, 36.7% of the population reported that it increased, while for 34.5% it decreased. Regarding their natural teeth, 37.3% of the population lack some, 41.8% use prostheses, and only 19.2% have complete teeth. It is worth mentioning that 81.4% had two to three daily meals.	Under the observation of food patterns in the day care center, older adults eat when they feel accompanied and enjoy sharing their food, which they eat when they arrive and before they leave that institution, that is, breakfast and lunch are eaten with their companions because at home they are alone or feel alone. Therefore, the following assumption arises: older women need accompaniment to feed themselves. Some examples: "Here I feel well accompanied, and at home because my daughter comes from time to time when she can, because she works, being here with my whole family, because this is a family and we are many" (E-3; May 2016). "I feel very happy with my friends" (E-5; May 2016).
Pattern 3. Elimination	The main problems of elimination in the older adults studied are constipation and abdominal distension, which 31.1% reported. Among the main deficiencies in urinary elimination, 9% reported urinary incontinence, and 14.7% reported nycturia.	In this sense, although they do not express their health problems in the interviews, older adults need support to overcome their physical ailments. As part of health care, women need to feel that someone is doing something for them to feel good: "When I'm here, I feel so good to see my friends. I'm not in good health, but I'm fine, what can I do, when you get to this age, you can't do anything anymore" (E-1; May 2016). "That they give me courage, that they worry about me, nothing more" (E-4; May 2016).
Pattern 4. Activity – Exercise	In this pattern, deficiencies in vital signs (breathing, heart rate, and blood pressure) were measured during physical activity and the use of walking aids. 3.6% had some deficiency in breathing (dyspnea, cough, tachypnea), and 11.9% had an altered heart rate. This can mean that most older adults have an acceptable physical adaptation when carrying out an effortful activity. As regards walking aids, 46.3% of the population mentioned that they use a walking aid, such as a cane.	The physical activity that women carry out in the day care center is essential, keeping them moving makes them feel useful, with well-being and good self-perception, because physical mobility brings independence and security: "Walking, driving the truck, crossing the city, as long as I can, I'm going to keep going out" (E-1; May 2016). "That they let me do my things, by myself. It has always been work, coming and going. I never got to stay at house because I never liked it, and now less so because my husband gives me the freedom to do it" (E-4; May 2016). "I do not depend on anyone, I have been alone until now, thank God, I depend on myself. I like dancing. I feel good" (E-5; May 2016).

Pattern 5. Sleep – Rest	According to the data reported by older adults, 16.4% mention that they sleep less than five hours, 55.9% from five to seven hours, and 27.7% more than seven hours.	Although insomnia has several causes, the most prominent in older women are the concern for their loved ones, states of anxiety and stress, causing them biopsychosocial aging changes, as shown below: "I feel tense and I can't explain why. I think I despair more because I would like to be better, but it's not possible" (E-3; May 2016). "Sometimes I feel depressed when I go to visit my relatives, my sisters are sick" (E-4; May 2016). "I had a crying crisis. I am the one who suffers. I cried a lot because my daughter did not give me the same attention anymore. They think that I do not need someone to say to me: I love you very much" (E-5; May 2016).
Pattern 6. Cognitive – Perceptual	62.7% of the population interviewed had visual deficiencies, 14.1% mentioned having hearing problems; only 2.8% had balance problems. In a bivariate analysis using the Cramer's V test for nominal variables, it was found that there is no strong association between sense deficiency and age or appearance of a disease, considering the significance of 0.566 for age and 0.680 for disease.	Again, regardless of the physical condition of older women, they perceive themselves well: I describe myself as a nice person, very sociable, very lively. I feel calm and for me it is fabulous to have reached this age. I try to be the most positive as possible, not to give importance to what doesn't really have it. (E-2; May 2016)
Pattern 7. Self-perception – Self-concept	Slightly more than half of older adults have a good perception of themselves (63.3%). It should be noted that 16.4% have it regularly, and only two out of 100 reported it as bad. Only 7.3% of the population interviewed do not agree with their body image; 96% are satisfied with their role; regarding this percentage, 50.8% with the role of mother and 22% with that of grandmother; 20.9% of this population worries about safety, 14.7% about their children and 3.4% about eviction. However, this does not seem to affect their mood because 80.2% consider themselves happy, and only 8.5% are concerned. It should be noted that older women's perception of themselves and the perception of health are significantly associated. Likewise, the body mass index is highly associated with individual perception (Somers' *d* test with a value of 0.817), unlike the perception of health, whose association is not so strong.	Women perceive themselves well and healthy, despite their illnesses and conditions: "I consider myself healthy, apart from what I have, the pressure. I do a lot of exercise for my health" (E-4; May 2016). "It's very nice. I do not feel bad about growing old. I like my grey hair, I like my wrinkles, I like seeing myself in the mirror. How beautiful it is to live life" (E-5; May 2016).

Pattern 8. Role – Relationships	Regarding the caretakers of older adults, 53.7% mentioned their children, 29.4% mentioned their husband, and 16.9% mentioned another person; 91% lived in an integrated family. The relationship with family members is good for 70.1%, 15 out of 100 older adults reported that it is excellent; 12.4% think it is normal, and 1.7% say it is bad.	Although women are not alone and the relationship with family members is good, when asked if they feel alone, they say: "Well, the only thing is that I would like that they accompany me wherever I go, be at home to talk, because then I am alone " (E-1; May 2016). "That they tell me I love you, as I told my daughter and grandson. They think that I don't need someone to hug me and tell me I love you very much" (E-5; May 2016).
Pattern 9. Sexuality – Reproductive	Regarding the reproductive health aspects of women, 45.2% report the age of their first pregnancy between 12 and 18 years old, and only 5.6% never had a pregnancy. Among the total number of older women interviewed, 41.2% reported that their last cytology was one year ago, 20.3% three years ago, and 14.7% two years ago. It should be noted that 23.2% of older adults have never had a cytology, and women aged 70 to 74 are who reported this situation the most. Similarly, 48.6% of older women underwent breast screening one year ago, 19.2% two years ago, and 11.3% three years ago. As in the previous indicator, 20.9% have never had a breast examination (mainly between the ages of 65 and 69).	Older women talk little about their sexuality because of how they were brought up and the social taboos of their time. The word sexuality was not explicitly mentioned in their arguments, nor any reference made to it. However, they alluded to the relationship they lived in as young people, where most of them were victims of domestic violence, as shown in the following statements: "When my husband died, I felt freer, I don't like hypocrisy and saying that I cried or missed him, no, I felt very liberated because I was very repressed by him" (E-5; May 2016). My husband beat me a lot and drank a lot. He was with other women and came home to mistreat me. He said rude things, that I was the one who was cheating him. He came on very brave and rolled up his sleeves to beat me, as if he was going to fight with a man. At that time, I did not say anything. I beat me more when my children were younger. When they grew up, they defended me but he also beat them. (E-9; May 2016)
Pattern 10. Coping – Stress – Tolerance	The results show that 94.9% can cope with stressful situations and 5.1% of older women mention that they are sensitive to criticism. The reaction to this stressful situation is calm, as reported by 61%, 15.3% are indifferent or feel depressed, and 6.8% react aggressively. It should be noted that 39% of older women perform hand activities to relax, followed by intellectual tasks and, thirdly, social cohabitation.	Indeed, the older women in the day care center have a calm nature. They get angry or argue with people rarely because they would rather maintain cordiality and enjoy each day of their life as if it were the last, as shown in this example: I consider myself a very approachable person. They think I'm very grouchy, but not when they approach me. Me too, when I approach people, I try to be as kind as possible. I also feel friendly, I feel good with myself, with who I am. My Lord told me: enjoy life, pretend it's the last day, and the next day the same. I feel very proud of my age, of what I have enjoyed, although I worked all my life, I enjoyed it very much when I was young. (E-6; May 2016)

Pattern 11. Value – Belief	100% of the older women are Catholic.	The women in the day care center manifest a high level of spirituality, which impacts their behavior and emotions positively, as stated here: "I believe in him who is in heaven, there is only him. Thank you, my God, marvelous, beautiful, lovely things have happened to me. For me that is divine" (E-3; May 2016). "I believe in God and the Virgin of Guadalupe, I thank her every time because she gives us everything" (E-4). "I trust in God and in me, for example, when we pray, we are closer to God and he is closer to us. I say it all to God, the Father" (E-5; May 2016).

Note. Adapted from Marjory Gordon's "Manual of Nursing Diagnosis", 2010. Tenth edition. Elsevier Mosby.

Discussion

Older women are individuals experiencing the seventh and eighth decades of their lives. Society calls them old ladies, terms widely accepted and understood by all. After their 60th birthday, the majority is widowed, a minority separates from their partner, and a third of the participants are Catholic. In the past, education was a privilege for men, so most older women cannot read or write, encouraging them to work in informal jobs. This is alarming because they depend on their children economically. These facts can be explained by the circumstances of social disadvantage in which the older adults lived (González, 2010). As in other studies, women represent the largest percentage of the population with no schooling (Vázquez, 2004). Swanson (1995) defines health as living the subjective and meaningful experience of wholeness. In this sense, older women understand that transitions generate alterations in their health and make them feel different. However, for them, it is normal because of their age, and they accept the disease as a condition of life, as an experience that every human being feels and lives. Everything depends on the way one faces it.

The good perception of themselves and the love for life in older women contrast with the existing aging-related image, in which the temporality and fragility of human life are emphasized. The older adult has become fearful, rigid, introverted, cautious; tends to have low self-esteem and, consequently, easily falls into depression (Rodríguez, Corona, & Goñi, 2008). This impacts their self-image and self-concept. However, those who feel that life has learning cycles do not feel sick and accept it and know that change requires redefining new needs.

Among the health needs of older women, follow-up stands out. The feeling of loneliness is a state that usually afflicts the human being and worsens in the final stage of existence, due to experiences of loss that affect quality of life (Quintero, León, Henao, & Villamil, 2015). In this sense, loneliness is reflected in older women as a feeling of abandonment and loss. Therefore, to feel loved and cherished is a need in the lives of older women.

Spirituality is also established as a necessity. The philosopher Leonardo Boff defines spirituality as a way of being, a fundamental attitude, to be lived in each moment: at home, working in a factory, driving a car, speaking with friends. In this sense, people can create space for depth and for the spiritual, remain centered, serene, and permeated with peace (Ramirez, 2012). Thus, for the women in the day care center, spirituality fosters well-being. In this way, older women find themselves in a time of change and transition, and their faith allows them to have a positive outlook on themselves and the near future.

Marsh, Richards, Johnson, Roche, and Tremayne (cited by Castro, 2013, p. 80) believe that "physical self-concept contains nine subdomains: strength, body fat, activity, endurance, sports competence, coordination, health, appearance, and flexibility". For this reason, women give great importance to physical ac-

tivity that they can perform because it means well-being. It can be interpreted that exercise makes them feel autonomous and self-sufficient. They feel that movement helps them to cope with life.

Consequently, specific health care to achieve well-being and promote healthy aging in older adults are grouped into four therapeutic actions: companionship, mobility, faith maintenance, and counselling in health.

In this sense, Gastron (cited by Iparraguirre & Vásquez, 2015, p. 40) states that

> social support is defined as the interaction between people which includes emotional manifestation, assertion of behaviors, and material assistance. The loss of these positive elements can be replaced by feelings of physical or psychological dependence in older adults, directly related to negative psychological symptoms, such as depression, feelings of loneliness, burden, worthlessness, and the appearance of chronic diseases.

This is why follow-up is fundamental for the integral care of the older adult woman.

In addition,

> from a functional perspective, a healthy older adult is able to cope with the process of change with an adequate degree of functional adaptability and personal satisfaction. Thus, the concept of functionality is crucial for the definition of health for the elderly. Therefore, the WHO (1982) suggests the state of functional independence as the most representative indicator for this age group. (Chávez, 2016, p. 24)

The older women in the day care center corroborate this, so promoting mobility or functionality is also a primary care in this population.

Likewise,

> it has been proven that, when spirituality is part of personality, it gains expression in religious coping strategies, with a positive impact on health, as they are used efficiently against stress. Two general approaches to the study of religious coping stand out: a) specific forms of coping (such as forgiveness, purification, and confession, etc.) and b) patterns of coping, such as positive religious coping and negative religious coping; the former associated with better health parameters than the latter. (Rivera & Montero, 2007, p. 40)

Therefore, keeping the faith is also a nursing care that should prevail in healthcare delivery to older adult women.

In conclusion, because most older women in Mexico cannot read or write, nurses should provide them with health counselling, re-educating them to achieve a healthy life. Sadly, education is a function regarded by nursing professionals as less important than it really is in primary health care.

This study is limited to the population of a day care center, excluding the population of older women who are in the community or hospitalized.

Conclusion

The majority of the older women in the day care center present some kind of illness, which contracts with their good perception of themselves. Also, they report having a cheerful mood. Therefore, contrary to expected, having an illness does not mean depression or uneasiness in older women, as long as they continue to fulfill their role and perform their activities of daily living. To them, maintaining motion means well-being, and an illness does not indicate emotional change.

Another relevant fact is that almost half of the population studied has overweight problems. According to studies on aging, the last stage of life brings a decrease in bone tissue, muscle, and fat. However, it would be important to study what happens with older women and what are the factors of overweight because a considerable part of the sample does not have all their natural teeth or uses dental prosthesis, their weight fluctuates and reflects an inadequate diet, making two to three meals a day. Based on what has been studied, this may be because older women feel alone, they have no one at home with them. One of the most relevant moments is related to meals, but if they are alone, they do not have the same appetite and do not eat. Being at the day care center ensures that they fully enjoy food in the company of other older adults.

As a consequence of their incorrect diet, it was identified that their digestive problems are constipation and abdominal distention. Typical

urinary problems of older adults include urinary incontinence and nycturia, especially in women due to multiparity and diabetes mellitus.

Sleep and rest are physical needs that older adults should meet. However, they suffer from frequent insomnia, reflected by their tire face, frequent yawning, and dark circles. This situation could be because of what they eat. Most people drink coffee, even before going to sleep; and possibly due to family problems, especially concern with their children.

More than half of the population studied have low visual acuity, and many of them do not use adequate eyeglasses, either due to economic deficiency or because there is no one to go with them to the ophthalmologist.

Nevertheless, a high percentage of women answered that they had medical supervision and pharmacological treatment. Regarding cytology and breast examination, a minimum part receives follow-up for the timely diagnosis of breast and cervical cancer. It should be reminded that women over 60 years old have a higher incidence of these conditions.

The social and family side of and older adult is important. The women in the day care center feel content with their role as mothers and grandmothers. With regard to their caretakers, although their children are who care for them, the majority feel alone because, in truth, their children do not perceive what they need, especially as regards talking and integrating into their activities (parties, meetings, outings). Therefore, they de-stress with relaxing hand or intellectual activities. Thus, the day care center becomes a place to live with people of their same age and with common interests.

Healthcare delivery to older adults in the day care centers creates higher levels of well-being and quality of life, especially because it is the ideal place for older women to perform their favorite activities. Cohabitation, as a social therapy, helps to improve their perception of themselves. According to the global analysis of the results, the inner strength, the expression of faith, and the care activities of the older women extend their life expectancy. Therefore, it is necessary to further the interventions in this area. Conducting quantitative studies in older adults is not enough. Studies with a mixed methodological approach contribute to knowing the specific needs, through the primordial use of therapeutic dialogue, and the perceptions and personal opinions of the female patients.

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