

# Autocuidado en las personas mayores de la Ciudad de San Francisco de Campeche

*Self-care in older persons of San Francisco City of Campeche*

**Ana Rosa Can Valle**

Universidad Autónoma de Campeche, México

[anarocan@uacam.mx](mailto:anarocan@uacam.mx)

**Betty Sarabia Alcocer**

Universidad Autónoma de Campeche, México

[bmsarabi@uacam.mx](mailto:bmsarabi@uacam.mx)

**Jaqueline Guadalupe Guerrero Ceh**

Universidad Autónoma de Campeche, México

[jgguerre@uacam.mx](mailto:jgguerre@uacam.mx)

## Resumen

En México las personas son consideradas adultas mayores a partir de los 60 años. La Organización Mundial de la Salud (OMS) menciona que el envejecimiento es el proceso fisiológico que inicia al nacer y que va sufriendo cambios durante todo el ciclo de vida. En la ciudad de San Francisco de Campeche residen 67 879 adultos mayores, lo que representa 8.3 % de la población total según el Instituto Nacional de Estadística y Geografía (INEGI. 2010).

El objetivo de este estudio es identificar si existe relación entre el autocuidado y las personas adultas mayores que asisten al Centro de rehabilitación y Educación Especial, en la Ciudad de San Francisco de Campeche. Para ello se utilizó el método descriptivo, exploratorio con alcance cualitativo, y los instrumentos Test de capacidad y percepción de Autocuidado del Adulto Mayor (CYPAC-AM). El análisis de datos se llevó a cabo con el programa SPSS. Los sujetos de estudio fueron 50 personas adultas mayores de más de 60 años. En los resultados se encontró que 32 sujetos de estudio son del sexo femenino y 18 del sexo masculino; del 100 % de la población del género masculino, 44.44 % muestra tener la percepción de autocuidado inadecuado; y del 100 %

de la población del género femenino, 68 % presenta la percepción de parcialmente inadecuado. En la percepción del estado de salud, 60 % considera tener una percepción de autocuidado de la salud parcialmente adecuada, 34 % un nivel de autocuidado inadecuado, 3% sin capacidad de autocuidado, el nivel de autocuidado refleja 3 % y el déficit total de autocuidado indica 0 %. En conclusión, en relación con el sexo y la percepción de autocuidado, la población total de hombres encuestados presentan un nivel de autocuidado adecuado, 11.11 % menor al 50 % estipulado, en comparación con el total de mujeres, quienes presentaron 0 %, lo que quiere decir que los hombres presentan mayor autocuidado que las mujeres.

**Palabras clave:** autocuidado, déficit de autocuidado, gerontología, vejez.

### Abstract

In Mexico it is considered elderly a person from 60 years. According to WHO mentioned that aging is a physiological process that begins at birth and undergoes changes throughout the life cycle. In the city of San Francisco de Campeche reside 67 879 aging, representing 8.3 % of the total population according to the National Institute of Statistics and Geography (INEGI. 2010).

Objective: to identify the correlation between self-care and the older persons attending the Center for Rehabilitation and Special Education in the City of San Francisco de Campeche.

Method: a descriptive, exploratory qualitative scope. Instruments: test capacity and perception of self-care for the elderly (CYPAC-AM). Data analysis was performed using SPSS. Individuals: 50 adult seniors of 60 years. Results: we found that 32 respondents were female and 18 were male, that 100 % of the male population sample 44.44 % have inadequate self-perception and female 100 % indicates 68 % presents partially inadequate perception. In the perception of health status, 60 % consider having a self-perception of the partially adequate health, 34 % with an inadequate level of self-care, 3 % showing no ability to self-care, self-care level that reflects the 3 % and the total lack of self-indicating 0 %. Conclusion: about sex and perception of the self, the total population of male respondents have an adequate level of self-care 11.11 % less than the 50 % stipulated by comparing the total number of women had 0 %, this means that men have higher self than women.

**Key words:** self-care, self-care deficit, gerontology, aging.

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## Introduction

The United Nations considers to all adults aged over 65 years for developed countries and more than 60 years for developing countries. That is to say, in Mexico is considered the most adult person from meeting the 60 years of age. According to WHO, aging is a physiological process that begins at birth and remains unchanged throughout the life cycle. In the city of San Francisco de Campeche reside 67,879 seniors, representing 8.3% of the total population according to the National Institute of Statistics and Geography (INEGI, 2010).

In the records of the Center for Rehabilitation and Special Education (CREE) during the months of April and May, first they entered 68 older adults themselves included in this research. His scientific background has four aspects: successful aging, health and disease in the elderly, functionality and self-care in old age in most adult. The first concerns a welfare state; the second evokes the prevention, education and health promotion; the third is about the level of dependency and autonomy in core activities, and the fourth is focused on those actions that older people make to preserve their health.

At the turn of the century, the prospects of aging people and populations pose some of the greatest social, economic and humanitarian challenges ever known to humanity as a whole. At some point it was predicted that between 2011 and 2012 the world population would reach 7,000 million. This is almost a fact; now people are living longer, which is documented in demographic studies, including our country, resulting in a progressive and exponential trend quantitative increase, especially in the sector of age. Reasons include advances in science, particularly medicine, which has slowed or postponed once caused the causes of death, such as infectious, cardiovascular and neoplastic, always within the framework of social development diseases.

As a result of this aging process, in developed countries the company begins to consider health and social problems that not long ago were scarcely considered. Socio-economic and psychological factors of these people also acquire more prominence in old age, thus increasing the demand for health services (Balcazar G; Solórzano T., 2006).

Measuring health in the elderly is complex because it is related to measure different variables resulting from biological, psychological and social, so the health of the elderly should be measured in correspondence with its functionality (Millán I., 2010).

Therefore, care is a permanent and daily life activity of subjects. All or almost all caregivers. The demands of care appear different circumstances that occur throughout the process, or simply to promote the existence of quality. Self-care is not just a function inherent to health professionals, but also involves the elderly, your family, your neighbors to volunteer groups and the community at large, so they have the potential to become their own self-care agents and incorporate into your life daily health behaviors that foster their comprehensive welfare for solving their problems. Described before, this research uses foundations based on the arguments of Orem (1995), on the Theory of Self-Care Deficit focused on the older person.

### **Self-care in older adult**

Currently is without question the right of seniors to actively participate in health programs in both the public and private sectors where self-care is an effective alternative for achieving the objectives as to improve their knowledge on health issues and control, decreasing risk factors and promoting self-care behavior, more healthier adult population is obtained. One of the philosophical pillars of the nursing profession lies in convincing the unlimited power of the human learning, regardless of age, allowing through the educational process those seniors joining your daily life behaviors physical, social, mental and spiritual health that promote their well-being, leaving lifestyles that can damage them (OPS, 1993).

Larry C. Coppard et al. self defined as all actions and decisions made by an individual to prevent, diagnose and treat your personal situation of disease; all individual actions to maintain and improve their health; and decisions regarding use both informal support systems as the formal

medical services. That is, self-care is any single action taken by the individual for the welfare of his person, whether physical, psychological or social, in order to prevent diseases or complications thereof (OPS, 1993).

Self-care means accepting personal responsibility for their own health; many people practice without professional assistance as it only requires a bit of training. Self-care means adopting healthy lifestyles and habits of good health, both nutritional and exercise and relaxation, with the support of our family and friends (González J., 2000).

Self-care is a concept of vital importance, since it involves the elderly person as a competent player capable of making decisions, control their own lives and ensure the possibility to enjoy a good health. In this sense, self-care can achieve a better quality of life by strengthening the potential of autonomy and responsibility for himself indispensable in achieving full and healthy aging (Araya A., 2012).

Most older people have the physical and mental capacity necessary to perform self-care activities themselves or to others. However, the real possibility is challenged by laymen, professionals and the same elderly, due to misconceptions and negative views on aging, considering that those seniors indisputably suffering from stiffness, disease and disability. Individuals have information on self-care through the school, friends, family, health and vaccination campaigns, as well as the media (OPS, 1993).

Perform self-care health is the responsibility of each individual as well as preserve it from any risk factors that threaten its integrity. It is therefore important to know the level of concern shown by society balance in health. The World Health Assembly No. 42, held in Geneva in May 1989, it was established that the overall health of young people should be considered as a basic element for global social and economic development. Today have knowledge about self-care in health must be an important issue, especially for young people who are the least believe require medical or psychological supervision (Source V., 2011).

Currently young people acquire such information through social networks and technology, while older people acquire some basic knowledge of self through their everyday experiences and noting situations that often affect health; however, it is necessary to learn new knowledge and practices that enable them to truly become their own sources of welfare. The elderly, due to more pronounced aging which are, have learned to worry about and take care of their health, being well defined this age group despite the amount of diseases. Some older adults are not only able to perform self-care activities, but can also help care for others with greater physical and psychological limitations due to their life experiences (OPS, 1993).

Self-care is not just a function inherent to health professionals, but also involves the elderly, your family, neighbors, groups of volunteers and the community in general. This type of activity is what is known as "lay care" and implies that the person to share with others the responsibility for the care of your health. The individual, alone or with help from others, becomes that way in their own care agent. The self makes the elderly in engine their own welfare and family support and participation of community resources, can find the solution to most problems. The community should take an active part in promoting self-sufficiency, in order to reduce the dependence of the elderly (OPS, 1993).

Never too late to start preventive measures and changes in styles of life harmful to health; for example, stopping smoking, wearing seat belts, refrain from eating foods that aggravate chronic conditions, maintain muscle tone and strength through exercises and activities that improve the organic and social functioning, reducing the effects of the diseases they can arise later in life (OPS, 1993).

Studies have shown that sedentary aged 60 and over who decide to take part in regular exercise programs people improve their cardiac output and decrease their levels of blood lipids. Unless major advances in the prevention and treatment of disabilities associated with aging are achieved, it will require a greater share in nursing homes and hospital beds for serious diseases, a situation that becomes imperative to implement programs promote health in these people, who require a high level of self-care (OPS, 1993).

## **Methodology**

This research is descriptive, and studies seek to specify the properties, characteristics and profiles of individuals, groups, communities, processes, objects or any other phenomenon to undergo an analysis, so measured and collected information independently on variables such as sex, age, health status perception, and perception of self-care ability and functional status by category. The research design is non-experimental, ie not intentionally varied independent variables to observe its effect on other variables (R and Fernandez C. Hernandez, 2010).

## **Variables**

- Gender: male and female genders.
- Age: age in years completed within three ranges: 60 to 69, 70 to 79, and 80 and over.
- Perception of health status: according to the perception of the elderly was classified as: apparently healthy (healthy) and supposedly sick (unhealthy).
- Functional Grade: is the level of independence of the elderly to perform activities of daily living, which was obtained from the results of the first item in each of the assessed functional categories. It was classified as: dependent and independent.
- Capacity and perception of self: the knowledge and potential of the individual to perform self-care activities. It was classified as: adequate self-perception, self-perception of partially adequate, inadequate perception of self, unable to self-care and self-care deficit total.

## **Selection criteria**

- Older Persons aged 60 or over who attends first Module of Nursing Center for Rehabilitation and Special Education in the morning shift in the city of San Francisco de Campeche.
- Older Persons gender indistinct.
- Senior Adult conscious and oriented.
- Older person wishing to participate in the investigation.

## **Instrument**

The Perception Test Capability Self-Care of the Elderly (CYPAC-AM), were responsible for these Israel Millán E. Mendez 2010, it is composed of eight categories ordinates of the letters A through H questionnaire, which were: physical activity, diet, elimination, rest, sleep, hygiene, comfort, medication, monitoring health and toxic habits. Each category consists of four items; item 1 of each category is formed by two paragraphs and items 2, 3 and 4 on 3 paragraphs, with a maximum value of 24 points and a minimum value of 0.

The Standard Assessment Instrument is item 1 of each category and determines the level of independence or not to undertake such activity; if the answer is negative, the person is dependent and therefore have self-care deficit for that category, if the answer is positive, the person is independent to that activity and then measure the other items.

- If three or more positive responses and no negative response, it is considered appropriate self-care for that category, and is given a score of 3.
- If two or more intermediate answers (sometimes), it is considered self-care for that part right category and given a score of 2.
- If there is more of a negative response, self-care is considered inappropriate for that category, and is given a score of 1.

Ranges and Interpretation of Test Capacity and Perception of Self-Care of the Elderly (CYPAC-AM)

- ✓ Between 21 and 24 points: adequate self-perception.
- ✓ Between 16 and 20 points: adequate self-perception of partially.
- ✓ With 15 points or less, with no category evaluated 0: inappropriate perception of self.
- ✓ With 15 points or less, but at least one category evaluated 0: no self-care ability, or partial deficiency for that category.

With 0 in more than four categories assessed: total self-care deficit.

### Objective research

Identify the correlation between self-care and the elderly who attend the Center for Rehabilitation and Special Education of the City of San Francisco de Campeche.

### Results

This research was conducted with older adults who attend the Center for Rehabilitation and Special Education of the City of San Francisco de Campeche

#### Relationship between gender and perception of self

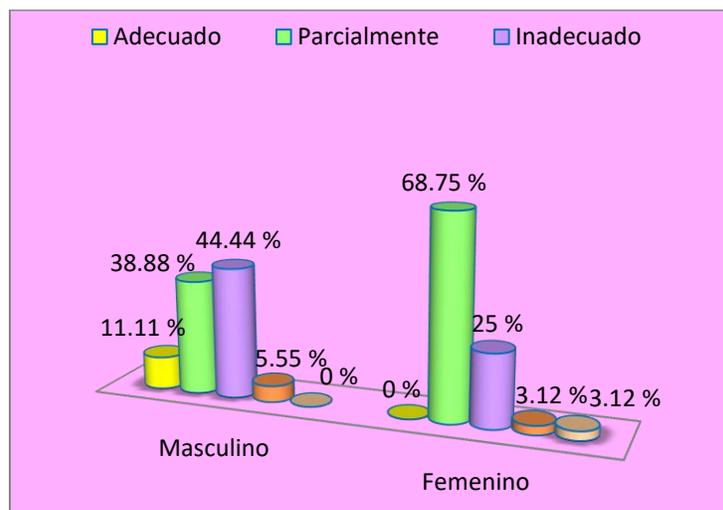


Figure 1. Relationship between gender and perception of self

Figure 1 shows that 100% of the adult male population, 44.44% have an inadequate perception of self, which is the predominant result, followed by 38.88% as partially adequate self-perception, perception of 11.11% with appropriate self-care, 5.55% without self-care ability and 0% with total deficit of self-care.

In the same graph shows that 100% of the adult female population, 68% indicates a partially adequate perception of self, being the outstanding amount, 25% revealed a perception of inadequate self, incapable of 3.12% self-care, while 3.12% showed total deficit of self-care and 0% said they have a proper perception of self.

In relation to sex and perception of self, men predominated with an inadequate level of self-care of 44.44% and women with a partially adequate level of 68.75%; Finally, the men presented an adequate level of perceived self with 11.11% compared with women who showed 0 %.

### Results of the relationship between self-perception and the age range of the elderly

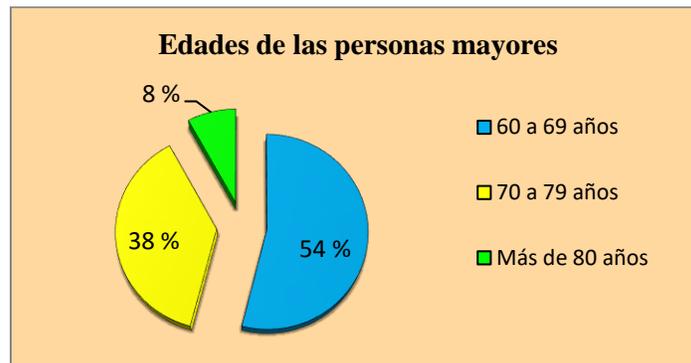


Figure 2. Older Persons according to age

Figure 2 shows the total elderly population and their age range, where you can see that 100% of the elderly, 54% is within the range of 60 to 69 years, 38% for 70 to 79 years and 8% for more than 80 years.

**Perception of self and its relation to the perception of the health status of the elderly that they are considered healthy and unhealthy**

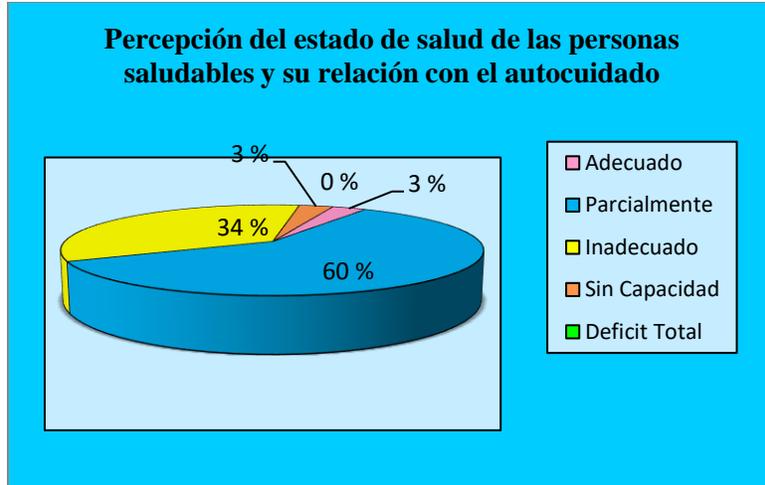


Figure 3. Perception of health status of older persons perceived health and its relation to the perception of self.

Figure 3 shows that 100% of the population perceived healthy, 60% consider having a proper self-perception of partially, followed by 34% with an inadequate level of self-care, 3% showing no self-care ability, 3 % self appropriate level and, finally, 0% at full care deficit.

**Perceived health status of older persons perceived unhealthy and its relation to the perception of self**

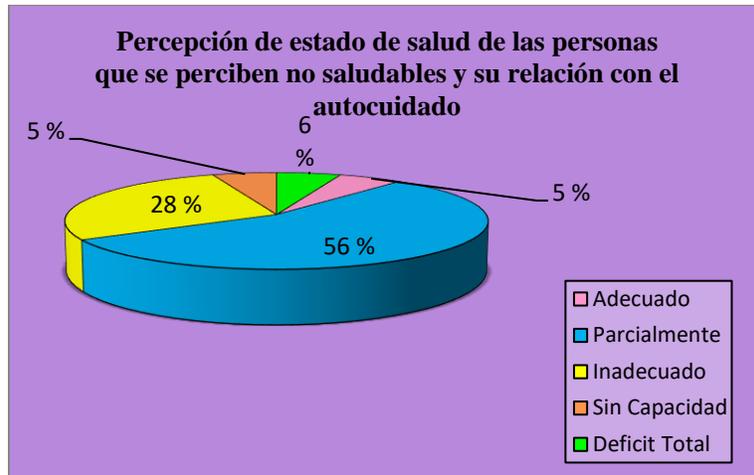


Figure 4. Perceived health status of adults mMayores perceived unhealthy and its relation to the perception of self.

In Figure 4, all (100%) of the elderly perceived unhealthy regarding their perception of self-care, 5% said having a proper self-perception, 56% partially adequate self-care, 28% reflected a inadequate self-care, 5% without self-care ability and 6% indicates a total lack of self-care.

**Discussion**

The results show that sex category and its relation to the perception of self is considered that the female is more self than men to be more dedicated to the welfare of his family and therefore themselves; They learn from their mothers and their families continue with the so-called "maternal care" so that they are considered responsible for maintaining the health and welfare of their loved ones group. However, the male despite being regarded as the strong gender predominates as the group less care of your health, because they spend more to the workplace and the physical effort, so care health not considered a built-in lifestyle activity, so do not perceive it as a self-reliance necessary to maintain their biopsychosocial being. However, to substantiate these findings suffice to say that other authors mention that the female is regarded as the weaker sex, the stereotype of being caretakers of the health of your family, but not of their

own health, that is, when it comes to self-care does not perform better or more appropriately than their spouses since it does not consider it necessary in their life project.

### **Conclusion**

Based on these results, we conclude that the study population equals 36% men and 64% women. So there were more women than men surveyed. We can see that the total number of elderly in the city of San Francisco de Campeche (67 879), men predominated with 34,128 and women 33,751, according to the census of INEGI in 2010, however, it appears more assisting women to areas where health care is provided, such as the Center for Rehabilitation and Special Education (CREE), where more women than men attend.

From this hypothesis it is shown that in relation to sex and perception of self, the total population of men surveyed presents an adequate level of self-care of 11.11%, lower than the 50% stipulated in comparison to the total number of women who submitted 0 %, this means that men have higher self that women predominate in the population partially adequate self-care in women with 68.75% and inadequate self-care in men 44.44 %.

In terms of age and the perception of self, the total number of people aged 60 to 69 years of age show 74% of partially adequate self-care, those of 70-79 years show 48% of inadequate self-care and, finally, people over 80 years show 25% adequate self-care, partially adequate, without self-care ability, and overall self-care deficit, which means that older adults to older have decreased self-care, where most population 80 years demonstrates a minimal amount of proper self-care, less than 50%.

Regarding the perception of health and perception of self, we note that seniors who are considered healthy, 60% have a partially adequate self-care, this means that less than half of those who feel relatively healthy, have a adequate level of self-care; and those patients are considered apparently have 56% of partially adequate self-care. This means that of the total population is considered healthy and unhealthy, less than half is with proper self-care.

Of the total adult population in the 8 largest independent measurement categories, 4% indicates an appropriate self-care, this means that less than 10% of independent people can choose self-care properly or not, demonstrating that they are independent but not They cared for properly. The population of people with at least 1 0 category assessed considered dependent, have an adequate level of self 0%, this expresses the functionality of the patient influences the ability of self, so that greater reliance lower self.

## **Recommendations**

### **Older Adults**

- Integrarse Groups or workshops to share experiences, offer insights on social networks, improve self-esteem and family integration in order to strengthen the psychosocial self.
- To Promote the choice of healthy behaviors and adopt good health habits, both nutritional and physical and mental exercise, thus improving the quality of life.
- to Promote self-care by promoting health and preventing illness and disability, attending workshops, classes or training on self-care in older adults to achieve a healthy lifestyle.
- The Adult should assume greater responsibility for their own health care.

### **Family or primary caregiver**

Informing the family or primary caregiver courses and workshops taught by the health professional specializing in the comprehensive care of the elderly.

- Attend Respite programs, which consist of providing temporary accommodation for dependents so that caregivers can free themselves from the burden of care for the duration of the stay.
- Have Greater labor flexibility to make more pleasant attention to care, fostering a better relationship between the primary caregiver and the older person.

To know the disease or disability of the dependent person, its possible evolution and complications, making care more effective.

### **Health personnel**

- To Train health personnel on aging to provide better care and health promotion for older people about their care.
- Make Better health promotion and disease prevention through proper understanding of the needs that surround the older person in the biopsychosocial areas and achieve comprehensive care and customer satisfaction.
- Concientizar Staff health care, promoting the interest of self-care, by attending workshops, conferences and courses on self-care, in order to achieve a healthy and successful aging.

### **Degree in gerontology**

- Retomar Conducting this research study in other groups of older persons and socioeconomic strata, in order to contribute to research.
- Develop Self-care manual in the elderly, which provide valuable information to health care institutions and improve care for this population group.
- Provide Knowledge of the comprehensive care of the elderly, holding workshops, conferences, training courses and staff of health institutions and the general public to improve the quality of life of the population.

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