Health, well-being and aging among Japanese Elderly in São Paulo city

Helena Akemi Wada Watanabe ¹
Maria Lúcia Lebrão ¹
Yeda Aparecida Oliveira Duarte ²

¹ Faculdade de Saúde Pública da Universidade de São Paulo, Brazil
² Escola de Enfermagem da Universidade de São Paulo, Brazil

Using descriptive analysis we examined Japanese elderly data from the “Health, well being and aging – SABE study”¹. We analyzed data from an extended sample of 11854 elderly. Results: The Japanese elderly population in São Paulo is male; almost 70% are younger than 80 years old, married and lives in Brazil for at last 60 years. They have private health plan or insurance. 15% live alone, 24,5% are still working. 54% informed that income was enough to meet theirs needs. 26,1% need some help. 50% informed that they do not have health problems. The self-reported morbidities were: hypertension, hearing problems, arthritis rheumatism heart problems, urinary incontinency and diabetes. Almost 100% use some kind of dental prothesis. 47% have low Body Mass Index.. 7,9% had scores under the expected in mini-mental state examination. 11% informed that have had hospitalization during the last 4 months.

Keywords: Elderly, Immigrant, Japanese, Health and social status

1 INTRODUCTION AND OBJECTIVE

Since 1908, more than 255 thousand Japanese citizens immigrated to Brazil. In 1998, about 83 thousand lived in the country, mainly in the states of São Paulo, Paraná, Mato Grosso do Sul and Pará (JAPAN EMBASSY, 2005).

Research developed between 1987 a 1998, by the Centro de Estudos Nipo-Brasileiros (1999), shows that 9,8% Japanese-Brazilians, were older than 60 years, while Brazilian Census (IBGE, 1991) informs that the proportion of elderly in the country was 7,3%.

Some epidemiologic studies during the last two decades (GOTLIEB, 1990, TSUGANE et al.,1990 a e b, SOUZA et al.. 1991, SOUZA and GOTLIEB, 1999, AMATO et al. 2002 MEGURO et al., 2001, GIMENO et al., 2002, TOMITA et al., 2002), show that there are differences in epidemiological patterns between Brazilian and Japanese living in Brazil.

In this study we intend to learn about health and life conditions of Japanese people who lived in São Paulo city-Brazil in 2000.

2 METHODS

A multicentre research was held in São Paulo city and another six Latin American capitals in 2000 the SABE Project – Saúde, bem-estar e envelhecimento (Health, well being and aging in English) (LEBRÃO e DUARTE, 2003) sponsored by PAHO and FAPESP (São Paulo State Research Foundation), aiming to study aging in the continent. It is a cross-sectional, descriptive study, that analyzed data from 2143 people older than 60 years, corresponding to 836.223 elderly people. The present study refers to an extended sample of 11.854 persons who declared to be born in Japan. We analyzed socio-demographic and health data.

3 RESULTS AND DISCUSSION

3.1 Socio-demographic aspects

We observed that aging between Japanese immigrants in São Paulo city has a different pattern from Brazilian population: sex ratio of 1.11 and a great proportion of very old persons: 30.8% are older than
80 years, while in Brazilian population there is a great number of women and only 12.6% are very old (Table1).

According to CAMARANO, KANSO and MEL-LO (2004), Brazilian yellow people had the biggest proportion of aged people: 16.6%, followed by white (9.7%) and black (9.6%) in 2000.

### Table 1

| Number and percentage of Japanese elderly distribution according to sex and age. São Paulo, 2000. |
|---|---|---|---|---|
| age | 60 – 79 | 80 e + | Total |
| men | 4231 | 1990 | 32,3 | 6251 | 100 |
| women | 3945 | 1658 | 29,6 | 5603 | 100 |
| Total | 8206 | 3648 | 30,8 | 11854 | 100 |

The census held in the 1960's shows that between the Japanese-Brazilian there were more Japanese men (54.9%) and that between their descendents male population was 50.6% from the totality. It also informs that, only in the very old population there were more women (57.2%) (COMISSÃO, 1964). The immigration politics during the early 1900's determined that only families could move to Brazil. Therefore, many of the immigrant families were compund by a couple and a third person who generally was a man.

According to the “Centro Brasileiro de Estudos Nipo-Brasileiros” (CENTRO, 2002) in a study between Japanese-Brazilians and their descendents, 80% of the elderly had 65 to 79 years and 46.6% were men.

MEGURO and col. (2001), in a research held in São Paulo city and in another three regions of São Paulo metropolitan area informs that the average age Japanese-Brazilian elderly was 77.5 years, while IBGE informs that the average age for Brazilian women and men was 74.4 and 66.7 years.

They are married (63.7%) or widowed (28.7%). Only between people aged 60 to 79, 9.2% are single and 1.7% are divorced.

All of them live in Brazil for more than 40 years, and more than 70% live in the country for more than 60 years, it means, before World War II.

Some of them did not attended school (13.9%), 47.2% attended for 1 to 6 years, 30.9% 7 to 11 years and 8% more than 12 years. Younger Japanese elderly attended school for more years than the older ones. MEGURO et al. (2001) observed that many of the elderly had 5 to 8 years of schooling.

Almost 90% of them had children: 42% 1 to 3 children and 47% more than four. The very old ones had more children in 49.3% of the cases. Although 10,3% did not have had live births, 14,8% informed that they do not have alive children or stepchildren. We can also observe that 48,6% have 4 to 7 children or stepchildren alive, showing the possibility of a bigger social family network.

All the 15.7% who live alone is 60 to 79 years old, while 13% of the average São Paulo elderly lived alone (SAAD, 2003). Within the 11852 elderly, 81.2% live with son or daughter, while in a research developed between the Nikkei population (CENTRO, 2002), 64.6% lived with their children.

In 2000, 24.5% elderly worked, all of then younger than 79. Many of then worked by their own (52.9%), 21% developed some kind of unpaid family work; 12.6% were working class or were not farm workers and 10,2% had their own business.

The income distribution shown on Table 3 informs that 40.3% are on the first quintil and 42.5% are on the forth ad fifth quintil.

Younger elderly declared to have enough income to meet their needs in 64.2% of the cases, while only 31% of the older ones did. Japanese elderly receive some kind of help like receiving money (58.9%), companionship (30,5%), transportation service (40.3%). They did not receive communitarian help, but do give help in church, nursery and other institutions.

### Table 2

Distribution of Japanese elderly according to age and number of children born alive. São Paulo, 2000

<table>
<thead>
<tr>
<th>Nenhum</th>
<th>1 a 3</th>
<th>4 a 6</th>
<th>7 e +</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N°</td>
<td>%</td>
<td>N°</td>
<td>%</td>
<td>N°</td>
</tr>
<tr>
<td>60 – 79</td>
<td>894</td>
<td>10,9</td>
<td>3902</td>
<td>47,6</td>
</tr>
<tr>
<td>80 e +</td>
<td>329</td>
<td>9,0</td>
<td>1155</td>
<td>31,7</td>
</tr>
<tr>
<td>Total</td>
<td>1123</td>
<td>10,3</td>
<td>5057</td>
<td>42,7</td>
</tr>
</tbody>
</table>
3.2 Health conditions

Health status self-assessment was “very good or good” for 59.5% of the Japanese immigrants. It is interesting to note that among the older ones, 66% self-evaluated their health status as very good surpassing the younger. According to Lebrão and Laurenti (2003), 46% of the elderly population of São Paulo self-evaluated their health status as “good or very good”. In a research under taken in Brazil on 1998, only 36.5% self-evaluated health status as “very good or good” (ALMEIDA et al, 2002).

Considering Nikkei population, the Centro de Estudos Nipo-Brasileiros (2002) noticed that 81.7% self evaluated their health status as good, 4.8% tending to disease, 9.7% were sick and in treatment and 0.7% were in bed.

Interesting to note that 96.3% of the subjects informed to have had an “excellent” health before they were fifteen years old.

The number of self-reported diseases was similar in both age groups. Approximately 50% informed that they had no diseases, 25.8% informed to have one and 26.6% two diseases. Ramos (1993, 1995) verified that only 5.6% of the elderly people in São Paulo did not have diseases, 28.7% had one or two and 65.7% had three or more diseases.

Self-reported diseases were Hypertension (43.9%), hearing problems (29.1%), arthritis/rheumatism (15.4%), heart diseases (14%), urinary incontinency (12.7%) and diabetes (10.4%).

Comparing to studies developed by Meguro (2001) and LEBRÃO and LAURENTI (2003), Japanese elderly in São Paulo city self-reported fewer diseases than the ones interviewed by Meguro and in SABE study, as we can see on Figure 1.

Elderly older than 80 years presented light depression in 8.1% of the cases. Regarding the mental state mini-examination, 2.7% of the younger elderly and 19.6% of the very old presented changes or needed help to answer the test. It was verified that none of them received psychiatric treatment or are getting depression medicine.

Now, according to Centro de Estudos Nipo-Brasileiros (2002), within the 530 Japanese-Brazilian elderly, 61 declared themselves “inclined to diseases” and “in treatment”. Among them, 19.7% declared to present heart diseases, 18% AVC, 16.4% diabetes, 16.4% rheumatism, 11.5% digestive tract diseases, 8.2% senile diseases/Alzheimer, 6.6% asthma and 36.1% other diseases.

None of the elderly with age between 60 and 79 years old were hospitalized in the period, while 1.4% of the very old were. There is lack of half or more teeth to 81% of the elderly, and among the group of 80 years old more than 95% are in this condition. 85% uses dental prosthesis and 8% informed that they are eating less or changed their nourishment due to teeth problems.

Regarding to Corporal Mass Index it was verified that within the older elderly the low index corresponded to 73.8%, the regular 7% and obesity 3.3%. In opposition, within the younger ones the distribution has been respectively 34.9% and 35.6% for the first two, 9% with high CMI and 5% with obesity, as table 4 shows.

For the development of activities of daily living (ADL) like feeding, bathing, elimination control and walking within the younger elderly, it was verified that only 3.6% of women presented 3 or more difficulties. Within the older group only men presented

### Table 3
Japanese elderly distribution according to income quintil, São Paulo, 2000

<table>
<thead>
<tr>
<th>quintil</th>
<th>60 to 79</th>
<th>≥ 80</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>44.9</td>
<td>55.1</td>
<td>40.3</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>100.0</td>
<td>5.7</td>
</tr>
<tr>
<td>3</td>
<td>87.0</td>
<td>13.0</td>
<td>11.5</td>
</tr>
<tr>
<td>4</td>
<td>70.7</td>
<td>29.3</td>
<td>22.5</td>
</tr>
<tr>
<td>5</td>
<td>55.0</td>
<td>45.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>55.1</td>
<td>44.9</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Figure 1
Self-reported chronic diseases by elderly in three different studies.

<table>
<thead>
<tr>
<th>Self-reported chronic diseases</th>
<th>Japanese in São Paulo</th>
<th>SABE</th>
<th>Meguro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>43.9</td>
<td>53.3</td>
<td>52.5</td>
</tr>
<tr>
<td>Arthritis/rheumatism</td>
<td>15.4</td>
<td>31.7</td>
<td>19.2</td>
</tr>
<tr>
<td>Heart diseases</td>
<td>14.0</td>
<td>19.5</td>
<td>20.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10.4</td>
<td>17.9</td>
<td>24.2</td>
</tr>
</tbody>
</table>

difficulties for daily activities: 12.5% for 1 to 2 and 5.4% for 3 and more. In SABE Study, 47.9% of elderly aged 60-74 years old and 52.1% aged 75 years and more presented 3 or more difficulties in ADL (DUARTE, 2003).

For instrumental activities of daily living (IADL) like going shopping, cleaning the house, dealing with medications and using public transportation means, 22.4% of the younger elderly had difficulties for one to two activities and 28.9% for more than three. Between the older ones, 70% had three or more difficulties, and all men and 90% of women presented at least one difficulty to execute IADL. In contrast, SABE Study informs that only 7% of the elderly aged 60-74 years old and 25% aged 75 years and more presented 3 or more difficulties in IADL (DUARTE, 2003).

It is known that the elderly, progressively, lose some abilities which can result in disability or dependency, however the great majority of people with 60 years old and more are relatively independent and physically capable. The incapacity and the dependency are more usual within people with more than 80 years old (SÁNCHEZ AYÉNDEZ, 1994).

Making analysis according to gender we verified that 55.2% of men and 47.2% of women presented difficulties do develop IADL. It is interesting to notice that men have more difficulties than women.

Regarding the use of health services, we verified that only 11% have been hospitalized in the last 4 months. All of them was interned in private services. Interesting to point out that 89.4% have private health insurance, different from what was observed at SABE Study, in which more than 60% of elderly depended on public health system.

4 CONCLUSION

The Japanese elderly have better life condition than the average São Paulo elderly, they have access to private health plan or insurance health conditions; more than 80% of them live with their son or daughter; they receive some kind of help. They also have better health conditions; they self-report less diseases; have less ADL disabilities. However, they have low Corporal Mass Index and more IADL than then the average elderly in São Paulo city.

5 REFERENCES


Health, well-being and aging among Japanese Elderly in São Paulo city

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