

Health of the elderly black population: challenges for listening and supporting of an anti-racist psychology

Saúde da população negra idosa: desafios para escuta e acolhimento de uma psicologia antirracista

Salud de la población negra anciana: desafíos para escuchar y abrazar para una psicología antirracista

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REVISA

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RESUMO

O processo de envelhecimento da população é um fenômeno amplamente discutido e demonstrado por meio de pesquisas demográficas recentes. Diante do aumento da população acima dos 60 anos, um dos desafios que se coloca é sobre o acesso e os cuidados oferecidos em saúde. Enfatiza-se, no presente ensaio, o envelhecimento da população negra que enfrenta desafios constantes diante das estruturas racistas que são hegemônicas no Brasil. Embora a população negra seja maioria no Brasil, no envelhecimento o que se constata é uma maioria de idosos e idosas brancas, ou porque têm mais condições econômicas ou porque têm melhor acesso aos cuidados da saúde. Diante de um racismo estrutural e institucional que mata e segrega, esse ensaio pretende discutir o envelhecimento da população idosa negra e os desafios para uma escuta da psicologia que leve em consideração os diversos fatores que contribuem para a manutenção do racismo e se coloque como antirracista.

Descritores: Envelhecimento; Saúde da população negra; Racismo..

ABSTRACT

The aging process of the population is a widely discussed phenomenon demonstrated by recent demographical researches. Given the increase of the above 60 population, one of the challenges faced is of the access and the support offered in health. This essay emphasizes the aging of the black population, which faces constant challenges amidst the racist structures that are hegemonic in Brazil. Although the black population is a majority in Brazil, what is ascertained is a majority of elderly white men and women, either due to better economic conditions or better access to healthcare. In the face of a structural and institutional racism that kills and segregates, this essay intends to discuss the aging of the elderly black population and the challenges for and active listening in psychology that considers the varying factors that contribute to a racist maintenance and sets itself as anti-racist.

Descriptors: Aging; Black population health; Racism.

RESUMEN

El proceso de envejecimiento poblacional es un fenómeno ampliamente discutido y demostrado a través de investigaciones demográficas recientes. Ante el aumento de la población mayor de 60 años, un de los desafíos que se presenta es el acceso y la atención ofrecida en la salud. Este ensayo enfatiza el envejecimiento de la población negra, que enfrenta constantes desafíos frente a las estructuras racistas hegemónicas en Brasil. Aunque la población negra esté en mayoría en Brasil, lo que vemos en términos de envejecimiento es una mayoría de hombres y mujeres mayores de raza blanca, ya sea porque tienen mejores condiciones económicas o porque tienen mejor acceso a la atención médica. Frente al racismo estructural e institucional que mata y segrega, este ensayo pretende discutir el envejecimiento de la población negra mayor y los desafíos para la psicología para escuchar los diversos factores que contribuyen al mantenimiento del racismo y posicionarse como antirracista.

Descritores: Envejecimiento; Salud de la población negra; Racismo.

REVIEW

Introduction

According to data from the 2022 Demographic Census carried out by the IBGE (Brazilian Institute of Geography and Statistics), people over 60 years old represent 15.8% of the general population of our country. Compared to the last census carried out in 2010, there was an increase of 46.6% in the number of elderly people. Brazil is in a clear process of population aging, which involves, among other factors, the decrease in the birth rate and the number of children up to 14 years old – in 1980, for example, this contingent represented 38.2% of the population, rising to 19.8% in 2022¹.

The increase in the elderly population highlights the need to analyze which characteristics are part of this phenomenon and what are the living conditions of the elderly population in aspects such as "family arrangements, health and mortality, and income"², since a significant part of the elderly population retires with only one minimum wage². This has an impact on various spheres of life, not only for the elderly, but also for the people who have ties and cohabit with them.

It is important to highlight that the experience of aging is not homogeneous, it is not the same for all people, even though culturally there are many stereotypes (some of them stigmatizing) about old age. It is often seen in a homogeneous way and with this a diverse, singular and plural view of aging is lost. As a biopsychosocial process, aging has several layers. In this essay, the objective is to reflect on how the issue of aging unfolds to analyze the aspects of health for the aging black population. Are there the same conditions of access to health for this population? How does Psychology, as a health area, welcome and listen to this population? We also intend that the reflections presented here can contribute to the performance of Psychology with black elderly people, relying on it as an anti-racist practice in a context that takes into account the socioeconomic and historical conjunctures, as well as themes related to health, violence and family demands.

The aging of the black population

Aging studies seek to offer support so that professionals can, in some way, understand aspects related to aging, as well as problematize other situations. On the other hand, "historically, Brazil has kept hidden the foundations that structure its society: racism, patriarchy, machismo, the determination of social classes and religiosity"³. In this sense, it is significant to realize that, for a certain population group, there are a series of barriers that prevent them from fully experiencing their lives. The black population has encountered, from an early age, and for a long time, obstacles that they systematically need to overcome, since "institutions are only the materialization of a social structure or mode of socialization that has racism as one of its organic components. To put it more bluntly: institutions are racist because society is racist"⁴. Because of these social determinants that structure Brazilian society, access to various forms of care does not occur satisfactorily for this population.

Many of these black people will die earlier, will have functional disabilities sooner, will live in regions without opportunities for active aging, will live alone not by choice, some will need to hide their sexual identity or not live with the person they like, in short, many people will not turn 60 because of these social determinants! ³

The social determinants of health permeate human development and even affect old age. In Brazil, aging reflects the social inequalities present in our country, which can directly impact the possibility of living a long and quality life: "the more subordinate the position in the working class, that is, the greater the experience of poverty, the more difficult it is to experience the aging process"⁵.

Therefore, there is no way to speak of a homogeneous old age for Brazilian society. Among the factors that affect inequality and corroborate the fact that the aging of the black population is directly affected, socioeconomic status plays a significant role in contentment in old age. Many elderly men and women do not have schooling and, linked to this, they are in the poorest layers of the population, which ends up in a process of social vulnerability:

The Afro-descendant population has greater poverty (whites in the 1% with the highest incomes and blacks or browns among the poorest), lower school attendance and access to higher education among young people, higher incidence of illiteracy and lower social security protection (employees with a formal contract, military and statutory civil servants) ⁶.

Another factor considered significant to reflect on the aging of the black population concerns their health condition. Although health is a constitutional right, this right is not always respected, causing a series of constraints: "in the context of old age, there are greater impacts on black elderly people, especially in relation to aspects such as: life expectancy, morbidity and mortality, black women's health, mental health, among other aspects"⁶.

Therefore, reflecting on the aging process of the black population in Brazil is to break with naturalization regarding old age, understanding that aging as a black person is significantly different from the aging of the white population. It is necessary to understand the elements that contribute to inequality and inequities in health that perpetuate the maintenance of a structural difference in the old age of the black population. This is also reflected in the demographic data: "indices verified in the National Household Sample Survey (PNAD, 2012), show that black people, aged over 65 years, correspond to 43.5% of the population, while white people are 55.3%" ⁶. If we consider that the increase in the elderly population comes from several factors, including health indicators, it is worth questioning why these data are not reflected in the black population in the same proportion as the white population. Therefore, the following analysis will be about some health indicators for the black population.

Health of the black population

In 2006, the National Health Council approved the National Policy for the Integral Health of the Black Population (PNSIPN), which was only instituted after Ordinance No. 992 of May 13, 2009, which has as its mark "the recognition of racism, ethnic-racial inequalities and institutional racism as social determinants of health conditions, with a view to promoting equity in health"⁷. In addition, it is highlighted that "the objective of the Policy is to promote the integral health of the black population, prioritizing the reduction of ethnic-racial inequalities, the fight against racism and discrimination in SUS institutions and services"⁷. This is an attempt to consolidate treatment and health care in the most varied stages of life, in order to reduce exposure to the fragilities attributed to old age.

The National Policy for the Integral Health of the Black Population⁸ describes some specificities of the black population in relation to health. Among them,

... some genetic or hereditary diseases are more common to this population, such as sickle cell anemia (a hereditary disease resulting from a genetic mutation that occurred thousands of years ago on the African continent), diabetes mellitus (or type II, which develops in adulthood and is the fourth cause of death in Brazil, as well as the main agent of blindness), hypertension and glucose-6-phosphate dehydrogenase deficiency, in which the lack of this enzyme results in the destruction of red blood cells, being more frequent in boys⁹.

The data, however, cannot be seen exclusively from the biological side. There are numerous factors that contribute to sustaining inequalities in Brazil. Violence against the black population demarcates consequences and damage to physical health, but it is also necessary to pay attention to how much it affects and impacts the material and psychic conditions of these people¹⁰. In this sense, racism cooperates in violence and operates in both a structural and institutional way. "The myth of racial democracy contributes to the denial of racism as a power structure and social stratification, makes its consequences invisible and prevents its effective confrontation through public policies, such as health, for example"¹⁰.

In this sense, there is a need for Public Policies that are focused on the health of this population together with resources that enable its implementation, among them, we highlight the importance of human and professional training of health workers that is attentive and sensitive to the aging processes crossed by various social markers:

Do we have our services oriented towards the logic of aging, using appropriate indicators such as functional disability and its intersections with race/skin color and gender, and creating specific priorities and lines of care for each group of older people? Do our professionals know how to welcome and treat a poor black elderly woman or a gay elderly couple appropriately? How can we review our rehabilitation services that today should be one of the priorities of Primary Care for the elderly, especially the poor elderly, who still need to work to cope with their daily expenses?³

Other pertinent issues arise, such as whether there is a proper reception, a better offer of services for the elderly black population in Primary Care, both in the Basic Health Unit and in the Family Health Strategy. The Ministry of Health, through the National Humanization Policy, sought to develop a proposal for health services that provides guidance on the relationship with the elderly, starting with welcoming, which "is an action that presupposes the change of the professional/user relationship and their social network. It implies the sharing of knowledge, needs, possibilities, anxieties constantly renewed" ¹¹. In addition, it is recommended that professionals are aware of their own issues related to the elderly, as well as the laws that ensure the rights of this population.

Primary Care

Primary Care in Brazil was developed in the same wake as the implementation of the Unified Health System and is based on a model that is "based on a decentralized, hierarchical, and regionally integrated territorial project through health care networks" ¹². In this sense, there is a document from the Ministry of Health that defines Primary Care as

... a set of health actions, at the individual and collective levels, which encompasses health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction, and health maintenance with the objective of developing comprehensive care that impacts on people's health situation and autonomy and on the determinants and conditioning factors of health in communities (BRASIL, 2012, p. 19) ¹³.

Primary Care is indicated as the user's gateway to the health system, hence its relevance for the population, especially the most vulnerable. Work in primary care should be developed by a multi-professional team that articulates joint actions aimed at the user, so what is sought is "a user-centered process, where user care is the ethical-political imperative that organizes technical-scientific intervention"¹³. In this sense, the user also participates in the process, indicating possibilities for the resolution of his demand¹³. It is noted that in this model there is no hegemony of one knowledge over the other, on the contrary, what is perceived is the articulation and exchange of knowledge between knowledge so that the service is as comprehensive as possible.

One of the distinct characteristics of Primary Care is the issue of territory, a term that refers to geographic space, but also to affective space, a territory of the set and articulation of forces, of encounters, of demands, needs and possibilities and, therefore, is in constant movement¹².

The population served needs to have ample access to health services. This implies that the population that is a user of Primary Care needs to be welcomed, and the workers get involved with the users so that their demands are resolved:

The health service must organize itself to assume its central function of welcoming, listening and offering a positive response, capable of solving most the population's health problems and/or of mitigating its damage and suffering, or even taking responsibility for the

response, even if it is offered at other points of care in the network. Proximity and the capacity for welcoming, bonding, accountability and problem-solving capacity are fundamental for the effectiveness of primary care as a contact and preferential gateway to the care network.¹¹

It is at this gateway that actions aimed at the population are coordinated and that policies are practiced. Thinking of health professionals as agents who work in the territory, inserted in the reality and daily life of the population, we highlight the importance of human and professional training and improvement, so that they are attentive to "society's needs, as well as capable of critically reflecting on their work"¹⁴. The constant pedagogical process is part of the attempt to raise awareness that the work of professionals contributes to the reduction of racial issues in Primary Care¹⁴:

The discourse that reparative policies constitute a privilege for the population favored by them appears in some works, as well as the idea that these policies can reinforce discrimination. These ideas reproduce discriminatory processes through discourses that preach justice and equality, but oppose policies that actually aim to achieve these ends. The PNSIPN is described in other studies by PHC professionals as a concession of privilege or "racism in reverse", alleging the discourse of "equality". It is perceived that these professionals are unable to observe the dimension of distributive justice present in these policies, in which formal equality "for all" gives way to the particularities of each group in order to achieve social justice.

In the scope of Primary Care, we highlight the Family Health Strategy, whose performance is carried out in a multidisciplinary way, with the insertion of health professionals in the territory, especially with home visits. The aging of the black population, in terms of health, can find in the Family Health Strategy an analytical element for health inequities to be identified and fought. Even with the lack of more initiatives by the State, it is still necessary to provide users with more information about their rights and effective participation in decisions regarding their health. On the other hand, the continuous education of professionals who work in Primary Care, including Psychology, can prove to be a strengthening element in the fight against health inequities. In this sense, it is observed that,

As long as the spaces of training and education in health continue to turn a blind eye to the health of the black population, which is the majority of the Brazilian population, racism will continue to exert its perverse effect on the illness of this population; equity will remain a theoretical concept only; And black death will continue to be an interrupted life, and not an end of life¹⁴.

Final Considerations

The aging of the black population faces challenges that start from structural and institutional racism, materializing in the most diverse spheres of life in society. Racism sustains the logic of inequality and inequity, something that has been built throughout Brazilian history with violence. Thus, to propose the debate on the aging of the black population is to discuss privileges that have been structured and that are maintained to the present day and that affect human development from childhood to old age.

Understanding how racism has been structured and institutionalized and how it continues to act can help strengthen a work that proposes listening to the elderly black population. Specifically in Primary Care, listening and welcoming appear as useful tools for a possible transformation based on the relationships constituted. In order to listen, health workers and "psychologists are required to deeply problematize the pillars of racism in our society" 6. Welcoming is also included, which is a process that begins at the reception and continues until the end of the user's demand according to the National Humanization Policy.

By listening to the needs, arguments, anxieties, impasses and possibilities of the black elderly population through listening to the discourse of elderly men and women who are welcomed in the Family Health Strategies, the possibility of placing themselves as subjects is offered. In this sense, there is the "recognition of aging as a situation that in fact belongs to all of us"¹⁵.

Allied to this, given the structuring conditions of exclusion and violence that the black population lives in Brazil, there are several obstacles that need to be overcome every day in order to achieve some quality of life. By facing such confrontations, black old age continues to resist. The resistance inserted in various spheres of life contributes to the avoidance of an erasure of their history. Psychology has an ethical-political commitment to carry forward the discussion by emphatically pointing out how structural racism has produced an abyss in Brazilian society, because "socioeconomic differences, lack of social assistance and violence are the result of a classification built under a negligent perspective that still exists"⁶.

This article aimed to think about racism and its consequences for the aging of the black population. By raising historically and demonstrating, even if briefly, the construction of racism as a structuring element in Brazilian society, we sought to identify elements that act on issues involving access to health by the elderly black population that generate inequities. It is expected, with this, to contribute to the pedagogical process of training health workers, including Psychology, as a science and profession.

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