



**DOSSIER AGING, TERRITORY  
AND ENVIRONMENT**

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# Aging in the city: considerations arising from a Brazilian metropolis

## *Envelhecimento na cidade: considerações a partir de uma metrópole brasileira*

Rodrigo Cardoso Bonicenha<sup>1</sup> 

<sup>1</sup> Universidade de São Paulo, School of Public Health, Department of Health and Society, São Paulo, SP, Brazil. Email: bonicenha@usp.br

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### Abstract

Although population aging is a growing phenomenon in Brazilian cities, it has not yet received the necessary attention from areas that could investigate its territorial dimensions. This article analyzes population aging in a Brazilian metropolis from three perspectives: demographic, health and housing. In addition to a literature review, the descriptive study used secondary data to map aging across the districts of the city of São Paulo, where population aging varies in pace. In absolute terms, women constitute the largest group of older adults in the city, as well as among all age groups. Over time, aging may require additional care or transformations in housing conditions to meet new needs. The article also identifies the housing deficit for this group in the city and explores different ways of living in old age. Finally, it highlights that the contribution of geographical studies can highlight the territorialities of aging and provide valuable contributions to other areas that address this issue.

**Keywords:** Health. Housing. Municipality of São Paulo. Older adults. Population aging.

### Resumo

*Apesar do envelhecimento populacional ser um fenômeno crescente nas cidades brasileiras, ele ainda não recebeu a atenção necessária das áreas que poderiam investigar suas dimensões territoriais. Este artigo analisa o envelhecimento populacional em uma metrópole brasileira por meio de três perspectivas: demográfica, de saúde e de habitação. Além da revisão bibliográfica, o estudo descritivo utilizou dados secundários para mapear o envelhecimento pelos distritos da cidade de São Paulo, nos quais o envelhecimento populacional varia em ritmo. Em termos absolutos, as mulheres constituem o maior grupo de pessoas idosas na cidade, assim como entre todos os grupos etários. Com o tempo, o envelhecimento pode exigir cuidados adicionais ou transformações nas condições habitacionais para atender a novas necessidades. O artigo também identifica o déficit habitacional para esse grupo na cidade e explora diferentes formas de morar na velhice. Finalmente, destaca que a contribuição dos estudos geográficos pode evidenciar as territorialidades do envelhecimento e fornecer aportes valiosos para outras áreas que abordam essa questão.*

**Palavras-Chave:** Envelhecimento populacional. Habitação. Município de São Paulo. Pessoas idosas. Saúde.

## Introduction

The population of Brazil – and, particularly, that of the city of São Paulo –, is aging rapidly. However, this trend has not yet received the proper attention from territorial analyses that could address issues such as access to the city and the importance of decent housing. Aging is a multidimensional phenomenon, studied by several areas, including Gerontology, Geriatrics, Public Health, and Social Work. However, in high-ranking Brazilian publications in the fields of Geography and Urban Planning, the topic has been addressed only in journals such as the *Cadernos de Saúde Pública* and the *Revista de Saúde Pública*. In other words, despite being a widely present phenomenon in Brazilian cities, aging still does not occupy the necessary space in the research agendas of the areas most strongly impacted by it.

Unlike some developed countries, where population aging occurred more gradually, Brazil is experiencing an accelerated demographic transformation. To illustrate, it took France about 150 years for the percentage of its older population to increase from 10% to 20%; the United Kingdom took 70 years and the United States, 80 years (World Health Organization, 2015). In Brazil, a change in the demographic profile was observed in a period of less than 30 years, without a significant reduction in the social inequalities that characterize the nation. The increasing occurrence of extreme weather events further highlights the need to consider older adults, both those who are independent and those who require support or long-term care, in these situations.

Although geographical studies on aging are more common in other countries (Andrews, Phillips, 2005; Milligan, 2009; Skinner, Andrews, Cutchin, 2018), it is essential to explore the particularities of aging in Brazil and its territorial nuances. Given the scenario of large social disparities, adjustments are essential for an aging population and the development of services, programs, and public policies that ensure quality of life for this growing segment of the population.

Despite the gaps in territorial research on aging and care networks for older adult populations, there is a growing number of studies in Brazil that investigate the multidimensionality of the phenomenon and its impacts on territorial planning and public policies. Among these studies are strategy analyses, such as “Age-Friendly City” (Bestetti; Graeff; Domingues, 2012; Monteiro; Zazzetta; Araújo Junior, 2015), including in a neighborhood with the presence of Chinese and Bolivian immigrants (Graeff; Domingues; Bestetti, 2012); housing policies for the older adult population in São Paulo (Monteiro, 2012; Silva, 2019) and in Paraíba (Freire, 2019), and assessments of accessibility and perceptions of the older adults (Correa, 2016; Navarro *et al.*, 2015; Silva *et al.*, 2015; Varoto; Monteiro; Bernardelli, 2019). Other works address inequalities and the impact of the environment on the health of the older adults (Azambuja *et al.*, 2011), the application of Conduct Adjustment Terms in housing for the older adults (Monteiro; Silva; Varoto, 2017) and the effectiveness of the National Housing Policy for Older Adults (Costa *et al.*, 2016; Lorenzetti; Lamounier, 2017), among others. These studies highlight the importance of understanding aging in Brazilian cities, its particularities, and the need to build and strengthen connections between different areas of knowledge and action.

This article focuses on the territorial aspects of aging in the city of São Paulo, exploring its relationships with the territory. The central objective is to examine population aging in three dimensions: demographic, health, and housing. Based on secondary data available from various sources, such as the 2022 and 2010 Census, the Mortality Information System (SIM), and the Health, Well-Being, and Aging Study (SABE), this work adopts a descriptive and reflective approach to deepen the analysis of aging in the city.

## Aging as an individual and social issue

Population aging can be considered one of humanity's greatest achievements and, at the same time, represents new challenges, reflections, and practices (World Health Organization, 2005). In Brazil, the aging population is witnessed without significantly reducing the territorial disparities that mark the cities. It is faced with the aging of a population that has lived, to a large extent, their respective life courses in contexts of social complexity.

The concept of active aging illustrates “[...] the process of optimizing opportunities for health, lifelong learning, participation, and security, with the aim of improving quality of life as people age” (World Health Organization, 2005, p. 13). It can be understood as an ideal to be aspired to, as well as an articulator of the multisectorality and multidisciplinary with which aging should be apprehended. It reflects a holistic approach in public policies and in society as a whole (Voelcker; Plouffer; Kalache, 2017), understanding that the phenomenon of aging, although widespread, is related to aspects of each society and how they confront it. Here the concept will not be deepened, rather it will be used as a representation of the heterogeneity and multiplicity of old age.

A series of factors and the interaction between them throughout the course of life influence and determine how people age. Two elements would be transversal to aging: culture and gender. Culture largely determines how aging is assimilated. If a society prioritizes the aging/disease relationship, it may miss opportunities to develop measures that promote health and quality of life throughout the life course.

The way a society treats older adults is decisive in how aging occurs collectively and individually. Ageism, or age discrimination, is considered a risk factor that can limit access to other determinants of active aging (Centro Internacional de Longevidade Brasil, 2015). It can be understood as another social marker of difference, which affects people intersectionally with others, such as gender, race, etc. Even in societies where caring for the older adults is considered socially positive, recent social transformations make it more difficult for families to provide adequate care to their relatives (Zhou; He; Lin, 2022; Corti *et al.*, 2023). Care is largely provided by women, either as unpaid work or, generally, with low wages for those who work informally in this field (Almeida; Wajnman, 2023).

Gender also determines how one ages. In the female case, inclusion or exclusion from the labor market, among other things, will dictate the possibilities of older adult life; therefore, gender parity is far from being achieved. In the Gender Gap Index (World Economic Forum, 2018), composed of four subdimensions, Brazil appears in 95<sup>th</sup> place in the global ranking of 149 countries. In the subdimensions “Educational Maintenance” and “Health and Survival”, the country ranks among the top, alongside other countries, however, in the subdimensions “Economic Participation and Opportunities” and “Political Empowerment”, it is, respectively, in positions 92 and 112. This type of disparity reproduced throughout the course of life impacts how one ages. It can be said that aging in Brazil reflects social and territorial disparities.

Although men enjoy more advantages for active aging than women, they are more exposed to risks, which partly explains their lower life expectancy compared to women (Centro Internacional de Longevidade Brasil, 2015). Many men do not live to old age, dying from accidents, violence-related issues, or addictions such as smoking, alcoholism, among other causes.

The other determinants would be specific to each person, although enabled and influenced by the social context, existing public policies, opportunities throughout the life course, among other aspects. Active aging could be briefly explained as “[...] the dynamic interaction, which

occurs throughout life, between risk and protection in the person and the environment” (Centro Internacional de Longevidade Brasil, 2015, p. 54).

Regarding health services, in addition to access to health promotion and disease prevention equipment, aging also brings the need for long-term care, which should be provided by formal or informal caregivers (Teixeira, 2020). Chronic diseases require care and prevention throughout life. The existence of some health condition, and not aging, leads the individual to use health services more frequently (Chaimowicz, 2013). In the case of dementias, in addition to impacting the lives of older adults, they cause transformations in the lives of caregivers, who often face a decline in their own health condition (Camargo, 2010).

Among the behavioral factors are smoking, alcoholism, oral health, lack of adequate sleep and a healthy diet, sedentary lifestyle, unprotected sex, among others (Santos; Andrade; Bueno, 2009). Personal factors, such as heredity, sexual orientation, or psychological issues, such as greater or lesser adaptability to life’s changes, also determine active aging. Schooling, a healthy lifestyle, greater social participation, among other factors, can ensure cognitive reserves, even for older adults with neurological problems.

Regarding the physical environment, in addition to a safe and adequate housing, a clean and appropriate environment, which does not pose risks of falls and accidents, is necessary, as well as access to clean water (Centro Internacional de Longevidade Brasil, 2015). The environment offers, throughout the course of life, greater or lesser risk and protection with which people are faced. The existence of public spaces that allow outdoor activities, preferably within walking distance; sidewalks and ramps, forms of transportation that enable or hinder mobility, among others, are configured as more or less facilitating elements of active aging.

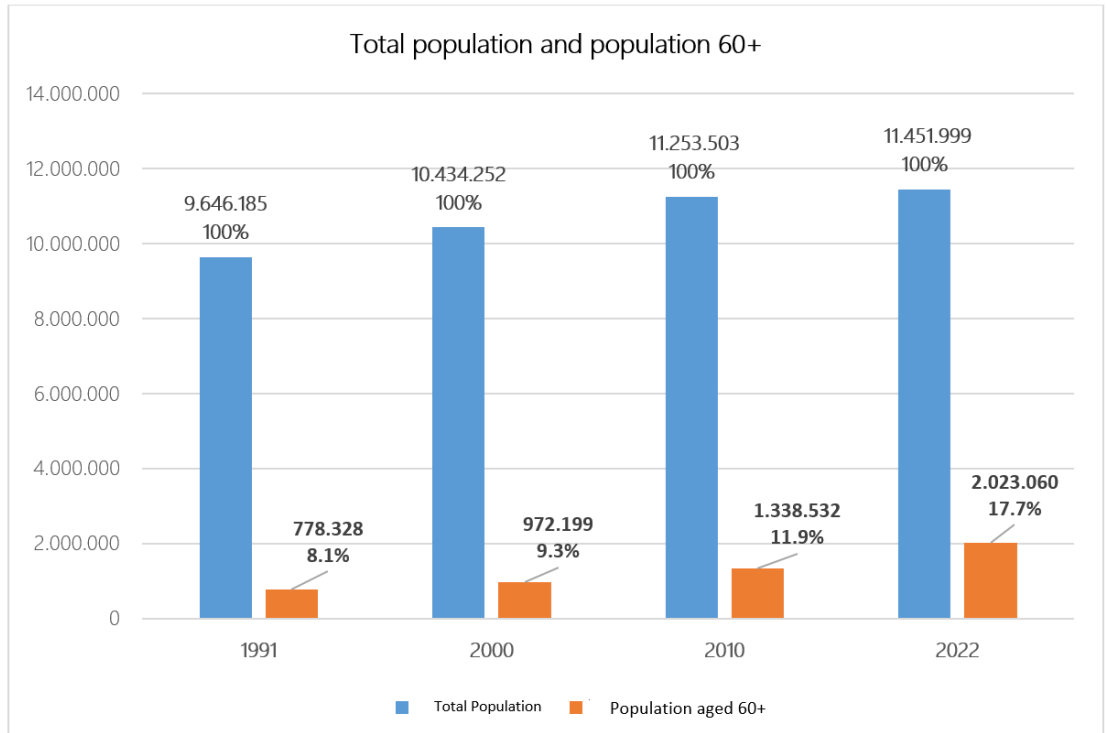
In terms of social environment, one of the biggest problems that aging brings is abandonment or isolation (Holt-Lundstad *et al.*, 2015). In this sense, a social support network can ensure more years of life lived with quality. Another issue related to the social environment concerns the abuse and mistreatment suffered by older adults; from all social classes, which can constitute psychological, financial, physical, sexual violence, as well as physical restraint applied so that older adults hospitalized in hospitals or Long-Term Care Institutions (LTCIs) do not suffer accidents.

In economic terms, three major factors indicate the quality of life in aging, namely: income, work, and social protection from pensions and retirements (Centro Internacional de Longevidade Brasil, 2015). In the Brazilian case, older adults are the main source of income for many families (Barreto *et al.*, 2020; Camarano, 2020; Fundação SEADE, 2016; Fialho *et al.*, 2019). Many older adults remain active, in jobs such as domestic workers or other occupations, to supplement family or individual income. In this sense, the social protection that should come from family coexistence is not always found, and the older adults can become victims of abuse within their own family nucleus due to the guaranteed income.

## **The demographic dimension of aging in São Paulo**

Urban development has played a fundamental role in increasing longevity by facilitating access to healthcare services, basic sanitation, infrastructure, and socioeconomic opportunities that have contributed to the rise in life expectancy. In 2022, 32,113,490 older adults lived in Brazil, representing 15.6% of the population. This meant an increase of 56% compared to 2010, when just over 20 million people were 60 years old or older. The number of older adults is expected to be around 66 million in 2050 (Centro de Estudos e Debates Estratégicos, 2017).

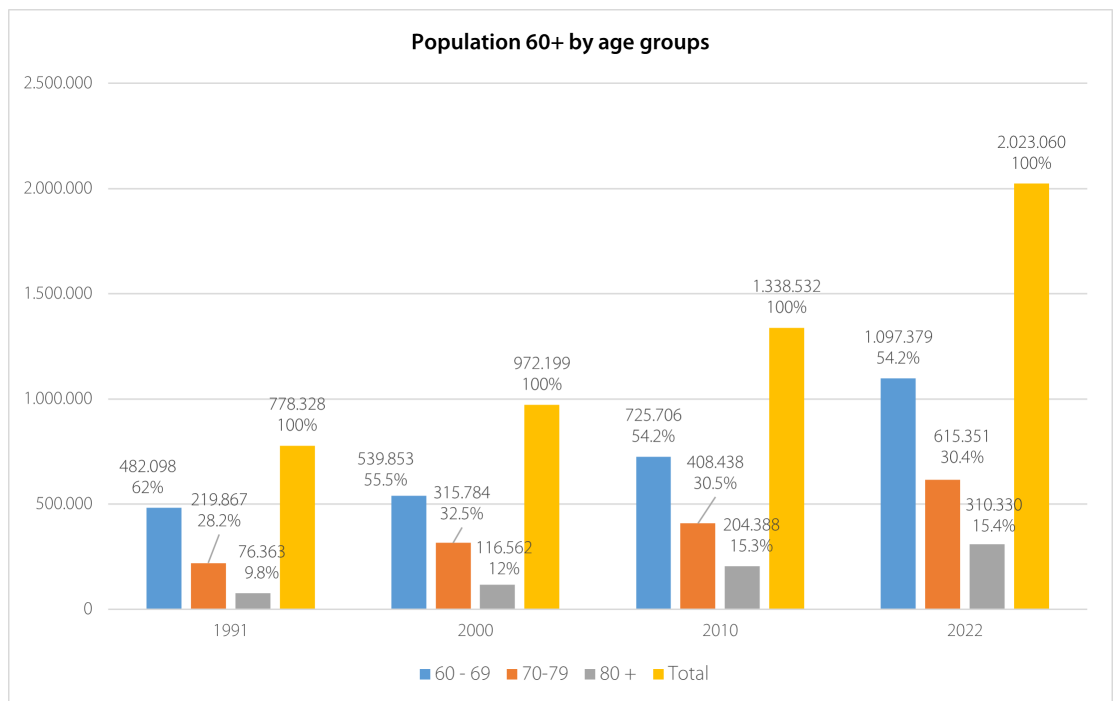
In the city of São Paulo, demographic aging is also an undeniable phenomenon (Figure 1). In 1991, the population aged 60 or over in the municipality totaled approximately 778,328 older adults, representing 8.1% of the total population. In 2000 and 2010, proportionally, they were 9.3% and 11.9% of the total population of the municipality. In 2022, according to the Brazilian Institute of Geography and Statistics (IBGE), this group corresponded to more than 2,023,060 people; distributed heterogeneously across the 96 municipal districts (São Paulo, 2024), representing 17.7% of the municipality's population. The group was composed of 1,209,107 women and 813,953 men aged 60 or older.



**Figure 1** Total population and population aged 60+ in the city of São Paulo.

Source: Elaborated by the author. IBGE data for 1991, 2000, 2010, and 2022, available on the [infocidade.prefeitura.sp.gov.br](http://infocidade.prefeitura.sp.gov.br) portal.

Figure 2 shows the total population aged 60 and over, subdivided into three age groups (60-69 years, 70-79 years, 80 years or older), in the city of São Paulo in the same years. Proportionally, the group of older adults aged 80 or over was the one that grew the most during this period, rising from 9.8% of the older adults population in 1990 to 15.4% in 2022. This is an aspect that deserves to be emphasized, because the older an individual gets, the greater the chances of needing long-term care.



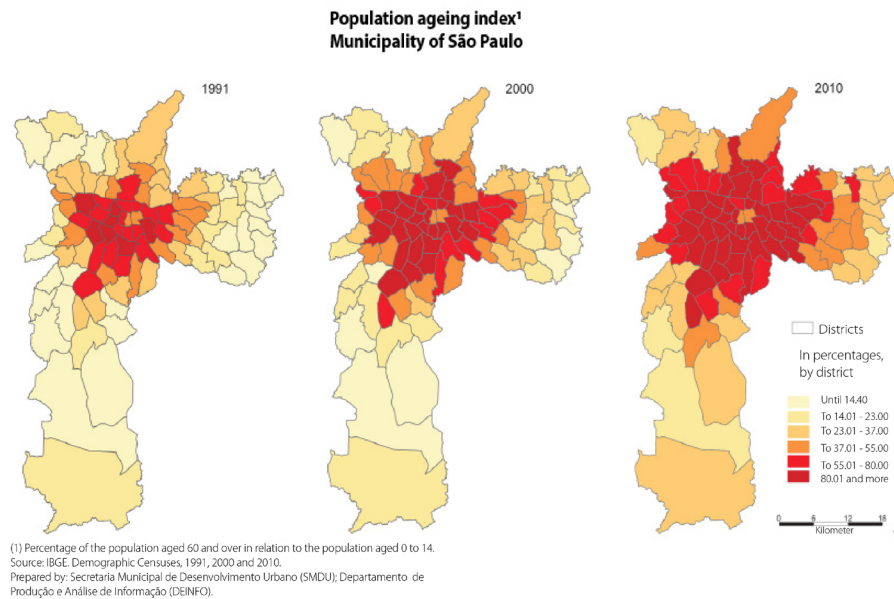
**Figure 2** - Total population aged 60 and over, by age groups.

Source: Elaborated by the author with data from IBGE for 1991, 2000, 2010, and 2022, available on the portal [infocidade.prefeitura.sp.gov.br](http://infocidade.prefeitura.sp.gov.br).

The “very aged group” (Chaimowicz, 2013, p. 22), in addition to being the fastest growing proportionally in Brazil and worldwide, presents specific characteristics for three reasons: (a) the effects caused on family, social, and economic dynamics; (b) the high amounts of resources they consume from health systems; (c) the high prevalence of diseases and degree of functional dependence. In all these areas, territorial planning is affected, from the sphere of the person and their family to health systems, sectoral policies, and the need to rework these to meet the growing population unable to survive without proper care and support networks.

It is also noted that women have surpassed men in absolute numbers in all years and age groups. Among the reasons for the higher life expectancy for women is the fact that men die from issues related to violence or external causes and risk exposures, such as work or traffic accidents, among others.

The aging index relates the percentage of the older adult population to the population aged 0 to 14 years residing in each district. Figure 3 presents the aging index in the municipality of São Paulo during the mentioned period. It is noticeable that the proportion of older adults has increased in all municipal districts, including those in the periphery occupied in more recent decades.

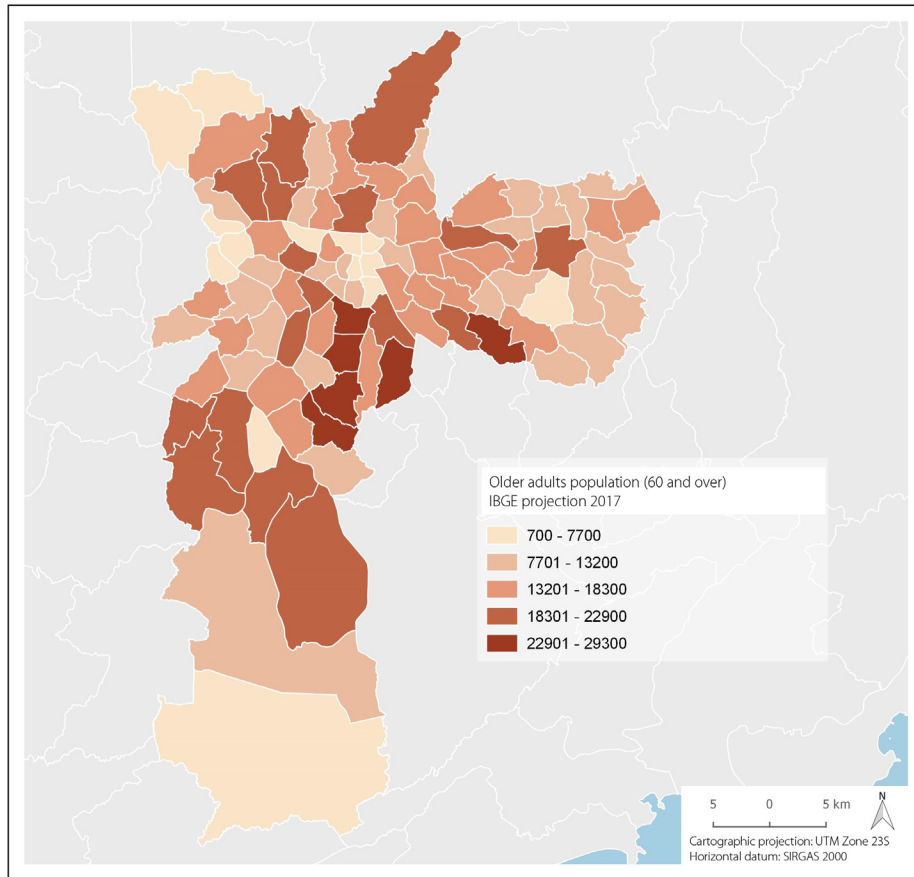


**Figure 3** - Aging index in the city of São Paulo (1991, 2000, and 2010).

Source: SMDU/DEINFO. Available at: [Development index in the municipality of São Paulo](#). Accessed on: Sep 6, 2024.'

The phenomenon of aging, over the last three decades and at different paces, has been reconfigured by the municipal fabric, especially in peripheral areas. This does not mean that this aging occurs in a similar way for the residents, quite the opposite. Territorial and social disparities imply better or worse aging conditions for individuals. If the issue of mobility in the city and the possibility of safely walking on sidewalks is a common problem for the older adults, it is known that residents of areas where the urban structure is of poorer quality face other challenges, such as the very lack of sidewalks to ensure their safety when moving around.

Figure 4 shows the total population of people aged 60 or over in the municipality of São Paulo. The South, Southeast, East, and North Zones are the ones with the highest absolute number of older adults. Furthermore, the South and Southeast districts have the largest absolute population overall. On the map, four stand out with the most intense shade: Vila Mariana, located to the north; Saúde; Jabaquara and Cidade Ademar, to the south, which borders the municipality of Diadema. The absolute population in the Sacomã district, which borders the municipality of São Bernardo do Campo, is also notable. Both districts have access to subway or trolleybus lines, important modes of public transportation. It is not appropriate here to seek generalizations about aging in each of these locations, but it is known that the infrastructure of each location provides greater or lesser exposure to risks.

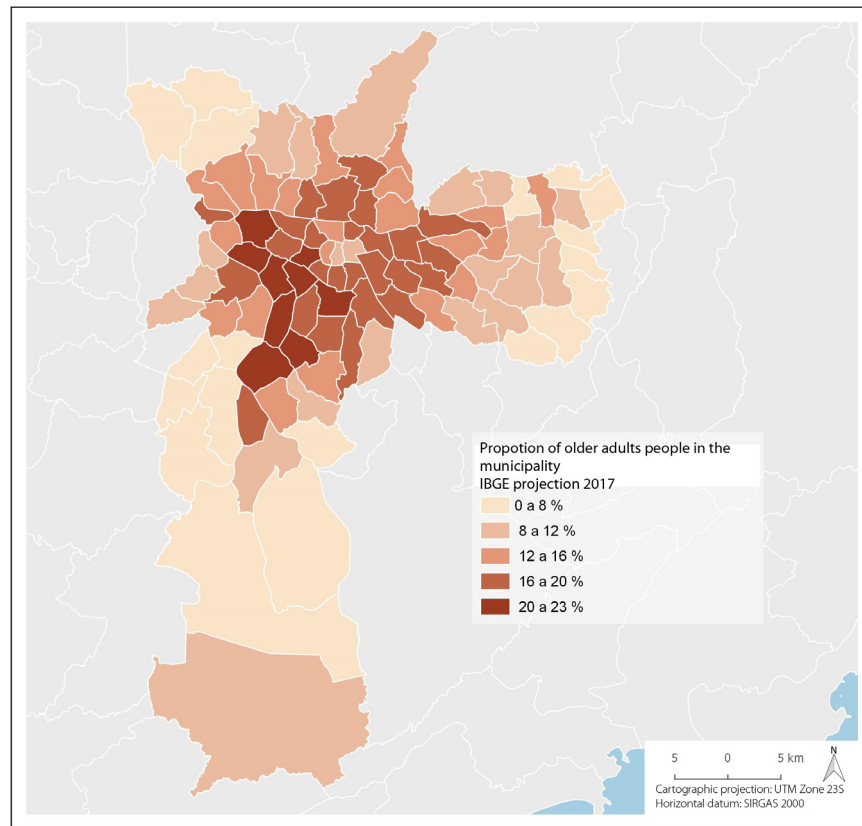


**Figure 4** – Absolute population of older adults in São Paulo (2017).

Note: Due to the 2022 Census data regarding census sectors not yet being available at the time of the preparation of this map, projection data for 2017 was used to illustrate aging in municipal districts.

Source: Cartography produced by Danilo Zillig with projections from the Municipal Secretariat of Urban Development (SMDU) for the year 2017.

Figure 4 shows that the districts of the Southwest Quadrant (Villaça, 2011) have the highest proportion of older adults in São Paulo. Among the previously mentioned districts, only Vila Mariana maintains the most intense tone. Other districts with this shade include Lapa, to the north; Alto de Pinheiros, Pinheiros, Jardim Paulista, Itaim Bibi, Santo Amaro, and Campo Belo, to the south. In the central region, only the Consolação district, north of Jardim Paulista, appears with this shade. It is observed that the more central districts, such as Sé, have a lower proportion of older adult population, suggesting greater generational diversity. The same occurs in some peripheral districts, many of which have undergone urbanization more recently.



**Figure 5** – Proportion of older adults in São Paulo (2017).

Source: Cartography produced by Danilo Zillig with projections from the Municipal Secretariat of Urban Development (SMDU) for the year 2017.

Among the districts identified in Figure 5 as having the highest proportion of older adult population in the city, five also stand out for having the highest life expectancy at age 60. They are: Alto de Pinheiros, in the first position with 28.68 years; Jardim Paulista; Pinheiros; Itaim Bibi and Consolação, classified, respectively, as 4<sup>th</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> positions in life expectancy at 60 years in the municipality (São Paulo, 2020). In other words, these districts not only concentrate a significant older adult population, but also offer conditions that favor longer aging, reflecting the social and territorial inequalities of the city and their impacts on aging.

## The dimension of health in aging in São Paulo

The World Health Organization (WHO) defines health not merely as the absence of disease or infirmity, but as a complete state of physical, social, and emotional well-being. Urbanization has contributed to an increase in life expectancy alongside the predominance of non-communicable chronic diseases (NCDs). However, infectious diseases remain relevant, as demonstrated by the measles outbreak in 2019, the COVID-19 pandemic, and the current increase in whooping cough cases. Thus, the current context requires focused attention on both NCDs and infectious diseases.

Among Brazilian older adults, circulatory system diseases appear as the leading cause of death for both sexes. Despite this, the relative participation of these has been decreasing compared to the total number of deaths for this group (Lucchesi, 2017). For both sexes, respiratory

diseases and malignant neoplasms show an increase in their relative participation. Their relative participation also increased, for men, diseases of the digestive system; for women, endocrine and metabolic diseases.

Regarding NCDs, the main causes of death for the older adults in Brazil are: (1) cardiovascular diseases; (2) malignant neoplasms; (3) diabetes mellitus; (4) chronic respiratory diseases. NCDs are among the main reasons for seeking health services, especially the SUS, and are among the main reasons for possible disabilities that affect the autonomy of the older adults (Lucchesi, 2017). Projections indicate that the total costs of hospitalizations, in the SUS, for the older age group will almost double by 2030 (Torres, Waldvogel, 2013).

Of the 953,501 deaths that occurred in the municipality of São Paulo between 1996 and 2016<sup>1</sup> for the age group of people aged 60 and over, the causes of 720,706 of them were described in chapters 02, 09, and 10 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). During this period, the total number of deaths caused by neoplasms (chap. 2) was 205,802; by diseases of the circulatory system was 373,620 (chap. 9) and, finally, deaths caused by diseases of the respiratory system (chap. 10) totaled 141,284.

In light of this scenario, it is crucial to deepen the understanding of the social determinants of health (Marmot, 2005) to ensure autonomy, quality of life, and adequate support for older adults. Public policies and programs and services aimed at this population must consider these determinants to offer effective solutions that promote health and quality of life and, at the same time, relieve the health system with regard to hospitalizations and avoidable procedures. This implies prioritizing prevention and primary health care (Veras; Oliveira, 2018) and ensuring a comprehensive set of services that include “[...] health promotion, disease prevention, cure, recovery, management, prevention of decline, and palliative care” (Centro Internacional de Longevidade Brasil, 2015, p. 77).

Among the social determinants of health for older adults in Brazil and São Paulo, in particular, are the urban and social conditions that promote or inhibit traffic accidents, falls, and pedestrian accidents (Lorenzetti; Lamounier, 2017). Falls of older adults on inadequate sidewalks or other environments cause serious problems such as bone fractures that may never regenerate, impacting the autonomy, independence, and quality of life of older adults and their family, often for decades or years, and the costs related to emergency surgeries or other procedures, as well as possible rehabilitation processes, among others, usually fall on the SUS.

Violence, mistreatment, abuse, and external causes are relevant elements to understand the death of many older adults (Minayo, 2003). Men die more from external causes, despite the higher absolute number of women. Violence against older adults can occur in various forms, such as financial, emotional, psychological, medicinal, and sexual, among others, in addition to abandonment and neglect. Although it is a little-known phenomenon from the point of view of academic studies, it is fully disseminated in society as a practice (Berzins, 2009).

Although NCDs significantly influence the aging of people in São Paulo, the needs of older adults change throughout the course of life. Table 1 shows the top 10 causes of death among older adults in São Paulo from 2006 to 2016, classified by average age at death. It is observed that, with advancing age, the likelihood of older adults facing conditions that require long-term care and an adequate support network to ensure a quality life increases.

<sup>1</sup> Data from the “Mortality Information System”-SIM/PRO-AIM-CEInfo-SMS-SP. Available at: <http://tabnet.saude.prefeitura.sp.gov.br/cgi/tabcgi.exe?secretarias/saude/TABNET/SIM/obito.def>. Accessed on: May 10, 2024.

**Table 1** - Average age at death (A.A.D.) by specific causes in São Paulo (2006-2016).

Specific causes	A.A.D.	Specific causes	A.A.D.
Dementia	86.86	Malnutrition	74.63
Alzheimer's disease	85.59	Bronchitis, emphysema, asthma	74.52
Urinary tract infection	81.35	Pneumonias	74.18
Heart failure	78.37	Renal insufficiency	72.83
Prostate cancer	76.92	Diabetes mellitus	72.35

Source: Elaborated by the author with data from SIM/PRO-AIM-CEInfo-SMS-SP.

Considering the WHO's definition of health, the focus of this discussion can be shifted from the relationship between disease and causes of death to other elements related to longevity. The concept of functional capacity points to the ability to perform daily tasks, simple or complex, autonomously and independently. With the decline in their functional capacity, older adults may lose the ability to perform daily living activities without assistance, which will compromise their autonomy and independence. People with compromised autonomy may require a support social network, consisting of formal or informal caregivers, as well as other individuals who provide the necessary support for those whose existence depends on the care and support of others.

The activities of daily living are divided into two major groups, the Basic Activities of Daily Living (BADLs) and the Instrumental Activities of Daily Living (IADLs). Basic Activities of Daily Living (BADLs) are those related to self-care: feeding, bathing, dressing, grooming, moving, maintaining control over eliminations, and ambulating. In the case of São Paulo, according to the SABE study, in 2000, 16.3% of older adults had some difficulty in performing BADLs, and in 2010, it was 17.5% (Nunes *et al.*, 2018). The municipal prevalence is close to the national average of 16.2% of impairment in performing BADLs, according to the Longitudinal Study of the Health of Older Adults (ELSI)-Brazil (Melo-Silva *et al.*, 2018).

IADLs are related to practical day-to-day activities, such as using the phone, managing household finances, home care and maintenance, food preparation, managing medications, among others. Among the IADLs with which older adults in the city of São Paulo have the most difficulty are: using transportation, performing heavy tasks, and managing finances (Nunes *et al.*, 2018). It is concerning that the use of transportation is among the IADLs with the greatest difficulty for execution, which implies less access to services and opportunities, as well as a possible greater number of older adults in social isolation.

Among the factors associated with frailty, the higher prevalence of older adults with difficulties in performing BADLs stands out. Although there is no consensus on the definition of frailty, the WHO describes it as a clinical state characterized by decreased functional reserve and the ability to adapt to stressors, resulting in greater vulnerability to adverse events, such as illnesses, falls, and hospitalizations (World Health Organization, 2015). Early diagnosis of difficulties in performing daily living activities and factors associated with frailty can help prevent the progression of the condition and facilitate the reversal process.

## The housing dimension in aging in São Paulo

The dimensions presented here are fully integrated. The theoretical exercise of separating them illustrates different facets of the broader phenomenon of aging. For every person who ages, the dimension of living, housing, and home are relevant - both in objective terms, that is, how the

physical dimension, location, and neighborhood affect daily life, and in subjective terms, such as the ability to gain strength for daily life, build support and support bonds, among others.

The distribution of older adults across territories significantly affects their access to and integration into service and support networks (Rosenberg; Everitt, 2001). To explain the disparities between the different municipal districts, the Social Exclusion/Inclusion Index (Sposati, 2017) was used. This index, based on Census data and Census Tracts from the last three decades, classifies districts into five levels of intensity of social inclusion or exclusion. The districts are categorized according to their degree of social inclusion, ranging from intense exclusion to social inclusion. It is worth noting that 67% of older adults population in the city of São Paulo is located in the districts that correspond to the three largest strata of intense exclusion.

Furthermore, the socioeconomic situation of older adults also varies according to their location. Older adults with higher levels of education and better remuneration tend to concentrate in areas with greater social inclusion, precisely those that receive more public and private investments, such as the Southwest Quadrant (São Paulo, 2013). In contrast, older adults with lower levels of education generally live in regions with greater social exclusion, where access to opportunities and resources is more limited.

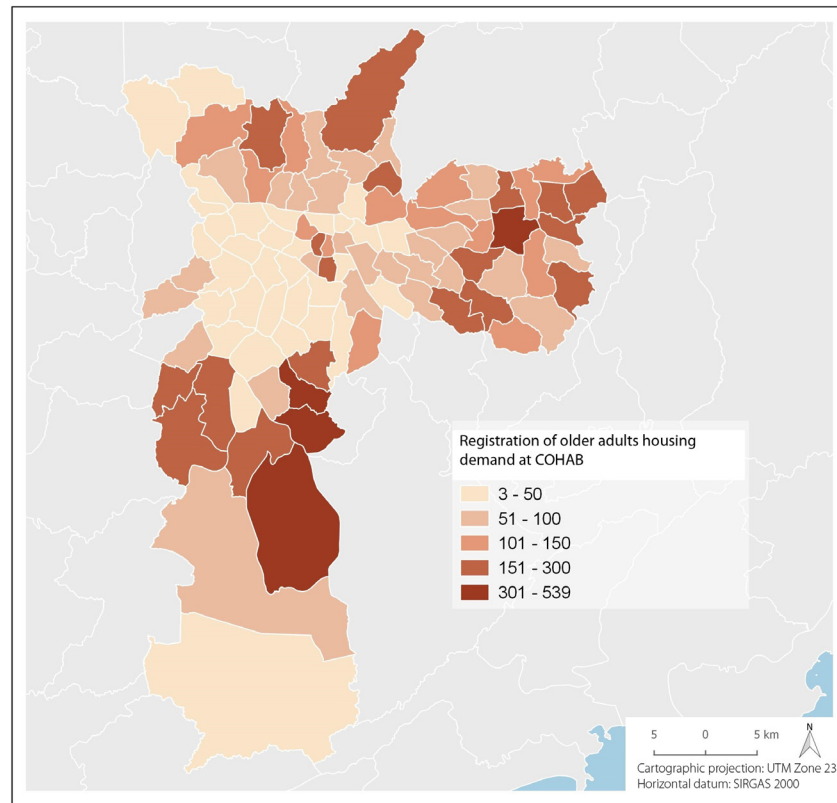
It is possible to assume that, due to these variations, the daily life of older adults in different districts influences access to services and possibilities for active aging. In this way, older adults without autonomy and their caregivers face distinct challenges depending on the location regarding access to medications, essential care supplies (such as diapers, catheters *etc.*), and legal support for situations where the caregiver needs to assume the role of guardian, among other needs.

One of the major dilemmas of Brazilian urbanization is inadequate access to housing. Of the housing deficit of 5,657,000 properties distributed throughout the national territory, more than 10% (570,803) were located in the Metropolitan Region of São Paulo (Fundação João Pinheiro, 2021). Although there is no specific information available about the deficit for groups of older adults (Costa *et al.*, 2016; Freire; Carneiro Júnior, 2017), the list of demand for housing services from the São Paulo Metropolitan Housing Company (COHAB) provides data regarding this population.

In 2018, the housing demand registry<sup>2</sup> listed more than 10,100 older adults distributed across the districts of the municipality of São Paulo. Regarding the total housing deficit in the RMSP, this number seems underestimated. After all, many of the people who need housing assistance are not necessarily registered in the registry or updating their registration every 24 months, as required by COHAB.

Figure 6 shows the distribution of older adults registered on COHAB's housing demand list based on the provided ZIP code, thus allowing a territorial approximation of where they are distributed across municipal districts.

<sup>2</sup> Housing demand available at: [http://servicos.cohab.sp.gov.br/demanda/lista\\_demanda.aspx](http://servicos.cohab.sp.gov.br/demanda/lista_demanda.aspx). Access: May 10, 2024.



**Figure 6** – Registration of older adults for housing assistance by COHAB.

Source: Cartography produced by Danilo Zillig based on the COHAB housing demand list.

The districts of the Southwest Quadrant show a small housing demand by older adults, which suggests that the older adults residents there, besides being better paid and educated, live in their own or rented homes. In any case, they have access to a dwelling. The districts of the Center, the South Zone, and those of the East Zone concentrate older adults without access to housing.

In addition to the lack of precise data, in the current data collection models of IBGE, for example, the concept of adequate housing would not be appropriate for a person with functional limitations, which would indicate a greater housing deficit in the group of older adults (Costa *et al.*, 2016).

The housing demand for older adults occurs differently in the districts. It is not appropriate here to delve into the details, however it is known that low-income older adults living in central districts reside in boarding houses, hostels, tenements, occupations of vacant properties by social movements, among other forms. Those who live in the outskirts reside in precarious settlements or in areas that have undergone urbanization and land regularization processes, popular housing complexes, cohabitation situations, and other complex arrangements.

In addition to the lack of adequate and dignified housing, aging in municipal districts brings new demands for services and public policies at the societal level, as well as for readjustments and adaptations of the homes where people age, at the individual/family level. Older adults living in small apartments may find themselves unable to leave their homes when the need to use a wheelchair arises, for example, just as people who have aged in housing complexes on the outskirts,

with access by stairs to the upper floors, have their mobility reduced, being prevented from living with quality of life. When there is a loss of functional capacity and a need for long-term care, other forms of living may be necessary, such as LTCIs.

## Final Considerations

As demonstrated throughout this work, aging is a multidimensional phenomenon with distinct territorialities. It is therefore up to professionals in Geography, Urbanism, Territorial Planning, and other fields to understand this phenomenon and contribute with new reflections and practices that are necessary. Being a collective phenomenon, which is particularized in the life course of each person, aging accumulates characteristics according to social class, gender, race or ethnicity, and the place where one has lived, among other social markers of difference. It is a phenomenon that requires more studies to highlight, emphasize, and delve into its particularities, especially considering the speed with which it occurs in Brazilian society. In this sense, geographical studies can contribute to other areas of knowledge that seek to shed light on aging, just as they can be enriched by the contributions of these in a healthy process of exchange between knowledge.

As the population of São Paulo ages, other Brazilian cities go through the same process, without having reduced the persistent social inequalities. The difficulties in mitigating these already significant inequalities were exacerbated by the pandemic, which further deepened the existing disparities. If active aging is an ideal to be achieved, this work suggests that only through profound changes will it be possible to offer a better quality of life to a larger portion of the population.

As people spend an increasing proportion of their lives in old age, it becomes crucial to reassess and adapt practices and reflections. It is imperative that the nuances of aging in its various dimensions be explored - a challenge that requires the active contribution of geographers and other professionals committed to analysis and impacts on the territory.

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