

The *Capoterapia* as a Means of Social Inclusion for Elderly People

Capoterapia Como Meio de Inclusão Social para Idosos

Capoterapia Como Medio de Inclusión Social para los Ancianos

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ABSTRACT

Objective: The study's purpose has been to describe the benefits of *capoterapia* as a means of social inclusion for elderly people. **Methods:** It is a descriptive and cross-sectional study with a qualitative approach, which was carried out with 15 elderly people who regularly have practiced *capoterapia* in an Elderly Experience Sharing Center. Interviews were performed through a semi-structured script over the period from October to November 2014. Data analysis occurred through the Collective Subject Discourse. **Results:** The regular practice of *capoterapia* was a motivation for the accomplishment of physical activities, and also provided the reduction of pains due to chronic conditions associated with aging; furthermore, it provided the formation of new friendships and learning experiences about healthful aging. **Conclusion:** It is necessary to stimulate the realization of research related to the benefits of including elderly people in the social environment through the *capoterapia*, aiming to increase the visibility of public agencies and health services towards the elderly care.

Descriptors: Exercise, Elderly's Health, Aging, Social Environment.

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RESUMO

Objetivo: Descrever os benefícios da capoterapia como meio de inclusão social para idosos. **Métodos:** estudo descritivo e transversal, com abordagem qualitativa, realizado com 15 idosos que praticavam regularmente a capoterapia em um Centro de Convivência. Realizaram-se entrevistas mediante um roteiro semiestruturado, em outubro e novembro de 2014. A análise dos dados ocorreu por meio do Discurso do Sujeito Coletivo. **Resultados:** a prática regular da capoterapia foi uma motivação para a realização de atividades físicas e proporcionou a redução de dores decorrentes de condições crônicas associadas ao envelhecimento; além da formação de novas amizades e aprendizado de conhecimentos sobre o envelhecimento com saúde. **Conclusão:** é necessário estimular a realização de pesquisas relacionadas aos benefícios de inclusão para idosos em meio social por meio da capoterapia, para ampliar a visibilidade de órgãos públicos e serviços de saúde para cuidado de idosos.

Descritores: Exercício, Saúde do Idoso, Envelhecimento, Meio social.

RESUMEN

Objetivo: Describir los beneficios de capoterapia como medio de inclusión social para los ancianos. **Método:** estudio descriptivo transversal, con un enfoque cualitativo, realizado con 15 ancianos que practican con asiduidad capoterapia en un Centro de Convivencia. Las entrevistas se realizaron a través de un cuestionario semi-estructurado, en octubre y noviembre de 2014. El análisis de datos fue el Discurso del Sujeto Colectivo. **Resultados:** la práctica regular de capoterapia fue una motivación para las actividades físicas y siempre que la reducción del dolor resultante de condiciones crónicas asociadas con el envejecimiento; además de la formación de nuevas amistades y aprender conocimientos sobre el envejecimiento saludable. **Conclusión:** es necesario estimular el desarrollo de la investigación relacionada con los beneficios de la inclusión de las personas mayores en el entorno social a través de capoterapia para aumentar la visibilidad de los organismos públicos y los servicios de atención de salud para los ancianos.

Descritores: Ejercicio, Salud del Anciano, Envejecimiento, Medio Social.

INTRODUCTION

Across the world, there is a marked increase in the elderly population, resulting in a reduction in fertility and mortality rates.¹ Aging has led to a discussion of the needs and particularities of the elderly among their health care rights.²

Recognizing the benefits of regular practice of physical activity poses a challenge for the practice of gerontological health, due to the need to associate the accelerated growth of the elderly population with the limitations natural processes of aging, which may reflect complex transformations of personal, professional and institutional character.

The aging process is usually accompanied by biopsychosocial changes, which result in the decline of cognitive and functional processes, due to varied and complex interactions between intrinsic and extrinsic factors.³ In order to prevent the decline of cognitive and functional processes from the aging process, some studies evidence the practice of physical activity as an essential non-pharmacological preventive approach.⁴⁻⁷

When considering the elderly as a growing world population, a challenge for the health and social security systems is consolidated: to provide quality of life support for a growing population of elderly people, mostly low socioeconomic and educational level with high prevalence of chronic and incapacitating diseases.⁸

Scientific productions have shown the benefits that the practice of mild or moderate physical activity provided to the elderly, being of great importance in the prevention of diseases, reduction in functional declines, maintenance of independence and improvement of the life quality.^{7,9} In association with the benefits of the practice of physical activity mentioned above, a meta-analysis research evidenced the importance of the role of physical activity as a protective factor of mental functions, even in healthy individuals.¹⁰

Regular involvement in social activities is an important component of successful aging. Social groups are examples of structured opportunities for people who share similar interests. Efforts to increase the participation of the elderly in social groups are worldwide. In the early 1990s, Brazil started a program of prefectures and organizations to motivate the social involvement of the elderly, starting with the creation of community social groups, known as “experience sharing” groups. This initiative was consistent with strategies of the World Assembly on Aging, held in Madrid, Spain.¹¹

Studies show that, on average, socially included older adults have less depression and a more independent lifestyle, with better physical and cognitive status, higher levels of life satisfaction and are more likely to be involved in healthy lifestyles.^{6,7,11}

The benefits of physical exercise for all ages, especially in the elderly, are increasingly significant. Among the various forms of physical exercise for the elderly, there are martial arts, which include *capoterapia* [therapy through body exercise].¹² *Capoterapia* is a segment of capoeira and uses various elements of physical activity oriented for elderly people. Its musicality provides relaxation and rescues the memory of national folklore. As a socialization activity, the elderly that performs the capoterapia presents improvement of the motor coordination, of the muscular strength, of the self-esteem and diminishes depressive symptoms.¹³

Therefore, health and education professionals have been seeking strategies to improve the quality of life of the elderly with regular practice of physical activity. Professionals such as capoeira master, Gilvan Alves de Andrade, born in Brasilia, Federal District, Brazil, who developed *capoterapia*, which produces social inclusion benefits for the elderly, with a consequent improvement in life quality.¹³

Given the benefits that address the issue of promoting social inclusion for the elderly, a gap has been identified in the literature about the scientific knowledge produced on the benefits of *capoterapia* as a means of social inclusion for elderly people. Given the aforesaid, the research question

that guided the present study was: What are the benefits of *capoterapia* as a means of social inclusion for elderly people? Accordingly, this study aimed to describe the benefits of *capoterapia* as a means of social inclusion for elderly people.

METHODS

It is a descriptive and cross-sectional study with a qualitative approach, which was chosen due to the nature of the focused object, namely: the benefits of *capoterapia* as a means of social inclusion for elderly people.

The setting of this investigation was set up in an Elderly Experience Sharing Center (EESC), administered by the *Fundação Municipal de Saúde (FMS)* [Municipal Health Institution], located in *Teresina* city, *Piauí* State, Brazil, where several physical, recreational, cultural, associative and elder education.

It is an institution that has the function of promoting the inclusion of the elderly in society, promoting self-esteem and developing physical and intellectual skills. Moreover, this EESC advocates the humanization, respect, and right of the elderly, providing care through a multi-disciplinary team of health professionals, an active aging and good life quality.¹⁴

The number of participants was delimited by the theoretical saturation process, according to which, as the data were obtained and/or analyzed, the relevance structures were deepened, progressively responding to the objective outlined, pointing out a certain recurrence and consistency with the issue in the study.¹⁵ With this, 15 elderly people participated of this study, who regularly practiced the *capoterapia* in the referred EESC, through the interest and the availability of participation, after the accomplishment of the invitation.

As inclusion criteria, the following were established: having 60 years old or more, being enrolled and practicing the *capoterapia* in the EESC selected for this research during the period of data collection. Seven elderly people that, although enrolled, did not practice *capoterapia* regularly in this EESC.

The data were obtained in October and November of 2014, through written interviews and transcribed in full, guided by the following guiding questions: Do you like to participate in *capoterapia*? Because? What is your opinion about the practice of *capoterapia* for elderly people?

For the analysis of the transcribed material, obtained through the interviews, the Collective Subject Discourse (CSD) was used as a methodological strategy, which consists of a qualitative way of representing collective thought through an individual discourse. The CSD technique consists in selecting the most significant portions of each individual response, represented by central ideas, which are the synthesis of the discursive content manifested.¹⁶ Two coherent discourses (CSD1 and CSD2) were therefore organized through aggregations of fragments isolated from

individual discourses, in order to express the collective thinking of the elderly participants.

The inclusion of the participants and the development of the study occurred in accordance with the ethical and legal recommendations established by the Resolution No. 466/2012 from the National Health Council.¹⁷ All participants were informed about the study and signed the Free and Informed Consent Term. The study project was approved by the Research Ethics Committee from the *Centro Universitário UNINOVAFAPI*, under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 31010514.8.0000.5210 and the Legal Opinion No. 744.146, on August 8th, 2014.

RESULTS AND DISCUSSION

Among the 15 elderly participants in the study, all were female, with an average age of 67 years old, with a minimum of 61 and a maximum of 77 years old. Regarding marital status, 8 (53.3%) were married, 5 (33, 3%) widowers and 2 (13.3%) divorced. In relation to the occupation, 11 (40%) were home and 4 (26.6%) retired. Considering the education, 9 (66.8%) interrupted elementary school, 1 (6.6%) finished elementary school, 3 (19.9%) reported having completed high school and 2 (13.3%) had higher education.

After the analysis of the transcribed material, the two discourses (CSD1 and CSD2) allowed to identify central ideas and were organized in two thematic axes that emerged to answer the guiding questions.

Thematic axis 1: Capoterapia as a stimulus for physical activities

- Central Ideals:

- Presence of chronic disease;
- Polypharmacy;
- Relief of musculoskeletal pain;
- Increased drug effect;
- Physical and mental well-being.

Collective Subject Discourse 1

Capoterapia has stimulated us towards performing physical activities, because as we have diabetes, hypertension, thyroid problems and, many bone pains, sometimes ends up hampering our day-to-day tasks, and also because we use various medications, such as: *Puran T4*[®], *Enalapril*, *Simvastatin*, *Calcium*, *AAS*, *Losartan*. By performing the movements of the *capoterapia*, it reduces the pain that we feel by the problems in the bones, also helping in the effect of the medicine that we take and so that we can carry out the activities of the home without pain and without difficulty, improving our quality of life and how much activities do well for the body and mind (CSD 1).

Thematic axis 2 - Capoterapia as a means of social inclusion for elderly people

- Central Ideals:

- Physical and mental balance;
- Pain relief;
- Performing activities of daily living;
- Social welfare;
- Body flexibility;
- Opportunities to acquire new knowledge.

Collective Subject Discourse 2

The practice of sports, especially *capoterapia*, helps anyone who practices it to become more balanced and less prone to physical and mental illness, because it has brought us several benefits, such as reducing the pain we feel in our bones, I feel that I am healthful, I was like “stuck” and I improved a lot. The willingness to perform routine activities has increased; contacting with several people from different places, and also getting new friends. It is a very good activity for the elderly, because we enjoy doing it, the body is lighter, more elastic, we get more friends and more knowledge about various subjects, especially about healthful aging (CSD 2).

Through the CSD 1, it can be observed that the regular practice of *capoterapia* was mentioned in the discourse as an activity that arouses the interest in performing physical activities, besides providing the reduction of pains due to associated chronic conditions. In this sense, research highlights that regular physical activity presents itself as a great ally in the prevention and treatment of dysfunctions caused by the advancement of age.¹⁸ While the lack of physical activity is recognized as one of the most important risk factors for cardiovascular diseases and the bone system; the sedentary lifestyle, high blood pressure, and diabetes mellitus lead to, in most cases, situations that can be modified for a set of chronic conditions, characterizing a public health problem of the present times.^{5,19} Therefore, in the natural process of aging, there are concomitant functional and structural modifications that result in the reduction of the vitality of the organism, and which place the elderly in the medical age group of society, thus requiring strategies aimed at reducing the high consumption of the number of daily medications and their adverse effects, besides of pains that make difficult the execution of basic tasks of daily life, being considered the regular practice of physical activities as a primordial support.²⁰⁻²²

In this context, opportunities for engaging the elderly in physical activity programs should be stimulated with regard to the preservation of functional autonomy and to assist in the prevention and control of chronic conditions, as well as body balance and independence of daily activities.^{7,18} Based on the evidence that the regular practice of physical activities maintains the body in good physical condition, it is emphasized that this practice should be stimulated as one of the most efficient interventions to improve the quality of

life of the elderly, promoting independence and autonomy in everyday activities. For instance, *capoterapia* improves physiological changes in the body, then resulting in independence to exercise daily, improved oxygen uptake, increased self-esteem, reduced stress levels and reduced body fat.^{6,7,13}

Through the CSD 2, it is possible to provide new friendships and to learn new knowledge about healthful aging, as well as to provide routine activities and reduction of associated pain. In this aspect, the improvement of the physical, mental and functional balance of the elderly depends on the regular and progressive practice of physical activities, particularly to acquire the independence of routine activities that sustain individual and collective well-being.¹⁸

In particular, *capoeira* uses some elements derived from *capoeira* adapted for the elderly according to their needs and limitations. The activities of stretching and muscle stiffening should be performed with movements and playful games of *capoeira*, respecting the limits and the individual potentialities. The practice of *capoterapia* especially covers the new social inclusion of the elderly, often abandoned by relatives, friends, and society.¹³

Through the contact with the other participants, the *capoterapia* is a factor of great importance for the increase of the social and cultural interaction, with the formation of new friendships and improvement in the independence functions of the elderly, allowing the same to be able to exercise their roles in society.²⁰ Thus, the functional health of the elderly has been associated with quality of life, social interaction, intellectual status, emotional state and attitudes towards the individual and the world. In addition, it is emphasized that the practice of regular physical exercises promotes the improvement of physical fitness and greater corporal flexibility.²³

Generally, the elderly lead life in a very lonely way, with few opportunities for inclusion in society through personal relationships. In-group physical activity programs, such as *capoterapia*, social inclusion is stimulated in several ways: dialogue, exchanging experiences, and new friendships. The practice of physical activities in a collective way encourages healthy living. This aspect also reflects the learning of new knowledge for the elderly, especially on aging with health.⁷

In this sense, the importance of the multidisciplinary approach in the context of health education for the alignment of programs, goals, and practices developed by health professionals together with the institutions and, above all, with the elderly who attend the Elderly Experience Sharing Center, seeking to trigger changes in individual behavior. These initiatives aim to stabilize the living conditions of the elderly, assisting them in the decision-making process towards improving the quality of life and health.⁸

The results presented and discussed should be considered from the perspective of some methodological limitations: because it is a cross-sectional research, the thematic axes and the central ideas identified can be modified over time, as the interventions and strategies are implemented; and by con-

ducting the research in a Elderly Experience Sharing Center located in a local reality of the Northeast region of Brazil.

CONCLUSIONS

The present research demonstrated the importance of regular physical activity practice for the elderly and the benefits of *capoterapia* as a means of social inclusion. It was possible to show through the methodological strategy used and using the constructed discourses that the regular practice of *capoterapia* was a motivation for the accomplishment of physical activities and provided the reduction of pains due to chronic conditions associated to the aging process. Furthermore, it was also verified the formation of new friendships and learning of new knowledge about aging with health, which provided a physical, mental and functional balance of elderly people who regularly practiced *capoterapia* as a physical activity in the Elderly Experience Sharing Center.

It is important to publicize the results of this research, since it will allow promoting subsidies for the development of larger regional and national studies on the need to disseminate the benefits that address the theme of promoting inclusion for the elderly in the social environment through of physical activity practices, especially, *capoterapia*. Hence, conducting research related to the issue in question will contribute to increasing the visibility of public agencies and health services to adapt strategies aiming to improve the elderly's life quality.

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