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Socioeconomic and Behavioral Determinants That Permeate The Active Aging of Elderly People From a Community Living Center

Determinantes Socioeconômicos e Comportamentais Que Permeiam o Envelhecimento Ativo dos Idosos de Um Centro Comunitário de Convivência

Determinantes Socioeconómicos y de Comportamiento que Permiten el Envejecimiento Activo de Los Mayores de Un Centro de Vida Comunitario

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ABSTRACT

Objective: The study's purpose has been to describe the socioeconomic and behavioral determinants that permeate the active aging of a socialization group from a *Universidade da Terceira Idade* [University of the Old Age]. **Methods:** It is a descriptive research with a quantitative approach, which was carried out from a questionnaire, with 183 participants from a socialization group at a public university in *Belém* City, *Pará* State. **Results:** From a total of 183 participants, 91% were female, 71% were between 60 and 70 years old; 51% had schooling over 8 years; 68% lived with their families and 55% were economically active. It was observed that 99% reported change after starting their participation in the group, 80% presented at least one comorbidity, 91% practiced physical activities and 73% used drugs rationally. **Conclusion:** The socioeconomic and behavioral determinants of the study participants indicate satisfaction in socialization group, knowledge, quality of life and the promotion of active aging.

Descriptors: Aging, Health Behaviors, Senior Community Centers.

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RESUMO

Objetivo: Descrever os determinantes socioeconômicos e comportamentais que permeiam o envelhecimento ativo dos participantes do grupo de convivência de uma Universidade da Terceira Idade. **Método:** Pesquisa descritiva, quantitativa, realizada a partir de um questionário, com 183 participantes de grupos de convivência de uma universidade pública de Belém/PA. **Resultado:** Dos 183 participantes, foi predominante 91% do gênero feminino, 71% com idades entre 60 e 70 anos; 51% apresentaram escolaridade superior a 8 anos; 68% residiam com seus familiares e 55% eram ativos economicamente. Observou-se que 99% referiu mudança após início da participação no grupo, 80% apresentou pelo menos uma comorbidade, 91% praticava atividades físicas e 73% usava racionalmente os medicamentos. **Conclusão:** Os determinantes socioeconômicos e comportamentais dos participantes do estudo apontam satisfação no convívio grupal, conhecimento, qualidade de vida e a promoção do envelhecimento ativo.

Descritores: Envelhecimento, Comportamentos Saudáveis, Centros Comunitários para Idosos.

RESUMEN

Objetivo: Describir los determinantes socioeconómicos y comportamentales que permean el envejecimiento activo de los participantes del grupo de convivencia de una Universidad de la Tercera Edad. **Método:** Investigación descriptiva, cuantitativa, realizada a partir de un cuestionario, con 183 participantes de grupos de convivencia de una universidad pública de Belém/PA. **Resultado:** De los 183 participantes, fue predominante 91% del género femenino, 71% con edades entre 60 e 70 años; 51% presentaron escolaridad superior a 8 años; 68% residían con sus familiares y 55% eran activos económicamente. Se observó que 99% refirió el cambio después del inicio de la participación en el grupo, 80% tenía al menos una comorbilidad, 91% practicando actividades físicas y 73% utilizan racionalmente los medicamentos. **Conclusión:** Los determinantes socioeconómicos y comportamentales de los participantes del estudio apuntan satisfacción en la convivencia grupal, conocimiento, calidad de vida y la promoción del envejecimiento activo.

Descritores: Envejecimiento, Conductas Saludables, Centros para Personas Mayores.

INTRODUCTION

Population aging is one of the major challenges to be faced today, since in most countries of the world there is a phenomenon of historical aging, in which the average life expectancy exceeds 80 years. In some countries, this group accounts for about 19% of the total, but demographic projections already suggest that it may represent about 30% within a few decades.¹

In Brazil, according to the 2010 Census, 9.7% of the Brazilian population is made up of the elderly, and according to demographic projections, by 2050, 22% of the population will be over 60 years old, thus showing that the percentage of older people will increase to 21%, while that of children will fall from 33% to 20%.²

Thus, it is appropriate, in Brazilian society, to perform an analysis on the character of population aging since we face a society that has been experiencing several difficulties and disabilities related to the promotion of a good quality of life to the elderly population.³

Because of these deficiencies and to meet the needs of the elderly people and enhance their capacities, the World Health Organization (WHO) has defined the concept of Active Aging as a life course perspective, depending on a variety of determinants personal, behavioral, economic, environmental, social and health issues.⁴

According to the current model of active aging, the full integration of the elderly people in society is considered the only way they can exercise their right to citizenship. This model, beyond the aspects of maintaining physical and psychological autonomy, implies participation and involvement in social, cultural, economic, civil and spiritual matters.³

Performing social activities enables people to become socially involved and participate in social and productive interactions, benefit from the sense of belonging provided by group life, derive important information from adaptation, and have increased chances of experiencing subjective well-being.⁵

Concerning active citizenship, in today's society, there is a need for dynamics that promote changes in situations of information reduction, passivity, and dependence on decision making, knowledge production and sharing and promotion of autonomy and independence of the elderly, for as long as possible.³

In this context, it is noteworthy that innovative models of care, such as social centers, have proven to be cost-effective alternatives with encouraging results. Another initiative that demonstrates good results, since its implementation, are the Universidades da Terceira Idade [Universities of the Old Age], which offer a field of experimentation and assistance fully focused on the challenges of the elderly people.⁶

However, despite continuous efforts to make aging happen with quality, the challenges are immense, as in Belém, the capital of the State of Pará, which has a population of 9.1% of elderly people from the total number of inhabitants, according to the 2010 Population Census, has just a Universities of the Old Age.

In the survey of scientific productions, conducted from November 2014 to February 2015, it was found 1,104 (one thousand one hundred and four) studies conducted in various countries of the world, 174 (one hundred and seventy-four) produced in Brazil, among which only 36 (thirty-six) were directly related to the theme of "active aging".

From these results obtained in the literature survey about the object of study, there was a scarcity of research focused on the theme, especially in the North region, since no publications on the subject produced in that region were found. These results also warn of the need to investigate and better describe the aspects that involve the active aging process in community centers for the elderly.

Describing the economic, social and behavioral determinants that permeate the active aging of participants of the senior community center of the University of the Old

Age, analyzing the positive aspects acquired and the difficulties and/or weaknesses presented by the participants.

METHODS

This is a descriptive epidemiological study with a quantitative approach. It was held at the Universidade Federal do Pará (UFPA), Belém campus, in 03 (three) projects of the Programa de Extensão Universidade da Terceira Idade (UNITERCI) [University Program of the Old Age], entitled: “The Old Age in the Amazon: art and culture”; “Cultural Update in the Elderly” and “Body, Movement and Quality of Life in the Elderly”.

The research participants were elderly members of the projects mentioned above and had as inclusion criteria: elderly of both sexes who were enrolled and participating in the projects for the research. Those who presented some kind of comprehension difficulty or disability that compromised their participation were excluded.

The sample was conducted for convenience, in other words, the participants were approached by the researcher on the project meeting days. Thus, initially there were a total of 200 participants, since this was the total number of enrolled in all projects, but a final sample of 183 seniors, who were present at the time of data collection and participated in the research by signing the Free and Informed Consent Form (ICF).

The research was based on Resolution No. 466 of December 12th, 2012, which considers respect for human dignity and protection of participants in scientific research involving human beings. To comply with the principles of the Resolution, all participants signed the informed consent form, confirming their knowledge of the research and their acceptance to participate, ensuring the non-disclosure of the name, ensuring confidentiality, privacy, image protection and non-use of information that bring harm to them.

Data collection was carried out from May to August 2016 and, for the survey of information, a form was used as a collection instrument, adapted from the instrument validated by Vicente (2012), called “Instrument for Multidimensional Assessment of Aging Active”. The instrument consists of 22 (twenty-two) closed questions, divided into 04 (four) parts: Part I - Identification: Gender and Age, Part II - Social Determinants, Part III - Economic Determinants and Part IV - Behavioral Determinants.

The instrument was completed individually before starting routine activities in a private room at the group's meeting place. At the time, the research objectives were explained, invited to participate and, after accepting the participation, the Free and Informed Consent Form (ICF) was read and explained, removing any possible doubts and then the moment of the signatures and the data collection.

The data collected were recorded and organized in a specific spreadsheet in the Microsoft Excel program and

analyzed by the SPSS (Statistical Program for Social Science) version 24.0. Data analysis was performed using descriptive statistics, such as simple frequency and percentage.

The research was conducted after approval by the Research Ethics Committee of the State University of Pará - Campus IV- Undergraduate Nursing Course, according to the protocol No. 1,576,529.

RESULTS AND DISCUSSION

The study was attended by 183 elderly people. Form the total sample, 166 elderly are female and 17 male, with a predominance among females, with 91% of the sample studied. Regarding age group, it is found that 131 participants were aged between 60 and 70; 47 elderly had between 71 and 80, and 05 participants were over 80 years old.

About the economic determinants, 55% of the elderly people reported having some type of paid activity, with 82% of participants receiving retirement or some kind of social benefit and 59% receiving between 1 and 3 minimum wages per month, as shown in Table 1.

Table 1 - Economic determinants of the elderly people of University of the Old Age Extension Program. Belém City, Pará State, 2016.

Variables	N	%
Occupation		
Yes	101	55
No	82	45
Social benefits		
Retirement or others	150	82
None	33	08
Family income (in Minimum wage)		
Up to 1	51	28
1 – 3	109	59
3 – 5	16	09
> 5	07	04

With respect to the level of education, observed in **Table 2**, a significant number of elderly people with more than eight years of schooling were obtained, in a frequency of 94 participants, representing 51% of them, followed by a percentage of 27% referring to those with education between four and eight years of schooling.

Among the 183 elderly people interviewed, 125 reported living with a family member, corresponding to 68% of the total. As shown in **Table 2**, the elderly in the study 99% reported some type of change after participating in the cohabitation groups, the most cited being: “greater knowledge about issues involving aging”, representing 74% of the reports, and the “greater social interaction”, with a significant 63% of citations.

Table 2 - Social determinants of the elderly people of University of the Old Age Extension Program. Belém City, Pará State, 2016.

Variables	N	%
Schooling		
Up to 2 (two) years of schooling	19	10
Between 2 (two) and 4 (four) years of schooling	22	12
Between 4 (four) and 8 (eight) years of schooling	48	27
More than eight years of schooling	94	51
Home Conviviality		
Alone	31	17
Partner	27	15
Families	125	68
Change after group membership begins		
Yes	182	99
No	01	01
Changes reported by participants		
Greater disposition	98	54
Greater autonomy	64	35
Increased knowledge of aging issues	135	74
Greater social interaction	114	63
Happier/healthier	106	58

Regarding the personal determinants of the elderly people, it can be observed that of the total sample, 146, representing 80% of the population, reported some comorbidity, especially diabetes (n = 19), hypertension (n = 74), cancer (n = 02), arthrosis (n = 51), rheumatism (n = 33), osteoporosis (n = 47), and depression (n = 27).

As for the behavioral determinants of the research participants, it is evident that most reported do not use cigarette and alcohol, 61% and 76%, respectively. When asked about the use of medications, it is observed that most use medications, 73% of the sample, and they use one to two medications per day. It was also investigated when performing physical activities, and most of them do physical activity, 91%, with dance being the most common, 66%, as can be identified in **Table 3**

Table 3 - Behavioral determinants of the elderly people of University of the Old Age Extension Program. Belém City, Pará State, 2016.

Variable	n	%
Smoker		
Yes	09	05
Quit	62	34
No	112	61
Alcohol		
Yes	44	24
No	139	76
Medicines		
Yes	133	73
No	50	27
How many medicines (per day)		
1 - 2	90	68
3 - 4	30	23
5 - 7	06	05
More than 8	07	05
Physical activity		
Yes	166	91
No	17	09
What physical activities		
Walking	90	54

Gymnastics	61	37
Cycling	24	14
Aquarobics /Swimming	30	18
Dancing	110	66
Others	22	13
Satisfaction level		
Very pleased	91	50
Satisfied	75	41
Neither satisfied nor dissatisfied	15	08
Dissatisfied	1	01
Very dissatisfied	1	01

The study showed that the largest number of elderly participants in socialization groups is female. This data is consistent with the results of several studies conducted with elderly populations,^{2,8} which highlight the predominance of females in social groups and point to factors such as earlier medical follow-up, attention to disease prevention and healthier lifestyle habits as some of the various hypotheses that justify women's longevity, and hence the process of feminization of old age.⁷

According to the Instituto Brasileiro de Geografia e Estatística (IBGE) [Brazilian Institute of Geography and Statistics] conducted in 2010, in Brazil, the female population of elderly women increased from 2.2% in 1940 to 4.7% in 2000 and 6% in 2010.⁸

In addition to greater longevity than men, older women have stood out socially as having a new, more dynamic and happier image of old age, participating in generational groups and learning to be more sociable, in addition to taking care of themselves, feeling become more free, which results in a more distant perspective of these women and, consequently, with a better quality of life.²

Regarding the age range of the participants, this finding is consistent with the reports of studies conducted with the elderly public, which indicate a higher incidence of the age group between 65 and 69 years old,⁹ as well as with the research conducted in the State of Rio Grande do Sul, Brazil, that the elderly people in the socialization groups are between 60 and 81 years old.¹⁰ The result is also corroborated by the Brazilian reality that says 7.28% of the general population and 71.7% of the elderly people are between 60 and 74 years old.¹¹

The high level of education found in the elderly participants differs with the findings reported in the national literature, which shows the predominance of the low level of education of the elderly.⁶ However, we can associate this fact with the evolution of the elderly population, thanks to investments in education, as a factor that justifies the search for the elderly population to increasingly increase their knowledge. Thus, the improvement in educational performance may be associated with the improvement of their living conditions, through socialization centers, adult literacy programs and others, recently implemented to im-

prove interaction and social inclusion, which is a way to rescue autonomy, to live with dignity, within the scope of being healthy.^{12,3}

Most participants (68%) reported living with a family member. The family is considered as one of the primary relationships, characterized by being emotional, intimate and lasting relationships, since they are very important for the feelings of coping with everyday situations and the feeling of loneliness that can arise in old age.¹⁴ And it is noteworthy that in Porto Alegre City, Rio Grande do Sul State, it was found by participants that maintaining a social network, participation in the elderly group, family and friendship network and emotional support are shown by the elderly people as healthy aging.¹⁵

Regarding the practice of paid activity performed by the elderly participants, the search for a paid occupation may be justified by the feeling of job loss caused by retirement in these people, since for them the fact can be considered one of the biggest losses in their lives, especially those who do not replace their routines with other roles in society.¹⁶

In a survey conducted in Rodeio City, Santa Catarina State, most of the elderly people, with 70% of the sample, were retired and did not perform paid activities, disagreeing with the findings of this research, but it was also pointed out that 90.9% of the population performed activities in the unpaid community, showing that they had an active aging,¹⁷ corroborating what was found in this study, because the elderly participants may need to be included in the social context through the performance of collaborative activities.

Another justification refers to the meaning, for the retired elderly person, of greater physical and mental autonomy and greater social integration, as well as a higher income, which corroborates the national context that reveals that most Brazilian elderly people are retired and receive up to a minimum income wage, revealing a reduced purchasing power that, added to the needs related to health maintenance and survival, influences the possibility of consumption and quality of life, reflecting the reality presented by the research participants.¹⁸

In front of the changes found by the participants after the beginning of their participation in the socialization group, we found an evolution and the development of different characteristics of the new profile of the elderly people, which is becoming increasingly active, dynamic and interactive in front of the socialization groups.¹⁴ Social interaction contributes to the exercise of citizenship, to the appreciation and insertion of the elderly in the social environment. Therefore, such interaction enables them to experience a sense of belonging to a social group with which they can contribute to their knowledge in a more meaningful way, since aging can be a time for building knowledge and acquiring new life experiences.¹⁸

The abstinence of addictions such as alcoholism and smoking, in addition to the rational use of medicines, re-

ported in the research, can prevent diseases and functional decline, also increasing the longevity and quality of life of the individual.¹⁷ It is noteworthy that the theme smoking and alcohol is widely discussed and included in group programming for the prevention and improvement of quality of life, a fact that may also have influenced the percentages that quit smoking.

With regard to comorbidities, during the aging process, the elderly people tend to have more episodes of generally chronic diseases, and the incidence of such brings the connotation of disability, which is often the reason for isolation and/or withdrawal from social life by the elderly people.¹⁹ Changes in the cardiopulmonary and musculoskeletal systems are among the main functional changes observed in old age, since they significantly affect physical skills and energy levels, compromising health status of the elderly population.²⁰

Concerning the reported comorbidities, they are in agreement with the main diseases reported by the elderly participants, since hypertension is arguably the most common comorbidity in this population group. Osteoarticular diseases are more frequent among female elderly, which justifies their expressive frequency in the findings of the study, since most participants are women.²⁰

The practice of physical activities presented by the elderly participants, such as walking and dancing, reflects the fact that one of the projects offered by the Universidade da Terceira Idade (UNITERCI) [University of the Old Age] program, "Body, Movement and Quality of Life in the Elderly", has as its main activities ballroom dancing and senior dance and counts with a large part of the research participants. The practice of regular physical activity reduces such negative effects caused by the aging process, even delaying some restrictions on the performance of activities of daily living, thus prolonging the active life of the elderly.²¹

In addition to contributing physiologically and functionally, physical activity also positively influences the self-esteem of the elderly people, being a determining factor for them to have the motivation to maintain an active behavior in the society in which they live.¹⁷

One of the activity options offered and much sought by the elderly is dancing. The movements that involve musicality result in beneficial effects such as personal satisfaction, joy, autonomy, overcoming limits, development of potentialities and capacities, and through contact with dance, the elderly people begin to overcome their fears, uncertainties and doubts, making become more receptive to interpersonal relationships and social inclusion.²²

Another relevant factor assessed for active aging was the participants' level of satisfaction with life, which is the set of factors such as hope, future vision, purpose, meaning, persistence and self-efficacy, since when performing an analysis of life, the individual considers their past experiences, their achievements, failures, and their future perspective.¹⁶

The influence of social networks through social groups

in improving the self-esteem of the elderly is observed since the ability to interact socially is fundamental, so that they can conquer and maintain social support networks and ensure a higher quality of life, especially when the elderly people have to adapt to the physical and social losses of old age. As older people come to see and positively evaluate their quality of life, expectations are more favorable for their future to be healthier and more active.¹⁸

CONCLUSIONS

The promotion of aging with quality of life through the development of reflexive, autonomous and socially active elderly people is only effective once these elderly people have the empowerment of their old age, which consists in expanding the possibilities of controlling aspects related to their life.

The research carried out in the community living center of the UNITERCI allowed the evaluation and description of the social, economic and behavioral determinants that permeate the active aging of the participants of these spaces. It was also possible to perform the analysis of the positive aspects acquired during their participation in the projects and relation to the difficulties and weaknesses presented by the participants, it can be noted that, even with their existence, these are faced and overcome with the help of the activities promoted by the social centers themselves.

In addition to offering such activities, socializing groups are also excellent when it comes to social interaction, as the elderly participants come to live with people outside their family, such as the multidisciplinary team itself and groupmates, allowing them to live new experiences and knowledge.

It is hoped that this work can contribute to greater knowledge about the aspects that involve aging related to social groups, especially UNITERCI, to promote citizenship, health and well-being of the elderly people through social inclusion and exercising their rights.

REFERENCES

1. Lopes MJ, Mendes FRP, Silva AO, organizadores. *Envelhecimento: estudos e perspectivas*. São Paulo: Martinari; 2014.
2. Pina, OCA. *Envelhecimento Ativo em relação ao Género no Concelho de Viseu* [Dissertação]. Viseu: Universidade Católica Portuguesa; 2013.
3. Mendes F et al. *As Representações Sociais do Envelhecimento Ativo de Idosos e Profissionais*. São Paulo: Martinari, 2014.
4. Santos J. *Conceções de cidadania na idade dos cabelos grisalhos: envelhecimento ativo e participação social das pessoas idosas* [Dissertação]. Coimbra: Universidade de Coimbra; 2016.
5. Vieira LAM. *Envolvimento e Suporte Social Percebidos na Velhice: dados do estudo FIBRA UNICAMP* [Dissertação]. Campinas: Universidade Estadual de Campinas; 2013.
6. Moliterno ACM, Faller JW, Borghi AC, Marcon SS, Carreira L. *Living with the family and the elderly's quality of life at the senior citizens' open university*. *Rev. enferm. UERJ* [Internet]. 2012 [cited 2015 nov 05]; 20(2):179-84. Available from: <http://www.facenf.uerj.br/v20n2/v20n2a07.pdf>
7. Silva IMC, Andrade KL. *Quality of life assessment in elderly assisted in a geriatrics ambulatory in the Northeast region of Brazil*. *Rev Bras Clin Med* [Internet]. 2013 [cited 2016 jan 12]; 11(2):129-34. Available from: <http://files.bvs.br/upload/S/1679-1010/2013/v11n2/a3561.pdf>
8. Almeida AV, Mafra SCT, Silvia EP, Kanso S. *The Feminization of Old Age: a focus on the socioeconomic, personal and family characteristics of the elderly and the social risk*. *Textos & Contextos* [Internet]. 2015 [cited 2016 jan 12]; 14(1):115-131. . Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/viewFile/19830/13313>
9. Carvalho IS, Neto AVL, Silva BCO, Nunes VMA, Alchieri JC. *Evaluation of basic and instrumental activities of daily life of elderly participants in groups living together* *Fundam. Care* [Internet]. 2014 [cited 2016 jan 13]; 6(2):607-617. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3063/pdf_1251
10. Both JE, Leite MT, Hildebrandt LM, Pilati ACL, Stamm B, Jantsch LB. *Grupos de convivência: uma estratégia de inserção do idoso na sociedade*. *Revista Contexto & Saúde* [Internet]. 2011 [cited 2017 jun 12]; 10(20): 995-998. Available from: <https://www.revistas.unijui.edu.br/index.php/contextoesaude/article/view/1718/1421>
11. Instituto Brasileiro de Geografia e Estatística (IBGE). *Projeção da população do Brasil e das Unidades da Federação* [Internet]. 2016 [cited 2016 oct 15]. Available from: <http://www.ibge.gov.br/apps/populacao/projecao/>
12. Pontes ALF, Silva LM, Silva CSO, Ascuitti LSR, Silva AO, Gonçalves MCR. *Perfil demográfico de idosos não institucionalizados e sua percepção sobre alimentos funcionais*. *Rev enferm UERJ* [Internet]. 2015 [cited 2016 sep 12]; 23(3):310-7. Available from: <http://www.facenf.uerj.br/v23n3/v23n3a04.pdf>
13. Wichmann FMA, Couto NA, Areosa SVC, Montañés MCM. *Grupos de convivência como suporte ao idoso na melhoria da saúde*. *Revista Brasileira de Geriatria e Gerontologia* [internet]. 2013 [cited 2017 jun 12]; 16(4): 821-832. Available from: <http://www.scielo.br/pdf/rbagg/v16n4/1809-9823-rbagg-16-04-00821.pdf>
14. Areosa SVC, Benitez LB, Wichmann FMA. *Relações familiares e o convívio social entre idosos*. *Textos e contextos* [Internet]. 2012 [cited 2016 sep 16]; 11(1):184-192. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/view/10495/8059>
15. Valer DB, Bierhals CCBK, Aires M, Paskulin LMG. *The significance of healthy aging for older persons who participated in health education groups*. *Revista Brasileira de Geriatria e Gerontologia* [internet]. 2015 [cited 2017 jun 12]; 18(4):809-819. Available from: http://www.scielo.br/pdf/rbagg/v18n4/pt_1809-9823-rbagg-18-04-00809.pdf
16. França LH, Stepansky DV. *Educação permanente para trabalhadores idosos: o retorno à rede social*. *Boletim Técnico do Senac* [Internet]. 2016 [cited 2017 feb 04]; 31(2): 41-50. Available from: <http://www.bts.senac.br/index.php/bts/article/view/337/320>
17. Vicente FR, Santos SMA. *Avaliação multidimensional dos determinantes do envelhecimento ativo em idosos de um município de Santa Catarina*. *Texto Contexto Enferm* [Internet]. 2013 [cited 2016 feb 29]; 22(2): 370-8. Available from: <http://www.scielo.br/pdf/tce/v22n2/v22n2a13.pdf>
18. Farias RG, Santos SM. *Influência dos Determinantes do Envelhecimento Ativo Entre Idosos Mais Idosos*. *Texto Contexto Enferm* [Internet]. 2012 [cited 2016 sep 11]; 21(1): 167-76. Available from: <http://www.scielo.br/pdf/tce/v21n1/a19v21n1.pdf>
19. Linden Júnior E, Trindade JLA. *Avaliação da qualidade de vida de idosos em um município do Sul do Brasil*. *Rev. Bras. Geriatr. Gerontol* [Internet]. 2013 [cited 2016 oct 05]; 16(3):473-47. Available from: <http://www.scielo.br/pdf/rbagg/v16n3/v16n3a06.pdf>
20. Silva PAB. *Fatores associados à qualidade de vida de idosos adscritos no distrito sanitário nordeste de Belo Horizonte* [Dissertação]. Belo Horizonte: Universidade Federal de Minas Gerais; 2012.
21. Cavalli AS, Pogorzelski LV, Domingues MR, Afonso MR, Ribeiro JAB, Cavalli MO, et al. *Motivation of elderly people to engage in physical exercising: a comparative study between two university-based programs - Brazil and Portugal*. *Rev. Bras. Geriatr. Gerontol* [Internet]. 2014 [cited 2016 oct 06]; 17(2):255-264. Available from: <http://www.scielo.br/pdf/rbagg/v17n2/1809-9823-rbagg-17-02-00255.pdf>
22. Gil PR, Streit IA, Contreira AR, Naman M, Mazo GZ. *Previous habits physical activity and recreation dance practitioners in the*

elderly. Revista Kairós Gerontologia [Internet]. 2015 [cited 2016 oct 06]; 18(2):227-245. Available from: <http://revistas.pucsp.br/index.php/kairos/article/view/26997/19140>

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