

Conviviality groups for elderly people in primary health care: contributions to active aging¹

Grupo de convivência para idosos na atenção primária à saúde: contribuições para o envelhecimento ativo

Grupo de convivencia para ancianos en la atención primaria a la salud: contribuciones para el envejecimiento activo

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ABSTRACT

Objective: To analyze the contributions of the elderly conviviality groups to active aging from the perspective of their participants. **Methodology:** A qualitative study, exploratory-descriptive, carried out with 14 elderly people from a conviviality groups of a Basic Health Unit. Data were collected through semi-structured interviews, submitted to content analysis and analyzed in light of the Active Aging Policy And World Aging and Health Report. **Results:** Three thematic categories emerged: “Conviviality groups as a socializing leisure opportunity for the elderly”; “Conviviality groups as a learning space for the elderly”; “The importance of the conviviality groups in the process of health promotion and active aging of the elderly”. **Conclusion:** It was analyzed that the perception of the elderly regarding the participation in the conviviality groups referred to moments of leisure, socialization, learning and improvement of physical and mental health, contributing to increase the quality of life as an active aging.

Descriptors: Health of the elderly, Senior centers, Socialization, Primary health care, Nursing.

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RESUMO

Objetivo: Analisar as contribuições do grupo de convivência de idosos para o envelhecimento ativo na perspectiva de seus participantes.

Método: Estudo qualitativo, exploratório-descritivo, realizado com 14 idosos participantes de um grupo de convivência de uma Unidade Básica de Saúde. Os dados foram coletados por meio de entrevistas semiestruturadas, submetidas à análise de conteúdo de Bardin e analisadas à luz da Política de Envelhecimento Ativo. **Resultados:** Emergiram três categorias temáticas: “Grupo de convivência como oportunidade de lazer socializante para idosos”; “Grupo de Convivência como espaço de aprendizagem para os idosos”; “A importância do Grupo de Convivência no processo de promoção da saúde e envelhecimento ativo dos idosos”.

Conclusão: A percepção dos idosos frente a participação no grupo de convivência remeteu a momentos de lazer, socialização, aprendizado e melhora da saúde física e mental, contribuindo para ampliar a qualidade de vida enquanto envelhecimento ativo.

Descritores: Saúde do idoso, Centros comunitários para idosos, Socialização, Atenção primária à saúde, Enfermagem.

RESUMEN

Objetivo: Analizar las contribuciones del grupo de convivencia de ancianos para el envejecimiento activo en la perspectiva de sus participantes. **Metodología:** Estudio cualitativo, exploratorio-descriptivo, realizado con 14 ancianos participantes de un grupo de convivencia de una Unidad Básica de Salud. Los datos fueron recolectados por medio de entrevistas semiestructuradas, sometidas a análisis de contenido y analizadas a la luz de la Política de Envejecimiento Activo E Informe Mundial del Envejecimiento y Salud. **Resultados:** emergieron tres categorías temáticas: “Grupo de convivencia como oportunidad de ocio socializante para ancianos”; “Grupo de Convivencia como espacio de aprendizaje para los ancianos”; “La importancia del Grupo de Convivencia en el proceso de promoción de la salud y envejecimiento activo de los ancianos”. **Conclusión:** Se analizó que la percepción de los ancianos frente a la participación en el grupo de convivencia remitió a momentos de ocio, socialización, aprendizaje y mejora de la salud física y mental, contribuyendo a ampliar la calidad de vida como envejecimiento activo.

Descriptores: Salud del anciano, Centros para personas mayores, Socialización, Atención primaria de salud, Enfermería.

INTRODUCTION

Statistical projections indicate that the Brazilian elderly population will increase from 32 million individuals by the year 2025, occupying the sixth place in the world regarding the contingent of elderly people.¹

Aging is a dynamic and progressive process characterized by morphological, functional, biochemical and psychological changes. Because it is an irreversible process, the search for longevity, based on the independence and autonomy of this population, according to the policies of active aging, is the focus for elderly people to manage their physical and mental health.²

Considering this context, the elderly health promotion programs are strengthened as necessary services in the Primary Health Care (PHC) scenario, with actions that strengthen the autonomy and promote the healthy life of the elderly and ensure adequate attention to their health. Aiming to improve the health, empowerment, independence, and safety of this population.^{3,4}

Aiming to exemplify the actions carried out in groups in the PHC, it is possible to name groups of conviviality for elderly people, which are spaces that contribute in the interaction, social inclusion and in the recovery of the autonomy of these individuals, with respect to the stimulation of the self-esteem and consequent modification of their life quality.^{5,6}

The conviviality groups are meant to expressing cultural and social feelings and experiences, which include learning new skills and retaking others, in order to improve the self-confidence of the elderly, important determinants for group living together and for active, independent and autonomous.^{7,8}

Therefore, in the context of PHC, there is the Family Health Strategy (FHS), which is the gateway to the health system and which aims at the integral care of the individual within their life context, thus allowing a practice monitoring and specific assistance to the population, which includes the elderly and their specificities.⁹

Thus, the nurse professional, inserted in the FHS, has an important role in the care of the elderly individual, being responsible for planning and scheduling actions, being prepared to deal with the issues of the aging process and acting in health promotion, with a focus on autonomy and quality of life of the population in this age group,⁹ and the conviviality groups are opportune for this action.

Hence, the scenario of the groups living together as an important action of the PHC and the work of the nurse professional led to the integration between teaching-service-community, through a university extension project, which favored to expand the intervention actions with a group of the elderly in PHC, in order to promote the active aging, socialization and quality of life of these elderly people. It should be noted that this group existed in a Basic Health Unit (BHU) since 2012, instituted and conducted on the initiative of the psychologist of the referred health service with the support of the FHS professionals. Subsequently, the team of a university extension project, focused on the attention to the elderly, was invited to integrate and expand the activities of the elderly conviviality group.

By immersing the university extension project mentioned above in the meetings with the elderly conviviality group, based on a dialogic and participative referential,¹⁰ and by the search for strategies that favored active aging,¹¹ topics were raised about the implications of the participation of these individuals in this service offered, in the incentive provided by the service-community relationship with a health-promoting approach, with socialization and conviviality actions, consequently, allowing greater quality of life for the subjects, then justifying the execution of this study.

Bearing in mind the aforementioned, the study was designed to answer the following research question: How is the elderly conviviality group characterized, what is its role, importance, and results, from the perspective of its participants? The aim of this study was to analyze the contributions of the elderly conviviality group to active aging from the perspective of their participants.

METHODS

It was a descriptive study, with a qualitative approach, based on the theoretical framework of the Active Aging Policy.

The target audience were elderly people attending a conviviality group named “*De bem com a vida*” (“Enjoying life”), organized by a team of FHS in partnership with the project of University Extension in Nursing “*Assistência Domiciliar de Enfermagem às famílias de idosos dependentes de cuidado*” (ADEFI) [nursing home care to the families of care dependent elderly people] from the *Universidade Estadual de Maringá (UEM)*, located in the *Maringá* city, *Paraná* State, Brazil.

The “*De bem com a vida*” group is a conviviality group that takes place weekly on Wednesdays in the afternoon, with an average duration of one hour, and is held in the community hall belonging to BHU. It has actions that include the accomplishment of socialization activities, from the interaction among the participants, besides health promotion, empowerment and incentive to active aging.

20 elders are registered in the group, and in each meeting an average of 15 participants show up. All activities were recorded using group minutes of meeting and also photographed.

The inclusion criteria for participation in the research were as follows: to be over 60 years old, to participate assiduously in the conviviality group according to the frequency lists in the last three months prior to data collection and to be willing to receive a home visit. Those who did not attend the meetings for more than 30 days and had not participated in the group in the last three months prior to the collection, totaling four elderly, were not available to receive a home visit, excluding two participants, for reasons for hospitalization. Thus, 14 elderly people participated in the study.

The data were collected from September to October 2016, based on semi-structured interviews, carried out in pairs by two post-graduates in nursing, members of the aforementioned extension project, which were carried out in the elderly's home, and contained closed questions for sociodemographic characterization of the 14 participants and open guiding questions elaborated by the researchers. The questionnaire was about the perspective of the elderly about their participation in the conviviality group, which are as follows: How important is it to participate in the group “*De bem com a vida*”? What kinds of activities do you most enjoy participating? What improves in your health by sharing experiences with other elderly people here? How your participation in the “*De bem com a vida*” group helps with your aging process? Do you carry out the activities you do in the group outside of it as well? How do you do it?

Aiming to guarantee scientific rigor and methodological rigor, a pilot interview was carried out, aiming at validating the effectiveness of the questionnaire in answering the research objective. It is worth noting that such interview was not included in the results of the research due to adjustments in the questions for a better understanding of the interviewees. Thus, the responses were recorded in audio, totaling 250 minutes of recording, transcribed integrally by the interviewers, starting to compose a database.

The transcripts were submitted to content analysis proposed by Bardin,¹² which consists of four stages: meeting of the corpus of analysis; pre-analysis with floating data reading; data categorization and interpretative analysis. The analysis of content leads to the construction of thematic categories allowing greater clarity when analyzing the elements present in a statement and allows knowing the true nature of the manipulated content.

The Active Aging Policy was adopted as a theoretical reference,¹¹ where the health policy proposal is composed of a set of seven determinants, named: behavioral, personal, physical environment, social environment, economic, health systems/social service and culture/gender, which has the property of acting effectively on the aging process with the goal of promoting health, well-being and quality of life. Nevertheless, for this research, the focus was on the behavioral determinants (food, physical activity and use of medications), personal (psychological factors), social environment (social support, education and literacy), health systems (gender), justifying the choice of these determinants, since the activities of the group were agreed in the sense of individual development in relation to the community empowerment of the health of the elderly. In addition to this policy, in order to solidify the discussion, the World Aging and Health Report was used, in its chapter two, which deals with healthy aging today.¹³

As part of a more comprehensive study, the research was submitted to the ethical review by the Permanent Committee of Research Ethics with Human Beings from the *Universidade Estadual de Maringá (COPEP/UEM)*, and obtained a favorable Legal Opinion (No. 1.954.350), *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appreciation] No. 37457414.6 .0000.0104. All participants signed the Informed Consent Form and the anonymity of the answers was guaranteed, as well as all ethical precepts. So, the participants' answers were identified with the letter “I”, referring to the term “Interviewee” followed by Arabic numerals, corresponding to the order of interview transcription.

RESULTS AND DISCUSSION

The study included 14 elderly people from the conviviality group named “*De bem com a vida*” (“Enjoying life”). The female sex predominated. The participants' age ranged from 65 to 82 years old, with the average age of 71.5 years old. Considering the marital status, eight were married, five widows and one separated. The average time they attended the group was one year and seven months, with a minimum of four months and a maximum of three years.

The female participation in the group is striking, corroborating findings that indicate that active aging is different between genders and that there is a strong association between active aging and participation in convivial groups.¹⁴

Data analysis allowed the construction of the following thematic categories: “Conviviality group as a socializing leisure opportunity for elderly people”, “Conviviality group as a learning space for elderly people” and “The importance

of the conviviality groups in the process of health promotion and active aging of elderly people”.

Conviviality groups as a socializing leisure opportunity for elderly people

The set of lines revealed the leisure activities that the older people liked the most, as well as the feelings brought by them. Thus, jokes, dances, manual activities, such as painting and making objects and outings promoted by the group, evidenced satisfaction always accompanied by the positive expression “I like”, as presented in the following lines:

[...] I like everything, I liked the gym, they make us stay here and there, painting, making flowers with egg boxes... We distract ourselves, we forget things a little, distracts a lot, the hours go by that you do not even see. We play, we make a mess. (I2)

I like dancing, talking about the foods that girls bring, but the activity that I like the most is when we take a walk. (I3)

I really like the games, the games, the dancing. (I4)

I like the handiwork, we did a lot of beautiful things, dancing, it's a lot of things, you cannot say everything, definitely, I love it all [...]. (I5)

It was a day when we made wheat balls, and everyone thought it was pretty. I like the parties too, there's dancing, and I like it a lot, the one I liked the most was the June party. We got the rides too, Oh (sigh), the rides are very good. It's a nice leisure time we have. (I7)

The leisure activities promoted by the group, such as manual activities, trips, and tours, promoted socializing, occupational and playful moments. In a survey of elderly people attending the Conviviality Groups, 50% of the elderly indicated dancing as their preferred group activity, followed by physical activities (27%), walking (20%) and manual activities (2%),⁶ activities mentioned in the statements of the elderly of the present study.

Leisure is one of the basic determinants for the promotion of a healthy life, and when it is close to the health fields, it enables diverse forms of action, in the improvement of mood, anxiety, and depression. In this sequence, they favor self-esteem, social integration, and autonomy.¹⁵ Given this context, leisure is associated with a potent medium in cognitive, affective and behavioral development, emerging as an emancipatory and empowering instrument for elderly people, contributing to their biopsychosocial balance.¹⁶

In that regard, the importance of the social environment is an indispensable determinant for active aging, since lively and close social relationships, provided by leisure and leisure activities, are vital sources of emotional strength and increase the quality of life for elderly people.¹¹

The elders expressed that participating in the group in leisure time, benefit the socialization, therefore, allow them

to meet and interact with new people, generate bonds of friendship and maintain affective relationships, being also an opportunity to leave the house, avoiding social isolation:

I like to meet new people, I also realize that this is the only activity of many who are there, there are other things, that's it, so it's very cool, being able to talk, exchange ideas [...]. The group also has a segment which I like very much, all combining to have afternoon coffee, a lot of interaction, very cool and really important. (I1)

[...] it's funny, you know more people, I already know a lot of people from the post, but the group is good for us to meet, because no one goes to another's house, so I like to socialize, the hours go by that you do not even see. (I2)

[...] I have a lot of friends in the group, I like them all, it's like I'm a family... It's the best thing to do with people, because sometimes I just watch TV and get bored, I like to go there to laugh, we have something different to do, forget the past, forget the bad things [...]. (I3)

[...] we know our friends, and so many people... and it's a breeze for us! I like! [...] I call the elderly to join the group because it is very good. The person cannot stay alone in the house, not very good! We just think about five hundred things, have to walk and go, talk to friends... I like it. (I9)

I feel good. I feel good and I feel fulfilled, right? Because we get to know new people [...]. (I12)

It was possible to highlight the importance of leisure activities in the conviviality group, as space and moment of socialization among the participants. Groups of this character are culturally idealized as almost exclusive places of excellence in the provision of leisure to the elderly, and through them, promote socialization among the elderly.⁸

Cultural values and traditions are determinant factors linked to aging, since culture is a key factor in the search for healthier behaviors, in addition to the ethnic values accompanied by families living in the community, however, there are essential universal values that transcend culture, such as ethics and human rights.¹¹

In this sense, it was evidenced that social interaction, promoted by leisure activities, was another reason for participation in groups living together. Through it, the relations of friendship permeated by the contact with the elderly participants of the group were created and strengthened. This enabled the elderly to stimulate a healthy social life in order to develop their culture in different realities.⁵ Social interaction in the face of the active aging approach is based on the recognition of the human rights of older people and on the principles of independence, participation, dignity, assistance, and self-fulfillment.¹¹

In a similar context, elderly participants in social groups showed central ideas regarding the importance and necessity of searching for these spaces, from which points such as solitude, leisure, living together, freedom, change and will to

live were highlighted⁶, praising the search for these spaces for collaborative approaches that minimize situations such as loneliness and leisure deficits. Other findings discuss the importance of social spaces in which older people can interact, dialogue, form new friendships and ties, maintain and develop their potentialities, with the aim of improving their life quality,¹⁶ as it is here.

These findings, centered on social interaction, enhance the aspects that involve socialization, formation of ties and creative leisure, highlighted in the Active Aging Policy, in what concerns the social support between the determinants that influence the active senility. As a result, it guarantees quality of life and prevention of injuries, since loneliness, social isolation and the breaking of personal ties in the elderly are sources of stress and considerably increase the risks of disability and early death. In contrast, encouraging and close social relationships are seen as vital sources of emotional strength and higher quality of life.¹¹

The initiative of the health services to stimulate the promotion of networks of social contacts for elderly people, starting with traditional support societies and senior centers, lead to the promotion and interaction between the generations and community services.^{11,13} Moreover, the relevance of these initiatives to break the merely assistentialist character that still persists in hegemonic practices, it is perceived that there are still difficulties for these interactions to be effective.

Conviviality groups as a learning space for elderly people

The Group of collective conviviality, as a social environment, provides space for learning for elderly people. In the reports, it was observed the frequent presence of expressions like: “knowing”; “learning”; “teaching”, providing health education with the intention of empowering the elderly:

I like all the experiences, when we get older we have more difficulties, and the staff in the group encourages and teaches a lot. (13)

[...] I learned a lot about eating there as well, how to feed myself, how to take the pills, why I'm on a diet, because of diabetes, and then I learned a lot, took people to market to talk about good foods, there we learn everything. (15)

I like all the activities that are taught there. It's an hour to forget everything bad and only learn good things [...] Once, we learned about spices aiming to make the food healthier, and I do until today what the girl taught me (16)

For elderly people, conviviality groups are spaces that are conducive to learning and obtaining new knowledge, and it is necessary to prioritize access to issues of group interest,¹⁷ to give this population autonomy in choosing what they want to learn.

The learning provided should be aimed at forming the critical awareness and, above all, the autonomy of these elders, which requires active listening and open and equal

dialogue, since the ultimate goal is not only an understanding of information, but also an incentive to define solve their problems, find solutions for themselves, and deal with them effectively.¹⁰

According to determinants related to the social environment, during the normal aging process, some cognitive abilities, such as learning speed, deteriorate naturally in the elderly. Although, these losses can be compensated by gains in wisdom, knowledge, and experience,¹¹ which are worked on activities carried out in collective groups.

Promoting education and lifelong learning opportunities are determinant to the social environment as a proposal of this policy for more active aging. The need to promote health education through lifelong health education, being indispensable in this age group, as well as teaching the elderly how to care for themselves as they age, provide opportunities to develop new skills, to educate them and to enable them in the effective selection and use of health and community services, thus offering them lifelong learning.¹¹

Education and learning are done through authentic dialogue, which must happen together among subjects.¹⁰ Given this, collective conviviality is an effective learning scenario through the sharing of knowledge, dialogue, and the possibility of expanding the link between the service and social support, being a space complementary to individual consultation, exchange of experiences, guidance and health education.¹¹

Empowering oneself through learning allows better self-care and the ability to improve the communication of the elderly in collective spaces, because in these environments they can expose their wills and emotions, re-socialize themselves, transferring their experiences to other individuals, in other words, educating and re-educating.¹⁸

The importance of the conviviality groups in the process of health promotion and active aging of elderly people

Another point addressed by the elderly was the importance of the Conviviality Group for the improvement of the health of the participants, with a focus on health promotion in regards to the physical aspect of these elderly, targeting the overall health.

The speeches report that the elderly attribute improvements to global health by participating in the group, with examples of previous injuries suffered by them and the achievement of better health behaviors:

It gets much better, because I've had a heart attack, and I can not be a little worried, because otherwise I have another, so I go there and I'm calmer, healthier, until the doctor tells me to go always, I cannot stay home alone. (18)

[...] It helps a lot (healthwise) because I had a lot of problems, because I am cardiac, I have heart block, so it helped me a lot to do healthy things. (I11)

[...] We get older and have more health problems, so the group helps to know about the medicines we have to take, to get it right with them, it's important in the right food, in the physical activity that we have to do, in fact it helps

in everything related to health issues, I like it and I cannot lose it.

There was evidence of help in obtaining a healthier lifestyle through participation in the group, such as in food, correct use of medications, and practices of physical activities, favoring active aging, as these aspects are indispensable behavioral determinants for a higher quality of life for elderly people.^{5,11}

In this sense, evidence suggests that health promotion is indispensable in improving the health and behavioral determinants of the elderly population, in order to promote active aging, maximizing the functional capacity of these individuals, and consequently maintaining their independence and autonomy,^{11,13} being one of the objectives of carrying out of this kind of groups.

Therefore, learning activities can contribute satisfactorily to the biopsychosocial balance of the elderly, as well as determinants related to personal aspects that include psychological factors.^{19,11} Internationally, there is evidence that the participation of the elderly in group activities have a positive effect on health and on the quality of life of this population, indicating that these individuals are healthier in terms of cognition, behavior, psychological, social involvement and physical and medical health.²⁰

Still, with regards to health improvements, it was evidenced that the elderly participants of the study emphasized the participation in the conviviality group as an important factor in the improvement of mental health, referred to mostly as “head health”, and also as a form of prevention and treatment of depression, being one of the reasons that led them to attend the group, as it portrays the following statements:

It's good for the head health, because we are so discouraged sometimes, do not want to talk, then we'll get there and give it a shout (I3)

We get better ideas, we get better, we get better, we get better, we get happier, so we do not have the risk of having depression. (I4)

[...] When I got here I was depressed. I lived depressed and crying. I'm a lot better. Depression has improved a lot! (I9)

[...] I was getting depressed, so to me, it's a very big moment for me, God aside. I really enjoy participating. I like it, my health is improving, right? Increasingly. (I12)

Sometimes I'm in the house with pain, sometimes depressed, so if I go there in the group where one says good things, I feel good [...] (I14)

Social isolation and loneliness in old age are linked to a greater decline in mental health.¹³ The activities developed by the Conviviality Groups are of great importance to the elderly's life quality, increasing the active lifespan and preventing functional losses that may reflect the mental health of this population.⁶

In another reality in which relevant reports of sadness, anxiety, and depression in the elderly before participating in groups of conviviality, described by health professionals, were observed positive aspects in the mental well-being of their participants a posteriori, through workshops that valued socializing and promoted active aging.²¹

In a context about aging and depression, it was observed that the elderly with active occupational situation and that participated in groups, with manual work, with habit of reading and of socializing with the friends had less depressive symptoms when compared to those that did not realize such activities, with approaches focused on active aging an important strategy to promote mental health in the elderly.²²

Accordingly, social support, which is a determining factor for active aging, is a crucial point to avoid the breaking of personal ties, loneliness and conflicting interactions, which are the major sources of stress and depression¹¹ and the living spaces are important devices in this support for elderly people.

Participation in the conviviality group assists in active aging, evidenced by the statements that indicate the feeling of greater mood, disposition and feeling fresh, useful and active:

[...] I was more active, because I think it activates the mind, the disposition, we come humming, we start to work and get outside the house a little. (I1)

We feel even younger, because if you stay indoors alone because you think you're old, you only get ideas that do not fit in your head and occupy your head. (I4)

[...] We get more active, look at me, I'm 66 years old and nobody believes, so you see I do not miss any groups, I'm always there. (I5)

[...] It helps us to get younger, more animated, with more courage, a better mood. (I6)

[...] in these festivities and in these fun activities, you do not even think you're old (laughs), you let yourself go, you feel more useful, younger [...] that even the name of the group does not even say, it's good for life, right? (I7)

My health improves and the aging process goes along. (I13)

Another reason that leads the elderly to attend groups of conviviality is the improvement of the quality of life in health aspects, seeking to increase the active lifespan, preventing functional losses and recovering capacities.⁵

According to Freire, existence only makes sense if lived for autonomy, which leads to the empowerment of individuals. The older members of the groups will be able to play a more active role, strengthening their abilities and assuming the position of legitimate protagonists of the development.¹⁰

Active aging is more than just the absence of diseases; however, for most elderly people, maintenance of functional ability is the most important,¹³ and this is a much sought after benefit for this population in conviviality groups, especially when linked health services, as in PHC.

Social determinants are linked to individual behaviors, living and working conditions and their relationships between the environment. In this perspective, health problems have a macro and micro-social dimension, and in the first one, the relation between the health sector and the problems disseminated by social inequalities; and in the second, the community projects carried out by health professionals that facilitate the access of the population to intersectoral connections.²³

Therefore, establishing sound public policies that promote healthy lifestyles for elderly people, favoring daily physical activities, stimulating leisure, accessing healthy foods, correct medication and reducing tobacco consumption are key issues for the aging, which minimize the evolution of health determinants, expanding the concept of aging that also means a substantial gain in quality of life and health.^{11,13}

Hence, political strategies with the implantation of health systems, direct the modification in the state of health of the elderly population, in the sense of allowing greater participation and well being in front of the active aging. Nonetheless, it depends of the mobilization of health professionals, with broad, urgent public health actions, especially those that promote health for elderly people in PHC.^{11,13}

CONCLUSIONS

After scrutinizing the findings, it was possible to assess the contributions of the elderly conviviality group within the scope of PHC, for active aging from the perspective of its participants. The elderly related the leisure activities promoted by the group, as an opportunity for socialization among the participants. Other benefits mentioned referred to the group as a space conducive to learning and to stimulate and improve the various aspects of health, reinforcing the contributions of this area to improve autonomy and active aging.

The implications of the present study for nursing/health are the possibility of stimulating and reflecting by health professionals on the importance of knowledge about how the elderly population perceives programs offered by health services, such as living groups, thus implying in a more effective and directive planning of public policies for this population, mainly focusing on the autonomy and empowerment of these elderly people. Furthermore, it is emphasized that the FHS teams should seek the organization of actions that stimulate active aging, as well as partnerships with the academic community, through university extension projects.

The limitations of the study are related to the context in which the participants are inserted since it was performed in only one conviviality group belonging to a health unit, so that the results presented in this study cannot be generalized to other scenarios. It is suggested that new studies must be performed aiming to address the phenomenon researched and increase these results.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística (IBGE). Projeção da população do Brasil por sexo e idade para o período 1980-2050 - Revisão. Metodologia e Resultados. Estimativas anuais e mensais da

população do Brasil e das unidades da federação: 1980 – 2020, 2012. [cited 2016 Set 10] Available from: http://www.ibge.gov.br/home/estatistica/populacao/projecao_da_populacao/metodologia.pdf

2. Ferreira OGL, Maciel SC, Costa SMG, Silva AO, Moreira MASP. Envelhecimento ativo e sua relação com a independência funcional. *Texto Contexto Enferm.* [Internet] 2012 [cited 2016 Set 07];21(3):513-518. Available from: <http://dx.doi.org/10.1590/S0104-07072012000300004>

3. Martins M, Monteiro C, Martinho J, Martin MDG, Alves I, Vieira M. Atividade física nos mais de 65 anos e a Promoção da Saúde. *Actas de Gerontologia.* [Internet] 2016 [cited 2016 Nov 10];2(1):1-10. Available from: <http://actasdegerontologia.pt/index.php/Gerontologia/article/view/55>

4. Duarte MGM, Gouveia MAC, Andrade SAL. O envelhecimento populacional brasileiro: desafios e consequências sociais atuais e futuras. *Rev. bras. geriatr. gerontol.* [Internet]. 2016 [cited 2017 Aug 18]; 19(3): 507-519. Available from: <http://dx.doi.org/10.1590/1809-98232016019.150140>.

5. Wichmann FMA, Couto NA, Areosa SVC, Montães MCM. Grupos de convivência como suporte ao idoso na melhoria da saúde. *Rev. Bras. Geriatr. Gerontol.* [Internet] 2013 [cited 2016 nov 08];16(4):821-832. Available from: <http://dx.doi.org/10.1590/S1809-98232013000400016>

6. Andrade AN, Nascimento MMP, Oliveira MMD, Queiroga RM, Fonseca LFA, Lacerda SNB et al. Percepção de idosos sobre grupo de convivência: estudo na cidade de Cajazeiras-PB. *Rev. Bras. Geriatr. Gerontol.* [Internet] 2014 [cited 2016 nov 08]; 17(1):39-48. Available from: <http://dx.doi.org/10.1590/S1809-98232014000100005>

7. Vagetti GC, Barbosa FVC, Moreira NB, Oliveira V, Mazzardo O, Campos W. Condições de saúde e variáveis sociodemográficas associadas à qualidade de vida em idosos de um programa de atividade física de Curitiba, Paraná, Sul do Brasil. *Cad. Saúde Pública* [Internet] 2013 [cited 2016 Sep 29];29(5):955-969. Available from: <http://dx.doi.org/10.1590/S0102-311X2013000500013>

8. Moura AOD, Souza LK. Grupos de convivência para idosos: participantes, egressos e desinteressados. *Estud. psicol.* [Internet] 2015 [cited 2017 jan 15];15(3):1045-1060. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S180842812015000300015

9. Silva PLN, Cordeiro SQ, Souto SGT, Gonçalves RPF, Mota EC, Oliveira RS. Assistência psicológica e de enfermagem ao idoso na atenção primária. *R. pesq.: cuid. fundam.* Online. [Internet] 2014 [cited 2017 jul 31]; 6(4):1707-1718. Available from: <file:///C:/Users/Giselle%20Previato/Downloads/3363-21436-1-PB.pdf>

10. Freire P. *Pedagogia do Oprimido*. 21 ed. Rio de Janeiro (RJ): Paz e Terra; 2011.

11. Ministério da Saúde (BR). Envelhecimento ativo: uma política de saúde. Brasília, DF, 2005. [cited 2016 Set 10] Available from: http://bvsm.s.saude.gov.br/bvs/publicacoes/envelhecimento_ativo.pdf

12. Bardin, L. *Análise de conteúdo*. Lisboa: Edições 70, 2011.

13. World Health Organization (WHO). *World report on ageing and health, 2015*. [cited 2016 Set 10] Available from: http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

14. Viana CAC, Ferreira FE, Duarte VAM. Determinantes do envelhecimento ativo segundo a qualidade de vida e gênero. *Ciênc. saúde coletiva* [Internet]. 2015 [cited 2017 Aug 17]; 20(7): 2221-2237. Available from: <http://dx.doi.org/10.1590/1413-81232015207.14072014>.

15. Bacheladenski MS, Matiello JE. Contribuições do campo crítico do lazer para a promoção da saúde. *Ciênc. saúde coletiva* [Internet] 2010 [cited 2017 Mar 22]; 15(5):2569-2579. Available from: <http://dx.doi.org/10.1590/S1413-81232010000500031>

16. Leite MT, Hildebrandt LM, Kirchner RM, Winck MT, Silva LAA, Franco GP. Estado cognitivo e condições de saúde de idosos que participam de grupos de convivência. *Rev. Gaúcha Enferm.* [Internet] 2012 [cited 2016 Nov 08]; 33(4):64-71. Available from: <http://dx.doi.org/10.1590/S1983-14472012000400008>

17. Santos GLA, Santana RF, Broca PV. Capacidade de execução das atividades instrumentais de vida diária em idosos: Etnoenfermagem. *Esc. Anna Nery* [Internet] 2016 [cited 2017 Mar 22]; 20(3):e20160064. Available from: <http://dx.doi.org/10.5935/1414-8145.20160064>

18. Schoberer D, Leino KH, Breimaer HE, Lohrmann C. Educational interventions to empower nursing home residents: a systematic literature review. *Clin Interv Aging* [Internet] 2016

- [cited 2017 Mar 22]; 11:1351–1363. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047743/>
19. Castro VC, Carreira L. Leisure activities and attitude of institutionalized elderly people: a basis for nursing practice. *Rev. Latino-Am. Enfermagem* [Internet] 2015 [cited 2016 Nov 08];23(2):307-314. Available from: <http://dx.doi.org/10.1590/0104-1169.3650.2556>
 20. Lee KU, Kim HR, Surkhy. The effect of push factors in the leisure sports participation of the retired elderly on re-socialization recovery resilience. *J Exerc Rehabil.* [Internet] 2014 [cited 2016 nov 6];10(2):92-99. Available from: <https://dx.doi.org/10.12965/jer.140090>
 21. Andrade TP, Mendonça BPCCK, Lima DC, Alfenas IC, Bonolo PF. Projeto Conviver: Estímulo à Convivência entre Idosos do Catete, Ouro Preto, MG. *Rev. Bras. Educação Médica.* [Internet] 2012 [cited 2016 Nov 08];36(1):81-85. Available from: <http://dx.doi.org/10.1590/S0100-55022012000200011>
 22. Galli R, Moriguchi EH, Bruscatto NM, Horta RL, Pattussi MP. Active aging is associated with low prevalence of depressive symptoms among Brazilian older adults. *Rev. bras. epidemiol.* [Internet] 2016 [cited 2016 Nov 15];19(2):307-316. Available from: <http://dx.doi.org/10.1590/1980-5497201600020008>
 23. Fiorati GC, Arcêncio RA, Souza LB. As iniquidades sociais e o acesso à saúde: desafios para a sociedade, desafios para a enfermagem. *Revista Latino-Americana de Enfermagem.* [Internet] 2016 [cited 2017 Mai 24]; 24:e2687. Available from: <http://dx.doi.org/10.1590/1518-8345.0945.2687>

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