

## ELDERLY CONCEPTION ON COEXISTENCE GROUPS

Concepção de pessoas idosas sobre grupos de convivência

Concepción de personas idosas sobre grupos de convivencia

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### ABSTRACT

**Objective:** to analyze the conception of elderly people in groups of coexistence. **Methods:** descriptive, exploratory, qualitative approach, with 16 elderly people attending groups of coexistence. The information was collected through the use of the focal group technique. The data were analyzed and organized from the Thematic Content Analysis technique. **Results:** the vision about living groups was related to the creation of ties and relational ties, as a space capable of promoting health, well-being and quality of life, besides becoming a strategy to avoid loneliness. Finally, they emphasize the importance of sharing positive feelings and experiences. **Conclusion:** the elderly have a varied conception of living groups, emphasized the importance of these spaces to re-signify old age and favor the resocialization of the elderly person promoting a successful and healthy aging.

**Descriptors:** Senior centers; Aging; Aged; Health services for the aged; Nursing

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## RESUMO

**Objetivo:** analisar a concepção de pessoas idosas sobre grupos de convivência. **Método:** estudo descritivo, exploratório, de abordagem qualitativa, tendo como colaboradores 16 pessoas idosas que frequentavam grupos de convivência. A coleta das informações se deu através da utilização da técnica do grupo focal. Os dados foram analisados e organizados a partir da técnica de Análise de Conteúdo Temática. **Resultados:** a visão acerca dos grupos de convivência esteve relacionada a criação de laços e vínculos relacionais, como um espaço capaz de promover saúde, bem estar e qualidade de vida, além de se tornar uma estratégia de se evitar a solidão. Por fim, destacam a importância do compartilhamento de sentimentos e experiências positivas. **Conclusão:** os idosos possuem uma concepção variada acerca dos grupos de convivência, destacou-se a importância desses espaços para ressignificar a velhice e favorecer a ressocialização da pessoa idosa promovendo um envelhecer bem sucedido e saudável.

**Descritores:** Centros de convivência; Envelhecimento; Idoso; Serviços de saúde para idosos; Enfermagem

## RESUMEN

**Objetivo:** analizar la concepción de ancianos sobre grupos de convivencia. **Métodos:** estudio descriptivo, exploratorio, de abordaje cualitativo, teniendo como colaboradores 16 personas ancianas que frecuentaban grupos de convivencia. La recolección de las informaciones se dio mediante la utilización de la técnica del grupo focal. Los datos fueron analizados y organizados a partir de la técnica de Análisis de Contenido Temático. **Resultados:** la visión sobre los grupos de convivencia estuvo relacionada con la creación de lazos y vínculos relacionales, como un espacio capaz de promover salud, bienestar y calidad de vida, además de convertirse en una estrategia para evitar la soledad. Por último, destacan la importancia del compartir sentimientos y experiencias positivas. **Conclusión:** los ancianos poseen una concepción variada acerca de los grupos de convivencia, se destacó la importancia de esos espacios para ressignificar la vejez y favorecer la resocialización de la persona anciana promoviendo un envejecimiento exitoso y sano.

**Descriptores:** Centros para personas mayores; Envejecimiento; Anciano; Servicios de salud para ancianos; Enfermería

## INTRODUCTION

The world is experiencing a demographic transition characterized by a considerable increase in the elderly population. The aging process gained relevance worldwide during the second half of the 20th century and turned a gerontological explosion in its last decade.<sup>1</sup>

It is estimated that by 2025 Brazil will have approximately 32 million elderly people, being the sixth country with the largest number of them in the world.<sup>1,2</sup> The number of oldest elderly, who are people aged over 80 years old, followed the same growth pattern representing approximately 6.4% of Brazil's total population in 2015.<sup>3</sup>

Brazil experiences a demographic and epidemiological transition. Epidemiological transition is characterized by long-term changes in the morbidity, disability and death patterns of a specific population.<sup>4</sup>

In light of these changes in the demographic and epidemiological profile of the world population, it is necessary

to rethink and reorganize health care for the elderly by involving the individual, family, community and social aspects in order to promote healthy ageing.<sup>5</sup>

In this perspective, interaction groups for elderly people have emerged as an innovative alternative in Brazil for the promotion of their health, autonomy, and independence. These groups are capable of reducing social inequalities and loneliness. Also, they promote a welcoming environment, attention and serve as a network so as to spread information, allowing them to remain active.<sup>6</sup>

Interaction groups function as a social tool for organizing cultural and recreational activities for people aged over 60 years old. Its objective is to prevent loneliness and isolation, encourage the elderly's participation and social insertion, facilitate personal and intergenerational relationships, and avoid or postpone residential structures for the elderly as much as possible, thus contributing to a healthy ageing.<sup>7</sup>

Considering the importance of interaction groups for providing care for the elderly population, the following guiding question was developed: "what are the elderly people's conceptions of interaction groups?". Hence, the objective of this study was to analyze the elderly people's conceptions of interaction groups. The development of this study is justified by the increase in the number of elderly people in recent years and the little knowledge concerning the importance of interaction groups, which can be seen as an alternative tool for supporting and providing health care for them.

Bearing in mind the aforesaid, the social relevance of this study is highlighted due to the possibility of gaining theoretical knowledge on the benefits for, impacts on and changes in the elderly's lives after including them in interaction groups. Furthermore, it is important to know the elderly people's conceptions of these groups and implement projects to expand their coverage.

## METHODS

It is a descriptive-exploratory study with a qualitative approach, which was performed in the *Otelino Ferreira Costa Senior Center* and in a senior center of the *Universidade Aberta à Terceira Idade (UATI)* program of the *Universidade do Estado da Bahia (UNEB)*. Both places are located in *Guanambi city, Bahia State, Brazil*.

The places chosen for the development of this research provide the elderly with recreational, educational, therapeutic and occupational activities in order to promote active and healthy aging. Services, health education, and sessions of hydrogymnastics, dance, handicraft, and theater are offered.

The study participants were 16 elderly people attending these groups. Initially, we visited these spaces in order to explain and invite the elderly to participate in the research. Inclusion criteria were elderly people aged 60 years old or more, participating in the group activities for at least six months, having assiduity, being able to communicate verbally, and agreeing to participate in this study after signing the

standard informed consent document (either by writing or fingerprint). Exclusion criteria were the elderly participating in the group activities for less than six months, lacking assiduity, having difficulty in establishing verbal communication, and those who refused to sign the informed consent form.

Data collection took place in December 2017 and March 2018 using the focus group technique. Two focus groups with 8 participants each were formed, and a session was held at each location where the study was conducted. The discussion was guided by a semi-structured script with questions.

The focus group technique is a tool for collecting information whose objective is to gather specific information on a topic through participation and discussion among participants grouped in the same place during a certain period.<sup>8</sup>

The focal group methodology is similar to an interview: the discussion conducted by the researcher is guided by a thematic instrument, promoting an informal dialogue with a certain group with approximately six to fifteen participants per meeting.<sup>9</sup>

The employees were introduced, consent was formalized, and the purpose of the study and discussion dynamics were explained at the beginning of the sessions. Each elderly person chose a codename based on animals (rabbit, fish, etc.) so that their anonymity could be preserved. The participants' statements were recorded by means of an audio recording device and annotations. The meetings ended when enough information was produced.

The collected data were analyzed and organized using the Thematic Content Analysis technique proposed by Laurence Bardin. The organization of the content analysis occurred in three stages: pre-analysis for systematizing the initial ideas, exploration of the material, and treatment of the results and interpretation.<sup>10</sup>

The complied with the guidelines established by the Resolution No. 466/12 from the National Health Council, which regulates research involving human participants. The study was approved by the Research Ethics Committee of the *Universidade do Estado da Bahia* under Legal Opinion No. 1.938.979.

## RESULTS AND DISCUSSION

### Characterization of elderly participants

Sixteen elderly people participated in this study. Most of them were women aged 66-70 years old, self-declared white, married or in informal marriage, retired, and Catholic.

In relation to education level, most of the participants did not finish elementary school. Furthermore, they had a family income of 1 to 2 minimum wages. In relation to occupation, most of the participants were housewives, born in *Guanambi* city, lived with spouses and children, and had no caregivers.

Regarding the employees' health, 12 participants reported having comorbidities, especially hypertension and diabetes mellitus, followed by depression and fibromyalgia. As for the

time they spent attending the groups, it was observed that it varied from 1 to 5 years.

Considering gender, age, marital status, occupation, co-residence and religion, these findings corroborate to those of a study carried out in *Catanduva* city, *São Paulo* State, Brazil, whose objective was to compare the elderly's understanding of the quality of life, including those participating in interaction groups. The study evidenced greater participation of elderly women who were married, Catholic, and housewives living with their spouses.<sup>11</sup>

Concerning the elderly's education level and income, the study findings are similar to those of study conducted in a municipality located in the countryside of the Northeast Region of Brazil. In this case, low income and education level were found, and the interaction group was perceived as a therapeutic tool for promoting health and socially strengthen the elderly.<sup>12</sup>

The results associated with education level reflects the reality in Brazil. In this country, low education level is common among the elderly due to the difficulty of accessing education in the past. Additionally, a study showed that income is directly related to education level.<sup>13</sup>

Most of the elderly people who participated in this study were retired having an income between 1 and 2 minimum wages. Pensions received by the participants, which reduce their purchasing power, are the only source of income for the family in many cases.<sup>14</sup>

Most of the study participants did not have a formal caregiver, which leads us to think that the responsibility for care is shared with family members. A study carried out in *Terezina* city, *Piauí* State, Brazil, with the purpose of knowing the profile of elderly people attending senior centers, showed that most of the elderly people interviewed lived with and were cared for by some family member.<sup>5</sup>

Concerning the race/skin color, no studies have been found in the Brazilian literature addressing this in interaction centers, which denotes the need for investigations in the area. The predominance of self-declared white elderly people was observed, which does not correspond to the reality observed in *Bahia* State since it is one of the States with the largest number of non-white people in Brazil.<sup>15</sup>

The predominance of women may be related to the process of feminization of old age, and their greater participation in activities that stimulate well-being. Studies indicate that the greater participation of women in senior centers resulted from sociocultural aspects: women participate more in collective actions and research.<sup>16</sup>

As for the employees' age, it is believed that the person in this age group has more freedom, autonomy and time to participate in other activities, such as those performed in interaction groups, because they do not need to work anymore.<sup>17</sup>

The study results regarding marital status corroborated the socio-demographic characteristics of Brazil, showing that most of the elderly are married or in an informal marriage. It is perceived that this aspect has great influence

during this phase of life, helping to overcome the limitations imposed by advancing age.<sup>18</sup> In addition, it is perceived that the elderly's spouses encourage them to participate in activities undertaken in senior centers.

With regard to the participants' religion, the results corroborate with those of a study carried out in a senior center in the *Teresina* city, *Piauí* State, Brazil, which showed that 77.6% of the participants were Catholic. This is also in good agreement with the current situation in Brazil.<sup>5</sup>

The time spent participating in the group activities was an important finding, considering that the elderly have been attending these spaces for some time. This fact revealed that the group was considered as something positive for their lives. Participating in these group activities has been shown to have benefits for the elderly.<sup>14</sup>

### Formation of bonds

Senior groups make it possible to form new relationships and bonds. Interaction, care of each other, strengthening of bonds of friendship and feelings of happiness are observed, making the elderly consider the group participants as part of a new family.

*It's really family because we exchange experiences. We are very careful with each other, the friendship we have built since the beginning only makes us grow. (RABBIT)*

*This group means to me as if it were a family interaction because we feel very comfortable, we feel happy to be together, to see friends again. (CAT)*

*When I leave home [...] and go to the senior center, I tell them that I am going to see my other family, because this is like our second family. (BUTTERFLY)*

Attending the senior center allowed the elderly to meet new people, share experiences, take care of each other, build new bonds of friendship, as well as meet old friends again. These findings converge with a study carried out in Brazil and Spain, which showed that elderly people shared positive feelings, exchanged experiences, received affection, and formed new bonds while they participated in these groups.<sup>19</sup>

In these senior centers, the elderly express feelings, share experiences, and develop and strengthen relationships based on companionship, forming a new social network of support.<sup>11</sup> Moreover, they meet new people and consequently strengthen ties, increasing interest and commitment to participate in the proposed activities.<sup>12</sup>

Often the elderly's relatives do not provide the support that they need or would like to receive, making them feel alone and seek attention, care, and affection.

*Our children, every one of them has their own life [...] We end up being very lonely [...] so here we have fun with our friends, here they are like our brothers. (OWL)*

*I really miss affection, so we consider them family, we end up adopting everyone. (BIRD)*

*Sometimes we are at home with our husbands and the children are not in the mood to pay attention, so we end up feeling alone. Not here, here we feel like family. (PENGUIN)*

The absence of family members in the support network is often due to the fact that they constitute their own family, have their own life and work routine, which makes these elderly people be too attached to their companions in the center and consider them as a second family.

When family members are away, closeness and the development of new friendships are essential for the expansion of social networks and contact of the elderly.<sup>20</sup>

The support network is important for the elderly considering the social context in which they are inserted. They cannot always count on the support of their relatives, which is why they find in senior centers the necessary tools to overcome social isolation and lack of affection and attention.

Besides the daily and work routine, the family constitution can affect the performance of family members while they support their elderly relatives. In this context, senior centers appear as an alternative that favors social interactions.<sup>12</sup>

Thus, it is inferred that the participation of older people in senior centers positively influences their lives, while providing them with the opportunity to meet new people and establish new social networks. Consequently, the well-being of these people is improved.

### Promoting health, well-being, and quality of life

The senior center has contributed to active aging while promoting health, well-being, and quality of life for older people through participation in physical and dance activities.

*Today I feel calmer, my health is much better [...] these are things that happened to improve my life. (PENGUIN)*

*We came to seek a quality of life [...] every exercise you do you already feel the improvement, so this is seeking health. (CAT)*

*I have high blood pressure, and here you always have that follow-up [...]. Before I used to do nothing, I never used to practice activities because of my age, but today I don't miss an opportunity to dance Forró. (SHEEP)*

The two senior centers in which the study was conducted provide diverse activities for the elderly, including stretching exercises, hydrogymnastics, and dance. It is worth noting that the elderly noticed that their participation in these

activities made a difference in their physical health, well-being, and quality of life in general.

A study showed that older people feel healthier, more active and willing after starting to participate in activities and exercises proposed in senior centers.<sup>14</sup>

A similar study carried out with 13 elderly people in a city of the Northeast Region of Brazil showed that one of the main changes perceived by the elderly people attending the senior center was the improvement of their health and performance in daily activities.<sup>12</sup>

The elderly peoples' conceptions of their health are an important factor when we consider that even though they are affected by some diseases associated with the aging process, they still feel willing and active because of the benefits and care stemming from their participation in senior centers. These centers make it possible to have appointments, schedule exams, perform physical activities, and attend lectures on education and health.

Studies show that the participation of the elderly in social programs or services, such as senior centers of the UATI program, positively interferes with personal satisfaction, well-being and individual health control.<sup>21</sup>

Thus, it is important to implement public policies that encourage the active aging of older people through social programs in partnership with public entities, such as universities, and the private sector.<sup>22</sup>

## Avoiding loneliness

Loneliness can be understood as a reduction in social contact and a lack of people willing to share social and emotional experiences.<sup>14</sup> This feeling can generate negative repercussions on the individual's mental health. Furthermore, it can be related to depressive processes and other aggravations.<sup>20</sup>

The study showed that the elderly participants felt isolated and considered senior groups a way to escape from the loneliness.

*Everyone feels a little lonely when they get older, with no one to talk to, to vent. And here I found that comfort, you know? (EAGLE)*

*I think that deep down, everyone who is here has come for the same reason, everyone has come here not to have to be alone, but to talk. (SHEEP)*

*I was very lonely [...] I used to do anything, I never used to attend something, I never used to go to a party because I was lonely, you know? Thanks to the group today I have new friends, I dance, I go to parties, it's awesome. (FISH)*

Participation in senior centers, exchange of experiences, and interaction with other people serve as strategies to overcome the feeling of loneliness experienced in old age. With the insertion in these groups, the elderly find comfort

and face aging in a light and positive way since they create new bonds and participate in leisure and interaction activities.

A study conducted in Spain and Brazil found similar results. It showed that one of the reasons that encourage older people to participate in senior center activities is to live with people of the same age in order to escape from the loneliness.<sup>19</sup>

With the advent of old age, the social network of elderly people becomes weakened. Over time, the bonds between family members also weaken. In this sense, the senior group offers new possibilities and provide moments of leisure and company for the elderly, avoiding isolation and loneliness.

Social isolation is one of the consequences of the aging process. Changes in the physical and mental capacities of the elderly can also contribute to making them less interactive. Consequently, they are no longer recognized as a reference among their family members.<sup>20</sup>

In this way, the importance of senior centers for the resocialization of the elderly for avoiding loneliness is highlighted. From the interactions and bonds established while undertaking senior center activities, these people find emotional support and create a network of social support. They feel less isolated, which contributes to the development of positive conceptions of these groups.

## Feelings experienced in senior centers

The elderly participants reported positive feelings about living with other elderly people in senior centers.

*I feel very good, stronger, more cheerful, here I have nothing to lose. (RABBIT)*

*Here is a place where there is no sadness, every time you get here you only see joy, [...] because everyone is always together, happy, playing, with the family. (BUTTERFLY)*

*I get home very happy, because here we talk, laugh, [...]. Here I'm much happier, I like it so much. (FISH)*

The benefits of living together for the elderly participants were perceived. They expressed feelings such as joy and happiness, well-being, and distraction when participating in the proposed games and activities. Such findings reveal the importance of these spaces for the motivation and satisfaction of the individuals involved.

A study carried out with elderly people in a senior center in Cajazeiras city, Paraíba State, Brazil, obtained similar results, revealing that beneficial and significant changes have occurred in the lives of elderly people attending these centers. Negative feelings such as sadness, loneliness, and social devaluation were common before the elderly started to participate in senior center activities. However, they began to experience feelings such as joy, happiness, and appreciation after they participated in these activities.<sup>14</sup>

Another similar study conducted in a city of the Northeast Region of Brazil showed that the elderly's lives were very

limited before attending the senior center and there was no room for personal satisfaction. However, they found new ways of feeling joy and happiness after joining the group.<sup>12</sup>

In addition to feelings of happiness and joy, it is noticeable that the senior center made it possible for them to regain their self-esteem.

*You get here and you feel much younger, you do things again, things you haven't done in a long time like dancing, having fun. (OWL)*

*Sometimes we're like 'oh I'm old', feeling down, but when we're here they encourage us, it seems like it's a group of young people, it's a very nice thing, it raises self-esteem. (BIRD)*

*Sometimes you feel like you're old, like you're abandoned, but you get here and you lift your head and you say, I'm going to live my life the way I can, I'm going to be happy. (SHEEP)*

It is noticeable that group interaction brings about feelings of joviality and self-esteem since the elderly participants did not report negative conceptions of aging. Instead, they understood that even in the face of the aging process people can still have joy, fun and feel good about themselves and society.

Elderly people see senior centers as safe spaces for them to develop their culture and new forms of leisure and stimulation for a healthy social life, consequently improving their self-esteem and acceptance by society.<sup>19</sup>

Because wrong thoughts link old age with unproductivity, older people deal with devaluation and prejudice as the aging process continues. In this sense, promoting the self-esteem of the elderly is essential for their well-being so that their health condition can be improved.<sup>14</sup>

Aging is not only related to chronological age, leaving the labor market or a process of disabling illness. Old age acquires an extended resignification characterized by a more active, healthy and autonomous life routine.

Therefore, it is noted that senior centers allow the elderly person to see old age in a different way, generating new conceptions of life and recognizing positive aspects of the aging process.

## CONCLUSIONS

This study made it possible to analyze the elderly peoples' conceptions of senior centers in the municipality of *Guanambi* and characterize the study participants sociodemographically.

The study revealed that the elderly have numerous conceptions of the senior centers in which they participate. Initially, this view was related to the formation of relationships and bonds, making the elderly see the other attendees as if they were part of a new family.

The study participants also perceived these interaction groups as a space capable of avoiding loneliness and promoting health, well-being, and quality of life. Finally, the participants highlighted the importance of sharing positive feelings and experiences.

In this perspective, this study showed the importance of senior centers for the elderly's lives, since these spaces may resignify the old age and favor the resocialization of the elderly so as to promote successful and healthy aging. One limitation of this study was the difficulty in gathering people to attend, which is necessary to apply the methodology.

It is believed that the study can help to stimulate reflection in society, raise awareness among health care professionals and public authorities regarding the situation of the elderly in the current scenario, and implement public health policies.

## REFERENCES

1. Aquino EB, Benito LAO. Modalidades assistenciais de atendimento ao idoso: revisão da literatura. *Universitas: Ciências da Saúde*. 2016; 14(2):141-152. Available from: <https://www.publicacoesacademicas.uniceub.br/cienciasaude/article/view/3526/3273>
2. OMS (Organização Mundial da Saúde). Relatório mundial de envelhecimento e saúde. Genebra: WHO; 2015. Available from: <https://sbgg.org.br/wp-content/uploads/2015/10/OMS-ENVELHECIMENTO-2015-port.pdf>
3. Galletti TAI. A proteção social ao idoso dependente na seguridade social brasileira. São Paulo. Dissertação (Mestrado em Direito Político e Econômico) – Universidade Mackenzie; 2013. Available from: <http://tede.mackenzie.br/jspui/handle/tede/1134>
4. Santos RAAS, Aquino DMC, Coutinho NPS, Lages JS, Corrêa RGCF. Gerontologia e a arte do cuidar em enfermagem: revisão integrativa da literatura. *Rev Pesq Saúde*. 2013; 14(2):118-123. Available from: <http://www.periodicoeletronicos.ufma.br/index.php/revistahuufma/article/view/2306/392>
5. Freire GV, Silva IP, Moura WB, Rocha FCV, Madeira MZA, Amorim FCM. Perfil de idosos que frequentam um centro de convivência da terceira idade. *R. Interd*. 2015; 8(2):11-19. Available from: [https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/619/pdf\\_206](https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/619/pdf_206)
6. Munhoz OL, Ramos TK, Moro B, Timm MS, Venturini L, Cremonese L, et al. Oficina bingo da saúde: uma experiência de educação em saúde com grupos de idosos. *REME – Rev Min Enferm*. 2016; 20:e968. Available from: <http://www.reme.org.br/artigo/detalhes/1104>
7. Instituto da Segurança Social, I.P. Guia Prático – Apoios Sociais – Pessoas Idosas. 2015. Available from: [http://www4.segsocial.pt/documents/10152/27202/apoios\\_sociais\\_idosos](http://www4.segsocial.pt/documents/10152/27202/apoios_sociais_idosos)
8. Kinalski DDF, Paula CC, Padoim SMM, Neves ET, Kleinubing RE, Cortes LF. Focus group on qualitative research: experience report. *Rev Bras Enferm*. 2017; 70(2):424-9. Available from: <http://www.scielo.br/pdf/reben/v70n2/0034-7167-reben-70-02-0424.pdf>
9. Freitas RF, Waechter HN, Coutinho SG, Gubert FA, Beck FA. Contribuição do Grupo Focal à pesquisa e ao processo de design da informação: percepção dos usuários sobre artefatos impressos de DST/Aids. *Estudos em Design Revista*. 2016; 24(1):88-103. Available from: <https://estudosemdesign.emnuvens.com.br/design/article/view/298>
10. Bardin L. *Análise de Conteúdo*. 4 ed. Lisboa/ Portugal: Edições 70, 2016.
11. Braz IA, Zaia JE, Bittar CML. Percepção da qualidade de vida de idosas participantes e não participantes de um grupo de convivência da terceira idade de catanduva (SP). *Estud. interdiscipl. Envelhec*. 2015; 20(2):583-596. Available from: <https://seer.ufrgs.br/RevEnvelhecer/article/view/48261>

12. Xavier LN, Sombra ICN, Gomes AMA, Oliveira GL, Aguiar CP, Sena RMC. Grupo de convivência de idosos: apoio psicossocial na promoção da saúde. *Rev Rene*. 2015; 16(4):557-66. Available from: <http://periodicos.ufc.br/rene/article/view/2748>.
13. Miranda LCV. Fatores associados à qualidade de vida de idosos de um centro de referência, em Belo Horizonte, Minas Gerais. Dissertação (Mestrado em Enfermagem) – Universidade Federal de Minas Gerais; 2014. Available from: <http://www.bibliotecadigital.ufmg.br/dspace/handle/1843/AND0-9UBR4L>.
14. Andrade AN, Nascimento MMP, Oliveira MMD, Queiroga RM, Fonseca FLA, Lacerda SNB. Percepção de idosos sobre grupo de convivência: estudo na cidade de Cajazeiras-PB. *Rev. Bras. Geriatr. Gerontol*. 2014; 17(1):39-48. Available from: <http://www.scielo.br/pdf/rbgg/v17n1/1809-9823-rbgg-17-01-00039.pdf>
15. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo 2010. Available from: [http://www.ibge.gov.br/home/estatistica/populacao/censo2010/default\\_sinopse.shtm](http://www.ibge.gov.br/home/estatistica/populacao/censo2010/default_sinopse.shtm).
16. Annes LMB, Mendonça HGS, Lima FM, Lima MAS, Aquino JM. Perfil sociodemográfico e de saúde de idosas que participam de grupos de terceira idade em Recife, Pernambuco. *Rev Cuid*. 2017 ;8(1):1499-508. Available from: <https://www.revistacuidarte.org/index.php/cuidarte/article/view/365/774>
17. Vargas AC, Portella MR. O diferencial de um grupo de convivência: equilíbrio e proporcionalidade entre os gêneros. *Revista Kairós Gerontologia*. 2013; 16(3):227-238. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/18546>
18. Marques CP. Envelhecimento no Brasil: da formulação de políticas à estruturação de serviços de saúde integrais. *Tempus, actas de saúde colet*. 2014; 8(1):65-70. Available from: <http://www.tempusactas.unb.br/index.php/tempus/article/download/1454/1773>
19. Wichmann, FMA, Couto AN, Areosa SVC, Montañés MCM. Grupos de convivência como suporte ao idoso na melhoria da saúde. *Rev. Bras. Geriatr. Gerontol*. 2013; 16(4):821-832. Available from: <http://www.scielo.br/pdf/rbgg/v16n4/1809-9823-rbgg-16-04-00821.pdf>
20. Carmona CF, Couto VVD, Scorsolini-Comin F. A experiência de solidão e a rede de apoio social de idosas. *Psicologia em Estudo*. 2014; 19(4):681-691. Available from: <http://www.scielo.br/pdf/pe/v19n4/1413-7372-pe-19-04-00681.pdf>
21. Assis FS, Parra CR. Envelhecimento bem sucedido e a participação nos serviços de convivência para idosos. *Psicologia.net*. 2014; ISSN 1646-6977. Available from: <http://www.psicologia.pt/artigos/textos/A0847.pdf>
22. Gonzalez LMB, Seidl EMF. Envelhecimento ativo e apoio social entre homens participantes de um Centro de Convivência para Idosos. *Revista Kairós Gerontologia*. 2014; 17(4):119-139. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/23650>

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