

## EXPERIENCES OF ELDERLY PEOPLE WHO PARTICIPATE IN SOCIAL GROUPS

Experiências de pessoas idosas que participam de grupos de convivência

Experiencias de personas mayores que participan de grupos de convivencia

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### ABSTRACT

**Objective:** to learn the experiences of elderly people who participate in social groups. **Method:** a descriptive, exploratory study with a qualitative approach carried out with twelve elderly people who attend social groups in a municipality in the interior of Bahia. The data were collected through a semi structured interview, from December 2017 to February 2018. Data were analyzed and interpreted according to the thematic content analysis proposed by Laurence Bardin. **Results:** seven categories emerged after the analysis: improvement in health status; avoid loneliness, source of social support; family support and encouragement; water activities and dancing. **Conclusion:** The study showed that the participation of elderly people in social groups is necessary due to improvements in the quality of life, self-esteem, the forging of bonds and social support that help them throughout the aging process.

**Descriptors:** Elderly; Senior centers; Healthy aging; Health services for the elderly; Quality of life.

### RESUMO

**Objetivo:** apreender experiências de pessoas idosas que participam de grupos de convivência. **Método:** estudo descritivo, exploratório de abordagem qualitativa realizado com doze pessoas idosas que frequentam grupos de convivência em um município no interior da Bahia. A coleta dos dados foi realizada por meio de entrevista semiestruturada, dezembro de 2017 a fevereiro de 2018. Os dados foram analisados e interpretados conforme a análise de conteúdo temática proposta por Laurence Bardin. **Resultados:** após a análise emergiram seis categorias: melhoria na condição de saúde; evitar a solidão, fonte de suporte social; apoio e incentivo familiar; atividades aquáticas e dança. **Conclusão:** O estudo mostrou que a participação de pessoas idosas em grupos de convivência se mostra necessária, devido melhorias na qualidade de vida, na autoestima, na construção de vínculos e apoio social, no qual auxilia-as em todo o processo de envelhecimento. **Descritores:** Idoso; Centros comunitários para idosos; Envelhecimento saudável; Serviços de Saúde para Idosos; Qualidade de Vida.

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## RESUMÉN

**Objetivo:** apreender experiencias de personas mayores que participan en centros de convivencia. **Método:** estudio descriptivo, exploratorio de abordaje cualitativo realizado con doce personas mayores que frecuentan grupos de convivencia en un municipio en el interior de Bahía. La recolección de los datos fue realizada por medio de una entrevista semiestructurada, diciembre de 2017 a febrero de 2018. Los datos fueron analizados e interpretados según el análisis de contenido temático propuesto por Laurence Bardin. **Resultados:** después del análisis emergieron siete categorías: mejora en la condición de salud; evitar la soledad, fuente de soporte social; apoyo y fomento de la familia; actividades acuáticas y danza. **Conclusión:** el estudio mostró que la participación de personas mayores en grupos de convivencia se muestra necesaria, debido a mejoras en la calidad de vida, en la autoestima, en la construcción de vínculos y apoyo social, en el que las auxilia en todo el proceso de envejecimiento.

**Descriptores:** Anciano; Centros para personas mayores; Envejecimiento saludable; Servicios de salud para ancianos; Calidad de vida.

## INTRODUCTION

The considerable increase in the elderly in recent decades has become a major public health challenge. The number of people over 60 is expected to triple by 2100, from 901 million in 2015 to 2.1 billion by 2050, reaching 3.2 billion of the world's population by 2100.<sup>1,2</sup>

The Brazilian Institute of Geography and Statistics (IBGE) also points out the population segment of the elderly as the fastest growing in the Brazilian population, with prospects of reaching 41.5 million in 2030, ie, with rates of over 4% per year.<sup>3</sup>

This high rate of older people leads to changes in the epidemiological profile, ie, there is currently a significant increase in chronic noncommunicable diseases (NCDs) when compared to infectious diseases, a fact that affects the functional capacity of the elderly leaving them more vulnerable and dependent on care.<sup>4</sup>

In this perspective, it is necessary to adopt effective alternatives that promote an active and healthy aging, capable of maintaining independence, autonomy and ensuring the right to information, education and leisure of the elderly.<sup>5</sup> In this thinking, the National Policy Health Care (PNSPI) aims to maintain, recover and promote the autonomy and independence of older people through collective and individual health measures, according to the principles and guidelines of the Unified Health System.<sup>6</sup>

Aiming at increasing social participation and the promotion of active aging, innovative strategies are being developed to articulate the challenges of the aging process with active and healthy life, strategies focused on health, care, education, sport, leisure., among others.<sup>7</sup>

Thus, the attention extends to the elderly beyond the biological and disease, thus proposing sociocultural approaches with impact on lifestyle, highlighting here the living groups for the elderly (GC).<sup>8</sup>

Given the importance of social groups as a space for interaction, inclusion and encouragement of healthy aging,

for the elderly people who participate, the following objective was defined: to learn the experiences of elderly people who participate in social groups.

## METHODS

Descriptive, exploratory study with qualitative approach. Qualitative research is based on human perception and understanding, that is, it seeks to understand and describe a phenomenon, not to explain or make predictions.<sup>9</sup>

The study was conducted at the Otelino Ferreira Costa Elderly Living Center (CCI / OFC) and at the Open University for the Third Age at the Bahia State University (UATI), both in the municipality of Guanambi-Bahia.

The CCI / OFC has approximately 415 registered elderly people. Founded in 2001, CCI / OFC offers leisure activities, crafts, embroidery, physical activity, education, forró, among others. The meetings take place on two days of the week, being on Tuesdays and Thursdays.

UATI is a University Extension Project offered by the Bahia State University since November 2014. This is a non-formal continuing education program that caters for people aged 50 and over (UATI / UNEB).

The study included 12 elderly people registered and attending the groups mentioned above. To include employees, the following criteria were established: being elderly (aged 60 years and over), participating in the activities proposed by the group for at least six months, and having the ability to establish the verbal communication process.

Elderly people who had difficulty establishing the verbal communication process that would hinder the collection of information and have a hearing deficit without the use of correction device were excluded.

Information was collected from December 2017 to February 2018 through a semi-structured interview script, with items related to sociodemographic characterization and others related to the theme. The interviews were recorded on MP4 media, with the permission of the elderly, and later transcribed in full and saved individually as word documents in their 2016 version for archiving.

The object of study was investigated until the appearance of a saturation point of information, at which time the collection was interrupted since no new elements were found to support the discussion or theorization desired.<sup>10</sup>

The analysis of the information was performed according to the Content Analysis technique proposed by Laurence Bardin, in which the phases of the content analysis are organized around three chronological stages, being the pre-analysis; the exploration of the material; the treatment of results, inference and interpretation.

The study was based on Resolution 466/12 that regulates research involving human beings. This was approved by the Ethics and Research Committee of the State University of Bahia through Opinion No. 1,938,979. To maintain the confidentiality and anonymity of the collaborators, their speeches were identified with the letter E followed by the interview number.

## RESULTS AND DISCUSSION

### Characterization of the elderly

There was a predominance of female elderly, between 60 and 64 years old, Catholic, self-declared Black, married or in a stable marital union. Regarding the level of education, incomplete primary education stood out, and family income ranged from 1 to 2 minimum wages.

The majority presence of older women in social groups is associated with increased longevity and their participation in activities that stimulate well-being, unlike the male population that shows little interest in taking care of their own health.<sup>11</sup>

Concerning the age group in question, scholars portray that it has been seeking these spaces more, because they feel younger and enjoy greater autonomy and functional capacity to develop the activities provided.<sup>12</sup>

It is noteworthy that in relation to race / black color, a result that may be associated with the study was carried out in Bahia. Bahia is one of the states with the largest number of non-white people in Brazil.<sup>13</sup>

When checking the marital status, most were married or had a stable union. However, studies conducted in social groups indicate that widows tend to seek these spaces more frequently as a way to escape loneliness.<sup>14; 15</sup>

Scholars point out that the low level of education is related to the difficulties previously experienced by these individuals, because access to school was restricted, since in the past parents demanded that their children work, it is also highlighted that the low income is becomes a risk factor for the development of pathologies.<sup>16; 17</sup>

Regarding the practice of a religious activity, this becomes important for the elderly, as it is directly related to the quality of life and health promotion.<sup>18</sup>

After analyzing the interviews it was possible to delineate six categories: "Improvement in health condition", "Avoiding loneliness", "Source of social support", "Family support and encouragement", "Aquatic activities" and "Dance".

### Improvement in health condition

The participation of elderly people in social groups has been used as a strategy to improve the health condition of these individuals, mainly due to the performance of physical activities, stimulation of cognitive development and cultivation of social and leisure relationships.

Improved health is related to the adoption of healthy habits, physical and emotional well-being, which directly influences the survival of this population.<sup>19</sup>

*[...] I felt a lot of body aches [...] Sometimes it hurts, but it is less intense [...]. (E2)*

*[...] To attend is to have a better life, to be healthy, if I stop I will not be able to walk, I will harden, due to my knee. I can't stay still [...]. (E5)*

*[...] There was a day when I cried in pain [...] It still hurts, but not like before. I've been holding things so as not to fall, after I started participating here I became independent, I have achieved my health. (E6)*

*[...] I felt a lot of pain in the knee, in the nerve, it was a strain, but currently I feel very good, I feel nothing [...]. (E7)*

The CG positively interferes with the health condition of the elderly, since the activities developed decreased the sensation of pain caused by chronic diseases or the aging process itself.

It is noticeable the improvement in health conditions, both physical and mental of the elderly, especially in the presence of some morbidity. These groups are effective in improving health as they develop educational, leisure and socialization activities.<sup>20</sup>

Studies show that the main gains from group interventions are associated with the health promotion, autonomy and independence of the elderly, as it preserves the functional capacity of these individuals, allowing them to attend the group and perform their activities freely and spontaneously.<sup>8</sup>

In this sense, for a better state of health it is essential that these individuals perform activities according to their personal abilities and desires, which makes life more enjoyable and quality.<sup>21</sup>

### Avoid loneliness

Loneliness is common in the elderly and was evidenced as one of the reasons for the inclusion of older people in social groups, because in these spaces they find a way to forget the problems and afflictions they are facing in their daily lives.

*[...] Just being indoors is bad, I was just thinking bullshit, we get isolated and sad, so going to the center is good [...]. (E6)*

*[...] I like to come to the center, here we are Zen, sometimes at home we are sad, and something always comes up to make us angry [...]. (E3)*

*[...] I feel alone at home, I come downtown to have fun, to get out of that isolation, that prison [...]. (E10)*

Loneliness is perceived as a painful and distressing feeling, in which the individual thinks that he lacks a support, a support, even surrounded by people, he feels lonely.<sup>14</sup> This situation can have an impact on the mental health of the elderly, who now feel isolated even within the family. This person comes to believe that he is no longer recognized as a reference in the family and society in general, and can lead to severe depressive conditions and even trigger suicide.<sup>22</sup>

Participation in social groups becomes a protective effect on the life of the elderly, being an important means of maintaining health, escape from loneliness and prevention

and/or treatment of depression, among others. In addition, it provides a sense of usefulness, well-being, pleasure, social inclusion, thus contributing to the improvement of the health of these individuals.

## Social Support Source

The coexistence group becomes a source of support, social support and coexistence among people of the same generation and age group. The involvement of older people in these groups acts to prevent, improve, and maintain health, as it helps these individuals regain their self-esteem, friendships, and personal confidence.<sup>21</sup>

*[...] It was not to have many friends, nor to go out, here I feel happier, quiet, it's a joy, you meet friends, talk, laugh, if distracted is the greatest happiness. (E6)*

*[...] Here everyone is my friend, I talk to everyone, I like everyone, I talk a lot, here we share our stories. (E12)*

*[...] I have many friends here, I tell them what happened in my daily life, I invite them to go home [...] When my husband passed away, they gave me support. (E7)*

*[...] Here in the center I feel free to fly, after old we have to fly, I am very well today. (E11)*

The GC enables the formation of friendships, emotional support and the exchange of experiences, which often eases the pain of the loss of loved ones and the emergence of personal problems.

The support network created from the group favors the strengthening of emotional bonds, the sharing of feelings and experiences, as well as contributing to the improvement of quality of life, attenuating social isolation and creating a care relationship outside the family context.<sup>20</sup>

The coexistence group promotes significant changes in the lives of older people, previously marked by loneliness and monotony and today, reduced isolation, feeling of freedom, living with other seniors, willingness to live and improved quality of life.<sup>23</sup>

In this sense, the social group is not only a hobby for the elderly, but a means of social reintegration. She ceases to feel so lonely, or a problem for her family, then begins to exercise her social identity, her position in a particular group, having more motivation and engagement in activities and social relationships.<sup>24</sup>

## Family support and encouragement

The family has become a great encouragement in the insertion and permanence of older people in social groups, encouraging them to engage and adhere to what is proposed by the group.

*[...] My wife attended here, she who invited me to come, so I am participating. (E1)*

*[...] It was my husband who took me to the elderly center, he who motivated me to go, I started to make friends and after his death I kept going. (E7)*

*[...] My children never forbade me to go downtown, always ask about my trip [...] they take me and seek. (E10)*

The spouses encourage their partners to participate in the groups, invite them, and attend together as a two-way program. It is observed that the couple's motivation to participate in the GC is due to the fact that this space provides more moments of joy, besides strengthening the union between the two.

Family incentive becomes a major factor for adherence, because when the family understands the group as an important source of resocialization of the elderly, it provides an improvement in self-esteem and family life, avoiding direct and stressful conflicts.

Family relationships, as well as the social networks of older people, tend to change significantly over time, so it is important to provide social support and protection for people of some significance to older people.<sup>25</sup>

It is believed that the non-adherence of the elderly to the social group is due, among other factors, to the lack of information and lack of family support. In this sense, the family is expected to become the first source of support for this individual.<sup>17</sup>

## Water activities

Aquatic activities have been recommended for the elderly population, which have the purpose of improving the functional capacity, balance, resistant strength and flexibility of the upper and lower limbs, thus mitigating the deleterious effects of the aging process.<sup>26</sup>

*[...] Doing the exercises in the pool is very good, not very good, it's great [...]. (E1)*

*[...] I have some problems with my legs, and swimming is better to do, it is the activity I like to do [...]. (E5)*

*[...] I like to do all the activities inside the pool, I feel very good, I like it very much [...]. (E6)*

*[...] There is a game with the ball that happens in the pool that is too good [...]. (E3)*

The practice of swimming and water aerobics is a positive experience in the lives of the elderly, who report the feeling of well-being and pleasure, from its accomplishment.

Thus, activities should be planned and proposed according to the demands and characteristics of the group regarding the social, cultural, cognitive, emotional and functional profile, thus aiming to have a greater interest, adherence and involvement of participants.<sup>23</sup> Older people believe that regular exercise brings benefits throughout the practice, improving their quality of life.<sup>27</sup>

## Dance

Dance works with the body from rhythmic movements, configuring itself as a valuable activity for the elderly, as well as being a moment of socialization among the participants of the CG. This activity provides greater safety as it can dominate the body and stimulate motor skills.<sup>28</sup>

The choice and organization of this activity starts from the elderly themselves being a routine activity, with days predetermined by the participants. There is a sense of well-being, improved mood, functional ability and aging process.

*[...] My favorite exercise is dancing, I knew that here in the center there was dancing, I came and I liked it, I feel very happy [...]. (E8)*

*[...] The activity I like most is dancing, when I dance I feel relaxed, negative things add up [...] I am going to be an old lady lapsing, but dancing [...]. (E11)*

*[...] I like to dance, if I let it dance all night, it is a very good activity, very hot, I feel light, with another body, another life [...] Dance helps a lot in the process of aging, makes the body burn calories, and helps in cholesterol. (E12)*

Dance becomes a facilitating agent for greater adherence of elderly individuals to the practice of a physical activity, and may bring physical, cognitive, emotional and social benefits.<sup>28</sup>

In this sense, the activities practiced by the elderly in the CG have been recommended by health professionals, since it has brought this population closer to leisure and socio-cultural activities, thus improving the quality of life, autonomy and their own health.<sup>12; 27</sup>

The practice of physical activity contributes to the prevention of chronic diseases, losses and disabilities resulting from the senescence process, as well as improving the functions of the cardiovascular system and the locomotor apparatus.<sup>29</sup>

Maintaining the elderly's functional capacity enables the individual to remain active in the community, enjoy independence at older ages, and accept physiological changes, as illness and limitations do not always preclude the personal experience of well-being. successful.<sup>19; 30</sup>

## CONCLUSION

Participation in social groups proved to be indispensable in the daily lives of older people, due to the bond established between employees, improvements in health condition, quality of life, and the way they cope with the aging process.

Improvement in health stood out as one of the best experiences lived by the elderly, as they reported improvement in functional capacity, psychological well-being and decreased pain, which affected the autonomy and independence of those involved.

Thus contributing to the construction of theoretical knowledge for health professionals, especially gerontological nursing. It is hoped that this data can contribute to health professionals to know the profile of elderly people who frequent these spaces and their demands, thus enabling to plan and implement actions that promote health.

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