



Living in community, healthy aging

Vivendo em comunidade, envelhecendo de forma saudável

Viviendo en comunidad, envejeciendo de forma saludable

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<http://dx.doi.org/10.6018/eglobal.19.1.357821>

Received: 10/01/2019

Accepted: 18/02/2019

ABSTRACT

Introduction: It is remarkable the increase of the Brazilian elderly population. Advances in research and technology have contributed to increase life expectancy, reduce mortality and improve quality of life.

Objectives: Elaborate the profile of the elderly participants of the research and identify the health impacts of the elderly due to their participation in activities at the Universidade Aberta à Pessoas Idosas (UnAPI).

Method: Descriptive and exploratory quantitative-qualitative study. Inclusion criteria adopted: age > 60 years, having joined UnAPI for 6 months, being enrolled in the activities and having attended more than once. A questionnaire containing socio-demographic/socioeconomic data, health condition/comorbidities, and open-ended questions related to the change in health and lifestyle after participation in the activities of UnATI and the importance of the group in health and life were used.

Results: The study showed female prevalence, mean age 73 years. Most of them reside in Vitória/ES, their own home, married, income from retirement, complete upper level and reported that after attending activities at UnATI noticed changes in their health, they began to feel more disposed to live, leave home, more joy. Regarding lifestyle, they said they had great influence, started to practice activities that stimulate memory, read more often, practice physical exercises, become more sociable, improve sleep, among other benefits.

Conclusion: It was observed that the elderly notice changes, mainly in health, lifestyle, and relationships. Promoting better quality of life.

Keywords: Aging healthy; Old man; Nursing; Health of the elderly.

RESUMO

Introdução: É notável o aumento da população idosa brasileira em que avanços em pesquisas e tecnologias têm contribuído para o aumento da expectativa de vida, redução da mortalidade e melhoria da qualidade de vida.

Objetivos: Elaborar o perfil dos idosos participantes e identificar os impactos na saúde do idoso e estilo de vida decorrente da participação em atividades na Universidade Aberta à Pessoas Idosas (UnAPI).

Método: Estudo descritivo e exploratório quanti-qualitativo. Utilizou-se questionário contendo dados sociodemográficos / socioeconômicos, condição de saúde / comorbidades, além de perguntas abertas relacionadas à mudança na saúde e estilo de vida após participação nas atividades da UnAPI e importância do grupo na saúde e na vida do idoso.

Resultados: Evidenciou prevalência do sexo feminino, casadas, média de 73 anos de idade, sendo expressivo a residência em Vitória/ES, em casa própria, com renda proveniente de aposentadoria e nível superior completo. Após frequentarem as atividades na UnATI, os participantes informaram mudanças em sua saúde, passando a sentir mais disposição para viver, sair de casa e ter mais alegria. Quanto ao estilo de vida relataram influência para a prática de atividades que estimulam a memória, passaram a ler com mais frequência, praticar exercícios físicos, tornaram-se mais sociáveis, com melhora do sono e outros benefícios.

Conclusão: Constatou-se que os idosos notaram mudanças em sua saúde, estilo de vida, bem como nos relacionamentos, repercutindo beneficentemente na qualidade de vida.

Palavras-chave: Envelhecimento saudável; Idoso; Enfermagem; Saúde do idoso.

RESUMEN

Introducción: Es notable el aumento de la población anciana brasileña. Los avances en investigaciones y tecnologías han contribuido al aumento de la expectativa de vida, reducción de la mortalidad y mejora de la calidad de vida.

Objetivos: Elaborar el perfil de los ancianos participantes e identificar los impactos en la salud del anciano y el estilo de vida derivado de la participación en actividades en la Universidad Abierta a Personas Ancianas (UnAPA).

Método: Estudio descriptivo y exploratorio cuanti-cualitativo. Se utilizó un cuestionario que contenía datos sociodemográficos/socioeconómicos, condición de salud/comorbidades, además de preguntas abiertas relacionadas al cambio en la salud y estilo de vida tras participación en las actividades de la UnAPA e importancia del grupo en la salud y en la vida del anciano.

Resultados: El estudio apuntó prevalencia del sexo femenino, promedio de edad 73 años. La mayoría reside en Vitória/ES, casa propia, casados, renta proveniente de jubilación, nivel superior completo e informaron que después de frecuentar las actividades en la UnAPA notaron cambios en su salud, pasaron a sentir más disposición para vivir, salir de casa, más alegría. En cuanto al estilo de vida dijeron que tuvo influencia en la práctica de actividades que estimulan la memoria, pasaron a leer con más frecuencia, practicar ejercicios físicos, se volvieron más sociables, con mejora del sueño, entre otros beneficios.

Conclusión: Se constató que los ancianos notan cambios en su salud, estilo de vida, y relaciones, repercutiendo en una mejor calidad de vida.

Palabras clave: Envejecimiento saludable; personas de edad avanzada; enfermería; Salud del anciano.

INTRODUCTION

Over the last years it is noted that the elderly population increased considerably. According to the Aging Index that represents the number of people with 60 years or more, for every 100 people younger than 15 years old in the population that resides in a specific place, in 2018 the aging index in Brazil is 43,19%, and the estimate for the year of 2060 is 173,47%⁽¹⁾. It is believed that the aging process should happen in a healthy and active way. The main characteristic of the healthy aging is the capability of accepting the physiological changes that occur as a result of the aging process,

knowing that the diseases and limitations don't forbid a personal experience of a successful old-age⁽²⁾.

Knowing this, taking care of the mental part is extremely important, participating in group activities has an important role. In group, the elderly share their emotions, exchange experiences, do workshops, travel, learn techniques such as: relaxing, activities such as handicraft, dance, physical activities, that improves their quality of life. The participation in groups makes easier to change their life style, because in these groups are performed cultural, intellectual and physical activities, besides handicraft, artistic activities, leisure and group socialization⁽³⁾. This way, we can notice that the socialization groups enable the old-age person to rescue his autonomy, develop ways to have a good perspective in a healthy parameter.

Following this perspective, it is suitable to say that the Federal University of Espírito Santo – UFES - (abbreviation in Portuguese) has an extension program Open University of Old-Age – UnATI – (Abbreviation in Portuguese), in which are offered activities divided in modules, and workshops offered semesterly to the elderly enrolled. This program has the main objective of giving adult education to people from the community who are 60 years or older, contribute with the strengthening of the elderly citizenship as an individual who has rights, besides, the elderly makes part in the activities that improves their quality of life and interaction with other people enrolled in the program as well. Research has shown that the participation in the UnATI program it is making a difference when it comes to changes in the elderly's life style and quality of life, also stating the significance of the inclusion of the elderly population in educational programs, as a support tool for facing this step of life⁽⁴⁾.

In this conjuncture, becomes clear the importance of the participation of elderly people in the groups proposed by UnATI, since it's proven its contribution for the old-aged quality of life, affecting positively their health. The quality of life has a direct influence over the wellbeing, self-esteem, factors related to the physical and mental health, leisure and healthy habits⁽²⁾. With all that said, the study presents as objectives elaborate the profile of the elderly who are participating in the research and identify the impacts of the participation in the activities of UnATI for the elderly people's health and way of living.

METHOD

This in an exploratory and descriptive study, it describes characteristics of a specific population or phenomenon⁽⁵⁾, studying the characteristics of a group⁽⁶⁾, providing a general perspective about a specific fact⁽⁵⁾. It was adopted a quantitative-qualitative approach, because with this approach it is possible to “represent the scientific methodology, translated “objectively” and in “mathematical data” [...], besides going deeper un the world of “[...] human relations, instead of “intuition”, “exploration” and “subjectivism”, a side that can't be verified, not being possible to transform it in equations, means or statistics. (p.7) ⁽⁷⁾. Besides that, “the qualitative and quantitative data set complement each other, because the reality covered by them interacts dynamically, excluding any dichotomy” (p.7) ⁽⁷⁾.

The study was carried out with the elderly people enrolled with the UnATI Program, witch is linked to the Social Service Department and the Aging and Advisory to Elderly People Research Center – NEEAPI – (Abbreviation in Portuguese), and, seeks to

politically strengthen the elderly through the proposed activities, besides contributing to the development of public policies focused on aging and making possible a better quality of life to the participants. According to the Elderly People's Rights Nacional Conseil, there was a change in the nomenclature, from UnATI for UnAPI (Abbreviation for Open University for the Elderly People), however, we highlight that during the research we've maintained the old nomenclature, because the alteration only occurred at the end of the data collecting. At the occasion of the research development there was on average 120 old-aged enrolled at UnAPI. However, it was noticed an elevated number of absents, totalizing 89 eligible participants for research. From these, 59 were addressed by the researchers at the end of the development of modules and workshops. We highlight that there were no refuses in participating, but, when the inclusion criteria were applied, only 36 old-aged were considered able to participate.

The following inclusion criteria were adopted in this research: old-aged as determined by the National Policy for the Old-aged⁽⁸⁾, considering an old-aged as a person older than 60 years old, be enrolled for 6 months or more with UnAPI (UFES), attend regularly the activities and not be very absent from them.

The data collect occurred from September to November 2018, previously scheduled with UnAPI coordination team, who contacted the mentors of modules Health and Quality of Life, Society and Oppressions, Psychology and Old-Aged and Social Inclusion, besides the Psychology, Singing and Dancing workshops. The collect was made at the rooms these activities were developed, at the end of the meetings. We highlight that this research respected the ethical principles from 2012's Resolution 466, being approved by the Ethic and Research Committee (ERC) from UFES, receiving the protocol 086666/2018, CAAE: 95031018.6.0000.5060. The consent form with every information about the research was given to the participants in a two-way form. One way stayed with the research team and the other remained with the participants.

It was applied a quiz that the participants could answer for themselves. This quiz contained questions about socioeconomic data; sociodemographic data; current health condition/comorbidity; data about UnAPI (attendance frequency; for how long they attend the activities; which modules and workshops they attend). In order to identify the health impacts and the old-aged lifestyle changes caused by their participation in UnAPI, at the second part of the quiz there were four questions: "Did you notice any changes in your health after beginning to participate in the UnAPI activities?"; "Did you notice any changes in your lifestyle after beginning to participate in the UnAPI activities?"; "What's the importance of this group for your health?" and "What's the importance of this group for your life?".

The quantitative data were listed and organized in Microsoft's Excel spreadsheets and analyzed by media, absolute frequencies calculation and percentages. The qualitative data were analyzed based on Content Analysis⁽⁹⁾, which is based on operations of slitting the text into units, discovering the different kinds of sense that constitute communication and doing the regrouping of data in thematic categories afterwards.

As a methodologic limitation of this study we highlight the cancellation of some workshops when the data were being collected due to meteorological issues, preventing the old-aged to reach UnAPI and, consequently, the participation at the research in that day. Besides that, a lot of old-aged were enrolled at UnAPI for less than 6 months, being excluded of the research, according to the adopted criteria.

RESULTS

When the sociodemographic, socioeconomic and health profile of the elderly were elaborated, it was identified that the average age of participants is 73 years (minimum: 61 years; maximum: 86 years), prevailing the feminine gender, (n=31, 86%).

The prevailing marital status is married (n=12, 33%), divorced (n=11, 31%), widowed (n=10, 28%) and single in smaller proportion (n=3, 8%).

Concerning the place of living, reported living in Vitória – ES (n=17, 47%), followed by Vila Velha – ES (n=11, 31%), Serra – ES (n=5, 14%), Guarapari – ES (n=1, 3%) and those who did not reported the place of living (n=2, 6%).

Fourteen elderly people (39%) reported living alone, ten reported living with their spouses or relative ones, other two did not reported anything. Most of them live in their own houses (n=33, 91%), but there are a minority who live either in a rented house (n=2, 6%) or in a ceded one (n=1, 3%).

Concerning their income, most of them are retired receiving by social security (n=26, 72%), some of them receive their benefits from social security complemented by a pension (n=7, 19%) and retirement benefits complemented by other source of income (n=1, 3%). Elderly that informed still having other source of income but did not clarified which they are (n=2, 6%).

Concerning their educational level, it were identified elderly with complete higher education (n=12, 33%); post graduated, with complete high school and incomplete higher education (n=5, 14%) respectively; incomplete high school (n=3, 8%); elementary school: completed and incomplete, with incomplete kindergarten (n=2, 6%) respectively.

Concerning their medical conditions / diseases that affect the elderly participating the research, it was identified that some health problems overlap. With emphasis on hypertension (n=17, 47%); followed by hypercholesterolemia (n=10, 28%); arthritis (n=7, 19%); osteoporosis (n=5, 14%); diabetes (n=4, 11%); and, in lower prevalence: arthrosis, cancer and hyperthyroidism (n=2, 6%) respectively; spinal problems, neuropathy, Sjogren syndrome, high triglycerides, glaucoma, osteopenia, thyroid problems and gastric ulcer (n=1, 3%) respectively.

It is highlighted that some elderly reported not having any health problems (n=3, 8%).

About the data referring the UnAPI activities, it was verified in the participation time in activities, predominance of 06 months to 1 year period (n=20, 55%), followed by 1 to 5 years period (n=10, 28%), 5 to 10 years period (n=4, 11%) and more than 10 years of participation at UnAPI (n=2, 6%).

As a result of participation frequency, it was observed that the elderly are assiduous in the weekly activities (n=34, 94%) and did not informed (n=2, 6%).

Concerning the elderly participation at workshops, the singing workshop was a highlight (n=12, 33%), Senior Dance (n=9, 25%), Psychology workshop (n=8, 22%), Memory workshop (n=4, 11%), Physical Education workshop (n=1, 3%) and does not participate in any workshops (n=10, 28%), we highlight that the elderly can participate in more than one workshop.

Concerning the participation in modules, it was verified that the one who speaks about health and quality of life has a larger participation (n=17, 47%), Psychology module (n=10, 28%), Elderly and social inclusion (n=6, 17%) and Oppression and society module (n=3, 8%). It is highlighted that the elderly can participate just one module at a time, because they are developed at the same weekday and time.

When analyzing the open questions in the quiz trying to identify the health impacts of the participation on UnAPI activities in the elderly's health and lifestyle, it was possible to identify four thematic categories: Change of perception of health and its relation with Basic Human Necessities; the influence of participation in UnAPI activities in the elderly lifestyle; the importance of UnAPI group for the elderly health and life in general.

Perception of changes in health and its relation with the Basic Human Necessities

The elderly data at data collection instrument allowed us to identify that most of them reported positive changes in their health as a direct influence of their participation at UnAPI activities (n=26, 72%). In this perspective, there is data about physiological changes, relationship and self-esteem favorably influencing in the elderly health, as the following data shows.

However, it was identified that some elderly did not noted any changes in their health (n=9, 25%) and one elderly (3%) did not answered this question.

"Yes, [...] drink more water, give more attention to my health... [...] I became more aware of the check-ups, in making health tests [...]". Elder 1

"Yes. I learn about healthy eating and how to adjust my cooking [...] Improved my test results, now I exercise [...]. My participation here makes me compromise, cheers me up, sometimes, we're sad, but the I shave my beard, take a bath and come back with more self-esteem." Elder 2

"Yes, [...] paying more attention to my eating, [...]. Increased my self-esteem, I'm getting more talkative [...]". Elder 13

"Yes, I've got less lonely, made many friends". Elder 9

"Yes, increased my circle of friends, and consequently, my willingness to participate". Elder 14

"Yes, Living in community". Elder 29

"Yes, in contact with many people from different regions, physical, cultural and economic situation". Elder 30

"Yes, I was very discouraged before, was always feeling ill, sad, now I'm very happy". Elder 3

"Yes. I became happier and willing to live longer, it helped me a lot". Elder 5

“Yes, I feel very happy, I get anxious for Thursdays [...] Even forget my pains [...]”. **Elder 19**

“Yes, I became more active with my shores, happier, expansive, talkative, [...]” **Elder 25**

“Yes, I’ve gained trust in myself”. **Elder 28**

“Yes, increased my quality of live a lot” [...]. **Elder 16**

“Yes, better quality of life, more knowledge in many subjects”. **Elder 18**

“Yes, it gave me more will to take care of my health”. **Elder 33**

Influence on elderly’s lifestyle related with their participation on UnAPI activities

When the answers about the possibility of changing their lifestyle after the enrollment at UnAPI are analyzed, it was obtained that the elderly’s participation in the activities influenced in their lifestyle (n=28, 78%) highlighting the interpersonal relations, recreation, knowledge / learning, exercising, eating and sleep improvements as changes noted after participating at UnAPI activities.

There were some elderly that informed not having any relations between participating at UnAPI activities and eventual changes in their lifestyle (n=7, 19%) and one elder (3%) did not informed.

Below its highlighted some representative data about what were explained above.

“Yes, we’re more sociable”. **Elder 8**

“Yes, I became more talkative [...] I Want to learn much more”. **Elder 18**

“Yes, to be more talkative, even speak in class, something I couldn’t do”. **Elder 23**

“Yes, [...] In living with my family as well”. **Elder 24**

“Yes, [...] I became more active in the society”. **Elder 26**

“Yes, my lifestyle changed a lot, because when I come here I feel like I’m another person, I meet my friends. It’s a pleasant evening”. **Elder 3**

“Yes, I had more access to many participations, in others, recreation times”. **Elder 5**

“Yes, I became more active, I used to stay at home a lot, didn’t wanted to go out. Now I want to join a group. I’ve danced here in class today. I think I’ve become more active, feeling alive”. **Elder 10**

“Yes, more independent, many options of recreation activities, more active social life”. **Elder 13**

“Yes, [...] I seek giving more based opinions”. Elder 17

“Yes, many kinds of knowledge”. Elder 22

“Yes, better learning in many aspects [...]”. Elder 29

“Yes, doing exercises [...]. I eat less candy at parties and stuff”. Elder 2

“Yes, [...] I have dancing classes three times a week, it’s good for the body and mind”. Elder 16

“Yes, I’ve become aware of exercising my body and mind”. Elder 33

“Yes, I’m sleeping better”. Elder 7

The importance of UnAPI’s group for elderly’s health

A large number of elderly (n=30, 83%) recognizes UnAPI as a place that makes possible interpersonal relations improvements, allows them to acquire information related to their health and favorably contributes at their quality of life. However, some participants did not answer this question (n=5, 14%) and one (3%) informed not realizing any importance of this group in his health.

“This group is helping me a lot because here I find other people, we chat, sometimes we have similar problems or not, we keep talking. It’s very good participating in this group”. Elder 10

“Get along with other people is very gratifying, making friends it’s very good”. Elder 16

“In our age, every new friendship and every relationship is good for our health”. Elder 20

“It’s important because I don’t feel lonely anymore [...], helps with my health in general”. Elder 24

“Getting along with people from the same age or close to mine, the activities we make and the friendship, staying with our colleagues and the teachers who coordinate the workshops and modules” Elder 30

“With the given orientations I’m more careful with my health”. Elder 7

“I seek more information about taking care of my health [...]”. Elder 14

“[...] Becoming aware of many important and diverse subjects for our stage of life”. Elder 15

“Knowledge acquired participating at the health group sessions, quality of life, brought us background [...] of what needed to change”. Elder 17

“They teaches us to improve our quality of life [...] after getting old”. Elder 5

“Try to improve my physical activities, for improving my quality of life”. Elder 13

“it contributes for me to continue seeking a best quality of life”. Elder 18

The importance of UnAPI’s group for elderly’s life

In this analytical category, elderly (n=33, 92%) reinforced that the UnAPI’s group stimulates their interpersonal relations and make the acquisition of new knowledge possible. Three elderly (8%) did not answer this question.

“Participating is good, it’s like having another family. We get to meet a lot of people and learn to walk the right path. The group works fine, sometimes problems happen, but we work it out as a family”. Elder 2

“[...] I’ll be eternally grateful [...] by the people I’ve met during my time at UnAPI. People who always has given me joy and happiness”. Elder 4

“[...] we created a very happy and harmonic living” Elder 8

“[...] Meeting new people, becoming friends with them, lots of fun and laughs”. Elder 15

“[...] improves my living with my friends and family”. Elder 16

“It’s amazing, helped me socializing with people, accepting other and even myself. [...]”. Elder 24

“It made a difference, I have a lot of friends and with this group I’ve learned to accept the differences between me and them, how to accept and respect these differences”. Elder 27

“I get to know stuff that will help me having a healthy aging”. Elder 1

“[...] it’s very satisfying belonging to a group, bigger vitality and other knowledges that I’ve acquired on the presented modules”. Elder 14

“[...] sharing knowledge is fundamental to our personal and social improvements, and in myself essentially”. Elder 17

“[...] I’m feeling happy and more aware of what’s going on, because our advisor brings us some problems that makes us think about”. Elder 19

DISCUSSION

The developed studies have shown a feminine gender predominance in elderly’s group ^(10,11,12), with over 61 years ^(13,11), married, putting it together with the data found on this research. In contrast, a study developed at Universidade Estadual Paulista’s UnAPI⁽¹¹⁾ have shown a predominance of widowed elderly, in opposition to what was identified in this research at Universidade Federal do Espírito Santo’s UnAPI.

In a similar way to the data we found, most of the studied elderly ^(14,12) lives alone and

have their own properties ⁽¹⁵⁾, in opposition to those who live with their family ⁽¹⁶⁾. Whereas the (re)configuration of family models, it is expected that the number of elderly living alone tend to increase in the future.

Corroborating with the data in this research, the income from social security's retirement is the elderly's main source of income⁽¹²⁾.

And the prevailing schooling level, completed higher education ⁽¹¹⁾. However, the research ⁽¹³⁾ diverges about having among its participants, a majority of completed high school or incomplete elementary school elderly as what calls more attention among the studied elderly ⁽¹²⁾.

About their health conditions / elderly's diseases, it can be verified that hypertension has shown a higher prevalence, followed by hypercholesterolemia, arthritis, osteoporosis and diabetes. In other studies, hypertension was considered the non-transmissible chronic disease with the bigger prevalence in elderly, followed by other pathologies ⁽¹⁰⁾. According to the Brazilian Cardiology Society, the systemic arterial hypertension is a clinical condition that causes an increase at blood pressure (BP) to elevated levels, equal or superior to 140x90 mm Hg. This increase at BP can be related to several factors, such as structural alterations in organs, metabolic changes. Its prevalence reaches more than 50% for elderly aged between 60 and 69 years, in elderly older than 70 years, it reaches 75% ⁽¹⁷⁾.

Hypercholesterolemia is characterized when the cholesterol levels on blood is equal or higher than 200 mg/dL. The elevation of the total cholesterol levels is associated to the increase of low-density lipoprotein concentration (LDL), representing values above 160 mg/dL ⁽¹⁸⁾. It is known that this is the main risk factor for developing atherosclerosis, and other diseases such as dyslipidemia, cardiovascular diseases, type II diabetes mellitus and systemic arterial hypertension. It is worth mentioning that changes in eating habits are essential for a good health, longevity and quality of life ⁽¹⁹⁾, as evidenced in this research.

Another factor in evidence involves the osteoarticular and osseous systems, with problems such as arthritis and osteoporosis, expected condition on the aging process due to osteopenia. As years go by, the estrogen levels tend to be reduced, consequently, it occurs a reduction at muscular strength and lean body mass. This fact is more frequent in elder women. This is a worrying factor, because most part of the research participants is from the feminine gender, making evident the higher risk of falls of these participants ⁽¹⁶⁾. The falls on old aged people is a very important issue, because falling can deteriorate their health, bring some sort of incapacity and death, consequently a higher social cost, lost of autonomy and independence, in some cases being necessary the institutionalization ⁽²⁰⁾.

Another registered grievance is Diabetes Mellitus that can lead to various complications. According to the American Diabetes Association, it was identified the following complicating conditions of Type II Diabetes Mellitus: dyslipidemia, hypertension, obesity, depression, coronary artery disease, chronic kidney disease, arthritis, cancer, neuropathy, cardiac insufficiency, fractures, peripheral arterial disease and retinopathy ⁽²¹⁾.

When questioned about the participation time at UnAPI's activities, most of them

related being enrolled for more than 6 months, 1 year maximum, differently of what the research found ⁽¹¹⁾, which found a predominance of elderly enrolled for less than 5 years at UnAPI. About the attendance, most of the studied elderly informed to attend weekly, which is equivalent to 94% of the studied elderly, a higher percentual than the one found at the research ⁽²²⁾ developed at the UnAPI from Irati – PR.

About the UnAPI's offered activities, the Singing workshop and the Health and Quality of Life module were the ones with more attendance by the elderly in this research. At Universidade Federal do Triângulo Mineiro, the activities are applied by the Psychology, Nutrition, Physiotherapy and occupational therapy areas, in which every specialty does their respective workshops, groups and modules, according to the demanded themes proposed by the participants ⁽²³⁾.

From the data acquired with the questions made at the elderly's quiz, it was made the answer's categorization, generating four analysis categories. About the elder's perception about changes in their health and their relation with Basic Human Necessities, in consequence to their enrollment at UnAPI's activities, it was observed a prevalence of improvements reports about eating habits, exercises practice, increase in the friendship cycle, more willingness to live and improvements at quality of life. These aspects can be related to the Maslow's Hierarchy of Needs Theory. Like in this research, another scholar ⁽¹²⁾, used Maslow's Theory as the base for his research.

The Maslow Theory it's subdivided in levels, that are distributed in a pyramid illustration, in which the individuals must satisfy the lower levels of the satisfaction progression for reaching the higher ones. Starting from the bottom, we have the Physiological needs (food, hydration, sleep, homeostasis). At the second level, Safety (body, health and family). At the third, Love/relationship (friendship, family). At the fourth, Esteem (trust, self-esteem, happiness, good mood, achievement and respect). At fifth, Self-actualization (morality, problem solving, spontaneity, acceptance of facts, lack of prejudice) ⁽²⁴⁾.

From this understanding, it was decided to use this theory identifying in the research developed at UnAPI, from UFES, every level of the pyramid registered by the elderly when making commentaries about their health after their participation in UnAPI. The elderly listed items such as food, sleep, safety, relationship, trust, self-esteem, happiness, good mood, problem solving, acceptance of facts, lack of prejudice, as found in other research ⁽²⁴⁾.

Concerning the influence of the lifestyle related to the participation in UnAPI activities, the elderly highlighted the interpersonal relationships, food and sleep (aspects from Maslow's Theory), exercising, leisure, knowledge – elements that improve the elderly's quality of life ^(25, 26, 27, 28).

Concerning sleep, elderly related sleeping better, result observed in the research developed in Passo Fundo – RS as well ⁽²⁹⁾. About physical activity and eating, it was related the adoption of exercising practices and healthier eating habits, like in the UnAPI from Caçador – SC ⁽²⁶⁾. The interpersonal relationship on this research had a considerable emphasis, in which elderly claim being more talkative and sociable, a fact observed in other studies as well ^(26, 29).

Leisure is highlighted in equal form, being related to a bigger disposition for doing the activities as it was identified in other UnAPI⁽⁴⁾. It is highlighted that knowledge and the acquisition of new fields of knowledge were identified in other studies as well⁽²⁸⁾.

Concerning the UnAPI's group importance for elderly's health and life, it was noted an interpersonal relationship increase, acquisition of new knowledge that improved their health and life, contributing for the adoption of healthy habits and reaching a better quality of life, corroborating with other study⁽²³⁾.

From the data acquired from the elderly, it was evident that being enrolled in these groups brings a lot of benefits, like the visible improvement in human interactions and interpersonal relationship, familiar or social. In equal form, it can be observed in a study developed with elderly enrolled in social living groups, where they report being enrolled at these groups for having a necessity of having a social life, interacting with other people. These places that improve their social wellbeing significantly improve their willingness to live⁽³⁰⁾, as it was observed in the screen's research.

Concerning the quality of life, the elderly highlighted the significant importance of daily habits, started exercising, changed their eating habits, data also highlighted in research made at the São Paulo interior's UnAPI⁽⁴⁾, where the participants related that after enrolling at the activities, they could observe an improvement at physical health, being more active, and that the quality of life in general had a significant improvement.

CONCLUSION

This research made possible drawing up some characteristics from the participants elderly and allowed us to verify the impacts of their enrollment at UnAPI in their health and lifestyle, improving these elderly's quality of life.

The participants related positive changes in their health putting together elements that converge for the Basic Human Necessities, essential for the existence of every human being.

The lifestyle also suffered a positive impact after the enrollment at UnAPI, new knowledge was acquired by the elderly, contributing to a higher tendency to start healthy habits, such as exercising, leisure. Activities that make a difference in the studied elderly's health and life in general.

In every open question, the elder realized and registered the interpersonal relationship, either in the perception of changes in their health, or in their lifestyle or even seeing the importance of UnAPI's group for elderly's health and life but stating the interpersonal relationships in a prominent position.

It is believed that the socialization, the feeling that they are part of the group and a well succeeded interpersonal relationship is a protective factor for the group's health and quality of life, contributing for the group's healthy aging.

Research like this reinforce the importance of investing in public policies for the elderly population, contributing for health and improving healthy aging.

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ISSN 1695-6141

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