

Socialization group: perception of elders in a primary health care unit**Grupo de convivência: percepção dos idosos em uma unidade básica de saúde****Grupo de convivencia: percepción de los ancianos en una unidad básica de salud**

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This is an exploratory, descriptive and qualitative study, aimed at evaluating the perception of elders who participate in a Socialization Group (SG) conducted in a Primary Health Care Unit (UBS) located in a rural community of the city of Patrocínio, MG, Brazil in the countryside of the Minas Gerais state. The group exists since the first semester of 2016, and data collection took place from April to May 2017, in the UBS. Five women were interviewed, all of which were participants of the SG since it started and aged from 60 to 79 years old. The analysis was conducted using the Discourse of the Collective Subject (DCS). The central ideas found were: good; communication; patience; socialization; learning and distraction; very important. The importance of the SG with elders in the Primary Health Care was made clear, as it was considered: a space for socialization, of listening, developing new skills, the creation of a healthy environment, a means to promote health and prevent diseases and health problems, a ludic place, an improvement of relationships, tolerance, and establishment of bonds.

Descriptors: Aged; Health education; Health promotion.

Este é um estudo exploratório, descritivo, de abordagem qualitativa, com o objetivo de avaliar a percepção dos idosos participantes de um grupo de convivência (GC) realizado em uma Unidade Básica de Saúde (UBS) localizada em uma comunidade rural da cidade de Patrocínio, situada no interior de Minas Gerais. O grupo existe desde o primeiro semestre de 2016 e a coleta de dados ocorreu entre abril e maio de 2017 na UBS. Entrevistou-se 5 mulheres participantes desde o início do GC com idade entre 60 a 79 anos; e, para a análise, utilizou-se o Discurso do Sujeito Coletivo (DSC). Obteve-se as Ideias Centrais: bom; comunicação; paciência; convivência; aprendizado e distração; muito importante. Evidenciou-se a importância da existência do GC com idosos na APS como: um espaço de socialização, local de escuta, desenvolvimento de habilidades, criação de ambiente saudável, meio para promoção da saúde e prevenção de agravos e doenças, lugar lúdico, melhora dos relacionamentos, tolerância, e estabelecimento de vínculo.

Descritores: Idoso; Educação em saúde; Promoção da saúde.

Este es un estudio exploratorio y descriptivo de abordaje cualitativo con el objetivo de evaluar la percepción de los ancianos participantes de un grupo de convivencia (GC) realizado en una Unidad Básica de Salud (UBS) localizada en una comunidad rural, de la ciudad de Patrocínio, MG, Brasil situada en el interior de Minas Gerais, Brasil. El grupo existe desde el primer semestre de 2016 y la colecta de datos ocurrió entre abril y mayo de 2017 en la UBS. Se entrevistaron a 5 mujeres participantes desde el inicio del GC con edad entre 60 y 79 años; y, para el análisis, se utilizó el Discurso del Sujeto Colectivo (DSC). Se obtuvieron las Ideas Centrales: bueno; comunicación; paciencia; convivencia; aprendizaje y distracción; muy importante. Se evidenció la importancia de la existencia del GC con ancianos en la APS como: un espacio de socialización, lugar de escucha, desarrollo de habilidades, creación de ambiente saludable, medio para promoción de la salud y prevención de agravamientos y enfermedades, lugar lúdico, mejoría de las relaciones, tolerancia y establecimiento de vínculo.

Descritores: Anciano; Educación en salud; Promoción de la salud.

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INTRODUCTION

Population aging is a worldwide process that also takes place in Brazil and is related to the demographic transition - characterized by an increase in life expectancy - and epidemiological processes - with predominance of non-transmissible chronic diseases (NTCD)¹. According to the Brazilian Institute of Geography and Statistics (IBGE), elders represent 11% of the Brazilian population, and the country may have 30 million elders by 2020².

The aging process generates physiological changes, leading to greater vulnerability and pathological interurrences in social, biological and psychological (affective, emotional and cognitive) aspects^{3,4}. Actions to promote and educate regarding health, that are focused on self-care, are necessary to prevent health problems, and incorporate strategies that offer social care to the elder¹.

In this context, the socialization group (SG) is an important contribution for a healthy process of aging with quality⁴. The SG can represent a therapeutic moment for the elders, supporting and improving the social context of the elders⁵⁻⁷. Their betterment, the development of skills, the acquisition of more knowledge for health promotion (HP) and the improvements in the quality of life (QoL) are important benefits that can be offered by the SG.

More than just providing socialization to the elders, the SG can offer a new social identity to them⁵. The group activities offer conviviality and the practice of many ludic, cultural and religious activities, as well as promotes experiences in a group process that takes many forms⁵. Sharing through the exploration of potentials promotes control, prevention and treatment for possible psychosocial disorders, among which is depression⁵.

Primary Care (PC) is the preferred user entry point for the Unified Health System (SUS), and therefore it is the starting point for the structuring of local health systems. It is represented by a group of actions, individual and collective, that includes activities of promotion and protection of health to be

developed, aiming for the prevention of health problems, diagnostics, treatment, rehabilitation and the maintenance of the population's health⁸.

Considering this reality of the SUS, the SG of elders is a proposition that affects both health promotion, the prevention of diseases and health problems, the simultaneous treatment and aid to the recovery of the user with chronic diseases, all the while being an integrative, stimulating and social activity. The SG, therefore, is a healthy environment, one of the basic parameters of the HP presented in the I International Conference on Health Promotion, which took place in Canada, in 1986⁹.

Amid the aging of the population of Brazil and the world, it is relevant to evaluate strategies and approaches that can directly impact the life of the elders. This is a study aimed at evaluating the perception of elders who participate in a socialization group conducted in a Primary Health Care Unit (UBS) located in a rural community.

METHOD

This is an exploratory, descriptive and qualitative study, including a field research and conducted in the city of Patrocínio. The city is in the countryside of the Minas Gerais state, in the Triângulo Mineiro region. It has approximately 90,000 people and a Human Development Index (HDI) of 0.799.

The SG conducted in the UBS was created in August 20, 2016, as an action to promote, prevent, educate and integrate. The initial idea of the meetings was to offer a mental health strategy - promoting health, preventing diseases and health problems of the adults and elders in the UBS and later turning into a HP group. Elder participants became predominant in the SG.

The initiative, elaboration and institution of the SG was made by the nurse who coordinates the UBS. The weekly meetings are conducted by the nurse himself (except in cases in which an unforeseen event prevents it). Other types of health professionals have not, as of yet, participated in the conduction of the group.

In the meetings, texts are read, music presented with an acoustic guitar, therapies of silence and interiorization conducted, breathing exercises carried out, relevant themes regarding healthy life habits are addressed, and debates are held on certain topics. All members of the group are encouraged to participate, expressing their opinions and ideas.

Among the themes that have already been discussed in the SG in the UBS, are: anxiety; peace; forgiveness; empathy; calm; tranquility; simplicity, future expectations; motivation; healthy eating habits; leisure; benefits of regularly practicing physical activities; and others.

The themes are chosen for the meetings in a simple, clear and objective way, based on the characteristics of the population under the scope of the unit and the participants of the group, as to encourage and make easier the participation of the users, offering a moment in which they can create bonds, confidence, and have their voices listened.

Five elders participated in the study. The data collection technique was conducted through the application of a semi-structured interview, a sociodemographic questionnaire and a clinical variable questionnaire, conducted from April to May 2017.

The audio of the interviews was recorded so the statements of the participants could be later transcribed, with their previous authorization. The average length of each interview was that of 10 minutes, and the sociodemographic questionnaire was conducted immediately after the interview. The parameters addressed in the interview were: "How do you see the socialization group?"; "What changed in your life after you started participating in the socialization group?"; "Do you think the socialization group is important?".

The interviews were analyzed according to the Discourse of the Collective Subject (DCS). The DCS is "a synthesized discourse elaborated by pieces of discourses that have similar meanings and are gathered in only one discourse"¹⁰. It is a technique used in qualitative researches and has, as its source-material, the written statements on

many discourses synthesized in the first person, singular¹¹.

To carry out the DCS modality one must select, from each individual response collected, the Key-expressions (KE), the most significant segments of these answers; the KE correspond to the Central Ideas (CI) that are the synthesis of the content expressed in the KE. From the data gathered through KE and CI, the synthesized discourses are conceived, in the first person, singular. These are the DCS, which express the thought of a group as if it were an individual discourse¹¹.

The sociodemographic and clinical variable questionnaires were elaborated by the researcher. In the first, are the variables: age, gender, skin color, income, housing conditions, number of people who live in the house (family arrangement), educational level and marital status. In the second questionnaire, were assessed: the presence of non-transmissible chronic diseases (NTCD), the number of medications used, the amount of psychotropic medication currently prescribed, drinking, smoking, sedentarism and body mass index (BMI). These questionnaires aimed to characterize the population who participated in the study.

From the interpretation of the data collected in the semi-structured interview, the DCS were elaborated. Two tables were developed and process to expose the data found through the sociodemographic and clinical variable questionnaires. The design of the study with the DCS and the tables were conducted using the softwares Microsoft Word® and Excel®, 2007.

To participate, the patients had to: be older than 60 years of age; have participated in at least six meetings of the SG since its creation; live in the area under the scope of the UBS; have accepted to participate, by signing the Free and Informed Consent Form (FICF).

The research was conducted after its objectives, methods, risks and benefits to the participants were explained, and the FICF was signed. This form was elaborated and written by the researcher according to the criteria of Resolution 466/2012. The interviews took

place outside of the health service unit, while it was closed.

RESULTS

According to a sociodemographic evaluation questionnaire, it was found that all participants were female. Regarding their age, three users were from 60 to 69 years of age and 2 from 70 to 79 years of age; concerning their skin color, three users were white, and two, brown.

Regarding the parameter "individual income", it was found that all users received one minimum wage, have a house, land, and complete elementary school.

In the clinical variables it was found that, among the NTCD found, four participants had Arterial Hypertension, two were Obese, one had Diabetes Mellitus, one had Obstructive Chronic Lung Disease, one had Asthma, one had Depression, and one, Arthrosis.

Regarding the number of medications being use, it was found that: one participant was using one medication while the other four used five medications or more. Regarding the variables smoking and drinking, it was found that two users are smokers, and none drink.

Considering the interviews conducted with the elders who participated in the SG in the UBS, six DCS were elaborated, divided in the following themes: good; communication; socialization; patience; learning and distraction; very important. Considering the question about how they see the socialization group, the DCS 1, 2, and 3 were created, based on the CI: good; communication; socialization. The DCS are:

CI1 / DCS 1: Good

I think it's a good thing. I think it's very good. I like to participate, I'm liking it. I know I have to get up and come to the group that I admire. Happiness for all of us here. Very good, very nice. (11, 12, 13, 14, 15).

CI2 / DCS 2: Communication

Everyone talks, everyone expresses what they want, talk. Sometimes we almost have no contact but we have there, we say what we want. We talk little at home, and here we talk and distract ourselves a little. (11, 12, 13)

CI3 / DCS 3: Socialization

People's socialization get better, their relation. We get in contact with the colleagues, the instructor. I'm liking it, it's a pity there aren't more people participating. (12, 13, 15)

According to the question regarding the changes in the lives of the users after participation in the socialization group, the following DCS was elaborated, focused on the CI: patience; learning; distraction.

CI 4 / DCS 4: Patience

A lot got better, the health got better, the head is tired, the preoccupations got better. I'm very impatient, I learned to be calmer. We have more tolerance, more patience. We get happy, tranquil, calm, patient. (11, 12, 13, 14).

CI 5 / DCS 5: Learning and distraction

A lot got better, more understanding. Some little things got better, things we're doing, things I didn't know and I learned about. We go there and pass the time, get distracted, learn. (11, 12, 13, 15)

Regarding the question about whether the users find the Socialization Group to be important, the related DCS is related to the CI: very important.

CI 6 / DCS 6: very important

Very good, I like it a lot. I think the socialization group is very important. I think socializing is important. It's very important and it's a pity there's not more people. (11, 12, 13, 14, 15).

DISCUSSION

The increase of the elderly population in Brazil is evident in the statistics produced by the IBGE. Considering this setting, pertinent actions in the scope of HP become necessary, including disease prevention, actions to improve QoL and the offer of humanized care for elders.

The SG is seen as an important socialization space for the elderly population⁵⁻⁷. In addition, the SG offers to the elders emotional support, leisure, the development of abilities, acquisition of knowledge, elevation of self-esteem and HP actions⁵⁻⁷.

The DCS related to how the users see the SG shows how necessary are communication and socialization in the community. They need to interact and to be heard, and therefore, never miss the weekly SG meetings. The group activities are, for the elders, spaces for them to be heard¹³.

The SG is also an opportunity to strengthen bonds and friendships, and social connections are encouraged and become interesting⁵. The safety offered by a welcoming and encouraging environment, as the SG one, favors the autonomy of the elder¹⁴.

Living with people in equal or similar conditions brings safety and encourages the elders in the SG¹².

Regarding the questions about the changes caused by the SG, an increase in the tolerance and patience of the users can be noted, related to their social relations and the encouragement to develop and redevelop the personal abilities they mention they have. Since the QoL is related to the self-perception of the individual and associated to the social setting, the SG positively interferes in the improvement of the psychological, social and physical health of these people¹⁵.

The activities conducted in the SG contribute both for the maintenance of the biopsychosocial balance of the elder and for the attenuation of possible environmental and personal conflicts^{3,13,14}. The experiences and reflections on their daily lives are among the benefits of the SG¹⁵. Group activities stimulate the socialization of the elder¹⁶.

The development of personal abilities is one of the benefits of the SG. The activities that develop talents are among the proposed ways to carry out HP to its fullest. The insertion of elders in a SG enables them to acquire and share ideas¹⁴.

From the point of view of the elders, regarding the question about how relevant the SG is in the UBS, they saw the group activities as very important. It was inferred that there is a considerable emotional bond between the participants, with the activities that are conducted and with the environment, which became a part of their daily lives and tasks.

The identification of the users with the SG, in the scope of the PHC, is a victory, considering that it is part of a public health service which still has not broken free from the ties of the biomedical model¹⁷. Only with very tight bonds is it possible to conduct effective HP actions. The prevention of health problems and the assistance itself also have not reached very impactful levels, and health promotion is something unknown to many¹⁷.

CONCLUSION

Since populational aging brings forth the need to use specific approaches, the perspective that sees the aging process as a stage of dependency and absence of socialization must be overcome, and oftentimes that is what happens in society.

As opposed to this view, health services, professionals, family and society must encourage and be encouraged to see the capabilities and real needs of the elder population in the current context, respecting their rights and dignity and attentive to the demographic and epidemiological transitions, that have started late to happen in Brazil.

The socialization group is a viable strategy to be used in the Primary Health Care in the offering of attention to elders. This experience suggests that more studies on the groups with elders should be carried out so that more knowledge on the field can be gathered and new approaches to offer health care to the elders can be elaborated in all levels of complexity in health.

Among the benefits of the socialization group are the establishment of relations, the union, the expression of feelings, the creation of bonds with the health services and the improvement of the wellbeing of the elders.

The importance of the SG with elders in the Primary Health Care was made clear, as it was considered: a space for socialization, of listening, developing new skills, the creation of a healthy environment, a means to promote health and prevent diseases and health problems, a ludic place, an improvement of relationships, tolerance, and establishment of bonds.

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CONTRIBUTIONS

Ricardo Dias da Silva was responsible for all the stages of the execution of this article.

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