

Scientific Electronic Archives

Issue ID: Sci. Elec. Arch. Vol. 11 (5)

October 2018

Article link

<http://www.seasinop.com.br/revista/index.php?journal=SEA&page=article&op=view&path%5B%5D=690&path%5B%5D=pdf>

Included in DOAJ, AGRIS, Latindex, Journal TOCs, CORE, Discoursio Open Science, Science Gate, GFAR, CIARDRING, Academic Journals Database and NTHRYS Technologies, Portal de Periódicos CAPES.



Profile of the elderly who attend companionship groups in Sinop-MT

R. G. Masochini, S.V. Jezus, A. N. Cunha, P. Fanin

Federal University of Mato Grosso

Author for correspondence: rguerino320@hotmail.com

Abstract. The Brazilian population aging in recent decades has led to the creation and implementation of public policies aimed at guaranteeing the social rights of the elderly. The need to implement strategies that provide autonomy, social integration and quality of life for this age group has become increasingly urgent. This study aimed to describe the socio-economic, familial and health profiles of the elderly who participate in a companionship group in the municipality of Sinop-MT. Data collection were performed through a multiple choice questionnaire *Brazil Old Age Schedule (BOAS)*. This is a cross-sectional study with a quantitative approach. The sample consisted of 49 elderly participants of the elderly companionship group. Data collection was performed from April 20 to May 20, 2017. The results indicated that 27 (55.10%) were women, 28 (57.14%) widowers, 37 (75.50%) had finished primary school, 32 (65.30%) were retired and 22 (89%) had income between two and three minimum wages per month. 29 (59.1%) reported never feeling lonely and 46 (93.8%) did not feel depressed. 77.55% (n = 38) reported living alone and being solely responsible for household income; 75.51% (n = 37) said they were satisfied with the family relationship. (61.22%) evaluated their health as good, 81.63% (n = 40), had a confirmed diagnosis of disease, 69.38% (n = 34) reported using at least one medication and 79.59% (n = 39) reported excellent willingness to perform activities. With the purpose of obtaining subsidies that make possible the local planning of the actions directed to this population, through this study it is concluded that the participation of the elderly in companionship groups promotes a more active life and the inclusion of these individuals in social activities, so that the same ones exchange experiences, broaden their means of conviviality, improve their self-esteem and enjoy a quality old age.

Keywords: Elderly. Active aging. Groups.

Introduction

In Brazil, the elderly consisted of 4.8% of the population in 1991, already had 5.8% in 2000 and 7.4% in 2010 (IBGE, 2010). By 2025 this population will be able to reach 13.8% (Bertolino et al., 2000). Becoming the sixth country in the world in the number of elderly people by 2050 (WHO, 2005). Older people are those aged 60 or over, and it is important to recognize that chronological age is not a precise marker for changes that accompany aging, but rather for access to their rights (Brasil, 2006).

The aging of the elderly population in Brazil is a recent phenomenon, which is linked to the improvement of the quality of life, the tendency of decrease population growth, the better control of the diseases and an intense urbanization of this age group. This growth requires actions in several sectors of society, aimed at the elderly population, aiming to meet the needs of this age group (Silva et al., 2011).

Another data that can be observed is that this population is more active. Just look around us to see that there are more matured people in the parks, the walks in the neighborhoods and even in the gyms. The audience of the best age seeks contact with new people, new cultures and new activities (Santos, 2003; Olino, 2006; Vargans & Portella, 2013).

The multidimensional interaction of various factors, such as sex, family arrangement, marital status, education, income, chronic diseases and functional capacity, especially in developing countries as Brazil, is necessary in order to achieve a healthy old age. Considering that the elderly population is the one that grows the most proportionally, it is relevant to study and discuss the living conditions, health and social support of the elderly in companionship groups.

With the purpose of obtaining a contribution that allows the local planning of actions, the present study had the purpose of describing the socio-familial, economic and health profile of elderly people who

attend a companionship group in the Legal Amazon region, with the purpose to know the family dynamics, the self-assessment of health and the socioeconomic conditions of this population.

Methods

The research was developed in Old people's club Dom Henrique, which has 800 registered elderly people, but approximately 150 participated in the dance activities developed in the place. Activities took place every Thursday, starting at 2:00 p.m.

This is a cross-sectional study with a quantitative approach. For Gil (2010), it refers to the type of research that requires the analysis of objective, quantifiable data. It assumes the precision of measurement of the pre-established variables, aiming to verify and explain its influence on other variables.

The elderly were personally invited and selected following the following criteria: age group equal to or above 60 years and associated with the club. The exclusion criteria were: elderly visitors and non-members. Of the 150 elderly people, following the inclusion and exclusion criteria, 80 elderly were selected. Of these, 49 participated in the study. 25 did not agree to participate in the survey, 3 were on the road and 4 were sick.

The meetings were held in four Thursdays, in the Club, where was verified that the main activity is dance. The elderly go dancing and do not really want to make that time available for another activity, a fact that justifies the quantitative of elderly people who did not accept to participate in the research.

To determine the elderly profile, the *Brazil Old Age Schedule* (BOAS) questionnaire was applied, a multiple choice questionnaire containing the following variables: identification, sociodemographic and clinical data, besides health perception (APPENDIX B). The few options of research instruments aimed at the investigation of multidimensional factors that interact with the elderly population are one of the reasons that led to the choice of this instrument. In addition, it is a broad and comprehensive instrument, analyzing practically all the interfaces with which the elderly person is related in socio-communitarian terms.

Participants were invited to participate in the survey at the time they were in the Club to carry out their activities. They were oriented on the work, and on the relevance of this theme. Those who accepted then completed the Free and Informed Consent Form, and thus the questionnaire was applied in a way that the elderly were free to expose their experiences, as in a conversation, not only limited to the asked questions.

Data collection was performed through an interview from April 20 to May 20, 2017. Descriptive statistics and measures of central tendency and dispersion were used to describe the variables using the R program, version 3.2.5.

This study complied with the norms and guidelines of Resolution No. 466 of December 12, 2012, of the National Health Council (CNS), which deals with the Guidelines and Norms Regulating Research Involving Human Subjects. This resolution incorporates, from the point of view of the individual and of the collectivities, the bioethics, autonomy, non-maleficence, beneficence, justice, and equity, among others, and aims to ensure the rights and duties that concern the research participants, the scientific community and the State.

The Free and Informed Consent Term (TCLE) was used, which is a document in which it is explicit the free and informed consent of the participant and/or their legal guardian, in writing, containing all the necessary information, in clear language and objective, easy to understand, for the most complete clarification about the research that it proposes to participate.

Ethical principles

This research was submitted to the Federal University of Mato Grosso Research Ethics Committee and was approved within ethical principles and current legislation, under number 1,436,709.

Results and discussion

The results of the profile of the elderly using the *Brazil Old Age Schedule* (BOAS) questionnaire were ordered in the following variables: identification data, sociodemographic, clinical and health perception.

Regarding the demographic characteristics of the companionship group (Table 1), among the 49 elderly people interviewed, the predominance of female individuals corresponds to 55.10%, being 44.89% from 70 to 79 years of age, 42.80% from 60 to 69 years of age and only 12.24% from 80 to 89 years of age. A large part of the group is of widowers, with a percentage of 57.14%, the married ones corresponded to 32.65% and the divorced ones to 10.20%. Regarding monthly family income, 44.89% receive from two to three minimum wages per month, with 65.30% of retirement and the other 6.12% of the companion's pension, 6.12% of the work they still carry out and 2.04% of rents and other investments. Regarding the educational level of the interviewees, a large majority attended only elementary school, accounting for 75.50%, the other 20.40% attended high school and 4.08% had higher education.

Feeling sad or losing interest in certain things are common responses to life's events, such as disappointment or suffering for a loss. The elderly need to deal with the fear of death, the experience of

various losses, the change in social status and the decline of physical and health skills, and, given the many feelings and emotions experienced by these individuals, anxiety and depressive disorders. In the present study, the data related to the feelings of the interviewees, as well as indicative of the development of depression, showed that most are in a situation of emotional well-being.

Table 1. Sociodemographic variables of the elderly interviewed. Sinop, MT, 2017.

Variables	N	%
Gender		
Female	27	55,1
Male	22	44,89
Age		
60-69	21	42,8
70-79	22	44,89
80-89	6	12,24
Marital Status		
Married	16	32,65
Divorced	5	10,2
Widower	28	57,14
Monthly income		
1 minimum wage	8	16,32
2 to 3 minimum wages	22	44,89
4 minimum wages	5	10,2
Occupation		
Retired	32	65,3
Survives from fellow pension	3	6,12
Survives from rents, investments	1	2,04
Work	3	6,12
Level of schooling		
Higher education	2	4,08
Elementary School	37	75,5
High school	10	20,4

When questioned about the feeling of loneliness (Table 2), 59.1% said they never felt alone, while 32.6% said they felt sometimes, and only 6.1% reported feeling lonely at all times. In relation to feeling depressed, 93.8% reported not having this feeling and, 6.1% yes. Just as when asked about feeling like crying without reason, the answers coincided in the percentage, 93.8% did not feel, and 6.1% reported feeling. As for the question that life is not worth it, 87.7% of elderly respondents did not have this vision. When asked if the individual lost interest or satisfaction with things, 79.5% did not lose interest. Data related to the person having difficulty in sleeping revealed that 55.1% had some difficulty, related to variable reasons, and 44.8% said they had no problem in that regard.

In the home arrangement (Table 3), the majority (77.55%) of the elderly interviewed lived alone, and 22.44% lived with someone. When dealing with family relationship issues, it was observed in this study that 75.51% were satisfied, while 24.48% reported dissatisfaction with the family. When questioned about the interaction in their environment, 59.18% of the individuals classified their communication as optimal, and the percentage for good or regular classification coincided, being 20.40%.

Table 2. Mental health data of the elderly interviewed. Sinop, MT, 2017.

Mental health	N	%
Feel lonely		
Always	3	6,1
Sometimes	16	32,6
Never	29	59,1

Feel depressed		
Yes	3	6,1
No	46	93,8
Cry without reason		
Yes	3	6,1
No	46	93,8
Feel that life is not worth it		
Yes	5	10,2
No	44	89,7
Loss of interest		
Yes	10	20,4
No	39	79,5
Difficulty sleeping		
Yes	27	55,1
No	22	44,8

Another aspect of interesting observation concerns the elderly responsible for household remuneration, which in the present study 77.55% were the only ones responsible for the maintenance of the house, considering that this was the same percentage of respondents who reported living alone, demonstrating which are financially independent. And among those who share housing, 14, 28% reported not contributing financially, and 8.16% share the expenses with the other residents of the house.

Concerning family support for activities, almost all (81.63%) of the elderly who participated in the study said they had great support, and the others rated the support as good (10.20%) and regular (6.12%).

When asked about their health status (Table 4), according to the self-evaluation, the elderly who considered themselves with good health corresponded to 61.22%, among the other 26.53% rated their health as great and, 12.24% as bad. Of the total number of elderly interviewed, 63.26% use a public health institution, while 36.73% use a private service. In relation to the confirmed diagnosis of disease, all (100%) the elderly reported being under medical supervision, and 81.63% had some pathology. Regarding the use of drugs, 69.38% use at least one drug.

Table 3. Family context and social support networks in the perception of the elderly. Sinop, MT, 2017.

Family context	N	%
Family arrangement		
Live alone	38	77,55
Live with someone	11	22,44
Family satisfaction		
Unsatisfied	12	24,48
Satisfied	37	75,51
Family communication		
Great	29	59,18
Good	10	20,4
Regular	10	20,4
Family support to carry out activities		
Great	40	81,63
Good	5	10,2
Regular	3	6,12
Financial support in the family budget		
Responsible for the maintenance of the house	38	77,55

Divide the expenses with family members	4	8,16
Do not contribute financially	7	14,28

Aging causes organic changes that may reduce the ability of the elderly to perform daily activities, however, in the present study, the data related to the willingness to perform activities were positive. Almost all respondents rated their disposition as excellent (79.59%), great (10.20%) and good (8.16%).

Regarding the sociodemographic profile of the sample, it was verified that the majority were female, a prevalence that was also observed in other studies performed with the elderly. In a research developed in the city of Iguatu, Ceará, the percentage of elderly women was 90.8%, and according to Silva et al. (2011) the high frequency of female participation in companionship groups may be reflecting the composition of the population demographic profile of the elderly, with a higher probability of survival by women, assuming that they are more health care and that men participate less in collective actions due to sociocultural issues. In a study conducted in the city of Joao Pessoa, Paraíba, the female sex corresponded to 73% of the sample. According to this study by Ferreira et al. (2012), the number of elderly women has been higher than that of men in Brazil, this aspect can be explained by the differential mortality between the sexes, which is very present in the Brazilian population.

The low participation of elderly individuals between 80 and 89 years of age, which was 12.24%, may be related to the degree of dependence and comorbidities due to old age, since these factors may limit the access and participation of the elderly in groups. Similar data were observed in a study conducted in the city of Cajazeiras, Paraíba, in which only 5% of the sample corresponded to the ages above 80 years. Population aging in Brazil is characterized by the accumulation of progressive disabilities in functional activities (Andrade et al., 2014).

Table 4. Absolute frequency and percentage of health conditions and self-assessment of the elderly. Sinop, MT, 2017.

Health assessment	N	%
Self-perception of health		
Good	30	61,22
Great	13	26,53
Bad	6	12,24
Health care		
Particular	18	36,73
Public	31	63,26
Confirmed disease diagnosis		
Yes	40	81,63
No	9	16,32
Medical supervision		
Yes	49	100%
No	0	0
Use of medicines		
Yes	34	69,38
No	15	30,61
Willingness to perform activities		
Excellent	39	79,59
Great	5	10,2
Good	4	8,16
Regular	1	2,04
Bad	0	0

The high frequency of widowed people attending the group may be related to isolation and loneliness, factors quite common among people who lose their partners. Thus, the elderly groups are

important spaces, since they allow resocialization, stimulate the communication and the valorization of the self-esteem of the elderly (Andrade et al., 2014).

Most of the elderly interviewed are retired, 65.30%. They generally have retirement and pensions as their main source of income. As for monthly family income, 44.89% of the interviewees have a monthly income of two to three minimum wages. Similar data were observed in a study carried out with elderly who attended groups in the municipality of Iguatu, Ceará, where 40% of the sample also had an income of two to three minimum wages per month (Silva et al., 2011)

In relation to schooling, 75.50% of the elderly participants in the study attended only elementary school, and 20.40% attended high school. Low level of schooling is characteristic of research done with the elderly. In a study conducted by Silva et al. (2011), with regard to schooling, almost 70% of the sample has up to four years of study. According to Ferreira et al. (2012), the difficulties of access to education were relevant in previous years, when compared to the current situation; few individuals had the possibility to study. This justifies the high incidence of elderly people who were not literate or with low educational levels found in the studies.

Most participants in the present study demonstrated a state of emotional well-being. And according to Almeida et al. (2010), there is a negative correlation between participation in social groups and the symptoms of depression, the more friends, and social activities, the less depressive symptomatology. The relationships promoted by the participation of the elderly in companionship groups may be an explanation by a lower percentage of individuals with depression.

The index of depressed elderly (6.1%) was low, similar to that found by Yokoyama et al. (2006), in a study on the quality of life in old age, carried out with 30 elderly participants of a Reference Center for the Elderly, in the municipality of São Bernardo do Campo, where the positive emotional state appeared in 29.3% of the sample.

It was also possible to observe similar data in a study conducted by Borges et al. (2008), in which the sample was divided into two groups: a group of sedentary elderly and another group of physically active elderly, related to the absence and presence of anxiety and/or depression, in the sedentary group 92.1% presented levels of anxiety and/or depression, and in the active group, only 23.5% had anxiety and/or depression levels. According to these data it can be observed that the participation in the companionship groups reduces the indices to develop depression.

According to Rizzolli & Surdi (2010), attending a space in which the elderly can perform different activities, talk, smile and socialize with others, favors the increase of self-esteem, makes the elderly exercise their citizenship and feel more

valued. The groups function as a significant predictor of personal resources for coping with problems and are inversely related to depression, physical symptoms, and stress. Thus, according to Wichmann et al. (2013), support from social groups has contributed to the mental health and psychological well-being of the elderly.

Regarding issues related to family, it was observed 77.55% of the elderly living alone. Studies by Yokoyama et al. (2006), Borges et al. (2008), Almeida et al. (2010) and Silva et al. (2011) were conflicting, with the majority of elderly people living with someone. These data have negative aspects for the present research, being that the fact of living alone can be associated with the decline in the quality of life and the aggravation of morbidities.

Faced with this fact, social support networks, such as the elderly clubs, become even more important spaces, since they allow the social interaction of the elderly. However, the individual tends to remain at home most of the time, and it is necessary to have a broad and respectful communication with the relatives, even if they do not live together, so that the elderly remain inserted in the family dynamics, being able to verbalize their opinions and needs (Silva et al., 2011).

Regarding the relationship between family members, 75.51% of respondents were satisfied in relation to communication and the support they received, the majority rated as great. Researches carried out in Iguatu, Ceará and Belo Horizonte, Minas Gerais, corroborate with these data, since it was possible to observe similar results. The good relationship of the elderly with their relatives is recurrent in the studies carried out with this population.

The economic profile of the elderly of this research showed that the majority (77.55%) are the only ones responsible for the maintenance of the house. Similar data were found by Silva et al. (2011), in which the participants of the study stated that they had enough income to meet their needs. And, according to the author, in the last decades, it has been observed that the elderly have been significantly responsible in the family budget, so that they end up assuming the financial responsibility of the home. The income of this population interferes with their concerns and desires, considering that for some of them, the existential goals refer simply to surviving, for others, reflect in the search for the fulfillment of dreams that they had during the life.

Regarding self-perception of health, 61.22% considered that they have good health, and excellent willingness to carry out activities (79.59%). These results are close those of a research done by Borges et al. (2008) and Silva et al. (2011), but differ from the study by Sobreira et al. (2011), in which only 36.7% of the participants, when questioned about their health, classified it as good. Self-perceived health encompasses physical, emotional and cognitive aspects, and is considered a powerful

indicator of mortality. Being willing to perform routine activities is related to the health condition of the individual, as the aging process is experienced with the decline of physical strength and with decreased willingness to perform common activities.

In research on the quality of life in old age according to the perception of elderly people attending a reference center, by Yokoyama et al. (2006), for the elderly, in the general health dimension, showed that the health indicator has a fundamental importance in the quality of life, is directly related to good physical and mental health, life-enhancing habits such as healthy eating and practicing of physical exercises. As well as, maintain healthy bonds with family and friends, maintaining a social support in old age. Having leisure activities has also proved to be an important indicator, as it promotes distraction, relaxation, and fun, so that the activities offered in groups for the elderly work as indicators of quality of life.

Regarding the use of health services, the majority (63.26%) of the elderly interviewed reported using public services, 81.63% had at least one diagnosis of illness and all was undergo professional follow-up. Approximate data were found by Marin et al. (2008) and Pilger et al. (2013) in studies with the elderly. It is believed that the elderly population is a major user of health services, especially public services, because of the increase in chronic non-communicable diseases and physical disabilities.

The use of medications reported by the participants was similar to that found in several studies conducted with the elderly, and the majority (69.38%) said to use at least one medication (Borges et al., 2008; Silva et al., 2011; Sobreira et al., 2011; Silva et al., 2012). Thus, it was possible to observe that the use of medications does not seem to be a limiting factor for the participation of elderly people in companionship groups.

Conclusion

When evaluating the elderly companionship group in Sinop-MT, it was possible to observe a predominance of female, high frequency of widows and retirees. The family income can be considered above the average of the elderly population. It was also observed that the elderly who participate in the companionship group reported having a satisfactory relationship with their relatives.

Regarding the maintenance of the house, many of them are the main responsible for the expenses of the house, not needing the collaboration of their families and even helping with the costs of the family group. Regarding self-evaluation of health, most of the elderly interviewed consider themselves on healthy aging, with satisfactory levels of health and excellent willingness to perform their daily activities. The participation of the elderly in companionship groups means for them a way to return to society, given the fact that when faced with old age, they face several issues, such as

the loss of someone close to them, like friends or relatives, including also the transition from work to retirement, social recognition, among others. The inclusion of the elderly in the groups gives them numerous discoveries and offers the opportunity to leave home and integrate into collective projects that reinforce support networks, strengthen the autonomy and open space for new life projects.

Because it is a salutary experience, it is up to managers and society to implement public policies to promote the health of the elderly, involving various sectors of society, in order to offer a network of services that promote the quality of life and well-being to this age group. It is important to involve more seniors in these groups, to empower their caregivers, and to provide adequate conditions for the development of these health promotion practices. The implementation of partnerships with the Family Health Strategy, with the Fire Department, with governmental and non-governmental institutions can provide a greater offer of activities that serve as an attraction for attracting more components to these groups.

The data of this research bring a profile of the elderly person that is inserted in companionship groups, in which it was possible to observe several positive factors. Among them we can mention that the fact of an elderly person has some pathology, it is not an impediment for him to participate in the group, on the contrary, they seek to improve their health through the accomplishment of activities. As for example, individuals who live with hypertension and use medication, participate in activities normally, and by checking their blood pressure, it is noted that blood pressure levels remain stable. That is, adequate treatment, associated with the practice of physical and leisure activities, along with the nursing orientations regarding correct nutrition and healthy habits, promote the quality of life of this person, regardless of the living with the pathology. In this way, the elderly stop looking for health units with more problems and pathologies, and are looking for more and more strategies to improve both their physical and mental health.

Nursing plays a fundamental role in this process, as it is responsible for promoting health, guiding and creating strategies to increasingly include this population. When the elderly look for their leisure in companionship groups, and there they can check how their blood pressure is, for example, they feel interested in participating, both for the activities and for the health care offered on the spot. The groups promote an environment more related to the well-being of the person, different from that within hospitals and health facilities, which people look for when they are feeling bad. Often, the individual would not even need to get to the health units, causing the crowds and great demands for care, because if there is routine prevention and follow-up even simple, it already collaborates for health promotion, and this associated with health

education by nursing, causes significant positive impacts to society in general.

References

ALMEIDA, E. A. de; Madeira, G. D.; Arantes, P. M. M.; Alencar, M. A. Comparação da qualidade de vida entre idosos que participam e idosos que não participam de grupos de convivência na cidade de Itabira – MG. *Revista Brasileira de Geriatria e Gerontologia*, Rio de Janeiro, 13(3): 435-443, 2010.

ANDRADE, A. do N.; NASCIMENTO, M. M. P. do; OLIVEIRA, M. M. D. de; QUEIROGA, R. M. de; FONSECA, F. L. A.; LACERDA, S. N. B.; ADAMI, F. Percepção de idosos sobre grupo de convivência: estudo na cidade de Cajazeiras – PB. *Revista de Geriatria e Gerontologia*, Rio de Janeiro, 17(1): 39-48, 2014.

BERTOLINO et al. Implantação de um grupo de terceira idade na UBS de Jardim do Sol. *Revista Espaço para a Saúde*, 1: 155-163, 2000.

BORGES, P. L. C.; BRETAS, R. P.; AZEVEDO, S. F. de; BARBOSA, J. M. M. Perfil dos idosos frequentadores de grupos de convivência em Belo Horizonte, Minas Gerais, Brasil. *Caderno de Saúde Pública*, Rio de Janeiro, 24(12): 2798-2808, 2008.

BRASIL. Ministério da Saúde. Secretaria Executiva. Coordenação de Apoio à Gestão Descentralizada. Diretrizes operacionais para os pactos pela vida, em defesa do SUS e de gestão. Brasília: Editora do Ministério da Saúde, 2006.

FERREIRA, O. G. L.; MACIEL, S. C.; COSTA, S. M. G.; SILVA, A. O.; MOREIRA, M. A. S. P. Envelhecimento ativo e sua relação com a independência funcional. *Texto Contexto Enfermagem*, Florianópolis, 21(3): 513-8, 2012.

GIL, A. C. Métodos e Técnicas de Pesquisa Social. 6 ed. São Paulo: Atlas 2010

MARIN, M. J. S.; CECÍLIO, L. C. de O.; PEREZ, A. E. W. U. F.; SANTELLA, F.; SILVA, C. B. A.; GONÇALVES FILHO, J. R.; ROCETI, L. C. Caracterização do uso de medicamentos entre idosos de uma unidade do Programa Saúde da WICHMANN, F. M. A.; COUTO, A. N.; AREOSA, S. V. C.; MONTAÑÉS, M. C. M. Grupos de convivência como suporte ao idoso na melhoria da saúde. *Revista Brasileira de Geriatria e Gerontologia*, Rio de Janeiro, 16(4): 821-832, 2013.

Família. Caderno de Saúde Pública, Rio de Janeiro, 24(7): 1545-1555, 2008.

OLINO, R. Quem é o idoso hoje? In: BERTELLI, S. B. O idoso não quer pijama!: aprenda a conhecer e como tratar esse novo cliente. Rio de Janeiro: Qualitymark, 2006.

PILGER, C.; MENON, M. U.; MATHIAS, T. A. F. Utilização de serviços de saúde por idosos vivendo na comunidade. *Revista Esc. Enfermagem USP*, São Paulo, 47(1): 213-20, 2013.

RIZZOLLI, D.; SURDI, A. C. Percepção dos idosos sobre grupos de terceira idade. *Revista Brasileira de Geriatria e Gerontologia*, Rio de Janeiro, 13(2): 225-233, 2010.

SANTOS, D. B. dos. 3ª idade: os novos consumidores do turismo. *Revista Turismo (Online)*, 2003. Disponível em: <<http://www.revistaturismo.com.br/artigos/3idade.html>>. Acesso em: 07 nov. 2017.

SILVA et al. Doenças e agravos não-transmissíveis: bases epidemiológicas. In: ROUQUAYROL, M. Z.; ALMEIDA FILHO, N. *Epidemiologia e Saúde*. Rio de Janeiro: MEDSI, 2012. cap. 10, 289-311.

SOBREIRA, F. M. M.; SARMENTO, W. E.; OLIVEIRA, A. M. B. de. Perfil epidemiológico e sócio demográfico de idosos frequentadores de grupos de convivência e satisfação quanto a participação no mesmo. *Revista Brasileira de Ciências da Saúde*, São Caetano do Sul, 15(4): 429-438, 2011.

VARGAS, A. C.; PORTELLA, M. R. O diferencial de um grupo de convivência: equilíbrio e proporcionalidade entre os gêneros. *Revista Kairós*, São Paulo, 16: 227-238, 2013.

WHO – World Health Organization. Envelhecimento ativo: uma política de saúde. Tradução de Suzana Gontijo. Brasília: Organização Pan-Americana da Saúde, 2005. 60 p. Disponível em: <http://bvsmis.saude.gov.br/bvs/publicacoes/envelhecimento_ativo.pdf>. Acesso em: 07 nov. 2017.

YOKOYAMA, C. E.; CARVALHO, R. S. de; VIZZOTTO, M. M. Qualidade de vida na velhice segundo a percepção de idosos frequentadores de um centro de referência. *Psicólogo inFormação*, 10(10): 57-82. , 2006.