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ORIGINAL ARTICLE

WELCOMING THE ELDERLY INTO THE UNIVERSITY OPEN TO MATURITY: NEED FOR INTERDISCIPLINARY ACTIONS

ACOLHIMENTO DO IDOSO NA UNIVERSIDADE ABERTA PARA MATURIDADE: NECESSIDADES DE AÇÕES INTERDISCIPLINARES

ACOGIMIENTO DEL ANCIANO EN LA UNIVERSIDAD ABIERTA A LA MATURIDAD: NECESIDADES DE ACCIONES INTERDISCIPLINARIAS

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ABSTRACT

***Objective*:** to identify the motivating themes of elder students for entering the 'University Open to Maturity'. ***Method*:** this descriptive, quantitative study was conducted with 44 elders selected by purposive, non-probability sampling. Data were collected from February through March 2013 through self-completion of a questionnaire. The research project was approved by the Research Ethics Committee (protocol 241-2010). ***Results*:** the following motivations were cited: psychosocial issues (45.45%) - social inclusion, opportunity for dialogue and participation, improvement in anxiety, decreased loneliness, aid with decision-making; Biological issues (34.10%) - depression, hypertension, diabetes, pain, physical activity; General issues (4.55%) - start a business, learn English and computer skilss; and no reasons (15.90%). ***Conclusion*:** although the experience of aging is common to all humans, several factors influence this process, making it heterogeneous and diversifying the needs of each individual to experience it and overcome the difficulties that may arise. ***Descriptors*:** Aged; Public Health; Aging; User Embracement.

RESUMO

***Objetivo*:** identificar os temas motivadores dos idosos ingressantes na Universidade Aberta para Maturidade. ***Método*:** estudo descritivo, quantitativo, com 44 idosos selecionados por amostragem não probabilística intencional. A coleta de dados foi realizada de fevereiro a março de 2013, por meio do preenchimento de um questionário. A pesquisa obteve aprovação do projeto pelo Comitê de Ética em Pesquisa, protocolo nº 241-2010. ***Resultados*:** quanto à motivação, destacam-se: questões psicossociais (45,45%) - inserção social, oportunidade para diálogo e participação, melhora da ansiedade, diminuição da solidão, auxílio para tomada de decisões; questões biológicas (34,10%) - depressão, hipertensão, diabetes, dor, atividade física; questões gerais (4,55%) - abrir comércio, aprender inglês e informática; e sem motivos (15,90%). ***Conclusão*:** embora o envelhecimento seja comum a todos, pode-se perceber que diversos fatores interferem neste processo, tornando-o heterogêneo e diversificando as necessidades de cada indivíduo para vivenciá-lo e superar as dificuldades que possam surgir. ***Descritores*:** Idoso; Saúde Coletiva; Envelhecimento; Acolhimento.

RESUMEN

***Objetivo*:** identificar los temas motivadores para los ancianos que ingresan en la Universidad Abierta a la Maturidad. ***Método*:** estudio descriptivo, cuantitativo con 44 ancianos seleccionados por muestreo intencional no probabilístico. La recolección de datos se llevó a cabo entre febrero y marzo de 2013, mediante la aplicación de un cuestionario. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo 241-2010. ***Resultados*:** en cuanto a la motivación, se destacan: cuestiones psicosociales (45,45%) - inclusión social, oportunidad para el diálogo y la participación, mejora en la ansiedad, disminución de la soledad, ayuda para la toma de decisiones; cuestiones biológicas (34.10%) - la depresión, la hipertensión, la diabetes, el dolor, la actividad física; cuestiones generales (4,55%) - abrir un negocio, aprender Inglés y recibir conocimientos de informática; y ninguna razón (15.90%). ***Conclusión*:** aunque el envejecimiento es común a todos, se nota que varios factores influyen en este proceso, haciéndolo heterogéneo y diversificando las necesidades de cada individuo para vivirlo y superar las dificultades que puedan surgir. ***Descriptores*:** Anciano; Salud Pública; Envejecimiento; Acogimiento.

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INTRODUCTION

Brazil has been going through a demographic transition. The number of elders has been growing at an accelerated pace due to declines in fertility and mortality. The data reveal that life expectancy grew 10 years in Brazil and this is specially noticed in the female population, whose current mean life expectancy is 77 years.[1] By 2025, Brazil will have the sixth largest elderly population in the world, with 31.8 million individuals 60 years or older.[2]

In recognition of the importance of population aging in Brazil,[3] the Law No. 8842 - the National Policy for the Elderly - entered into force in 1994 and has been further regulated by Decree No. 1,948/96. It is based on two basic principles: protection and social inclusion. Its aim is to secure the social rights of the elderly, creating conditions to promote their autonomy, integration and effective participation in society.[4]

Due to the increase in life expectancy of the world population and, consequently, the increase in the number of elders, the concern for the rights of this population has become greater. There is a need for the implementation of specific policies that guarantee all fundamental rights inherent to every human being. Thus, in an attempt to protect the elderly, the Elderly Statute was created by law (No. 10.741) on October 1, 2003.[5] The statute complements and extends existing laws, aiding in the understanding and application of rights. It focus on values that emphasize human dignity and freedom, seeking to exclude existential injustice and prejudice.

Over the years, aging causes physiological changes. These result from genetic inheritance, lifestyle and environment, and cannot be avoided. Moreover, they are associated with psychological and social changes. In this context, when experiencing the aging process, the individual goes through a period of emotional adjustment, in order to adapt to the new reality that presents itself every day.

It is believed that the statute will only be able to transform the reality experienced by the elderly when it will achieve the participation of all segments of society, and not only governmental participation. Society should value and rethink the importance as well as the participation of the elderly in society. This would make social development possible and would ensure the full exercise of their citizenship rights, breaking old paradigms which depictold age and aging negatively.

In line with policies for the elderly population, there is the creation of other forms of care, such as the implementation of schools open to the elderly. The University, as a 'training center',[6-7] provides the means to intervene effectively on the aged population, articulating multi and interdisciplinary activities that enable a 'productive recovery' of human beings through a holistic approach. There, the individual aspects of individuals are valued and the elderly get a better understanding of the aging process.

The UNABEM (University Open to Maturity') is a program that aims to provide a convivial space to improve the quality of life of elderly groups. The organizational structure includes classes taught to elders and multi and interdisciplinary actions. The goal is to strengthen the autonomy of the elderly to promote healthy, active aging. It is believed in the idea that, at maturity, people carry with them the ability to overcome themselves, to renew themselves and the environment in which they live.

Given the above, this study aims to:

- identify the motivating themes of elder students for entering the 'University Open to Maturity'.

METHODS

This descriptive, quantitative study[8] was conducted at the UNABEM, a program of the Foundation for Higher Education of Passos - FESP/UEMG, which has a team composed of 17 members (13 professors and five students). The students of the UNABEM - individuals aged over 50 years - are divided into five groups according to their year of entry into the program. There is a total of 200 enrolled students.

A descriptive study[9] aims to describe the characteristics of a given population or group: age distribution, sex, origin, level of education, opinions, attitudes, beliefs. The quantitative approach[10] "foresees the measurement of predetermined variables, trying to verify and explain their influence on other variables, by analyzing the frequency of incidence and statistical correlations."

The study sample consisted of 44 subjects selected by purposive, non-probability sampling. The inclusion criteria were: being 60 years or older; being one of the students of the class of 2013; being regularly enrolled in the UNABEM; agreeing to participate in the

study by signing an informed consent form; attend the first welcoming classes.

50 university places were offered in 2013. 68 elders registered for a place. However, only 53 were allowed to enroll. Of these, two were were younger than 60 years. 15 days after the beginning of classes we found that five elders - three men and two women - were not attending the activities. We called them to ask the reasons for their non-attendance. They all said that they would attend the next meetings, but this did not happen. Thus, the next three names on the list were called to fill the vacancies. Five further elders gradually ceased to attend the activities after a while. Two of them claimed that the project did not meet their needs, one left due to illness and two had to become family caregivers. Thus, in the end, the study was composed of 44 participants.

Data were collected from February through March 2013 at the UNABEM and through participation in health education classes and completion of the BOAS questionnaire (Brazil Old Age Schedule).[11] Data analysis was performed using the software Microsoft Excel 2007. The results were expressed as absolute and percentage values.

The study met all reasonable standards of scientific rigor and was conducted according to Resolution 196/12 of the National Health Council. The study project was submitted to and approved by the Research Ethics Committee of the Foundation for Higher Education of Passos (FESP), opinion 241/2010.

RESULTS

♦ Geographic Location of the Elderly

Elders were informed about the project and invited to join in through an advertisement on the website of the Foundation for Higher Education of Passos (FESP). In addition, we requested Primary Health Care and Family Health teams of Passos to spread the word about the project, show the advertisement and encourage people aged 60 years or older who were enrolled at their units to register for a place. Respecting the number of places offered, the first 50 elders who completed their enrollment at the FESP Secretariat were allowed to participate in the first year of the project.

The elders who compose the sample lived in Passos/MG and nearby municipalities, as shown in **Figure 1**.

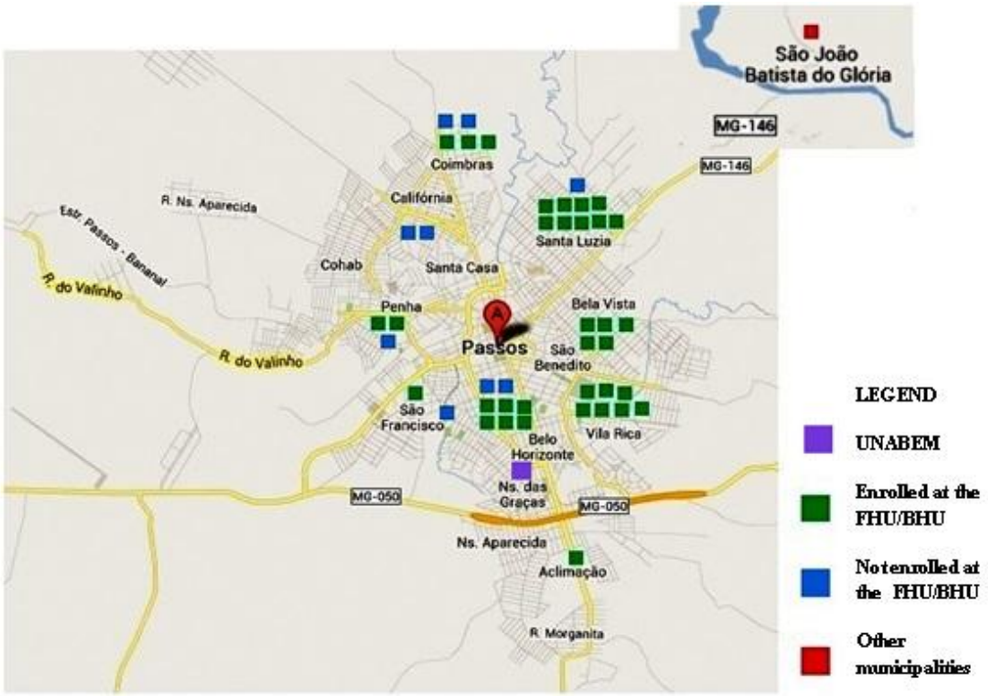

Figure 1: Distribution of the UNABEM 'freshman' elders according to their place of residence, Passos-MG, 2013. **Source:** Google maps and study data

The geographical distribution of the elderly was made in accordance with the criteria adopted by the primary health care coordination of the municipality of Passos. According to these criteria, the city is divided into nine territories (**Figure 1).** We found that 74% (n = 33) of participants resided in neighborhoods that were far away from the UNABEM; 3% (n = 1) lived in a neighboring municipality and 23% (n = 10) resided in nearby neighborhoods. 79.55 (n = 35) of participants were enrolled at Primary Health Care Units and 20.45% (N = 9) were not enrolled at a PHCU.

♦ Sociodemographic characteristics of the elderly

Table 1 shows that there was a predominance of females (77.27%; n = 34) compared to males (22.73%; n = 10). The prevailing age group among females was 60-65 years (36.36%; n = 16), whereas most males (11.36%; n = 5) were 71 years and older. As for the marital status, most participants - 29.54% (n = 13) of women and 20.45% (n = 9) of men - were married. Moreover, 52.27% (n = 23) of women and 11.36% (n = 5) of men had primary education. With regard to the occupation of participants, most women (64%;n = 6) were homemakers, while most men (4.54%; n = 2) were electricians.

Table 1. Sociodemographic characteristics of the UNABEM 'freshman' elders sample. Passos-MG, Brazil, 2013.

Characteristics	Female		Male		Total	
	n	%	n	%	n	%
	34	77.27	10	22.73	44	100
Age						
60-65	16	36.36	2	4.55	18	40.91
66-70	12	27.27	3	6.82	15	34.09
71 or older	6	13.64	5	11.36	11	25
Marital status						
Married	13	29.55	9	20.45	22	50
Single	4	9.09	0	0	4	9.09
Widowed	10	22.73	1	2.27	11	25
Divorced	7	15.91	0	0	7	15.91
Schooling						
Basic/Primary education	23	52.28	5	11.36	28	63.64
High school education	8	18.18	4	9.09	12	27.27
Higher education	3	6.82	1	2.27	4	9.09
Occupation						
Homemaker	6	13.63	0	0	6	13.63
Housemaid	5	11.36	0	0	5	11.36
Seamstress	4	9.09	0	0	4	9.09
Teacher	3	6.82	0	0	3	6.82
Rural worker	1	2.27	1	2.27	2	4.54
Merchant	1	2.27	1	2.27	2	4.54
General Services worker	2	4.55	0	0	2	4.55
Seller	2	4.55	0	0	2	4.55
Electrician	0	0	2	4.55	2	4.55
Other	10	22.73	6	13.63	16	36.37

♦ Motivating themes for entering the 'University Open to Maturity'

The first day of class consisted of a formal introduction of the team and a survey of themes suggested by the elderly. The themes were selected by the elders to form part of the working method that will be used for a period of ten months. These themes are shown in Table 2.

Table 2. Characterization of the themes requested by Class F, UNABEM, Passos-MG, 2013

Themes	n =44	%
Psychosocial	**20**	**45.45**
Acquaintanceship	5	25.0
Improvement in anxiety	3	15.0
Entertainment	2	10.0
Decrease loneliness	2	10.0
Opportunity for dialogue and participation	2	10.0
Social inclusion	2	10.0
Motivation for life	1	5.0
Aid with decision-making	1	5.0
Death	1	5.0
Living in family groups	1	5.0
Biological	**15**	**34.10**
Depression	2	13.33
Hypertension	2	13.33
Diabetes	2	13.33
Self-care	2	13.33
Physical activity/body practice	2	13.33
Dealing with pain	2	13.33
Nutrition	1	6.67
Herpes	1	6.67
Movement	1	6.67
General	**2**	**4.55**
Start a business	1	50.0
Learning English/computer skills	1	50.0
No reasons	**7**	**15.90**

From **Table 2** we can see that most of the themes suggested (45.45%; n = 20) were associated with psychosocial issues. In this 'category', acquaintanceship (25%; n = 5) and improvement in anxiety (15%;n = 3) were the two most-cited themes. The other themes requested by participants were related to biological issues (34.10%; n = 15) and general issues (4.55%; n = 2). 15.90% (n = 7) of the elders did not suggest any theme.

DISCUSSION

The ad posted on the FESP website together with the aid of the primary health care team allowed the recruitment of elders from Passos and nearby municipalities and their enrollment at the UNABEM. Thus, the program is in line with the policies recommended for people aged 60 years or older in the sense that it aging is valued and elders' autonomy is fostered.

'User embracement'/welcoming, as a strategy to encourage adherence to activities, provides a space to the elders where their sorrows, joys, afflictions and moral, social and psychological complaints are heard and receive full attention from professionals. This strategy will require an attentive service, an effective, safe and ethical posture, reorganizing work and improving the bond between the multidisciplinary and interdisciplinary team, and the elder.[12] The integration between professionals and elders, in this context, aims at establish a bond of mutual respect, solidarity and responsibility. Welcoming activities facilitate the access of elders to the activities offered at the UNABEM.

The characterization of the elderly evidenced a predominance of females with 77.27% (N = 34). This shows the feminization of aging in Brazil, explained by different patterns of mortality by gender, with women more long-lived than men. Gender differences are important when describing the elderly. As it has occurred throughout the world, the number of aged women in Brazil is higher than the number of elderly men. The information from the National Survey by Household Sample (PNAD) showed that in 2003 these proportions were 55.9% and 44.1%, respectively.[1]

The most prevalent age (40.91%; N = 18) was 60-65 years. Thus, most of the study population may be considered middle-aged. Middle age comprises the period of life between 40 and 65 years of age.[13] As for marital status, we found a prevalence of 50% (N = 22) of married elders, followed by widowed, single and divorced elders.

The Brazilian Census 2010 showed a significant increase in consensual unions when compared to the year 2000. Of those persons registered in 2010, 36.4% lived in a consensual union, whereas in 2000 this figure was 28.6%. It also shows that the proportion of divorced persons almost doubled, going up from 1.7% to 3.1%. These data evidence changes in Brazilian consensual relationships. Thus, it is important that professionals are up-to-date in order to meet the supportive care needs that may result from this transformation.

In similar study programs - although not exclusively conducted with the elderly population - most participants were widowed.[14-6] The most important factors in marital longevity seem to include positive feelings toward the spouse, a long-term commitment to the marriage, shared goals and intimacy balanced with autonomy.

We found that 90.90% (N = 40) of the elders had no higher education. 63.63% (N = 28) had primary education. This leads us to think that the elderly sought the university because they wanted to get professional qualification.

The educational process, besides providing socialization opportunities and opportunities for the expansion of personal relationships also allows elders to see new realities. In this sense, we believe that the school should be a place of dialogue, for decision-making, knowledge-building, the systematization of experiences. A place of popular participation in the construction of culture.[17]

Regarding the place of residence, 74% (N = 33) of participants lived in neighborhoods far away from the UNABEM. This shows that the distance was not an obstacle for the elderly to participate in the activities. These findings corroborate other studies conducted at Universities Open to Maturity[18], which have shown that 44.78% of the students enrolled lived in nearby neighborhoods, while 55.22% resided in far-away neighborhoods. With regard to people´s enrollment at primary care units (PCUs), 79.55% (N = 35) of the elders were enrolled at PCUs in Passos. This figure is satisfactory, according to the local expectations for population participation in this level of health care for the year 2013.

Health work happens through an encounter with the other, who brings his/her needs, desires, and ideas and knowledge into the process.[18] According to the authors, on one side, it is the 'user', who is living a unique moment and brings his/her health needs; on the other side, it is one or more professionals, who have a body of knowledge, tools and technologies to meet the needs of the 'user'.

In this sense, when thinking about the provision of health care actions, considering the other as a subject requires the establishment of a different relationship, which is the result of humane and socially appropriate actions. This is an attempt to promote a welcoming environment, based on knowledge, more flexible health promotion practices, dialogue, and on the transformation of everyday actions and relationships between the individuals involved.

Thus, the first activity was performed in order to truly listento the demands and needs of the elderly who sought the UNABEM. During this activity, the elderly were requested to suggest themes/topics to be worked on throughout the first year. This attitude is in line with recommendations of making health care less professional-centered or procedure-centered and more user-centered, and developing relationship/interaction/social practices technologies (soft technologies) to solve problems, build bonds, establish responsibilities and encourage user autonomy.[19]

It is important to survey the needs of the members of an age group, considering that they have gone through similar social experiences, opportunities and stories during the same stage of their lives. There are many factors that influence a person's values, beliefs, attitudes and needs and this results in the formation of a highly heterogeneous social group.[20]

As a result of this first activity, we found that the requests made by the elderly were in direct correlation with their needs, desires, knowledge and thoughts and motivated their participation in the activities offered at the UNABEM. Thus, psychosocial issues were the most commonly issues requested by the elderly. The driving force for joining the program among the elderly is more commonly related to affective and emotional aspects than to seeking information, which would be the main reason among young students.[21-22]

University extension programs for elders, among other things, extend the bonds of friendship, allow them to rediscovery the pleasure and meaning of life and make it possible for them to find new partners.[23] It is believed that the themes suggested are linked to the need of elderly to recover or even expand interpersonal relationships in this stage of life. Freed from family and work obligations - which are considered already fulfilled -, the elderly often feel that they lost their role as a participant in the social construction process. Thus, joining coexistence groups would be a way to recover 'this lost space'.[24]

A second group of themes suggested by the elders were related to biological issues. This probably derives from demands generated by chronic pathologies which are frequent at this stage of life, such as depression, hypertension, diabetes, pain, among others. Thus, talking about these issues may help elders to get to know more about and seek care measures (self-care, physical activity and movement), in order to live or assist another person to live with such pathologies.

Studies on coexistence groups for elders found that many elders participate in this groups in order to exercise, because they received constant compliments from their physicians and families for preserving their functional capacity and independence. Thus, the elders also felt motivated to remain in the group, because they were taking care of themselves and seeking social contact, and this was reported by them as a source of pleasure and health.[25]

Physical activity and recreation improve physical fitness, increase cardiovascular capacity, and have positive effects on mental stress because they increase the self-esteem and self-confidence of the elderly, and give them the perception that they remain physically active.[26-27]

This group also requested themes associated with the obtention of new knowledge. These results differ from the findings of another study[28] on elder's motivations to join open university programs. This study revealed that the search for new knowledge was the primary reason for participating, followed by the opportunity to make new friends and exchange experiences. Another study found that the top reasons that led the elders to join the activities offered by the open universities were: to get updated, study, have extra-home activities and build new relationships.[29]

A finding that caught our attention in this study was that some elders (15.90%) reported no reasons for participating or suggested no themes for the activities. We believe that the non-participation of these elders may be explained by the type of relationship that these people intend to create during their coexistence in the group. These are dependency relationships either with the institution or the activities developed in it, or with other elders, especially when they are encouraged to participate in coexistence groups in search of companionship and attachment.[30]

It is important to differentiate between two types of attachment produced in relationships: secure attachment and insecure attachment. Secure attachment concerns the recognition by the elder of his/her need to have contact with and get help from others, which contributes to the (re)construction of their autonomy. In the insecure attachment, on the other hand, the individual's ability to act autonomously is compromised. Thus, he/she depends entirely on others, creating a dependency relationship with others or with the institution.[31]

CONCLUSION

The increase in longevity will only represent a social achievement when accompanied by better quality of life. Although aging is common to all human beings, our study revealed that this process is affected by several factors. Thus, psychosocial issues were the most commonly issues requested by the elderly. We believe that the suggestion of these themes is linked to the need of the elders to rescue and even expand interpersonal relationships in this stage of life.

The university was considered to be a place for sharing and exchanging knowledge and learning new skills, which helped the elders cope with the changes experienced during this phase of life. In addition, working together with elders also enables the development of university research and extension, and this contribution will be shared with the city.

This study evidenced the importance of knowing the profile of the elderly population in order to ensure that the actions performed in 'university open to maturity' programs improve the quality of life of this population.

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