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ORIGINAL ARTICLE

BENEFITS OF PHYSICAL ACTIVITY IN THE THIRD AGE FOR THE QUALITY OF LIFE

BENEFÍCIOS DA ATIVIDADE FÍSICA NA TERCEIRA IDADE PARA A QUALIDADE DE VIDA

BENEFICIOS DE LA ACTIVIDAD FÍSICA EN LA TERCERA EDAD PARA LA CALIDAD DE VIDA

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ABSTRACT

Objectives: to describe the experience of the elderly regarding the benefits of physical activity for quality of life and to cite the benefits of physical activity for quality of life in the elderly person. ***Method***: this is a descriptive study with a qualitative approach, developed at the Family Health Support Center. The sample consisted of five elderly women of the HAPPY age project. The data were organized following the technique of content analysis in the thematic modality. ***Results***: three categories emerged: a) The elderly women's experience of physical activity; B) Benefits acquired with physical activity; C) Quality of life after adoption of physical activity practice. ***Conclusion***: it is understood the importance of physical activity and all the aspects that permeate this practice in the aging process and in the approach of this theme as health promotion and quality of life. ***Descriptors:*** Motor Activity; Quality Life; Health of the Elderly.

RESUMO

Objetivos: descrever a experiência de idosos perante os benefícios da atividade física para a qualidade de vida e citar os benefícios da atividade física para a qualidade de vida na terceira idade. ***Método***: estudo descritivo, com abordagem qualitativa, desenvolvido no Núcleo de Apoio à Saúde da Família. A amostra constou de cinco idosas do projeto FELIZ idade. Os dados foram organizados seguindo a técnica de análise de conteúdo na modalidade temática. ***Resultados:*** emergiram três categorias: a) Vivência das idosas perante a prática da atividade física; b) Benefícios adquiridos com a atividade física; c) Qualidade de vida após adoção da prática da atividade física. ***Conclusão:*** compreende-se a importância da atividade física e todos os aspectos que permeiam essa prática no processo de envelhecimento e na abordagem dessa temática como promoção da saúde e qualidade de vida. ***Descritores***: Atividade Motora; Qualidade de Vida; Saúde do Idoso.

RESUMEN

Objetivos: describir la experiencia de ancianos frente a los beneficios de la actividad física para la calidad de vida y citar los beneficios de la actividad física para la calidad de vida en la tercera edad. ***Método***: estudio descriptivo, con enfoque cualitativo, desarrollado en el Núcleo de Apoyo a la Salud de la Familia. La muestra constó con cinco ancianas del proyecto FELIZ edad. Los datos fueron organizados siguiendo la técnica de análisis de contenido en la modalidad temática. ***Resultados:*** surrgieron tres categorías: a) Vivencia de las ancianas frente a la práctica de la actividad física; b) Beneficios adquiridos con la actividad física; c) Calidad de vida después de la adopción de la práctica de la actividad física. ***Conclusión:*** se comprende la importancia de la actividad física y todos los aspectos que permean esa práctica en el proceso de envejecimiento y en el enfoque de esa temática como promoción de la salud y calidad de vida. ***Descriptores:*** Actividad Motora; Calidad de Vida; Salud del Anciano.

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INTRODUCTION

Population aging is a reality becoming increasingly worrying in developing countries because of the precariousness of health systems. In Brazil, it is possible to notice changes in public health programs and policies directed at the population, despite the difficulties the country is currently facing. For this, caring for the human being entering the aging process encompasses not only socio-demographic issues, but all dealing with it, such as family, beliefs, autonomy, psychological situations, spiritual and physical capacity.

Aging can be defined as loss of efficiency in the processes involved in maintaining the body's homeostasis, increasing vulnerability to stress and decreasing viability.[1] As a biological process, it appears naturally and it is responsible for changes in the body of the elderly. With the physiological changes, they occur in some ways, those of the environment, social and cultural, offering important contributions in the daily life of the elderly population.[2] Technological advances, as well as low birth rates are, among others, pointed as significant indicators for the growth of the elderly population. It is observed that these advances are cause of convenience and dependence of the elderly interfering in their quality of life (QOL).[3]

The term QOL encompasses the physical, social, psychological and spiritual development of individuals. The physical is determined by functional activity, strength, tiredness, sleep, rest, pain and other symptoms. Social well-being is related to affectivity, entertainment, work, economic situation and family suffering. The psychological appears through the fear, anxiety, depression and anguish that can cause illness, and finally, the spiritual, which has its meaning based on aspects such as hope, uncertainty, religiosity and inner strength.[4]

It is also possible to define QOL as a broad dynamic form of understanding, also resulting in several terms in the literature, but in reality it is always understood in its cultural, social and environmental structure with considerable individualities. For the World Health Organization (WHO), QOL can still overcome perceptions of individual positions, expectations and standards.[5]

QOL has being vast in the abundance of conditions that can affect the individual's perception, feelings and behaviors as one of its characteristics related to daily functioning and health conditions. It is a complex subject, abstract, subjective, with different aspects, without consensual definition that currently has had wide importance and permeated research in the area of nursing.[6]

In the area of aging, the QOL can be associated with the perception and expectations of each elderly person, involving biological, psychological, sociocultural and also spiritual criteria. For the elderly, aspects related to culture, values, goals to be achieved, expectations and concerns regarding daily life are important.[7]

Physical activity plays an important role in QOL being in first in the actions and programs developed in Family Health Strategies (ESF), such as health promotion and prevention of chronic diseases, allowing the population longevity and well-being. The practice of physical activity is an indispensable benefit to the corporal and mental health, mainly in the third age when the functional capacity undergoes decline and the organism weakens becoming susceptible to the development of diseases.

Studies have demonstrated the importance of quality of health in the elderly, emphasizing physical activity or mobility as a category for better QOL in the organic conditions and delay of physical degeneration in this population group.[8]

The habit of practicing physical activity provides the elderly with a healthy lifestyle, preserving autonomy and freedom for everyday tasks resulting in prolonged independence. It has relevance to the decrease of negative points caused by aging in the physiological and psychological processes minimizing risks to stress, depression and loss of functional capacity.

Physical activity gains for the elderly in gyms may be related to QOL, autonomy and independence, given that well-being involves daily life and work activities. It is understood that the levels of QOL can be influenced by the global environment, being necessary that not all aspects of human life are led to the practice of physical activities, nevertheless it is important instrument of which generates functional autonomy and well-being to the group of old age.[9]

However, physical inactivity in this group is still prevalent. Among the various reasons already mentioned, weakness, fear of falls, lack of orientation and encouragement by the family, community or health professionals, regular activities or physical exercise are highlighted.[10-12]

Based on these considerations, maintaining a favorable QOL level through regular practice

of physical activities such as health promotion in long-lived populations, there is the importance of actively seeking the community in this population to the benefits provoked in the body through the practice of physical activities, especially those that can be performed at home. From this context, the following question emerged: what is the experience of the elderly in the face of physical activity?

Therefore, the study will allow enrichment on the subject addressed, identifying obstacles faced by the elderly population of a municipality in the practices of physical activities with the purpose of encouraging managers and health professionals to develop actions aimed at the QOL of the elderly people. With this, the objectives are:

● To describe the experience of the elderly regarding the benefits of physical activity for quality of life.

● To cite the benefits of physical activity for the quality of life in old age.

METHOD

A field exploratory study with a qualitative approach developed at the Family Health Support Center (NASF) located in the city of Catingueira (PB), Brazil. The NASF works with the professionals of the family health teams through discussions, meetings, individual visits, providing the population with QOL improvement, sharing prevention and promotion practices to the health of the population. The team is comprised of four top-level professionals of psychology, physical educator, physiotherapist and nutritionist.

The study included five elderly women who are part of the HAPPY age project developed by NASF professionals with activities in the public academy of the municipality on Tuesdays and Thursdays, registered, accompanied, with prevalence in the age group between 66 and 70 years old, married, elementary school incomplete, female farmers. The choice of this nucleus was due to the fact of the receptivity in the practice of this type of study and projects that involve the health of the elderly, obeying the following inclusion criteria:

1. Have psychological conditions to answer the research questions.

2. Excluding those that were not available for the interview.

Participants were informed about the purpose of the study, secrecy of the information provided at the interview and identified with the name of birds as a way to keep the study confidential. After receiving all the subsidies on the objectives of the research, they signed the Free and Informed Consent Term(TCLE).

The instrument for data collection was an interview script previously prepared by the authors composed of data of the socio-demographic profile in the first part as age, occupation, education and marital status. In the second part, data regarding the purpose of the study. The data collection was individual with an estimated time of approximately 20 minutes in the participant's residence, ensuring clarifications necessary for the appropriate consent and possible questions regarding the language/nomenclature used in the questionnaire in the period of February and March 2016. The interviews were guided by the question: What is the experience of the elderly in the practice of physical activity? The search for information occurred until the data began to become repetitive[13] and the research objectives were answered.

The interviews were transcribed in full and, afterwards, submitted to the Content Analysis, thematic modality for the analysis of the data, respecting the pre-analysis stages; Exploitation of the material; Treatment and inference.[13]

In the pre-analysis, a floating reading of each interview was held with thorough and exhaustive exploration of all content highlighting and grouping the main emerging points. Next, codification of the messages with the nuclei of meaning seized, which were grouped, generating thematic categories. After the categorization, an inference was obtained from the data obtained. In this phase, not only the context of the language was analyzed but also the condition of the sender and its meanings.[13] From the analysis of the qualitative data emerged the following thematic categories:

A) The elderly women's experience of physical activity;

B) Benefits acquired with physical activity;

C) Quality of life after adoption of physical activity practice.

After the NASF authorization, the study respected the ethical principles contained in Resolution 466/12 of the National Health Council[14] under CAAE 50198115.3.0000.5181 and it was approved by the Research Ethics Committee (CEP) of the Francisco Mascarenhas Foundation of the Integrated Colleges of Patos (FIP/Patos) and Opinion number 1,335,767.

RESULTS AND DISCUSSION

The results will be presented in three driving axes:

A) The elderly women's experience of physical activity;

B) Benefits acquired through the practice of physical activity;

C) Quality of life after adoption of physical activity practice.

Experience of the elderly in the face of physical activity

The practice of physical activity corresponds to body movements helping in the homeostasis of the organism increasing the physical resistance and motor coordination of the individual besides its outstanding performance in health as a predictor of QOL inserted in the context of the health of the elderly.[1,15]

Regarding the understanding of physical activity and the types of exercises they practiced, the interviewees described, movements and mimics in a personal way according to what they remembered, as observed in the following statements:

> *[...] So, we always walk and practice all I do not remember the name, we make movement with our hands (raise our hands up), with our feet too. The one that we put our arms to the side, stretching! We make several stretches [...] Bem-ti-vi*
>
> *[...] It was physical education, walking, the physical I did was like with the arms (moving the arms) you know? The legs (moves the legs) did a lot ... several physics that I did [...] Beija-flor*
>
> *[...] We do gymnastics like that by moving our arms, doing it down, taking weight, making a walk so around there, where that old pool was, do not you know? There was one who put his hand on the wall, put his back against the wall [...] Andorinha*
>
> *[...] I participate in physics that shakes with the skeleton all the time and physically now my individual is to cycle by bike every day, it is my physics ... pedaling [...] Galo de campina*
>
> *[...] We do a lot of things, like this up (raises his hands) later and we do other stretches, walk ... a lot of things we do, right? [...] Concriz*

It can be seen that walking and activities such as stretching are the most cited by the interviewees. Maybe this is because of the difficulty they show in citing or how to talk about the other exercises practiced. However, their participation and involvement in the practice of physical activities is evident.

With the attainment of longevity, the search and adherence to physical activity practices is more frequent by the need to remain active and benefits the body by providing bodily satisfaction, an active and healthy lifestyle.[16] The meaning of healthy aging goes beyond mere absence of diseases, encompassing all the determinants in the process of adaptation and changes that occurring over the years and allowing the physical, mental and social well-being of the the elderly person.[17]

Thus, it is essential to use public policies in health promotion and prevention of diseases, especially in the creation of education programs that enable the elderly to participate in activities that improve their QOL.[16,18]

When asked about life experience in physical activity they said that it is a very good experience and they feel good when they practice them as explained in the following lines:

> *[...] I think physical activity is great because I got better and better than before, I had knee pain, leg pain, bone pain, right! After that, I got a lot better after that activity. Now, we stop a little because our teacher has traveled since the end of the year, he appears now, now we will return [...] Bem-ti-vi*
>
> *[...] My Good! It was good more experience, good for more, very good, I liked it very much ... I like it very much, it is difficult to lose one day, almost every day I go, only when I am half sick that I can not go, but it is very good, I really like it, I love it! [...] Beija-flor*
>
> *[...] I think it's very good, then after I leave there I walk on the street. I get along well with walking [...] Andorinha*
>
> *[...] I think that the physical activity at my age, I have to practice it, moving the skeleton to a stationary position, because if you stand still, you will become naive (laughs), unable to walk, unable to move and the physics that I do is this [...] Galo de campina*
>
> *[..] I like it right! It's something that says it's for the good, right! If you do not do well, you can not do it right (laughs) [...] Concriz*

Positive aspects, safety on the subject and confidence in themselves to practice exercises are corroborated in phrases that show feelings of liking, adoring, something very good.

With the challenges that the aging brings to society, a dimensional assessment in the levels of physical activity are required, since it is a desired condition for the elderly related in the context of life contributing autonomy, increasing motor capacity and prevention of social isolation.[18-9]

Once the elderly feel excluded from society, solitude and isolation are provided, enabling the development of a depressive picture that is one of the implications of coping with aging associated with the debilitating and incapacitating conditions resulting from old age, resulting in the delivery to the sedentary lifestyle and dependency. Therefore, encouraging regular physical activity not only provides physical as well as mental health benefits by prolonging independence, enhancing self-esteem and increasing the ability to perform daily life tasks.[20]

♦ Benefícios adquiridos com a prática da atividade físicaBenefits gained from practicing physical activity

The benefits from the regular practice of physical activity are characterized in the physical, mental and social domains in the life of the elderly, providing freedom of locomotion, social interaction and leisure, as seen in the following fragments:

> *[...] My health improved ... the pain is better, I do not feel it anymore, before, every corner I went sometimes the person needed to get me to walk. So I walk now, I go to church, to mass, so to one corner and another walk, I walk alone now, I struggle in my kitchen, I do everything in the house. (laughs). I thank God, first of all, because I had a time that I did nothing ... I did not do things because I could not, now I do everything ... if I have anyone to do and help me, I will do everything well, if I do not have it I do it, little by little, but I do it [...] Bem-ti-vi*
>
> *[...] I have improved a lot, thank God I feel much better! There was something I could not do and today I can, so sometimes I could not walk, it was full of pain all morning, but when I started to do physics, I walked everywhere. Thank God is very good to do physics, I have improved a lot, it gets better! I love too much to do physics [...] Beija-flor*
>
> *[...] I think it is very well. It's better, right! Because I felt a lot of pain in my legs, I went to Dr. Stênio, I prescribed with Dr. Stênio he told me to do these activities, walk or in the square or in the city that was very good for health, I get along well when I spend the day without doing this activity I'm already so much better when I'm doing [...] Andorinha*
>
> *[...] The benefits are only my will, physics is a good thing for the life of the elderly, for him not to stay as I said, because there are many that is like a caboré (laughs) you treated me like a rooster (laughs), I'm going to treat a duck (laughs), I do not even fit a head on a stake that way (he moves with his head) because he does not move (laughs) [...] Galo de campina*
>
> *[...] Yes, it improves a little, right! Warming up more, than this here (shows his hands) in a good mood, says the doctor, right! But it does, because if you sit at home, you say that you're going to the wheelchair, right? (Laughs)! I'm feeling better [...] Concriz*

According to the statements in this category, it was possible to verify the improvements in the daily life of the elderly with the practice of physical activity. They said that there was a decrease in muscle and bone pain, that the habit of exercising provides freedom for their routine tasks with the capacity to walk alone. For the elderly, it is of utmost importance to remain active, expressed by the fear of losing their movements and becoming dependent on a wheelchair.

It is necessary to stimulate and motivate the elderly to practice activities, especially at home as the Daily Life Activities (ADLs) that correspond to self-care. The stimulus must start from the family that needs to be prepared to offer a safe environment, free of obstacles so the elderly can feel confident in the performance of their tasks, since the greater risk of falls is present at home.[7]

Fear of falling is a constant feeling among the elderly. It is well known that falls can lead them to a state of fragility and insecurity, causing a decrease in functional and motor limitations, preventing them from carrying out daily activities, implying loss of independence and autonomy.[21] Thus, physical activity provides the elderly people prolonged independence framing the benefits to an aging with quality in the search by incentive to this behavior.

♦ Quality of life after the adoption of physical activity practice

Although it is an inevitable fact, the population aging causes changes in the life context of the population and, with the increase in life expectancy, the search for healthy habits conditioned in good QOL, the practice of physical activity is a conditioning factor for a healthier aging. The following statements show changes in QOL following adherence to regular physical activity:

> *[...] I'm fine, thank God! I can accomplish my tasks, I have too much, I have improved the pain in the bone, very much improved ... But I improve doing physics, do not you know? Walk, because if you do not get better and if you stop it gets worse, that's why I'm unemployed, you have to keep moaning or crying, you have what to do [...] Beija-flor*

> *[....] I'm better. I feel better! I suffer from blood mass and osteoporosis, I take medicine for osteoporosis and I have felt better [...] Andorinha*
>
> *[....]Much better! I came to know about acts that I did not know that I did not know what was physical, I came to know that the movement of the skeleton of the old man in a move will stay away and that benefit I reached by doing this movement [...] Galo de campina*

The interviewees point out improvements in QOL after the practice of physical activity, making correlational references to the adoption of the regimen and use of medications.

It is important to emphasize the importance of public health policies, the creation of physical activity programs such as health promotion for the elderly based on ESF services and accessibility to these services.[22] The QOL represents a guarantee of healthy aging associated with physical activity requiring attention of health professionals in primary care, formulation of ideas and campaigns that can reach the elderly people and attract them to participate in these programs.

All of these nuances were investigated in a cross-sectional study developed in the city of Marília in the Central West Region of São Paulo (SP) with elderly individuals over 80 years old and data collection from September to December 2013. The elderly were interviewed at home to the living and health conditions of this population. They observed that the word "illness" was the most mentioned by both the elderly and the family, revealing that the living and health conditions of these elderly people are not very favorable to having good QOL, including low education, hearing and visual impairment, widowhood, and the presence of pain in different regions of the body was much cited by the elderly. They concluded that the elderly have few possibilities to manage their lives without depending on others. In this way, it is important to stress that public policies are strengthened for this population ensuring a decent care in this stage of life, given that they do not always have family support.[23]

However, population aging is an event addressing the most diverse discussions on public health in the spheres of political, economic, cultural and social domain, and it is a right of the elderly aging with QOL by actively participating in society with dignity and respect.[24]

CONCLUSION

At first, the research has limitations of the reduced sample of elderly women, their difficulties in reference to the types of physical activities developed, as well as the shortage of up-to-date, especially international, studies related to this subject. However, it represents a basis for future and more in-depthresearch, contributing significantly to the scientific community.

Physical activity as a contributing factor to the QOL of the elderly had positive proportions in all the questions and, despite the difficulty in talking about the types of exercises practiced presented in an objective way, making clear the importance of this theme inserted in the life context of the people. According to the statements are remarkable progress in health, physical condition, and consequently, in QOL.

As to the experience of life in the practices of physical activities, it was possible to identify excitement, feelings that reflect how well they feel in the physical movements and benefits to the daily life that has been acquired, providing freedom to move alone, to perform daily tasks and interact with society, as well as promote physical and mental well-being.

The practice of physical activity tends to improve performance in day-to-day functions, allowing security in the development of the elderly, providing prolonged independence that means a struggle as a flag lifted by the own representing autonomy and right of decision. It is necessary to implement programs that encourage physical activity, training of health professionals trained to welcome this people and assist them in the best possible way in all their needs. Therefore, maintaining QOL through physical activity is still a challenge to the public health services related to the difficulties of implementing these practices.

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