

# MOTIVATION OF USERS OF A FAMILY HEALTH STRATEGY IN HEALTH GROUPS

*Motivação de usuários de uma Estratégia de Saúde da Família em grupos de saúde*

*Motivación de usuarios de una Estrategia de Salud de la Familia en grupos de salud*

Original Article

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## ABSTRACT

**Objective:** To identify reasons for adherence and permanence in health promotion groups among participants. **Method:** The study included 27 users of the Estratégia de Saúde da Família - ESF (Family Health Strategy) in the municipality of Santa Maria, Rio Grande do Sul, from August to November 2014. An adapted questionnaire about motivation for group activities was used, with the main adherence and permanence variables distributed in order of priority. Data were tabulated in MS Excel 2003 and analyzed using simple descriptive statistics. **Results:** The results showed that the factors that motivate users to join health promotion groups in Primary Care are related to health improvement (n=19, 70%), physical performance improvement (n=15, 56%), self-esteem improvement (n=14, 52%), and others. The reasons related to the permanence in the groups are related to health maintenance (n=18, 67%), attention and encouragement received from the teacher (n=18, 67%), attention received from the staff (n=15, 56%) and stress reduction (n=15, 56%). **Conclusion:** According to the data on the reasons for adherence and permanence in the groups, individuals tend to seek better health and quality of life. In addition, encouragement for a healthier lifestyle and also the support from professionals and other people involved in the activities imply greater permanence of users in the group.

**Descriptors:** Health Promotion; Primary Care; Health Education.

## RESUMO

**Objetivo:** Identificar os motivos de adesão e permanência dos participantes de grupos de Promoção da Saúde. **Métodos:** Participaram do estudo 27 usuários de uma Estratégia de Saúde da Família (ESF) do município de Santa Maria, Rio Grande do Sul, nos meses de agosto a novembro de 2014. Utilizou-se um questionário adaptado sobre motivação para a prática de atividades em grupo, com as principais variáveis de adesão e permanência, segundo ordem de prioridade. Os dados foram tabulados no programa Excel 2003 e analisados por meio de estatística descritiva simples. **Resultados:** Os resultados demonstraram que os fatores que motivam os usuários a aderir aos grupos de promoção da saúde na Atenção Básica estão relacionados à melhora da saúde (n=19, 70%), melhora de desempenho físico (n=15, 56%), melhora da autoestima (n=14, 52%), entre outros. Os motivos relacionados à permanência aos grupos, por sua vez, estão relacionados a manter a saúde (n=18, 67%), receber atenção e incentivo do professor (n=18, 67%), receber a atenção dos funcionários (n=15, 56%) e reduzir o nível de estresse (n=15, 56%). **Conclusão:** Diante dos dados observados, com relação aos motivos de adesão aos grupos, os indivíduos tendem a buscar melhores condições de saúde e de qualidade de vida. Já o incentivo a um estilo de vida mais saudável, como também o apoio dos profissionais e demais pessoas envolvidas nas atividades, implica em maior permanência dos usuários no grupo.

**Descritores:** Promoção da Saúde; Atenção Básica; Educação em Saúde.

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Received on: 09/29/2015  
Revised on: 10/09/2015  
Accepted on: 12/10/2015

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## RESUMEN

**Objetivo:** Identificar los motivos para la adhesión y permanencia de los participantes de grupos de Promoción de la Salud. **Métodos:** Participaron del estudio 27 usuarios de una Estrategia de Salud de la Familia (ESF) del municipio de Santa María, Rio Grande do Sul, entre agosto y noviembre de 2014. Se utilizó un cuestionario adaptado sobre la motivación de la práctica de actividades de grupo con las principales variables de adhesión y permanencia según el orden de prioridad. Los datos fueron tabulados en el programa Excel 2003 y analizados a través de estadística descriptiva simple. **Resultados:** Los resultados demostraron que los factores de motivación de los usuarios para la adhesión a los grupos de promoción de la salud en la Atención Básica se relacionan con la mejora de la salud ( $n=19$ , 70%), del desempeño físico ( $n=15$ , 56%), de la autoestima ( $n=14$ , 52%), entre otros. Los motivos relacionados con la permanencia en los grupos, por su vez, se relacionan con el mantenimiento de la salud ( $n=18$ , 67%), la atención e incentivo del profesor ( $n=18$ , 67%), la atención de los empleados ( $n=15$ , 56%) y la reducción del nivel de estrese ( $n=15$ , 56%). **Conclusión:** Delante los datos observados y respecto a los motivos de la adhesión a los grupos, los individuos parecen buscar mejores condiciones de salud y calidad de vida. El incentivo al estilo de vida más saludable y apoyo de los profesionales y demás personas involucradas en las actividades implica en mayor permanencia de los usuarios en el grupo.

**Descriptores:** Promoción de la Salud; Atención Primaria de Salud; Educación en Salud.

## INTRODUCTION

Population aging is a natural, irreversible and global phenomenon. According to projections for the 1950-2025 period carried out by the World Health Organization (WHO), the group of older people in the country should be increased by fifteen times, while the total population will have increased fivefold. Thus, Brazil will rank sixth in number of older people, reaching, in 2025, about 32 million people aged 60 or over<sup>(1,2)</sup>.

Since the 1960s, there have been demographic, epidemiological and nutrition transition processes in the country that resulted in changes in the disease occurrence patterns. The epidemiological transition is characterized by a shift in patterns of morbidity and mortality of a population with a progressive decrease in deaths from infectious diseases and an increase in deaths from noncommunicable diseases<sup>(1,2)</sup>.

It is understood, therefore, that health promotion is a joint strategy that gives visibility to the factors that put people's health at risk and the differing needs, territories and cultures in the country. This ends up demanding the creation of mechanisms to reduce vulnerabilities and

radically defend equity and incorporate the participation and social control in the management of public policies<sup>(3,4)</sup>.

One of the strategies for the implementation of the National Health Promotion Policy is encouraging the inclusion of Health Promotion actions at all levels of care, with emphasis on Primary Care, geared to care actions with the body and health; healthy eating and tobacco control<sup>(3)</sup>. Therefore, practices in Primary Care should encourage the participation of users as a way to expand their autonomy and capacity in the construction of their health care. This positioning is in favor of a positive addressing of determinants and conditioning factors of the health-disease process for an organization of health services based on actions centered on the user and the exercise of social control<sup>(5)</sup>.

In other words, health promotion actions in Primary Care consist of prevention strategies for chronic diseases, the promotion of healthy habits and actions to encourage users to significantly increase their autonomy and manage their health with greater zeal. Thus, some authors state that health education actions can empower individuals and groups in the construction of new knowledge, leading to a conscious practice of health promotion and disease prevention behaviors. These actions generate new alternatives for disease control, rehabilitation and decision-making to promote a healthy lifestyle<sup>(6,7)</sup>.

In this sense, the educational proposal of group work is providing an opportunity to participate in which everybody learns and teaches, reformulate conceptions and produce new knowledge. In addition, group activities favor the expression of the participants, allowing the appreciation of their life experiences and the dialogue with the technical and scientific knowledge in the common pursuit of an aging process with more autonomy and dignity<sup>(4,8)</sup>.

It is understood that these assumptions consist of concepts already incorporated into health policies and practice of health professionals. However, what leads users of Primary Care services to participate and remain in activities like these? From this perspective, this study aimed to identify reasons for adherence and permanence in health promotion groups among participants.

## METHODS

This is a quantitative, descriptive and exploratory field research. Field research was carried out as it seeks to access the reality of the study population or problem in order to find the answers or relationships between variables; the quantitative, descriptive and exploratory approach was chosen in order to explore the study setting and describe the main variables found that interfere with the studied phenomenon<sup>(9-11)</sup>.

This study was developed from a field research project (umbrella project) carried out by the *Programa de Residência Multiprofissional Integrada em Sistema Público de Saúde* (Integrated Multidisciplinary Residency Program in Public Health System) of the *Universidade Federal de Santa Maria – UFSM* (Federal University of Santa Maria). The program is focused on Primary Care, particularly the *Estratégia Saúde da Família – ESF* (Family Health Strategy). The intervention involved the participation and development of activities in health promotion groups in an area covered by the ESF.

The intervention aimed to promote health education from issues of interest to participating users and health professionals. The meetings took place from August to November 2014 with the two health promotion groups linked to the *Hiperdia* Program of the Lidia Family Health Strategy Center in the city of Santa Maria, Rio Grande do Sul. The groups attended monthly meetings and participated in four stages of the study. These interventions were part of a health education research project and addressed eight issues of interest to participants.

As the opinion and interests of users are important to their adherence and permanence in the groups, an adapted questionnaire was applied to assess their motivation for participating in group activities. The questionnaire was developed by the *Laboratório de Estudos em Práticas Esportivas e Lazer – LAPEL* (Laboratory for Studies on Sports Activities and Leisure) of the *Escola Superior de Educação Física da Universidade do Pernambuco*<sup>(12)</sup> (Physical Education School of the University of Pernambuco). It contained a list of the main variables related to adherence and permanence in the activity, in order of priority, and was duly tested and validated by three faculty experts linked to the University of Pernambuco<sup>(12)</sup>.

Participants were users of health groups carried out by the aforementioned ESF who were over 18 years old and answered the research instrument. Users with difficulties in understanding and those who did not complete the questionnaires were excluded from the research. The study began with 31 participants, but 4 were excluded for leaving most questions blank. Thus, the sample comprised 27 people.

In the questionnaire developed by LAPEL, the participants' frequency scale is has two dimensions. The first dimension assesses participants' frequencies regarding the reasons for adherence in groups through eighteen items to be answered on a Likert scale of 4 points: 1 - not important, 2 - little important, 3 - important and 4 - very important. The items address the dimensions related to health and quality of life, physical activity, psychosocial

aspects, well-being, the teacher, the use of time and the influence of media. The second dimension assesses participants' reasons for permanence in the groups and includes 24 items on the practice of physical activity. This dimension took into account health, well-being, practice environment, psychosocial aspects, quality of faculty and staff, and aesthetic values<sup>(12)</sup>.

The analysis of the responses of the research instruments was presented in percentage figures according to the frequency of reasons for adherence and permanence.

After the categories were defined and named, analytical categories were merged and then quantified and represented in the form of tables. Thus, the analysis method presented allowed an approach to the content and structure of descriptive research associated with quantitative analysis techniques. Data were tabulated in Excel 2003 and analyzed using simple descriptive statistics, with results described as percentages, means and standard deviations.

The study followed the criteria of ethics in research with human beings and was approved by the Ethics Committee of the *Universidade Federal de Santa Maria – UFSM* (Federal University of Santa Maria) under Opinion No. 725.276. Researchers signed the Confidentiality Agreement in order to ensure the confidentiality and anonymity of the collected data.

## RESULTS

Of the 27 study participants, 23 were women, representing 85% of the total, and 4 were men, accounting for 15% of the sample; the mean age was 55 ( $\pm$  11) years.

It should be noted that the reasons for adherence and permanence of participants in the health groups were analyzed from two perspectives: 1) the factors considered *very important* by most participants; 2) the ones classified as *not important* by them<sup>(12)</sup>.

According to the analysis, there are different reasons for participants' adherence to health groups. The data are shown in Table I.

The most frequent factors for adherence to health groups classified as *very important* were: health improvement (70%); physical performance improvement (56%); self-esteem improvement (52%); teacher (52%); trusting the teacher (52%); relaxing (48%); recovering lesions (44%); physical activity (44%); liking challenges (44%); stress reduction (44%); adopting a healthy lifestyle (41%); and following medical advice (41%). On the other hand, the most frequent factors classified as *not important* were related to influence of the media, particularly advertisements (44%) and other television programs (41%).

The factors classified as *very important* reasons for participants' permanence in health groups are shown in Table II.

The most frequent factors classified as *very important* were: health maintenance (67%); receiving attention and encouragement from the teacher (67%) and receiving attention from the staff (56%); stress reduction (56%); the sense of a joyful environment (52%); pleasure in physical exercise (48%); posture improvement (48%); physical

well-being (48%); environmental well-being (48%); liking the setting (48%); building friendships (48%); becoming stronger (44%); easy access (44%); receiving encouragement (44%); losing weight (44%); looking younger (44%); sense of fulfillment (41%); keeping fit; and improving appearance (41%).

On the other hand, the most frequent factors classified as *not important* were those related to social status (11%).

Table I - Frequency of participants according to reasons for adherence. Federal University of Santa Maria, Rio Grande do Sul, 2014.

Categories of reasons	Not important		Little important		Important		Very important	
	f	%	f	%	f	%	f	%
<b>Health and quality of life</b>								
Adoption of a healthy lifestyle	-	-	-	-	16	59	11	41
Physical performance improvement	-	-	-	-	12	44	15	56
Help in the recovery of lesions	-	-	-	-	15	56	12	44
Health improvement	-	-	-	-	8	30	19	70
Follow medical advice	-	-	-	-	15	56	11	41
<b>Physical activity</b>								
Regular physical activity (habit)	-	-	1	4	14	52	12	44
<b>Psychosocial aspects</b>								
Self-image improvement	-	-	1	4	15	55	11	41
Self-esteem improvement	-	-	-	-	13	48	14	52
Being with acquaintances	-	-	1	4	16	59	10	37
Liking challenges	-	-	4	15	11	41	12	44
Being influenced by friends	4	15	3	11	11	41	8	30
Hanging out	-	-	-	-	18	67	7	26
<b>Well-being</b>								
Relaxing	-	-	-	-	14	52	13	48
Stress reduction	-	-	-	-	15	56	12	44
Teacher	-	-	-	-	13	48	14	52
Trusting the teacher	-	-	-	-	13	48	14	52
<b>Time</b>								
Finding time for practice	-	-	1	4	17	63	9	33
<b>Media influence</b>								
Television	11	41	6	22	6	22	2	7
Advertisements	12	44	7	26	4	15	2	7

f: frequency of participants' responses. %: percentage of participants' responses.

Table II - Frequency of participants according to reasons for permanence. Federal University of Santa Maria, Rio Grande do Sul, 2014.

Categories of reasons	Not important		Little important		Important		Very important	
	f	%	f	%	f	%	f	%
<b>Physical activity</b>								
Feeling pleasure in the practice	-	-	2	7	12	44	13	48
Well-being	-	-	-	-	18	67	9	33
<b>Health</b>								
Becoming stronger	-	-	3	11	12	44	12	44
Posture improvement	-	-	-	-	14	52	13	48
Health maintenance	-	-	-	-	9	33	18	67
<b>Well-being</b>								
Increasing physical well-being	-	-	-	-	14	52	13	48
Recover from daily activities	-	-	2	7	15	56	9	33
Stress reduction	-	-	2	7	10	37	15	56
<b>Environment</b>								
Well-being	-	-	-	-	14	52	13	48
Liking the place of practice	-	-	1	4	13	48	13	48
Joyful environment	-	-	-	-	13	48	14	52
Easy access	-	-	1	4	14	52	12	44
<b>Psychosocial</b>								
Sense of fulfillment	-	-	-	-	15	56	11	41
Building friendships	1	4	-	-	13	48	13	48
Social status	3	11	4	15	14	52	6	22
Increasing social contact	1	4	2	7	15	56	9	33
Receiving encouragement	-	-	3	11	12	44	12	44
<b>Professionals of the place of practice</b>								
Receiving attention from the teacher	-	-	-	-	8	30	18	67
Receiving encouragement from the teacher	-	-	1	4	9	33	18	67
Receiving attention from the staff	-	-	-	-	11	41	15	56
<b>Aesthetic values</b>								
Keeping fit	-	-	-	-	16	59	11	41
Getting slim	-	-	-	-	15	56	12	44
Improving appearance	-	-	-	-	16	59	11	41
Looking younger	-	-	2	7	13	48	12	44

f: frequency of participants' responses. %: percentage of participants' responses.

## DISCUSSION

The study was conducted with 27 participants with a mean age of 55 ( $\pm$  11) years; 85% of them were female. Regarding age, it should be noted that there are many studies with actions aimed at older people; however, the present research assessed an adult population aged less than 60 years, showing that younger individuals are looking for guidance and care geared to a healthier life. A study carried out in Pelotas, Rio Grande do Sul, by the *Núcleo de*

*Atividades para a Terceira Idade - NATI* (Center of Activities for Older People) of the *Universidade Federal de Pelotas - UFPEL* (Federal University of Pelotas) with 199 older men and women - with a mean age of 70.03 ( $\pm$  6.17) years and another age strata of people aged 65 ( $\pm$  8.18) - investigated the reasons why older people adhere to physical activity programs<sup>(13,14)</sup>. Again, it could be observed that most studies with groups involve older people due to the growth of this population and the encouragement of public policies that contribute to encouraging strategies for a healthy aging to

prevent the advance of chronic noncommunicable diseases. Such strategies enable and contribute to having more people reach old age with the best possible health status<sup>(1)</sup>.

From the present study, it can be inferred that most of the individuals involved in the study group are women, confirming the data found in the literature<sup>(13-15)</sup>, which shows that women are more participatory than men. Corroborating these results, another study conducted in Pelotas, Rio Grande do Sul, showed that only 4 men were included in a sample that comprised 195 women<sup>(13)</sup>. This gender gap also appears in studies carried out in Florianópolis, Santa Catarina: the first study had 79% of its sample consisting of women, and in the second study, women accounted for 91% of the sample<sup>(14,15)</sup>.

A multicentric study aimed to assess the man/health care relationship in cities in four Brazilian states: Pernambuco (Recife and Olinda), Rio de Janeiro (Rio de Janeiro), Rio Grande do Norte (Natal) and São Paulo (São Paulo and Santos). The perceptions of men regarding Primary Care services were assessed and it was noted that they see this space as feminized, which would cause them a sense of not belonging. This points to the fact that Primary Care services are intended for older people, women and children. Men participate less in nursing consultations – which are mainly geared to monitor pre-natal and childcare – and educational activities. Interestingly, even considering the older population, in which there is significant amount of men, there is little male participation in educational groups<sup>(16)</sup>.

From this perspective, a study with 59 men living in the city of Coronel Fabriciano, Minas Gerais, showed that men's search for health services is limited to curative actions for any established diseases such as diabetes and hypertension, unlike children, women and older people, who usually seek health services for preventive actions<sup>(17)</sup>.

As for the variables related to the reasons for adhering to health promotion groups of an ESF, it is observed that the factors that motivated users to participate in health promotion groups in primary care are related to physical, mental and social health and involve personal relationships and also psychosocial aspects.

Studies reinforce that educational activities with groups are an important health promotion strategy and serve as an alternative to the care practices as they allow the deepening of discussions and the expansion of knowledge, so that people overcome their difficulties and achieve greater autonomy, better health conditions and quality of life<sup>(18-20)</sup>.

The main reasons reported by the participants of a research conducted with 40 older women participating in health promotion programs in Belo Horizonte and Betim, Minas Gerais, are: health improvement or maintenance

(92.5%), social interaction improvement (85%), disease prevention (85%), learning new activities (82.5%), and increased self-esteem (82.5%)<sup>(21)</sup>.

Research conducted in Florianópolis analyzed 112 older people in a physical activity program at the *Universidade do Estado de Santa Catarina* (Santa Catarina State University) and identified the following variables: medical indication, health maintenance/improvement, and the need to do physical activity (because they like and feel good)<sup>(22)</sup>. It is worth noting that these results are similar to those obtained in the present research.

With regard to the reasons that led the older people to participate in a physical activity project in Pelotas, Rio Grande do Sul, it was observed that most of them seek to avoid or prevent health problems (68.8%) or do physical activity to follow medical advice (59.8%). Other aspects emphasized in the research conducted in Pelotas include the maintenance of flexibility and agility (56.3%) and stress relief and overcoming (40.2%)<sup>(13)</sup>. It should be noted that such reasons are not among the important ones for the participants in the present research.

In the present study, the most frequent *not important* reasons for adherence are related to media influence, especially television programs and advertisements. In research conducted in Belo Horizonte and Betim, Minas Gerais, the researchers found different data. The less frequent reasons for adherence among older women were: getting slim (37.5%), improving the quality of sleep (20%) and reducing stress (17.5%)<sup>(21)</sup>.

The issues raised allow to infer that users are not so susceptible to media influence in terms of motivation to participate in the health programs offered. In the study conducted by the LAPEL, these results caused surprise because the government contributes to the dissemination of public health policies through health promotion programs aimed at encouraging healthy habits. Therefore, according to the author, the media can influence, in some way, individuals to do physical activity through motivation<sup>(12)</sup>. Such data and positioning are in line with the results of the present study because there was the same perception among the individuals analyzed.

As for the variables related to the reasons for permanence in health promotion groups of an ESF, it is observed that all the categories analyzed positively influenced adherence and permanence of users in health groups. This is because the indicators suggest that interventions have been conducted efficiently with regard to encouraging a healthy lifestyle, with the support of professionals and people involved in group activities.

The results of a study conducted with 30 older men and women in the city of Santa Cruz do Sul, Rio Grande

do Sul, showed that they claimed to have benefited from regular physical activity and feel motivated to attend groups assiduously. With regard to issues related to motivation, the older people reported different social, physical and psychological reasons to participate. However, all these reasons referred to a search for quality of life<sup>(23)</sup>. In the study conducted by the *Grupo de Estudos da Terceira Idade* (Group of Studies on Old Age) of the UDESC, the main reason for the permanence of older people in a physical activity program was “feeling good”, since this practice tends to improve physical and mental health and provides individuals with social interaction/friendship/socialization<sup>(22)</sup>.

In a study conducted with 120 older participants of two physical activity programs in Recife, Pernambuco, it was observed that the main reasons for permanence in programs classified as *very important* were: health maintenance (100%), posture improvement (75%) well-being associated with physical activity (74.2%), increased physical well-being (73.3%), keeping fit (70.8%), pleasure in physical activity (66.7%), becoming stronger (62.5%), receiving encouragement from the teacher (62.5%), environmental well-being (60%), sense of fulfillment (57.5%), receiving attention from the teacher (57.5%), building friendships (47.5%)<sup>(12)</sup>. It is worth noting that the results obtained by the aforementioned research were also found in the present study.

It was also found that the participants in the present study consider important: the joyful environment, the attention they receive from the staff (teacher) and building friendships. The studies carried out in Southern Brazil indicate that the participants find in the groups ways to establish and strengthen friendship and solidarity ties<sup>(24,25)</sup>. Therefore, the key role of socialization obtained in group work should be highlighted.

An interview carried out with older people in Ribeirão Preto, São Paulo, identified that health promotion groups enabled – in addition to distraction and leisure – the exchange of experiences and interactions, which transformed significantly their social relations to the extent that the group meetings allowed participants to build new relationships and expand their social support network and also perceive an improved health and quality of life<sup>(26,27)</sup>.

It should be noted the importance of the attention people receive from professionals and the encouragement for adherence and permanence in groups. Thus, the work in groups favors the link between the health professional and the person, whether older or not, as a complementary space to the individual consultation for information exchange, guidance and health education<sup>(27)</sup>.

An element cited as *not important* between the reasons for permanence in health promotion groups was the social status (11%), which is closely similar to the results found by a study in which the participants of physical activity programs considered as *not important* factors the social status (35%), attention received from the staff (18.3%), encouragement received from family and friends (17.5%), getting slim (17.5%) and looking younger (11.7%)<sup>(12)</sup>.

It is important to note that no sample calculation has been carried out for the area covered by the UESF Lídia because the research was conducted with a study group. Thus, the number of subjects was limited. Therefore, further research should be carried out to address a qualitative analysis of the reasons for adherence and permanence in groups considering user’s satisfaction with the social life in the groups.

## CONCLUSION

Based on the data regarding the reasons for adherence to groups, individuals tend to seek better health and quality of life, while encouraging a healthier lifestyle, as well as the support from professionals and other people involved in activities, implicate greater permanence of users in the group.

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