



EDUCATIONAL ACTIVITY AS STRATEGY IN HEALTHY FOOD PROMOTION FOR OLDER PEOPLE

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ABSTRACT

Objective: To report experiences of nursing students in the use of educational activities as a strategy to promote healthy eating for the elderly.

Method: Experience report that describes aspects experienced by the authors, at the opportunity of an educational intervention, carried out with fourteen elderly people from a community located in Ananindeua, State of Pará, Brazil, in October 2016.

Results: The development of educational action, with the theme of healthy eating, had a positive impact on the behavior of the elderly. The way in which the information on the theme was approached enabled the participation of all of them in an active way facilitating the learning.

Conclusion: The actions of Health Education for the elderly need methodologies that attenuate the complexity of the aging process and relate the factors that permeate the individual, such as beliefs, values, norms and ways of life. It is believed that this type of strategy favors learning and social interaction.

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INTRODUCTION

The development of an educational work with a specific approach to the public provides the expansion of knowledge in

individuals and their families around the care of food and nutrition, favoring healthier food choices. Health education activities should take into account the nutritional profile, in addition to social, cultural and economic aspects, effectively

promoting the adoption of healthy eating habits and prevention of diseases related to poor diet (ROSA *et al.*, 2015). Population aging has been observed in all countries. In developed countries, such as the United States and Italy, the proportion of elderly people in 2000 reached 13% and 14.6%, respectively, and in China and India the number of older people exceeds the average for developed countries. In Brazil, there are changes at the top of the age pyramid, which is reflected by the proportion of the elderly, which has increased since 1991, when it was 4.8%, already in the year 2000 it became 5.9% and, in 2010, of 7.4%. Through this transition, the average life expectancy at birth is 74 years in Brazil, which occupies the 80th position in the world ranking of the World Health Organization (WHO), in which the first position is occupied by Japan, 83 years (MALLMANN *et al.*, 2015).

According to projections made by the United Nations in the year 2050, for the first time there will be more seniors than children under the age of 15. Projections also indicate that this number will reach 1 billion in less than 10 years and more than double by 2050, reaching 2 billion people or 22% of the world's population (SILVA, 2014). However, despite the increase in life expectancy, Brazil has not followed this evolution in relation to efficient public policies with the potential to modify the determinants and living and health conditions of the population over 60 years old. It has been observed that the country could not keep up with the inversion of the age pyramid, which, consequently, influences the increase of health needs, in order to guarantee the quality of life of this population group. However, few policies are effectively implemented due to poor funding, the fragile information system for analyzing living and health conditions, and inadequate human resource development. Therefore, it is possible to affirm that, despite the guidelines proposed by the National Policy on Elderly Care, there is still a need to reorganize health services in order to guarantee improvement in the quality of life for the elderly, as well as the construction of a network attention to this population (CYRINO *et al.*, 2016). The aging process causes biopsychosocial and spiritual changes in the individual, which are associated with frailty, which can lead to greater vulnerability. With this, many diseases can arise and generate limitations for the elderly. It is in this context that health professionals are inserted in order to promote health and make aging healthy and active, as advocated in public health policies. Health promotion aims to reduce the vulnerability and health risks of the population through participation and social control. Active aging focuses on optimizing health opportunities, participation in social, economic, cultural, spiritual and civil issues, as well as security, in order to improve the quality of life of the elderly and increase healthy life expectancy (MALLMANN *et al.*, 2015).

Through aging, we can observe the appearance of anatomical and functional changes, considered progressive, and important repercussions on health, including the nutrition of the elderly. Such changes related to the use of medications increases the risk of unbalanced denutrition, in addition to the appearance of numerous diseases that can become an obstacle in the whole process of ingestion, digestion, absorption and utilization of nutrients. Associated with this situation, the socioeconomic conditions of the elderly, when precarious, become a determining factor for nutritional status (MALTA, 2013). In aging, nutritional care is different and unique to conceptions about what is healthy or appropriate for this age. Food care

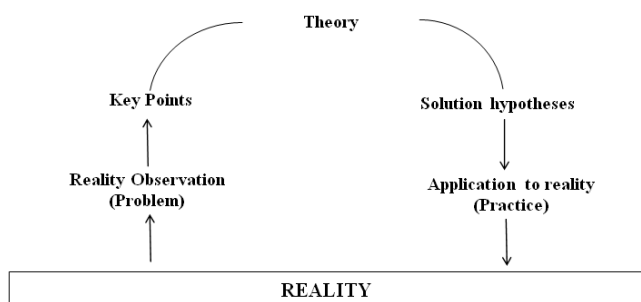
involves the search for a balance between the requirements of the aged body and the limitations resulting from some pathologies, many of them requiring their control / treatment for food, such as hypertension, diabetes, coronary diseases, among others. Therefore, aging is related both to the physiological changes that limit the dietary repertoire, to the restrictions resulting from chronic pathologies or changes in chewing and digestion, as well as to the conditions of mobility, autonomy, financial independence, health conditions and composition family (KUWAE *et al.*, 2015). To promote healthy aging, some strategies must be used, which must be anchored in Health Education, which provides for individual participation in groups, favors increased control of their lives, transforms social and political reality, and empowers them to their health-disease determinants. In this context, Health Education is an activity to be developed by health professionals, among which is the Nurse, who is one of the main care actors in this context. Through Health Education, a dialogic-reflexive relationship is established between the professional and the user, aiming to raise the awareness of the individuals about their health, increasing the perception of these as active participants in the transformation of their lives. In this perspective, Health Education is understood as a practice for the transformation of the lifestyles of individuals and the community and, consequently, to promote quality of life and health (MALLMANN *et al.*, 2015).

In this way, the third age as a new form of aging is directed to the maintenance of the active, healthy body, which enables individuals to live new experiences in old age. Thus, good nutrition is one of the pillars that can help the elderly to maintain their health conditions, allowing the experience of new experiences at maturity (KUWAE *et al.*, 2015). In this perspective, the study aims to reconcile the insertion of the curricular components of the Undergraduate Nursing Course with the approach of topics of great importance to society, using play as an educational tool. In view of the above, the following questions emerged: what is the nursing student's perception of the educational practice with the use of an educational activity as a didactic tool to approach the topic of healthy eating for the elderly? And what impact does empowering, individual-focused educational action provide? Thus, this study aims to report experiences of nursing students in the use of educational activities as a strategy to promote healthy eating for the elderly.

MATERIALS AND METHODS

An experience report that describes aspects experienced by the authors, in the opportunity of an educational intervention that is part of the curriculum component "Nursing Care for the Elderly", carried out with fourteen elderly people from a community located in the municipality of Ananindeua, State of Pará, Brazil, in October 2016. It is a qualitative approach, which approached the problematic delineated from descriptive, observational and participative methods on the problematization. The experience report is a descriptive research tool that presents a reflection about an action or a set of actions that approach a situation experienced in the professional scope of interest of the scientific community (Sarmanho *et al.*, 2016). The research project was not submitted to the Research Ethics Committee because it was an experience report of the authors, with the consent of the participants and guarantees of confidentiality of the data.

The following data collection techniques were used: field diary, structured observation (participant researcher) and participation in activities (educational action). No personal data were used, only those of interest to the study, but without making any mention of data that could identify the participants. The problematization has as its basic axis the action-reflection-action that drives the process and has in Paulo Freire's studies, its origin, when the teacher allows the student to perceive how to be inserted in the world trying to respond to new challenges. The problems that must be studied start from a real scenario and have their political-pedagogical work marked by a critical attitude of education. It is described by an arc, as can be observed in Figure 1, in which there are five stages: observation of the problem, identification of the most important factors about the problem, study of the causes of the problem, development of solution hypotheses and, finally, actions to solve the problem (SARMANHO *et al.*, 2016).



Source: SARMANHO *et al.*, 2016.

Figure 1. Method of the Arch of Charles Maguerez

The problematization, therefore, was the methodology selected for the planning of the activities proposed in this experiment. During the phase of observation of reality, the students were instigated by the teacher, starting from a theme "Healthy Habits and Quality of Life", to identify the possible problems of solution abstracted from the dynamic reality and elaboration of the key points. It was observed that the individuals of this community had inadequate eating habits, corroborating the findings in the literature on the subject, therefore, the theme chosen for the educational action was named "Healthy food for older people". Next, the students used the theory stage, aiming to carry out the collection of scientific information in health databases, with the purpose of establishing the theoretical-scientific foundation and updating of information, in order to subsidize the planning of the educational intervention. The solution hypothesis generated was to elaborate a Health Education action based on the developmental needs of healthy eating habits of the target population, with the concern of concretizing and adopting these habits in daily life. The development of the activity occurred in a single day, in the morning, in the community space. The educational action consisted of four moments, namely: "Talk wheel, joker of the "ice breaker" with balloons, bowling game of bottles and bingo therapy". The activity began with the presentation of the students, with the purpose of socialization. The Talk wheel began with a dialogue about the elderly's knowledge about healthy eating. This stage of the activity has great importance in the process of Health Education, since it provides the clarification of the doubts and returns to the participants / feedback (ALMEIDA *et al.*, 2017). About "joker of the ice breaker with balloons", the elderly people sat as they listened to a song and the balloon went from hand to hand. At one point the music stopped and the old with the balloon in its hands

answered a question about healthy eating. This activity consisted of five rounds. The "Bowling game of bottles" presented 12 bottles labeled with healthy food figures. The bottles were arranged together, forming a triangle, where the elderly had to throw the balls and knock them down. The objective was socialization, stimulus to motor coordination, balance and socialization." featured 12 bottles labeled with healthy food figures. The bottles were arranged together, forming a triangle, where the elderly had to throw the balls and knock them down. The objective was socialization, stimulus to motor coordination, balance and socialization. About "Bingo therapy" each senior received a bingo card, elaborate and personalized with illustrations of healthy foods; the bingo call was made by the name of the food. As the participants were able to mark all the items in the carton the academics made a corresponding explanation, emphasizing the nutritional importance of the foods corresponding to the completed card. After the intervention, gifts were distributed to all the elderly. The activity was closed with a snack and socialization among the participants.

RESULTS AND DISCUSSION

To ensure that the intervention was successful, the teaching materials were carefully prepared by the promoters of the action. Each stage required a different kind of material. The planning of the activities was elaborated in a detailed way, considering that the meticulous planning of the actions is a form of respect to the group (CYRINO *et al.*, 2016). The experience provided evidence of the importance of Health Education actions, which should be implemented in a wide range of scenarios. Health promotion is understood as a combination of educational and environmental supports aimed at achieving actions and living conditions conducive to health and involve the formation of attitudes and values that lead individuals to autonomous behavior, reverting to the benefit of their health and that of those around them (ILHA *et al.*, 2014; SARMANHO *et al.*, 2016). Considering that some of the elderly had impaired visual and / or auditory acuity, and some of them did not know how to read, they were offered help from the students and the elderly themselves, allowing for social integration. It is worth mentioning that group work allows the identification of problems related to aging, the development of preventive and / or curative and rehabilitation actions, as well as the process of resocialization of the elderly population (CYRINO *et al.*, 2016).

The group dynamics analysis was carried out during the whole period of the activity and allowed to observe a good integration between the elderly themselves and the latter with the team. The active participation was perceptible, and verified through questioning and reports of personal experiences. It is important to mention that the approach to the food theme with the elderly is fundamental, since the intake of vitamins and minerals by Brazilian elderly people is well below the recommended values, a fact that can be attributed to the low variety of foods consumed daily, and therefore, stimuli and appropriate guidelines are needed regarding their consumption and maintenance of healthy eating (FISBERG *et al.*, 2013). After the dynamics "Bingo therapy" the elderly selected some images corresponding to the food to compose the food recall, the students discussed with the group aspects related to the selected foods and whether each contributed or not to have a healthy diet. Alternatives to food preparation and, in some cases, alternative food options have also been suggested. It

reiterates that the participants demonstrated an interest in the subject, recognizing the need to improve their eating habits. They said that the strategy used was extremely significant for them to evaluate the foods they consumed daily and to reframe their eating habits. Corroborating the findings of the present study, research carried out with elderly people in the community of Catete, Ouro Preto, Minas Gerais, Brazil, promoted the encouragement of food change through the interaction of the elderly in the learning teaching process. This study, besides stimulating the acquisition of healthy eating habits, has helped to identify the variety of nutritious foods that can be acquired in the community itself (ANDRADE *et al.*, 2012; CYRINO *et al.*, 2016). It is reiterated that, after each question was answered, it was discussed with all participants. The students sought to value each response through congratulation and encouragement to maintain positive behavior when the response was consistent with that expected to maintain health promotion. In the case of mistaken answers, these were explained with exemplification and language consistent with the level of education of the participants in order to promote clarification, always stimulating the active participation of all regardless of errors and correctness. In this sense, to carry out a Health Education action for the elderly with the use of educational activities was a challenge, however, the results were considered positive, given the active participation of the elderly in all stages of the activity, promoting the empowerment of the participants, and making them co-responsible for the processes that involve their health-disease determinants. These benefits have been demonstrated in other studies that used play activity as an intervention strategy with the elderly, describing that such actions were of great value and brought physical and psychological benefits to the elderly participants (FLEURÍ *et al.*, 2013).

Conclusion

The development of educational action, with the theme "Healthy food for older people", had a positive impact on the behavior of the elderly. The way in which the information on the theme was approached enabled the participation of all of them in an active way facilitating the learning. The experience provided deep reflections on the importance of Health Education and the systematic planning of educational activities that meet the real needs of the population, which was facilitated in this experience by the choice of methodological strategy, Problematization. The experience allowed us to reflect on the importance of developing educational actions on healthy food for the elderly, based on ludic actions that promote real and meaningful interaction and learning. It can be stated that the objective of the research was achieved through pedagogical devices, executed in a simple, objective and careful manner. In this context, nutritional orientation allows a primary role in promoting the health of the elderly, since food helps to maintain health and prevent diseases, so special attention in nutritional indicators tends to reduce vitality complications and promote aging healthy. This experience also provided the opportunity to develop skills in teachers as facilitators of the educational process, in order to promote change and ensure a healthy living environment for the community. It is reiterated that the actions of Health Education for the elderly need methodologies that attenuate the complexity of the aging process and relate the factors that permeate the individual, such as beliefs, values, norms and ways of life. Thus, actions should be implemented, based on the principles of Health Education, consistent with the needs of

the elderly, since only taking into account the knowledge, culture and environment in which they live is that it will be possible to achieve the results sought by such practice. The development of the intervention evidenced that the elderly have doubts or misconceptions about the topics discussed, besides adopting some behaviors of health risks. Therefore, it is essential to emphasize that for Health Education to be effective, it is necessary to respect the cultural aspects and the knowledge of each one of the participants, besides trying to involve them in the theme using active methodologies, based on their reality. It is believed that this type of strategy favors meaningful learning and social interaction, in addition to providing maintenance of the cognitive and functional state. The development of health promotion with the use of educational activities for the elderly in this study was effective, being recommended the use of these activities with this population.

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