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CULTURE CIRCLE IN HYPERTENSIVE ELDERLY HEALTH PROMOTION: EXPERIENCE REPORT[1]

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ABSTRACT

This study reports on the culture circle experience as an educational intervention to promote health among elderly people with hypertension. This is an experience report developed by means of an educational activity with 60 elderly people followed up in primary health care (PHC), within the period from September to December 2014. Data were collected and analyzed in 3 stages: thematic survey, thematization, and problematization, according to Paulo Freire's method. The culture circle made it possible to exchange knowledge and experiences in a dialogical space, where doubts emerged and the elderly self-management and co-participation strategies in therapeutic planning were strengthened. The educational intervention addressed has shown to be an active strategy for learning and encouraging the elderly participation in treatment for hypertension, favoring their agency as subjects of instructional actions and improving their decision-making capacity with regard to treatment. Thus, it may be integrated into the care for elderly people with hypertension in PHC.
Keywords: Health Education. Elderly Health. Hypertension. Family Health Strategy. Community Health Nursing..

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INTRODUCTION

The incorporation of health promotion principles into the Family Health Strategy (FHS) encourages professionals to approach users from an emancipatory and autonomy-driven perspective. Such an assumption finds in Paulo Freire's ideas a major theoretical framework, since he advocates people's emancipation as needed for social change[1,2].

The Paulo Freire's method raises awareness and politicizes the human being, insofar as people problematize their reality and rediscover themselves as subjects instituting the world of their experiences[3]. Regarding health care, it promotes social inclusion, constituting a founding value to implement the Brazilian National Health Promotion Policy, key for encouraging people to make decisions about themes that can improve their lives[4,5].

When it comes to care needed by people with chronic health conditions, the professional's role as an educator and provider of information to individuals and families stands out. In health promotion to the elderly with hypertension, e.g. appropriation of Freire's ideas is regarded as relevant to propose educational interventions that lead people to problematize their reality and seek new ways of understanding what has been experienced to change everyday practices.[3,6,7].

In terms of care for the elderly with hypertension, the dialogical conception of Freire's method allows establishing a mutual trust relationship and promotes better patient guidance. It is emphasized that the elderly are considered as a marginalized group, having a low educational and income level, as well as a high prevalence of chronic diseases, requiring the health professional to approach their world of life, through dialogue and listening, in order to share knowledge and improve the user's decision-making ability[8-10].

Thus, Paulo Freire's culture circle has been adopted in this study as an educational methodology to promote health and critical reflection of elderly people with hypertension, as it provides shared

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knowledge construction based on the convergence between accumulated knowledge from the sciences and knowledge from the popular classes through their experiences[3].

The choice for the culture circle as an educational intervention to care for the elderly with hypertension is justified because this is an active methodology that stimulates the subjects' participation, positioning them at the center of the learning process. Because it is believed that adherence to treatment for hypertension involves cultural issues that interfere with habits and lifestyle, the culture circle is considered as an appropriate educational intervention in this context, since it contributes to the elderly autonomy, insofar as these individuals think of their reality and develop critical awareness for a change of attitude towards treatment.

Therefore, the health professional recognizes and respects user's knowledge, acquired through life experiences, by intervening in the health-illness-care process, as well as the user is expected to accept as beneficial and effective her/his propositions, derived from technical-scientific knowledge, implemented during health education[11]. Therefore, this study aimed to report the culture circle experience as an educational intervention to promote health among the elderly with hypertension.

METHODOLOGY

This is an experience report that introduces the methodological procedures for developing culture circles with elderly hypertensive patients, in three interdependent stages based on Paulo Freire's method: thematic survey; thematization; and problematization[3].

The research scenario was a FHS center located in the urban area of a municipality in the state of Piauí, northeastern Brazil. This center was randomly chosen by draw, to constitute the intervention group of a quasi-experimental research carried out in the Ph.D. thesis in Nursing at the Federal University of Ceará (UFC), from which this article was extracted. During the collection of data, there were 100 elderly hypertension patients undergoing follow-up at the center and a sample calculation was performed, resulting in 72 participants to constitute the intervention group. The researcher invited the 100 elderly individuals with hypertension enrolled to participate in the study, by means of home visit, but only 60 of them attended the educational intervention – the culture circles.

Four culture circles were held, on a monthly frequency, within the period from September to December 2014, with a two-hour length. Each culture circle was conducted by using the same dynamics and following the Freire's method steps[3]. Thus, every elderly person has experienced the same moments in the culture circle, because the themes and resources used were similar for all meetings. Each elderly person attended only one meeting. Data was registered with the aid of photographs and filming by the culture circle team.

The number of participants in each culture circle ranged as shown in Table 1.

Table 1. Group composition in each culture circle

Sex/culture circle	1st culture circle	2nd culture circle	3rd culture circle	4th culture circle	Total
Female	21	7	8	7	43
Male	8	2	4	3	17
Total	29	9	12	10	60

The elderly who participated in the culture circles did not participate in a group at the primary health care center (PHCC) and they did not participate in educational activities on a regular basis, only at the time of this research. Thus, the initial contact with the elderly took place by means of home visit, when they were invited to participate in the study and answer an identification questionnaire.

A study[12] has been used as a reference for conducting the culture circle in this research, in which 12 teenagers were subdivided into groups; with each of these groups, a two and a half hour culture circle was performed. The analysis of findings was done resorting to a detailed description of each educational intervention initiative, following the theoretical and methodological assumptions of Freire's method.

This study complied with the national and international standards of research ethics involving human beings. It has been approved by the Research Ethics Committee of the Federal University of Ceará (CEP/UFC), under the Opinion no. 401,244, according to the precepts of Resolution n. 466/2012 (13). The free and informed consent form was signed by all survey participants.

EXPERIENCE RELATE

Thematic survey

In the first culture circle stage, *thematic survey*, the following generating themes were discussed, representing the elderly's vocabulary and collective universe about hypertension: meanings, manifestations/symptoms, pharmacological and non-pharmacological treatment, and understanding of health information provided by a professional. This stage was addressed throughout the culture circles, since various themes emerged from dialogue with the elderly, promoting changes in the dynamics carried out from the third culture circle on.

Animator and participants are the protagonists in the culture circle, because together they dialogue, problematize, and construct knowledge. For this to happen, the subjects need to turn, dialogically, to the mediatizing reality, in order to change it and this becomes possible only through dialogue, which unveils reality[3,14].

As a methodological liberating tool, dialogue has been used to improve knowledge sources that were intertwined within the learning space constituted by the culture circles, allowing the organization of practices and supporting the articulation in a social whole that seeks collective knowledge construction[14].

Thematization

Thematization, second stage of the culture circle, consisted in using awareness-raising and reception techniques through colored bracelets and/or balloons to stimulate closeness between participants and expression of feelings about experiences concerning the antihypertensive treatment. The expression of experiences lived by the elderly during treatment took place through the production of drawings or texts and manual work with modeling clay. As a resource to stimulate the elderly participation, a video on hypertension, produced by a pharmaceutical company[15] was used, as well as images depicting treatment, exhibited with a multimedia projector.

This dynamics sought to identify the participants' worldview. The elderly were invited to write or draw what came to mind after watching the video or seeing the images, and they could provide interpretations of their own and express them by using the sheet of paper. The material produced consisted of sense, value, and meanings.

When analyzing the elderly participation in this stage, it was noticed they were available for self-knowledge and interpersonal relationship establishment, respecting the time and life history of every individual. These conditions indicate a potential personal growth in achieving empowerment for preventive care, which can lead to self-care without support[9,16].

When expressing the meanings attributed to treatment and illness itself, by means of collective discussions, the elderly reflected the themes implicit in existential situations expressed through drawings, thus they could assign a new meaning to their experiences. An example is the recurrent drawing of the heart interpreted by the elderly as the organ most affected by hypertension. Discussions brought new insights to the group; not only this organ is sensitive to lack of control of hypertension, but also the kidneys and the brain. It is worth highlighting the fact that the insights emerging after the establishment of dialogue increased the subjects' participation capacity in the decisions about health care[12].

Only in the first and third culture circles there were textual production, considering that 27 elderly individuals were not literate. The text produced and read by a participant in the first culture circle depicted a positive attitude towards treatment constraints, represented by the report of having learned to live with hypertension, as well as characters in the video shown at this stage. So, it was noticed that the message was understood and worked as a stimulus for reflection about reality.

In the third culture circle, the elderly showed they had significant knowledge to adopt good eating practices based on reports about life habits. The socially constructed insights in community practice for health care were manifested by the elderly and generated fruitful discussions.

Problematization

In *problematization*, the third and final step, the objective was providing the elderly participation to solve two problem situations staged by the culture circle team, based on the knowledge they had. In addition, participants were encouraged to report whether they had experienced similar situations in their lives about treatment.

In the first problem situation staged, the elderly had difficulty with health numeration, i.e. able to perform simple mathematical calculations to take the correct dose of prescribed antihypertensive medication[17]. Also, the character forgot to take the medicines at the same times. To facilitate scene understanding, the character had two boxes of the hypothetical drug with different doses, which were made for this activity.

The question asked to the elderly was: "How many pills should I take if my prescription is 50 mg of the medicine to be administered once a day?" While the dramatization took place, the elderly were proposing answers to the problem in focus. In all culture circles, the elderly indicated correctly how many pills should be taken by the character considering the prescription.

In the second problem situation staged, the character demonstrated that she did not regularly attend appointments with the physician and/or nurse to follow treatment for hypertension, because she did not understand what they said. She did not understand the words and phrases used by the professional, so she only went to the PHCC to get the antihypertensive drug.

In the fourth culture circle, the elements regarded as significant by the elderly to better understand the information discussed with professionals were family support during appointments and asking the professional to repeat information. Therefore, the elderly demonstrated the importance of a social support network consisting of family members and health professionals, to share doubts and information and solve problems[15,18].

Going on with the problematization stage, a synthesis of the content worked out during intervention was prepared, which was more significant for the group, and an evaluation of the intervention. By recalling the discussions and problematizing the experience, the elderly could once again express themselves and this action allowed a re-signification of previous knowledge and production of new collective knowledge.

This moment showed the group interest in exposing what had been discussed and learning that derived from the educational intervention. The identification of new insights pointed out by participants was based on reports of their own at the time of synthesis, which revealed major elements of Freire's pedagogy, such as dialogue, reflection on the real, problematization of situations experienced in daily life, and participation.

People highlight as new insights reported by the elderly the belief in the importance of regularly attending the PHCC for follow-up with the physician and/or nurse and not only to get the prescribed medication, the need to incorporate oleaginous foods, such as cashew nut, to the diet, so common in the region, for greater weight control, as well as learning about other target organs that hypertension can affect, besides the heart.

At the end of each culture circle, boards with facial expressions of joy, doubt, or sadness were used by the participants to visually show their satisfaction or not with the educational intervention undertaken. The choice of using images to evaluate the intervention was adopted by considering that viewing facial expressions might facilitate the elderly expression; no need to write favors understanding and participation.

Because evaluation consists of a significant moment to access the group's opinions about the intervention, there was an opportunity to set up the 'satisfaction wall,' so that the elderly could attach the board with expressions chosen by them, according to the satisfaction degree at the end of each culture circle.

The evaluation gave space to resuming the experiences lived within the circles, as it revealed feelings and allowed us to analyze the group educational strategy. In the four culture circles, most of the elderly individuals evaluated the intervention in a positive way when choosing the board that represented joy/satisfaction to constitute the wall. Only in the third and fourth culture circles there were elderly who expressed feelings of sadness or doubt by showing the boards, which might have emerged during the dialogue, motivated by personal feelings and circumstances.

Educational interventions for the elderly require methodologies that address the aging process complexity and relate the factors that surround an individual, such as family, beliefs, cultural values,

and ways of life[19,20]. Thus, in this research, dialogue and respect for the elderly knowledge were mediators of the learning process; even reporting a low education level, they envisioned ways of thinking about a better world and noticed themselves as subjects through reflexive and critical attitudes.

So, the culture circle has made it possible to exchange knowledge and experiences within a dialogical space, where doubts emerged and the user's self-management and co-participation strategies in therapeutic planning were strengthened, which are crucial in care for the elderly with chronic conditions.

FINAL CONSIDERATIONS

The culture circle has shown to be an active strategy for learning and stimulating the elderly participation in treatment for hypertension, by promoting the ability for self-care and the search for attitudes that generate change. Since this is a participatory and innovative methodology, the culture circle favors the elderly participation and training, guaranteeing the possibility to decide on their fortune, something which contributes to improve their health status.

The report presented herein suggests to health professionals looking for active and participative methodologies in the implementation of educational interventions with hypertensive elderly patients, since the educational process is based on reflection about reality, on dialogue and exchange of experiences between educator/learner and professional/user, providing mutual learning. Learning that results from this process has potential to generate positive health outcomes, as it aims at developing individual and collective abilities whose purpose is improving the elderly quality of life and health status.

We point out as the culture circle limitations the reduced number of meeting held with each elderly person and the difficulty to accommodate all participants in the PHCC in a small space susceptible to the noise inherent to a health service.

In spite of the difficulties to carry it out, the culture circle brought to the elderly participants the opportunity to speak their minds, characterizing and problematizing the reality experienced at their households, which is sometimes neglected in the care process. Also, the educational intervention promoted an increase in the elderly ability to understand health information and find out new insights, with repercussions in conscious and informed decision about health care.

CÍRCULO DE CULTURA NA PROMOÇÃO DA SAÚDE DE IDOSOS HIPERTENSOS: RELATO DE EXPERIÊNCIA

RESUMO

Este estudo relata a experiência do círculo de cultura como intervenção educativa para promoção da saúde de idosos com hipertensão. Trata-se de um relato de experiência desenvolvido a partir de vivência educativa com 60 idosos acompanhados na atenção primária à saúde (APS), no período de setembro a dezembro de 2014. Os dados foram coletados e analisados em 3 etapas: investigação temática, tematização e problematização, conforme o método de Paulo Freire. O círculo de cultura possibilitou a troca de conhecimentos e experiências em um espaço dialógico, no qual emergiram dúvidas e foram fortalecidas as estratégias de autogerenciamento e coparticipação do idoso no planejamento terapêutico. A intervenção educativa em tela mostrou-se uma estratégia ativa de aprendizagem e estímulo à participação dos idosos no tratamento da hipertensão, ao favorecer sua atuação como sujeitos das ações instrucionais e ampliar sua capacidade de decisão acerca do tratamento. Assim, pode ser integrada ao cuidado de idosos com hipertensão na APS.

Palavras-chave: Educação em Saúde. Saúde do Idoso. Hipertensão. Estratégia Saúde da Família. Enfermagem em Saúde Comunitária

CÍRCULO DE CULTURA EN LA PROMOCIÓN DE LA SALUD DE ANCIANOS HIPERTENSOS: RELATO DE EXPERIENCIA

RESUMEN

Este estudio relata la experiencia del círculo de cultura como intervención educativa para la promoción de la salud de ancianos con hipertensión. Se trata de un relato de experiencia desarrollado a partir de vivencia educativa con 60 ancianos acompañados en la Atención Primaria a la Salud (APS), en el período de septiembre a diciembre de 2014. Los datos fueron recolectados y analizados en 3 etapas: investigación temática, tematización y problematización, conforme el método de Paulo Freire. El círculo de cultura posibilitó el intercambio de conocimientos y experiencias en un espacio dialógico, en el cual surgieron dudas y fueron fortalecidas las estrategias de autogestión y coparticipación del anciano en la planificación terapéutica. La intervención educativa realizada resultó en una estrategia activa de aprendizaje y fomento a la participación de los ancianos en el tratamiento de la hipertensión, al favorecer su actuación como sujetos de las acciones de instrucción y al

ampliar su capacidad de decisión acerca del tratamiento. Así, puede ser integrada al cuidado a ancianos con hipertensión en la APS.

Palabras clave: Educación en Salud. Salud del Anciano. Hipertensión. Estrategia Salud de la Familia. Enfermería en Salud Comunitaria.

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