

Perception on facilitators and benefits of participation in body practice groups

Percepção sobre os facilitadores e os benefícios da participação em grupos de práticas corporais

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Abstract – The practice of physical activity has been considered as an important factor in the area of public health, as it helps in the prevention and treatment of various diseases. Thus, understanding the facilitators for participation and benefits from healthy lifestyle can contribute to population awareness. The aim of this study was to analyze facilitators for body practice and benefits perceived by participants of body practice groups of two basic family health units of Santa Rosa/RS. This qualitative research included 25 participants. Data were obtained by the focal group technique. Motivation/incentive, mainly linked to family support, the pedagogical practice of the Physical Education professional, good health status and social life were aspects considered facilitators for adherence to body practice groups. Physical and psychological gains, prevention and control of diseases, lifestyle changes, cognitive improvement and decreased use of medications were pointed as benefits. Motivating participants to participate in body practice programs is an important factor for adherence and participation in these activities can provide biopsychosocial benefits that can contribute to health promotion and quality of life of users of basic family health units.

Key words: Motivation; Physical activity; Public health.

Resumo – *A prática de atividade física vem sendo tratada como um fator importante na área da saúde pública, pois pode auxiliar na prevenção e no tratamento de diversas doenças. Para isso, entender sobre os facilitadores para a participação e os benefícios a partir de um estilo de vida saudável pode contribuir para a conscientização da população. Objetivou-se analisar os facilitadores para à prática corporal e os benefícios percebidos pelos participantes do grupo de prática corporal de duas unidades básicas de saúde da família de Santa Rosa/RS. Pesquisa qualitativa, com 25 participantes. Os dados foram obtidos pela técnica do grupo focal. Revelaram-se como facilitadores para a adesão a grupos de prática corporal a motivação/incentivo, ligado principalmente ao apoio familiar, a prática pedagógica do profissional de Educação Física, ser saudável e o convívio social. Foram apontados como benefícios ganhos físicos e psicológicos, a prevenção e controle de doenças, mudanças de estilo de vida, a melhora cognitiva e a diminuição do uso de medicamentos. Motivar os participantes dos programas de práticas corporais é um fator importante para a adesão aos grupos e a participação nessas atividades pode proporcionar benefícios biopsicossociais que podem contribuir com a promoção da saúde e na qualidade de vida de usuários de unidades básicas de saúde.*

Palavras-chave: Atividade física; Motivação; Saúde pública.

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INTRODUCTION

Active lifestyle has been recommended as an important factor for health promotion, as it can assist in the prevention and treatment of several diseases¹. However, despite the positive reports regarding the regular practice of physical activities, the prevalence of physical inactivity in Brazil is still high². Data from the 2016 Surveillance System of Risk Factors and Protection for Chronic Diseases by Telephone Survey (VIGITEL) show that 47.5% of individuals aged 18 or over are inactive or insufficiently active.

This high prevalence can be explained by technological evolution that has increased the use of screens such as television, computers, cell phones, and video games, and daily commuting using automobiles, escalators and elevators³.

In order to reduce the high prevalence of physical inactivity, the National Health Promotion Policy (PNPS), which aims to promote quality of life and reduce health risks, adopted as one of the eight priority themes, body practices / physical activity as a strategy to encourage the population to adopt a more active lifestyle⁴ by attending places that offer such activities⁵.

To achieve this goal, different governmental agencies have encouraged the creation of physical activities / body practices programs in primary health care based on the principles of the Unified Health System^{6,7}, where practices are developed within the scope of Public Health.

In the city of Santa Rosa / RS, most Basic Family Health Units (UBSF) have body practice groups aimed at the general population, which in addition to providing physical activities according to territory, bring the proposal of education in health. However, in addition to providing groups, it is necessary to understand the reasons that lead users to participate in them, as well as the benefits arising from this practice.

It is known that these reasons are diverse and include knowledge about the benefits that active lifestyle can bring⁸. Therefore, knowing the benefits of active lifestyle is also a relevant factor to create bonds with users.

Many studies have been carried out to assess the facilitators of physical activity in children and adolescents⁹, adults¹⁰, elderly^{11,12}, workers¹³ and those with intellectual deficits¹⁴. However, there are few reports found in primary care that come from the analysis of a focus group (FG).

Thus, the present study aimed to analyze facilitators for body practice and benefits perceived by participants in body practice groups of two UBSFs of Santa Rosa / RS.

METHOD

This is a qualitative, descriptive and comparative study that used the qualitative health research guide (RATS Guidelines) for its design¹⁵.

Study participants were users of two UBSFs of Santa Rosa / RS. These health units were intentionally selected because they showed sociodemographic differences, in addition to being groups in which one of

the researchers worked as a resident of the Multiprofessional Residency Program in Family Health.

All participants of body practice groups of both UBSFs were invited to participate in the study, named by UBSF A (n = 10) and UBSF B (n = 25), excluding those aged under 18 years (n = 1), those with cognitive impairment that prevented them from answering questionnaires (n = 1) and those who did not have regular frequency (75%) in the group two months prior to the data collection period (n = 8). No one refused to participate in the survey.

Data collection was carried out in the months of October and November 2017, and the FG technique was used, which is an instrument used to conduct interviews in groups with the aim of collecting information that would help understanding the perceptions of a given theme in a specific group¹⁶. Three FGs were held, one in the parish hall of the church next to UBSF A, with 7 participants, and two in a reserved room at UBSF B, each group with 9 participants. UBSF B was divided into two groups so as not to exceed the limit number of participants recommended in the FG technique; however, its analysis was conducted as a single group.

The developed script was based on the reflection of factors that encourage participation in activities proposed in groups; perception of difference or gain from participating in the group and motivation to continue participating in the group.

FG meetings were conducted by a researcher experienced in this data collection technique. Previously, training was carried out with this researcher and also a pilot study in another UBSF in another region of the city. Meetings were recorded in audio and filmed for later literal data transcription. After transcription, information was read to participants for the purpose of checking and interpreting speeches.

FG information was interpreted by content analysis¹⁷ carried out by the researcher who conducted meetings, who had no personal or professional relationship with research participants. Categories (benefits from body practice and facilitators for body practice) were created *a priori* and subcategories were created by systematic and objective procedures to describe the content of messages in an inductive manner after the reading of the entire transcript (pre-analysis), grouping of responses that allowed the inference of knowledge about the messages (exploration of the material) and subsequent categorization based on the researcher's knowledge on the subject (treatment of results). Participants were identified with a code (UA1, UA2 ... for UBSF A users and UB1, UB2, UB3 ... for UBSF B users).

Sociodemographic and health characteristics of study participants were also collected through questionnaire with closed questions that were analyzed using descriptive statistics (frequency).

The research was approved by the Teaching and Research Center of the Municipal Health Foundation and by the Research Ethics Committee of the Regional University of Northwestern State of Rio Grande do Sul (protocol No. 2.114.809 / 2017).

RESULTS

The first results are related to the sociodemographic characteristics of study participants and can be seen in Table 1. The study included 25 UBSF users who attended physical activity / body practice groups of UBSFs, 7 UBSF A users and 18 UBSF B users.

Table 1. Sociodemographic and health characteristics of participants in the physical activity / body practice groups of UBSFs of Santa Rosa / RS, 2017.

Variables	UBSF A (n=7) n	UBSF B (n=18) n
Sex		
Male	2	3
Female	5	15
Marital Status		
Single	0	1
Married	6	15
Divorced	0	1
Windowed	1	1
Schooling		
Illiterate	0	1
Elementary school	5	12
High school	1	4
Higher education	1	1
Economic condition		
High	4	5
Medium	3	12
Low	0	1

Facilitators for adherence to physical activity / body practice programs are shown in table 1. Regarding factors that contributed for users to adhere to the program, factors such as motivation / incentive, the pedagogical practice of the Physical Education professional, good health status and social life stood out.

Regarding the benefits perceived by participants of physical activity / body practice groups, it was possible to identify differences in responses between units, which can be seen in box 2.

DISCUSSION

In both groups, the majority of users were female aged over 54 years, married and with complete elementary school. At UBSF A, participants were of high economic status and at UBSF B, participants were mostly classified as middle economic class. These findings are in agreement with data obtained by Ferreira et al.¹⁸, who studied UBSF users in the municipality of Campo Grande / Mato Grosso and found that they were mostly women aged 50-69 years. With regard to schooling and marital status, data agree with results obtained by Lovato et al.¹⁹ with UBSF users in Londrina / Paraná.

Box 1. Facilitators by practice in the physical activity/body practice group of both UBSFs of Santa Rosa/RS, 2017.

FACILITATORS	Motivation	UA1: "I come because I like the group so much, it makes me feel good, so, as long as I can come... Have us before the group, and after! Is one thing that I wanted that had always, from so we can come, why on here we come here, there is always a group here waiting...".
		UB4: "...I think that the body is not made to stand still! The body has to be always in motion, I love doing physical activity! I feel good, I think about my old age...".
	Family support	UA1: "...the good is that our family has an incentive, sometimes we're not very well, go do it, it's going to get better, because when I got bronchitis there in the winter, I stayed for a few days, after they talked it goes the same, so we have incentive from all sides, it's very good, they are at home, see how much we have improved...".
		Pedagogical practice of the professional
	UA2: "... is always smiling, always willing, always friendly". - "She has the patience to get close to us, and so we get it..."	
	UB10: "It's that before was pain..., I was a little fear, but the teacher gives me confidence... So it's very, very good".	
	Good health status	UA3: "... We run so much, for the benefit of the family, for the benefit of work, so many things, but when I'm here it's a moment for me, a unique moment, for my mood, for my head, for my mentality."
		Social life
	UA3: "Socialization is very important. Practicing physical exercises alone is different than doing it with a group".	
	UB11: "...here in the group you participate, you talk, get distracted, you come back with another head, talk to one, talk to another, everything is very good, it is good for everything, both for the head and for the physique" .	

Box 2. Benefits perceived by the participants after participating in the physical activity/body practice group of UBSFs of Santa Rosa/RS, 2017.

BENEFITS	Physical	UA2: "I have tendonitis in my arms, so before I couldn't even lift my arm to put on clothes, now I lift and do gymnastics".
		UB14: It was good for me, I already had hard body, today it is good for walking and today it is good, I am always walking, I helps a lot".
		UB12: "The difference that I perceive with gymnastics, is that I now have the courage to cross the street, because I did not have the courage, because I was afraid of locking my leg, it locked, because this nerve is sick, it got the injury and it will stay, so we have to work, exercise and strengthen this muscle! I was afraid of having to take a step from there, then I would stop".
	Psychological	UA1: "I also came here invited by my psychologist, at the time I was also depressed, I couldn't walk on the street alone, so I wasn't really well. Then he suggested a gift to me, I accepted, then I came in the group, I never stopped, I liked much, it helped much, today I am another person, I am happy, help for memory, I don't have time to think nonsense...".
		UB3: "... I had been taking medication for depression for years... and now after I started doing physical exercises, I improved a lot"
		UB4: "Physical activity also prevents depression, it gives people a boost, a good mood, it's all good, it releases endorphins".
	Control and prevention of diseases	UA6: "I felt much better after I started, blood pressure didn't increase anymore, before I lived with high blood pressure, after I started, pressure improved a lot, and physically improved".
		UB3: "My pressure it was always high, now it's always good, you see how good the physics are".
		UB5: "I used a medication for this disease that I have, its a very high infection, in the blood, but with physical activity, the doctor said that this is what I help. Ankylosing spondylitis..."
	Changes in lifestyle	UA1: "I won very much in health, a lot, I say, today I am another person, after the participating in gymnastics, I improved a lot, I stayed more healthier today, in food, we learned to take better care, it's something that I change, so much that I think not would be without gymnastics".
		UA3: "... I am always researching, this encourages, for example, if I come here, an exercise then I will research something else of localized exercise, or one, about healthy eating".
	Cognitive	UB7: "I perceived a lot, that has evolved very much! We wanted to come, do physical, because this is good for the body, and good for the mind, at least you remember that you have to do things ...".
		UB10: "Do you believe me 20, 30, 40 years old or more living in Santa Rosa, I once went downtown, and I got lost, really?! I wanted to go to the Dom Bosco hospital and I took another street and went and went down, I think, damn where am I? Something like that, give me a white and not now, it was after gymnastics everything is good".

The fact of having more women in groups can be explained by the cultural process, where women tend to take more care of their health and their body¹¹, which justifies participation in public health actions, and increased search for health care services.

The first facilitator who emerged during the interview was motivation. It appeared in different contexts, standing out as a motivation for the group, for the family, for enjoying participating in the group and for the expected / achieved results after participating in the group.

The aforementioned data are of great relevance, as motivation is a determining factor for choosing the way we live and feeling motivated, and belonging to a group helps in the process of adopting a more active lifestyle. In the study carried out by Lovato et al.¹⁹, positive results were found associating identity and feeling belonging to a group regarding frequency in physical activity programs.

Another facilitator revealed in speeches during the focus groups included in motivation was to enjoy and feeling pleasure with physical activities, as found in other studies^{20,21}. When studying older adults from Antônio Carlos / Santa Catarina, Krug et al.²⁰ reported that if subjects do not enjoy practicing physical activities, they will have difficulty in adhering to a physical exercise program.

Motivation was also reported associated with family support and incentive, showing the importance of this incentive for participation in groups. Family support as an incentive for the practice of physical activity was found in other studies^{11,12,20}. Elderly people reported that incentive from family to practice in group activities, leisure and physical activities was an important facilitator^{11,12}.

Another facilitator for adherence to physical practices / physical activity groups identified in this study was the pedagogical practice of the Physical Education professional, who coordinates and guides activities. Some participants highlight the professional's role in the group, in accepting individual difficulties, in conducting the group with motivation and enthusiasm and with creativity to diversify activities, making the group more attractive and pleasurable.

The skills of the Physical Education professional are highlighted as important reasons for people to remain in physical activity / body practice groups. In the study by Lopes et al.¹², with long-lived elderly women, it was reported that having a good professional in conducting activities, always encouraging and paying attention to the execution of exercises, makes a difference in adhering to a physical activity program.

Similar results were also found in other populations, as in the study by Boutevillain et al.²¹, who researched people with complaints of chronic low back pain and found that encouragement and correction during the execution of exercises as well as the skills of the Physical Education professional are determining factors for adherence.

It is important to emphasize that the Physical Education professional who works in public health needs to have a more humanized view of users.

According to Freitas et al.²², the professional must have an understanding on the human being, know beyond his physical condition and give importance to subjectivities, leaving aside the academic mechanistic model.

Concerned with the academic model, curricula have been broadly conceived, with academic training focused on multiprofessional care, integrating Physical Education in the health area. In the last decades, Higher Education Institutions have been adapting their Physical Education curricula to meet the needs of today's society²³.

It is also worth mentioning the importance of healthcare training for Physical Education professionals, since it is proven that lifestyle in childhood interferes in adulthood, and teachers can make a significant contribution for the development of healthier lifestyles both in children and adolescents²⁴.

Another facilitator, which seems to be a category, is the individual concern with health, becoming a healthy person, valuing the practice of physical activity and its relationship with physical and mental health.

It is a consensus that physical exercise is good for health^{1,8}. The concern with being healthy is one of the main facilitators that lead people to seek the practice of physical activities^{12,21}. The study by Seron et al.²⁵ showed that this reason (being good for health) was also one of the main facilitators for the adherence to the practice of physical activities by people with motor disabilities (reported by 72% of study participants), followed by the desire of being an athlete and medical indication. Reinforcing the health reason as one of the main facilitators reported for adhering to physical activity, another study²⁶ carried out with members of a workplace gymnastics program in companies indicated that 76.16% of participants reported participating in the program to improve health.

To complete facilitators, the last category presented in speeches is Social Life, which appeared repeatedly in the study, in which participants reported as one of the main reasons for participation in the group.

Accordingly, many studies have pointed out the practice of physical activity as a tool for socialization, especially in studies involving the elderly, in addition to physical benefits obtained from exercise, there are also reports of older adults seeking physical activity programs due to benefits for health and socialization. Studies highlight the importance of human relationships in health, in the exchange of experiences reported in these moments, and especially in the construction of social relationships^{12,21}.

At UBSF A, physical and psychological benefits, prevention of diseases and lifestyle change were highlighted by participants. At UBSF B, physical, psychological and cognitive benefits were evidenced, as well as disease prevention and control and decrease in medication use.

In the reports of participants, some physical benefits in both UBSFs stood out, such as decreased pain, improved joint mobility and muscle strengthening.

In the study by Lopes et al.¹², reports similar to those of the present study were observed, since the sample reported that when physical activities are not performed, body pain returns, and that the practice of exercises is a preventive factor. Another study also pointed out decrease in pain, especially

in cases of varicose veins and mobility, associated with physical benefits²⁷.

In the study by Aily et al.²⁶, women aged over 60 years reported insecurity with their own bodies and fear of falling as barriers to the practice of physical activity.

The main psychological benefit reported by participants was the improvement in depression symptoms, especially for people who had already been diagnosed with depression and were on drug treatment, and those who started with only depressive symptoms reported improvement in their daily mood, and these reports were similar among participants of both UBSFs.

These results can be explained by the fact that during the practice of physical exercise, there is an increase in the release of monoamines (serotonin, dopamine and norepinephrine), which cause a feeling of well-being and improved mood, which may also be associated with relaxation from muscle excitation^{28,29}.

In the same sense, Deslandes²⁹ mentions that physical exercise can help reducing depression symptoms when associated with pharmacological treatment, as it increases cortical activity. In addition, social interaction during group participation may have helped reducing depressive symptoms, because at that moment, users do not feel lonely¹².

Regarding control and prevention of diseases as a benefit obtained through the practice of physical activity, the following speeches come into agreement between groups, mainly in their perception in relation to the control of blood pressure (BP):

It is already known that blood pressure can be regulated with physical exercise. The benefits can be obtained both in the acute effect of physical exercise and in a chronic way, after exercise. Thus, physical exercise is considered one of the main regulators of blood pressure³⁰.

In the FG of UBSF A, a different benefit mentioned by participants was reported, change in lifestyle, especially with regard to eating habits.

Changes in lifestyle are beneficial for health, and when perceiving changes in their health related to healthy lifestyle, individuals start to consider other changes, that is, the practice of regular physical activity influences other healthy habits such as changes in eating habits¹¹.

Cognitive effects, especially on memory, were reported only by the UBSF B group, and this result was due to the fact that this is group of people with average age of 60 years, but the majority of participants are older than that.

The decrease in the use of medications reported by the UBSF B group is highlighted, mainly related to pain due to the lack of physical exercises, which leads us to conclude that this population was more dependent on the use of medications.

Regular physical activity is considered a non-medication treatment for several chronic diseases and its regular practice, when properly oriented and regularly followed, can decrease the number of medications and hospitalizations²⁹. In addition, regular physical activity is directly related to the decrease of body pain perception^{12,19}.

It is necessary to take into account that these benefits are subjective and reveal the importance of continuing activities, considering that effects were positive. In this sense, extrapolating the results of this study should be performed with caution because participants already attended UBSFs; therefore they are more concerned with health. Thus, studies should be carried out with older adults who are physically inactive and who do not attend UBSF. As a strong point of the study, analysis carried out in a qualitative way stands out and shows the perception of subjects regarding the practice of physical activity and the fact that it is a study that shows the importance of Physical Education professionals in basic healthcare.

CONCLUSION

In view of the results found in this study on facilitators for adherence to physical activity / body practice groups, it was observed that there is greater adherence of users when they are motivated / encouraged both by family members and by a qualified professional, as well as the feeling of belonging to a group through socializing with other members, and being concerned with their own health. It is worth mentioning the role of the Physical Education professional as a facilitator for the approach of this subject with the group, looking at individuals with their subjectivities considering physical, mental and social aspects.

The physical, psychological, cognitive, disease control and prevention benefits, lifestyle changes and reduction in the use of medicines were perceived by participants, proving that health promotion is much more effective when there is a professional conducting these reflections and placing the subject as the protagonist of his self-care.

For a broader view within physical activity / body practice groups, the training of professionals in the health area must include aspects that go beyond biological ones. Thus, Multiprofessional Residency programs are a good way to enhance training, aiming at expanded care, and providing experiences with professionals from other areas, which would add knowledge to be transmitted within the individual practice.

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Ethical approval

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Conflict of interest statement

The authors have no conflict of interests to declare.

Author Contributions

Conceived and designed experiments: CMF; MMK. Performed experiments: CMF; MMK. Analyzed data: CMF. Contributed with reagents/materials/analysis tools: CMF; MMK. Wrote the paper: CMF; MMK.

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