

Factors that hinder the non-adherence to regular physical activity in elderly adults*

Factores que dificultan la no adhesión a la práctica regular de actividad física en adultos mayores

Fatores que dificultam a não adesão à prática regular de atividade física em pessoas idosas

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ABSTRACT: A mixed method study with a qualitative approach that implement the snowball technique. The study was developed in Bahia, Brazil, between January/2014 and September/2015. It was aimed at identifying the factors that lead people to non-adherence to regular physical activity. The results showed that the reasons were related to health problems, difficulty in getting a medical certificate, unavailability because of family demands and low motivation. We conclude that this knowledge is necessary for the delineation of management and planning in healthcare, in the sense of guiding new health promotion strategies as a result of high rates of chronic non-communicable diseases in our reality.

Keywords: Physical activity; Chronic disease; Non adherence; Active search.

* This study is part of a macro-research entitled: "Physical exercise program for people with hypertension and their families: evaluation based on the Model RE-AIM", linked to the Interdisciplinary Center for Studies and Extension Care Health the Family Living with Chronic Diseases (NIEFAM). Research line: Interdisciplinary knowledge to the process of human care, the Department of Health I and II/UESB.

RESUMEN: *Estudio de método mixto, con enfoque cualitativo, que utilizó la técnica de snowball. Realizado en Bahia, Brasil, entre enero/2014 y septiembre/2015. Objetivó identificar los factores que conducen a las personas a la no adhesión a la práctica regular de actividad física. Los resultados evidenciaron compromiso de salud, dificultad de conseguir un certificado médico, indisponibilidad por demandas familiares y baja motivación. Se concluye que estos saberes son necesarios para el delineamiento de la gestión y planeamiento en salud, en el sentido de guiar nuevas estrategias de promoción de salud, como consecuencia de los elevados índices de enfermedades crónicas no transmisibles en nuestro medio.*

Palabras clave: *Actividad Física; Enfermedad Crónica; No adhesión; Busca Activa.*

RESUMO: *Estudo de método misto, ênfase no enfoque qualitativo, utilizou a técnica Snowball Sampling. Realizado na Bahia, Brasil, entre janeiro/2014 a setembro/2015. Objetivou averiguar os fatores que conduzem as pessoas a não adesão à prática regular de atividade física. Os resultados evidenciaram comprometimento de saúde, dificuldade de conseguir atestado médico, indisponibilidade por demandas familiares, e baixa motivação. Conclui-se que estes saberes são necessários ao delineamento, gestão e planejamento em saúde, posto as evidências do elevado índice de doenças crônicas não transmissíveis em nosso meio, no sentido de guiar-se pela via da promoção da saúde.*

Palavras-chave: *Atividade Física; Doença Crônica; Não Adesão; Busca Ativa.*

Introduction

Currently in our society, we urge to have a good health condition. The chaos of daily living, fast food diets, stress, sedentary lifestyle, among other things, expose people to the suffering of Chronic Noncommunicable Diseases (NCDs) prevalence.

This lifestyle, has raised some discussions among scientific circles about the high incidence of morbidity, by high costs in the health system and international medications long term, highly complex surgeries, but above all, about the impact this lifestyle has on those who are diagnosed with a chronic illness (Mendes, 2012; Brazil, 2011; Pan American Health Organization, 2006). In the universe of the discussions on this issue we found the encouragement of people to move. In this sense, the science of Physical Education takes a political and social nature. On the other hand, more complementary, the Pan American Health Organization (2006), calls for physical activity as a link which has close relationship with the concept of health and quality of life are concerned. Its benefits are from the biological system to the psychosocial and cognitive, physical activity being who potentiates and protection and prevention agency, generally chronic diseases.

Physical activity is coated so as that aware of their impact on improving the quality of life of individuals, key strategy in the field of health sciences and should stimulate the professionals as a way of life (Vidarte Claros, Velez Alvarez, Alfonso Sandoval Cuellar, & Mora, 2011).

With regard to their impact on disease, we put the focus on NCDs, being the cause of high mortality in the world and, when incorporated into physical inactivity is remarkable fourth in the world ranking of mortality (Hallal, 2011).

The NCDs part of a group of chronic conditions, usually related to multiple causes, characterized by a gradual evolution, with often inaccurate forecasting, long or indefinite duration. They present a clinical course of mutation in the walking time, with possible periods of worsening and may generate disabilities. They need interventions with mild to hard technologies, associated with changes in the lifestyles of people to a process in continuum of care that can not lead to cures (Mendes, 2012).

About this, it is important to note that, in the Brazilian context, NCDs correspond to 72% of deaths per year (Brazil, 2011). And that mortality accumulates in the age group 60 and older, which in 2012 accounted for 70% of deaths in older adults (Brazil, 2014).

The NCDs addition to impact the mortality rate, are responsible for the high number of hospitalizations, being among the main causes of lower limb amputations, kidney, cardiovascular problems and neurological complications, among others, throwing significant losses the quality of life of people, who tend to decline as a result of this increased disease severity (Brazil, 2013).

In this scenario, the Ministry of Health (Brazil, 2011), drew with implementation goals for a decade, scheduled for understanding the period 2011-2022, being among the actions increase the prevalence of physical activity.

In this action there have been many health campaigns scattered across Brazil and close to public health units plazas; with the aim of mobilizing people to fitness to practice regular physical activity. This allied to the other strategies described route between goals, it aims to reduce the rate of premature mortality NCDs in people under 70, by 2% a year (Brazil, 2011).

According to the *Diesporte*, 28.5% of the Brazilian population practiced physical activity; 25.6% 45.9% play sports and it is sedentary, showing that almost half of Brazilians do not practice physical activities (Brazil, 2015).

In addition, it is known that physical inactivity and sedentary lifestyle contribute as a risk factor of NCDs, such as heart disease, other cardiovascular and metabolic disorders, situations that have collaborated with the significant loss of life (Silva, R.S., Silva, I. Silva, R.A., Souza, & Tomasi, 2010).

In addition, the National Research by Domestic Sample (PNAD) (Brazil, 2009), verified physical inactivity among age groups of adolescents, adults and elderly adults, which resulted in 10.5% of idle and sedentary, and within this percentage, the North and Northeast regions were those that showed higher percentage in relation to the other studied states, totaling 48.5%. For physical inactivity, it was reported a 20.2%, data that was confirmed by other studies (Knuth, *et al.*, 2011).

This information also found adherence to investigations carried out with adults and older adults living in the South and Northeast regions of Brazil, in areas covered by 240 primary health care units; of which it was found that, among adults Northeast, the practice of physical activity ranks second (22.2%), good food behind (32.8%). Among seniors in the same region, the physical exercises ranked fourth (13.1%), being behind regular medical consultations (14.2%), smoking (17.7%) and maintain supply healthy (36.7%) (Siqueira, *et al.*, 2009).

Splits on this issue, with regards the problems of physical inactivity vs. NCDs, draws the attention to a detailed look at such evidence: the need to mobilize collective, multi and interdisciplinary efforts in the sense of ascending discussions concerning the accession of the people to regular physical activity, control and treatment disease.

Thus, the adhesion is the term that defines how a person's behavior to follow guidelines / recommendations of health professionals, and implement changes in their lifestyle to better control health (Sabate, 2003). However, many are those who do not adhere to the guidelines / recommendations or at all do not.

Adherence exceeded, in light of our understanding, a multi-variety of factors, ranging from the educational, social, economic, cultural nature, to desire and conditioning the other in having time to care for themselves.

Thus, aware of the importance of physical activity for healthier human life, given its benefits; This study aimed to investigate what were the factors leading to non-adherence to the regular practice of physical activity in a program of physical activity through active search for people leaving an exercise program.

Our understanding of the active search is based on this being a tool of social protection, essential for local planning and preventive action of Basic Social Protection, which provides insights into the social reality to act on it (Siquié, & Silva, 2012).

Methods

This is a mixed method study with qualitative emphasis, linked to the macro-research entitled: "Physical Exercise Program for People with Hypertension and Their Families: evaluation based on the RE-AIM model" adopted by the Ethics Committee Research, State University of Southeast Bahia (UESB) campus Jequié, BA (CAEE No 27221414.3.0000.0055), finished in September 2015.

We were interested in addressing the mixed method for the interest in knowing the reasons that led to persons enrolled in a Program of Regular Physical Activity (PRPA), the Interdisciplinary Center for Studies and Outreach in Health Care of the Family who Lives with Chronic Diseases (NIEFAM by the name in Portuguese), to non-adherence.

The quantitative approach is related to the number of absences from the participants over a period of 12 months, started in January / 2014 to September / 2015, being excluded the months of academic recess.

The qualitative approach subsidized understanding of the reasons for non-adherence. This came from semi-structured interview. The instrument was on three areas: the identification of research participants; the identification of the health situation; and identifying the perception of the program.

The development of this instrument was based on a systematic study on the registration records of people in the *PRPA-NIEFAM*. First we identify the missing persons. Then we went to the kernel file to make a deep search on their databases of the number of missing participants.

The scope of the number of missing people came through careful analysis checklists of systemic blood pressure and capillary glucose. It was two markers in which participants get PRPA verification before and after physical activities. This happened three times a week on Mondays, Wednesdays and Fridays in the sports gym of UESB and Urban Social Center (CSU) of Jequié (BA, Brazil).

To achieve the final list of absentees, it became necessary, the commitment of all participants in the core, established through the months of cutting, which occurred in three phases, as described below:

- An initial list was drawn up in the program in Microsoft Excel, version 2010, with all the names of participants PRPA-NIEFAM with cutting the respective months of the study, emphasizing presence and absence throughout the months of January / 2014 to September / 2015. The criteria for exclusion were those who frequented the PRPA in a shorter period of one month and those who did not present the statement-medical authorization.

- From the list, two new lists were developed: one with the names of the people assiduous program; and one with people leaving the program. These, then, were included in a new list, the Microsoft Excel program, version 2010.

Of the total of 164 registered in the PRPA they were identified 23 people who gave up. The approach to people who left the program was carried out through the active search, which developed from the principles of snowball sampling technique (snowball) (Biernacki, & Waldorf, 1981).

This technique assumes that there is a binding between the members of the population, ie, members of a population can identify other in condition similar to theirs. The first step is to locate people who belong to the target population study.

These people are identified as sample seeds, those that will give rise to others. It is from these seeds will start to snowball process, in this logic are the first people called zero wave (Dewes, & Nuñez, 2013).

From this understanding, actively seeking the study began, asking each participant PRPA-seed, to recognize people from your neighborhood, health unit, the neighborhood surrounding regions, and even family members, who were part of the program, but which they were absent from this.

Initially it was presented to all, the list of names of people who left the PRPA, so that some participants could identify. For both, a human circle was arranged at the center of the sports court Gymnasium Sports UESB, main local implementation of the program. At this time were statements the names of the 23 missing so slow. This process five former participants were automatically identified by the seeds. However, only three were found at the stage of active search.

To identify others, he was given to the seeds, a list of names, so that they could be recognized missing people within their social circles. In this strategy, five people were identified and located just one. Thus, a total of four people in the active search located 10 identified by seeds, ie 17.4% of the absentees.

But still they detracted 19 people, ie 82.6% of the total. For this stage, hand phone contact strategy was launched; given the impossibility of locating hereby household visitation was undertaken in the neighborhood, as it appeared the direction in registration records of people in the PRPA-NIEFAM. It was an expensive and laborious activity, due to the displacement expenses - transport and high time to locate people.

This process lasted 22 days, which were located only four. The others were not located in the city-stage of this study, some by changing city, and others by giving wrong at the time of enrollment in the program addresses.

From the identification of people who withdrew, was scheduled a visit to the phase of semi-structured interview, which occurred through previous contact. The interviews took place after the reading and acceptance in the study and signed the term of consent. The interviews were recorded on a voice recorder Smartphone, Samsung brand, model GT-S6792L, Android 4.1.2 version, and had an average duration of 00h07minutos each.

After recording, each interview was going through a process atenciosa sensitive and listen to its accurate understanding; then he proceeded to the process of transcription without reduction or synthesis of the statements. Transcription, passed the review process by reading and rereading, in the attempt to achieve checks of subjects related to the topic under study.

Initially, a pattern is pursued on data which aimed: understanding and possible understandings on non-adherence to PRPA in a hologrammatic strategy, which did emerge thematic event in decreasing order: health problems; difficulty in obtaining a medical certificate; unavailability of time and low motivation.

This process used the technique of content analysis, which consisted of three interactive and cyclical stages: data reduction, presentation and verification of the findings (Miles, & Huberman, 1984).

Results and Discussion

In-depth study undertaken to verify the state of the art on the issue in question, we found that little research that address the adherence to regular physical activity, and those that have limited data on the non-adherence. This shows a gap that requires research approaches.

In an attempt to contextualize the present study, we identified the research developed by Ribeiro, Cavalli, A.S., Cavalli, M.O., Pogorzelski, Pretes, and Ricardo (2012) conducted with 199 elderly of the Core Activities for the Elderly (CAE), in which the authors found the practice of physical activity was linked to several factors: for 68.8% of the enrolled performed in order to avoid or prevent health problems; 59.8% medically recommended; 56.3% for maintaining the flexibility and agility; 40.2% to overcome stress or decrease stress; and 33.7% to recover from an injury or disease improved.

Also Castro, Silva, Montero, Palma, and Resende (2010) in a study of 986 people enrolled in physical exercise modalities 06 Activity Centers Commerce Social Service (ACCSS), in Brasilia (DF), for people on the stage age 15 to 89, found that the main reasons for the continuation of the practice of physical exercises were based on: personal welfare for 91.9% of respondents; prevention of diseases for 82.8%; physical conditioning for 80.7%; Professor empathy with 79.2%; satisfaction with the methodology undertaken 75.2%; and 73.9% for fun.

The reasons listed for accession by the studies cited above factors concern health, welfare and social-staff feeling of belonging. Which shows that accession is strongly related to the appropriation of knowledge on health care and feeling good socially. These studies, however, did not mention the cases of non-adherence.

Other studies, however, sought to take the two approaches, adherence and non-adherence, as verified by Cardoso, Borges, Mazo, Benedetti, and Kuhnhen (2008). In this, the authors interviewed 13 elderly ex-participants "Ancient active" program of local health units in the municipality of Florianópolis (SC), being cited as reasons for accession: the interpersonal relationship, improvements to health and medical indication.

With regard to non-adherence they were mentioned the problems of a personal nature with the spouse and other family members, care demands and health complications.

Also, Eiras, Silva, and Vendruscolo Souza (2010), studying elderly practicing physical activity into two groups, residents of the city of Curitiba (PR) - still 09 practitioners of regular walking and 5 of the "Old Man in Motion" program - they found that the main reason of the accession of both groups was the maintenance and / or promotion of physical health. Other factors included medical advice, influence of neighbors, friends and relatives, promote mental health, with the reasons for non-adherence diversions algiás health problems.

These results agree with the study and Vendruscolo Souza (2010), developed with elders of the project "Without Borders: Body Activities for Mature Adults and Elderly" (n-10), in which the reasons for membership were based on contribution and health benefits, bonds of friendship, and a sense of belonging, knowledge sharing, and socio-emotional support, being the reasons for non-adherence issues diversion of health problems also for pain.

As an excerpt of these studies, Nascimento Silva, Saggioratto, Vargas, Schopf, and Klunk (2010) found similar results in older adults in the municipality of Palmito (SC), adherence related to positive self-rated health being always while available, and the expectation in the results of operations; and non-adherence to the restrictions imposed by pain and fatigue, the latter related to exercise.

Non-adherence identified in the studies, in the Brazilian context, it was also verified in an investigation by Leijon, Faskunger, Bendtsen, Festin, Nilsen, and Who (2011), with 1,358 participants from 38 centers of primary health care in Sweden. From this, the authors found that the deviations to health, enhancing the sensation of pain, were the main reasons for non-adherence, highlighting afflict more women and elderly over 65 years. As referred to the male, the main reason was the low motivation and young people, the lack of financial resources and lack of time were the most cited reasons.

This contextualization of the problem in focus, in our study, the reasons for non-adherence were in line with the above cited: the problems of health conditions and physical pain as the most prominent among all. So it's variables to be considered for planning and health management with the aim of enabling the health promotion and specific protection of public health, especially for the high incidence of NCDs, evidenced in scientific studies.

We can see that the process of accession transversalizó no adhesion factors, set out in the preceding paragraphs. Linking the knowledge that was immersed in the field of research in this research, in the light of the hologrammatic, evidence that the person to be active and healthy is a wish of most participants. However, this desire does not put in preparation for the care of itself.

The reasons were based on a multidimensionality of factors, as described above, with highlights in this research for the difficulties in getting a medical statement, this being a primary condition for the enrollment and retention in the program NIEFAM; health problems and care demands of relatives dependency psychophysical state fragility.

In the following discourses it is possible to identify the reasons for abandoning the PRPA-NIEFAM:

*"[...] **What made it impossible was because I'm [...] in medical escort, I am always going there [...] to this day he did not give me the medical statement. Because he says "what for? Why do you want this statement "And I say: to continue going the group (Refers to PRPA) because they are demanding and want. But until today I have not given it. And I wanted to go there without a declaration, but never went to the end."** (E1).*

*"It's because of the diseases. Because **I went to the doctor 'H' and he said that I could not go and that I could not participate in these activities. I went to the first consultation with him, on 2 February, I spoke with Dr. 'H', I went when it was approaching the start of activities in the group (PRPA -NIEFAM) in 2015. But that could not continue more, because of back problem."** (E3).*

The unavailability of time and lower motivation were cited as the secondary factors for the non-continuity in the PRPA:

*"In my case, it was because I had **not available time**. Because at that time I was accompanying a neighbor, a friend who was traveling to Salvador. There I was missing a lot and those coming and going there was not time to continue to go there and clear that discouraged me [...] I said: I will not again, I will simply miss." (E6).*

*"[...] **Because I had to be helping my mom and my dad [...] When it is well poor health, I always have to be here [...] helping her, because she also has health problems, then I have to always help them.** " (E7)*

Lack of time was also a variable identified in the study Nascimento Silva, Saggioratto, Vargas, and Klunk Schopf (2010), in which 13% of respondents reported as factors related to the care of other chores. This variable indicates whether the perception regarding the care of other priorities, to the detriment of self-care.

We believe that this is a decision-making that, in some cases, the person looking as an outlet, lack of time, not to justify or condition to take care of itself in the regular practice of physical activity. The question for this condition to be-be, would be: the practice of physical activity is not attractive to these people? For the answer be negative, why? This was a question that emerged in this investigation, and will direct its researchers to new questions and to return to the field work, which is likely in the near future, will bring some answers and more questions.

In addition, we still have to take into consideration that culturally in our country, the northeast region of Brazil, the nursing of relatives have a moral ethic of gratitude and respect (Silva, 2007) value, so we can consider that it is behavior that favors those values.

On the other hand, the perception of pain as the reason for non-adherence was well stated in this study:

*"It was because of that problem that I left the group, I had a **severe headache** [...]. "* (E5)

*"Sometimes **the symptoms of the disease dumped me to go**, because I always **feel very tired**. When I walk from here to downtown I just feel tired. "* (E8).

Factors that are also related to the studies cited above. The pain affects the feeling of comfort of people and may be potentiated with physical exercise, and could be reversed in a barrier to perform physical activities.

It is placed in evidence the importance of neuronal receptors. In that sense, it is important, then highlight the nociceptors - nerve pathways and modulation of pain perception (International Association for the Study of Pain, 2010).

This, was an important marker in the investigation, the perception of pain, which led to the abandonment of the investigated group PRPA once unrelieved pain causes much suffering in affected individuals.

When questioned on their perception of health, after leaving the PARF, they expressed feelings of sadness, nostalgia exercise and friendships created in the Core and social isolation, as demonstrated to follow:

"I feel sad, it's not funny. It is not good at all it is horrible. " (E1).

"I miss the companionship there, with the friends. There we had a nice environment, I'm lonely here. [...] It was very nice to me. " (E3).

"I miss everything. Because It was a really nice space and I started to feel healthier [laughs]." (E6)

"My health condition is getting worse. " (E8).

After expressing feelings mentioned above, we question the interest in return visits PARF; responses unanimously expressed the desire to return. And when they were questioned about why they responded that physical activities made them well:

"Because of the exercise. Because if I do not go to the program, I do not do any other exercise. Then it's worse." (E2)

"[...] Is very important, you have all the attendance beyond [...] three times a week. And here you get to have your blood pressure is an ordeal, sometimes I go to the pharmacy 24 hours, sometimes I have to take the neighbor with the apparatus of her own [...] I do not trust much. So I always try to go beyond the pharmacy." (E5)

"There I felt good after physical activity [...] my legs did not hurt me so often. I had the support also helped me with my son who is obese. Just over 7 years and is with 47kg and I always have to listen to when I wear chastised the health post." (E6)

So, I still think that one day I can go back there, because here in Jequié there is only one place like easier for you." (E7)

From the interest in returning and the benefits of the PRPA, we inquired if they had suggestions to give the program coordination team, to which the participants enunciated:

"I believe that although it is not my case, for people who live far away, transportation." (E2)

"I do not know if it is within their conditions, but it would be great if you could send any reference for a medical examination. It's a good thing, you know?"

Because it is so difficult to schedule a consultation, mediation who knows beyond the group coordinator, doctors had no interest anymore." (E3)

"To continue talking to people in order for them to get involved. It is important for people not cease to go. Because to me, this project is very important." (E5)

My idea would be this, let's suppose we get there at 3:00pm, and then begin immediately when you arrived! (laughs) Don't get room for you to rest, that's my suggestion [...] that would be great." (E6)

"Because, I think you already have a shuttle to take it and bring it right? What is missing? Nothing! Nothing is missing." (E7)

It is observed that there are many reasons surrounding the person be to non-adherence to exercise programs. These are factors that, in the light of the above mentioned speeches, involving educational and cultural values relating to practice healthy behaviors, both familial nature, the sociocommunity knowledge. However, we understand that there are many worldviews, as well as dynamic and aspects surrounding the issue.

Final Considerations

Knowing the reasons why people do not adhere to a program of regular physical activity it is shown as necessary for the delineation of the management and planning of actions to the accession of health care knowledge.

It is about to show the index of persons with chronic diseases, highlighting the non-transferable nature. Also, the context of human aging and social and community mobilization in the sense of responsibility in health care.

We start from the understanding that the person sometimes has been placed as inactive as a consequence of the many amenities of the technological explosion. It is also important to take care of conditional first, so to extend this care for their environment.

In this situation, it is necessary not only to strengthen the enabling factors for the inclusion of people exercise programs, but also to meet and seek lower barriers that have favored its abandonment, as pains, so to intervene timely with actions, methodologies and successful strategies.

The active search methodology, undertaken in this study, was found to be an effective remedy, able to get as close to redirect responses that would make possible the practice of inclusion/adherence of people to regular physical activity programs, the scope of the promotion, maintenance and specific health protection. This was a fact confirmed in this research.

From this perspective, adherence and non-adherence are issues that, consequently, require scientific interest, in view of which we suggest be taken into consideration so that we have a better understanding of such factors in addressing public policy development to quality a healthy, successful and happy people live human.

Acknowledgement: This work was supported by the Pro-Rector of Extension and Community Affairs (PROEX)/Universidade Estadual do Sudoeste da Bahia (UESB). Coordination for the Improvement of Higher Education Personnel (CAPES), The National Council for Scientific and Technological Development (CNPq), the Foundation for Research Support of the State of Bahia (FAPESB).

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Received on 15/01/2016

Accepted on 30/03/2016

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