

## Elderly people and the University of Maturity (UMA): Aspects for non-adherence



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### ABSTRACT

Because the Brazilian elderly population has increased exponentially, in view of the programs that have been developed to serve this public, this article addresses the investigation on the aspects of the non-adherence of elderly people to the University of Maturity (UMA) program in a city in the northern region of Tocantins. UMA aims to expand formal knowledge, promote self-care and provide socialization, aiming at active aging. Despite the large number of elderly people in this city, few participate in the program. The main objective of this article is to investigate the factors that prevent these people from adhering to UM. The research was motivated by concern about the low participation of the elderly in the groups and by the knowledge of the positive impact that participation in these activities has on quality of life. The methodological approach adopted was qualitative, based on bibliographic, documental and exploratory research. It has been observed that in states with higher levels of education, people are more aware of the value of the UMA program and adhere more easily. On the other hand, in states with higher illiteracy rates, many older people do not understand that attending classes can be helpful for them. In short, the social dynamism and challenges faced by the elderly are still present, despite technological advances and globalization. It is necessary to take a broader look at the construction of new knowledge and conceptual transformations about the elderly, in addition to recognizing the fundamental role of education in social reintegration.

**Keywords:** Education, Health, Elderly people, Maturity University, National Harbor.

## 1 INTRODUCTION

The high growth rates of the elderly population is a worldwide phenomenon. According to the World Health Organization (WHO, 2015), the population over 60 years of age in the world will increase from 841 to 2 billion by 2050. In Brazil, according to the Continuous National Household Sample Survey (PNAD-C), between 2012 and 2017, the country gained 7.8 million elderly people,



reaching the mark of 30 million. These numbers represent a growth of 18% in this 5-year period. According to the Institute of Geography and Statistics (IBGE, 2018), there is a projection that, in 2031, the elderly population will reach the number of 43.2 million, exceeding; a higher contingent than the share of the population between 40 and 59 years old (IBGE, 2018).

Based on this new population scenario, understanding the complexity of the aging process, many researchers in the area of health, aware of the intertwining of biochemical, physiological and psychosocial aspects, are intertwined and it is still, by far, a cycle of life experienced differently from elderly to elderly (BEAUVOIR, 1990); Their gaze is directed to this phenomenon, thinking about how to contribute to this aging occurring with quality. It should be noted that society generally has a stereotyped view of these people, treating age as a strong prejudice and discrimination against the elderly.

From this point of view, thinking about a society more favorable to human aging, by promoting actions against preconceptions and prejudices about the elderly, the University of Maturity of Tocantins (UMA-TO), established as an extension of the Federal University of Tocantins (UFT), provides a course of an academic nature, considered free to people aged 45 and over, with a view to promoting, updating and qualification of knowledge, with the purpose of making them active and autonomous subjects in their homes and in society as a whole.

In practical terms, the research developed so far is a consensus in that it does not relate the aging process only to a chronological factor, that is, an end in itself or as a health issue aimed at curing and/or preventing chronic diseases caused by age. To this end, UMA has as one of its purposes the opening for meetings, debates and group discoveries, supported by health professionals, among other areas of knowledge (Peixoto, 2017).

In view of the arguments presented, the elderly population of the municipality of this city in the northern region of the State of Tocantins corresponds to almost 8,000 people, however, as participants of the UMA, the numbers are not expressive, that is, the elderly are depriving themselves of free and quality access to a social good that is formal education. denied to many of them in the period that would be appropriate. Thus, the problematizing question that guides this investigation is: what aspects prevent the participation of elderly people in the UMA of a city in the northern region of the State of Tocantins as a place of expansion of knowledge, self-care and socialization? Considering the high rates of population aging and its etiologies, the interest in carrying out this study arose from the concern with the low participation of the elderly in the groups, verified throughout the author's experience, through immersion in Basic Health Units and experiences in the Family Health Strategy.

The problems related to the exclusion of older people from the educational environment range from the denial of timely schooling – which can be considered an aspect that sustains illiteracy in the country – to the clashes between what is legal, ideal and real. It is emphasized here that the right to



education for the elderly is very neglected, starting with the legislation that considers the elderly as an adult, but when we talk about their teaching and learning, we know that this age group needs different methodologies and dynamics, compared to a healthy adult 40 or 50 years old.

In practical terms, the relevance of this study consists in having a positive impact on the development of more inclusive educational approaches adapted to the needs of the elderly in Porto Nacional, considering their particularities and bringing benefits to these people, such as: freedom of expression; learning content related to self-care; enhances social coexistence, improves self-esteem, mental health, the will to live and the maintenance of autonomy, reduction of exclusion and erasure of the elderly, strengthening their participation in life in society in the community in which they live.

In order for the research question to be answered, our main objective is to investigate the causes why many elderly people do not participate effectively in the UMA of Porto Nacional.

Based on what has been exposed so far, the academic and social relevance of this study arose from the perception of the non-participation of the elderly in the groups of the UMA of Porto Nacional, suggesting more attention on the part of professionals in the area of health and education with the purpose of revealing what are the reasons that hinder this adherence, providing subsidies so that pedagogical and/or logistical strategies more appropriate to the target audience can be sought.

The objective of this study is to investigate the aspects of the non-adherence of the elderly to the Program in a significant way.

## **2 THEORETICAL BACKGROUND:**

The theoretical support for the foundation of this article is based on the principle that the areas of education and health are joint public policies when thinking about the care and self-care of the elderly, as they provide intersectoral actions aimed at health promotion, strengthening social control by the fact that they are based on the need to develop educational actions that can intervene in the health-disease process of the population and expand social control in the defense of quality of life (Brasil, 2011).

Public Policies directed to Education will be understood as a social policy, as taught by Holfing (2001), for whom the representation of laws, planning, financing and the dynamics of educational programs must be implemented in accordance with a certain social cut, that is, public educational policy must be socially articulated through the State.

In a similar vein, Holfing (2001, p. 31) reinforces this understanding by conceptualizing education as a social public policy, a public policy of social cut, of responsibility of the State – but thought not only by its organisms. Regarding the State and government, the State is the set of permanent institutions that enable the action of the government (legislative bodies, courts, army), while the government is the set of programs and projects that propose to society as a whole, the political



orientations of a given government that assumes and performs the functions of the State for a certain period (political, (Holfing, 2001, p. 31).

Under this aspect, the proposal of health education defined by the Ministry of Health is to provide elderly people with the (re)construction of the knowledge of those who were unable to obtain them in a timely manner, with a focus on actions that help in citizenship, in the autonomy of care for people, groups and communities, based on dialogic educational practices, (Brazil, 2011). In this social articulation, UMA demonstrates its relevance by producing a range of formal knowledge converging with the needs of older people.

This proposal takes us back to the thoughts of Paulo Freire, a pedagogue who had his gaze directed to adult literacy as a social practice, that is, everything that was taught in the classroom was directed to be put into practice in daily life, providing autonomy to the coming and going of these people, until then on the social margin. For Freire, according to the work *Pedagogy of Autonomy*, education should be interpreted as a political act developed between the learner, educators and society as an incompleteness of being, since education is a continuous act.

Freire's ideas make us think about how health education follows this line of reasoning, suddenly without at least the professionals in the area being aware of the works of the aforementioned thinker. In a practical way, among the attributions of the Family Health Teams (FHS), there are, for example, group educational actions that work with the purpose of interfering in the health-disease process of the population, as it tries to develop the critical awareness of individuals regarding the social context in which they live (Mascarenhas; Melo; Fagundes, 2012).

However, it is also known that learning is a process that happens differently from person to person and, in the case of the elderly, it is necessary to consider the particularities of this age group when it comes to formal education. Therefore, in this aspect, the UMA has as its vision in its educational practices to treat the knowledge of the elderly acquired with their experiences and the educated education of health professionals. It is believed that sharing knowledge in a group enhances the implementation of changes in a social group, so it is assumed that health education is beyond a preventive perspective and a directive approach, expanding in the direction of a constructive praxis, based on the development of dialogue (Alves, 2011).

In these terms, teaching/educating the elderly should be a work conducted by listening, problematizing the most diversified subjects so that the production of knowledge occurs, favoring autonomy, enhancing the expression of the citizen in the different dimensions of care and self-care, in addition to strengthening bonds and interpersonal relationships (Brasil, 2011). These actions of care for the elderly in a group manner have been a priority element provided for in the National Health Policy for the Elderly, when it reinforces that the participation of the elderly in groups (the elderly,



operative groups or coexistence groups, we include the UMA) should be facilitated and promoted, in order to strengthen the appreciation of positive experiences for them.

However, in practical terms, we observed that we still need to advance as health and education professionals, considering that only transmitting information corresponds to the traditional teaching method, the development of the subjects' autonomy will not happen and, consequently, the evasion of health education projects will occur. In other words, it is necessary to break with traditional education and strengthen the teaching-learning process so that the elderly are the protagonists of their knowledge. (Brazil, 2012).

Thus, it can be seen that, on the one hand, there is a concern with the active aging of elderly people as a Public Policy, on the other hand, there is a gap between the conceptions of teaching, learning and their practices, therefore, collaborating with this thought, Capuzzo (2012, p.35) teaches us about didactics and teaching for elderly people based on their experiences and states:

The teaching/learning process is directly related to didactics, to a means of facilitating the student's best appropriation of a given content. (...) To work with older people, you must consider their specificities and propose objectives and actions for adequate mediation. To this end, several aspects of the process must be observed, such as: the objectives, the choice of content, the teaching techniques and the necessary resources (Capuzzo, 2012, p. 35)

### 3 METHODOLOGY

The methodological approach adopted was qualitative, bibliographic, documental and exploratory. Research of an exploratory nature and nature of data. It is noteworthy that the Bibliographic Survey was carried out in order to delimit the scope of the theme, since it presents a broad approach. For this survey, we searched for reliable works on the following platforms: Google Scholar; Scielo; CAPES Journals; Academic Repositories; Digital Libraries and others. We searched for keywords related to the theme and for the names of reference authors. The data analysis was qualitative, through content analysis - a data analysis technique, in which it is necessary to collect, codify, classify, identify, review, reanalyze, refine the research data to then transform them into crucial information for the elaboration of its discovery generating knowledge.

The inclusion criteria were articles and studies published in the last 15 years and in Portuguese. The exclusion criteria were non-free articles and studies in English. Afterwards, reading and analysis were carried out to write the scientific work itself, and to bring relevant results and discussions, always taking into account a sequential and logical ordering, in order to meet the objectives proposed in the work.

### 4 RESULTS AND DISCUSSION

Tavares and Menezes (2020) explore data released by the United Nations Statistics Division that the number of people over the age of 60 in the world will exceed one billion by the year 2025.



This poses major challenges for the health sector, for governments and for communities around the world, indicating the urgent need to establish social bases that adapt to this new global demographic profile. The United Nations, through the International Plan of Action on Ageing, has contributed to the development of actions to educate and inform the public, revealing stereotypes related to old age and promoting the active participation of older people in society.

Therefore, UMA contributes to this active participation, bringing autonomy to the elderly, as it enables the elderly to acquire relevant knowledge about their health, understand the warning signs of diseases and make informed decisions. In addition, the influential role of UMA in the dissemination of this new vision of old age, through the social inclusion of the elderly, is highlighted. Knowledge is an instrument capable of modifying and empowering the elderly, in an attempt to overcome social imbalances.

Synthesizing the works/authors consulted and analyzed, it is found that education is an important tool for the process of awareness and sensitization of the subjects, making them active in their rights and duties. In addition, educational processes take place in a wide range of formal, non-formal and informal spaces. The University of Maturity, as well as other educational institutions, must perform its functions, considering the particularities and demands of the segment it serves.

The literature highlights that learning in old age is a way to achieve social, cultural and civic participation and contributes to the preservation of cognitive health. There is research and discussion about motivating older adults to learn and how this process occurs. Only a few studies describe what older people want and need to learn. A study conducted by Boulton-Lewis, Buys and Lovie-Kitchin mentions the importance of learning in old age, as the elderly will need to learn how to deal with specific situations in the life cycle, how to manage the savings, time and deterioration that will occur in a natural aging process, in order to live old age with a higher quality of life (Tavares and Menezes, 2020).

Based on the assumption that UMA works in a group way with the elderly, conducting education in a dialogical way, favoring the construction of citizenship of elderly people who, in most cases, are oblivious to their rights, often feeling like a burden to their families, according to the bibliographic survey carried out, the reasons for these people not to adhere to the referred Program range from their health status to misinformation and also the fact that they link their aging with uselessness; This view is widely circulated socially in a capitalist society such as Brazil's, where the elderly are excluded.

In the words of Peres (2005, p. 22), the exclusion of old age from the productive sphere justifies its exclusion from the educational system as well, that is, according to the author's position, capitalist society structured the productive and educational systems in its own way. In other words, the truth is





hard and cruel: and the old man, where does he come in? There is no place for the old in capitalist society Beauvoir (1990) and Ecléa Bosi (1994).

Sanare (2017), considering the reality of elderly people in the state of Ceará, 73.5% of the elderly say they have no interest in participating in group activities, such as UM. This number converges with the article published by Barros, et.al. (2021), pointing out that the life expectancy rates of older people are higher in the northeastern states (Maranhão and Piauí). Moreover, the illiteracy rates of people over 60 years of age in these states are 20.40% higher than in the other states of the federation.

The contrast of this reality can be highlighted in the state of Paraná; which corroborates the fact that aging does not occur in the same way among the elderly; thus, a search was carried out by Irigaray; Schneider (2008), with elderly people who attend the University for the Third Age (UNITI/UFRGS), with the purpose of investigating the reasons that led elderly women to participate in the Program, with a sample of 103 elderly women, who answered about sociodemographic issues, the reasons for attending UNITI and the changes caused by participation. The researchers came to the result that the main reason for attending the classes was the search for updating and new knowledge, which reflects on the improvement or changes in various aspects of their lives.

However, from the study of (Irigaray; Schneider, 2008, p. 213), we consider it valid to point out the level of education of these elderly people to the detriment of the Northeast region, that is: **a)** the most frequent marital status was widow (44.7%); **(b)** In terms of schooling, higher education prevailed (40.8%); **(c)and** the most present income was between six and 10 minimum wages (38.8%); **d)** the most frequent profession was that of teacher (28.1%); **(e)** Retirement was the current prevalent occupation (73.8%). The predominant perception of health was healthy (81.6%), the use of medication (89.3%) and physical activity (74.8%) were also frequently mentioned among the elderly (Irigaray; Schneider, 2008, p. 213).

In this contextualization, the illiteracy rates in the Northeast region, together with the social issue of feeling useless, make us believe that these are impactful aspects for these elderly people not to participate in UMA due to lack of self-esteem in relation to themselves and the world, as they interpret old age as an end in itself. This lack of meaning in life is represented in other reasons for not adhering to the UMA, reinforced in discourses such as: "I don't have time", "I'm tired", "I have to work at this time"; "I don't have a chaperone"; "society is very violent, better to stay at home"; "I have to take care of the grandchildren"; "This disease doesn't let me leave the house", that is, while official documents emphasize aging as one of the nation's greatest achievements, on the other hand, in real life, the vulnerabilities are numerous, evidencing that society is not yet prepared to deal with the high number of aging people.



The study produced by Leite et.al., (2006), with elderly people who attended the Open University Program for the Third Age, of the Federal University of Pernambuco, considering demographic and socioeconomic variables, points out the existence of minor depression among the age group of 70-79 years. The authors also observed a significant association between low schooling and depression, in addition to other variables such as worry, headache, low mood, irritation, sadness and dissatisfaction, pessimism about the future, irritation, low mood, sleep disorder, appetite disorders, suicidal ideation, loneliness, sadness, are the feelings that, according to the aforementioned research, are pointed out as impacting non-adherence to the Program (Leite et.al., 2006, p. 31).

Regarding non-adherence to UMA due to chronic diseases, the study by Liane da Silva de Vargas, Marcus Vinicius Soares de Lara, Pâmela Billig Mello-Carpes, entitled The influence of diabetes and the practice of physical exercise and cognitive, recreational and emotional activities in groups of the elderly, carried out in 2014 with the objective of to verify the influence of participation in activities of groups of elderly people in the municipality of Uruguaiana, found that the association of diabetes *mellitus* with a less active lifestyle, which possibly represents a risk factor for the acceleration of cognitive losses that accompany the aging process (Vargas; Lara; Mello-Carpes, 2014, p. 876).

According to Cavalcante (2010), cited by Matos, et.al. (2019, p. 44), degenerative diseases are also disabling in advanced age due to the fact that they cause dementias that affect memory expressively and also other cognitive functions, with satisfactory vigor to produce functional loss, including, eventually, the performance of activities of daily living or the recognition of people and places in the usual environment.

## 5 CONSIDERATIONS

The Open Universities for the Third Age have an indisputable character, both social, cultural and political, since they prioritize learning, reinforce development and citizen participation, contribute to the improvement of the quality of life, bringing new meanings to the meanings given to life itself. The accomplishment of this study provided the opportunity to learn about the aspects of non-adherence to the UMA in Porto Nacional through the study of other realities in the country, contrasting the particularities of the regions, reinforcing the assertion that aging to be active encompasses aspects beyond the physiological and biochemical, but also the social.

It is noted that in states where the level of education is higher, people are aware of the work, the value and importance of the UMA project and adhere more easily, on the other hand, in states where illiteracy rates are higher, that is, they are people who, because they have not attended the school environment in a timely manner, Now in old age, they fail to understand that attending classes can be useful to them.





We understand mental health problems from the most common to the most complex, as well as chronic diseases as predictors of this non-adherence, in addition to the elderly who live in rural areas, a reality that is silenced due to the difficulty of coming and going beyond diseases.

In short, considering the social dynamics and with it their new demand for the elderly, the difficulties and problems have been prolonging even with the technological advances due to globalization, however, the elderly still have social issues that limit them to participation in programs and/or groups such as the one developed by UMA, so we need to have a broader look with possibilities of building new knowledge, conceptual transformations about the third age and the fundamental role of education as a means of social reintegration.



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