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Development of nutrition educational group for women in primary health care

Desenvolvimento de grupo educativo de nutrição para mulheres na atenção primária à saúde

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ABSTRACT
This study aimed to develop an educational group in nutrition for women who in primary health care. The method was the community intervention, carried out in a Primary Health Care Unit (UAPS) in Fortaleza (CE), where sought to empower participants for healthy food choices and lifestyles. Twelve activities proposed by the participants and worked in a participative and playful way. For evaluation of the experience, there was an analysis of the recorded statements and the contents of the field diary. There was participation 15 women and the experience showed that they were intensely involved in the activities and evaluated the experience positive. Low adherence was the main challenge. The study concluded that the development of the nutritional education group points to be a viable experience provided that it is thought and developed collectively and involves the execution team, health unit professionals and participants.

Keywords**:** Food and Nutrition Education. Health promotion. Women. Health education. Primary health care.

RESUMO
O objetivo deste estudo foi desenvolver grupo educativo de nutrição com mulheres na atenção primária à saúde. O método utilizado foi a intervenção comunitária realizada em Unidade de Atenção Primária à Saúde (UAPS) em Fortaleza (CE), em que buscou-se auxiliar as participantes para escolhas alimentares e estilos de vida saudáveis. Doze atividades com temas propostos pelo grupo foram trabalhados de maneira participativa. Para avaliação da experiência, houve análise das falas gravadas e do conteúdo do diário de campo. Quinze mulheres tomaram parte da experiência cujo resultado mostrou que elas se envolveram intensamente nas atividades e avaliaram a iniciativa de maneira positiva. A baixa adesão foi o principal desafio. Concluiu-se que o desenvolvimento do grupo educativo de nutrição aponta ser uma experiência viável desde que pensada e desenvolvida coletivamente e envolva a equipe de execução, profissionais da unidade de saúde e os participantes.

Palavras-chave**:** Atenção primária à saúde. Educação alimentar e nutricional. Educação em saúde. Mulheres. Promoção da saúde.

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INTRODUCTION

In the context of primary health care, health education is the fundamental foundation for interventions to promote and prevent diseases in the collective scope. Educational actions must be oriented towards the construction of health related knowledge and practices, and enable popular participation, having the individuals' daily lives as the background, including healthy people, and not only those at risk of becoming ill. Health education can empower the population through access to information, providing opportunities for the adoption of healthy habits.[1]

The importance of educational nutrition and health practices through groups is reflected in the increase in the levels of knowledge and learning of the subjects involved in the process, exchanging scientific and popular knowledge, and in the perception acquired by the participants in relation to their health self-care, whereas they tend to become more aware of their well-being and are more prone to positive changes in their lifestyle, especially concerning eating and physical activity.[2] Therefore, understanding the socioeconomic and cultural contexts of the individuals who make up the group spaces is essential to discover the complex network that cuts through eating practices, as well as the individuals' life habits.[3]

Women represent a frequent public in health services throughout Brazil, mainly in basic health units, whether in search of their own care or accompanying husbands, children and elderly parents in consultations. Thus, this population requires specific care, valuing their assistance needs in all its dimensions.[4] In this perspective it is necessary to value the knowledge of women and seek to clarify their questions as a way to improve health care.[3]

Accordingly, the National Policy for Integral Attention to Women's Health stands out as an important tool for comprehensive care, comprising the various facets of women's health, in addition to the pregnancy and puerperal cycle in the context of primary health care. This policy highlights the service to women from an expanded perception of their life situation, as well as their uniqueness and their conditions as empowered and active individuals. Within this context, actions to promote healthy eating contribute to comprehensive care for women by encouraging female protagonism for healthy choices, striving for equity and universality as advocated by the Unified Health System (SUS)[5].

Therefore, the fact that educational activities in primary health care heavily rely on the presence of women and contribute to the empowerment of women in relation to decision-making about their own diet and healthy lifestyles, justifies this study, which aims to develop a nutrition education group with women assisted in primary health care.

METHODOLOGY

This study corresponds to the second stage of the research "Promoting the health of women of childbearing age: adequacy of nutritional status and preparation for future pregnancy". This research was carried out in two stages, the first consisted of a socioeconomic and food questionnaire for women beneficiaries of the Bolsa Família Program, and the second was the development of a nutrition intervention group with the objective of assisting participants in food choices and healthy lifestyle.

This study was community intervention[6] and the scope was a Primary Health Care Unit (UAPS) in Regional IV in the city of Fortaleza, Ceará, which is divided into six Health Regions, where 109 units are distributed, in addition to hospitals and Emergency Care Units (UPA). The chosen UAPS to carry out the research is located at the State University of Ceará (UECE), which has a history of partnership that involves internships in health degrees, research, extension project and activities of the Educational Program for Health Work (PET-Saúde).

The group was developed primarily for women who participated in the first stage of the project, however, all those who spontaneously sought to know the group were welcomed. The experience took pla-

ce from September 2018 to January 2019, a period in which 12 activities were carried out, happening, most of the time, on a weekly basis. The priority choice for weekly meetings happened so that actions were regular and to keep the group's loyalty. Thus, meetings happened on Monday mornings for two hours. The care with the group involved from the planning of the activity to the fulfillment of the schedule - punctuality and duration of the activity - in order to interfere as little as possible in the participants' household activities.

The initial promotion for joining the group at UAPS was based on three strategies: telephone calls to each woman who participated in the first stage of the study; nominal invitations printed and delivered individually at their houses by the Community Health Agent (CHAs) and dissemination through posters distributed at the unit, in order to generate spontaneous demand.

The activities for the creation of the group were carried out in a participatory way and involved: a teacher and a master's student in the Postgraduate Program in Nutrition and Health at the State University of Ceará (UECE) and three Scientific Initiation Fellows of the Nutrition degree at UECE - executing team. In addition to this, there was the support, on one occasion, of the psychologist, belonging to the Expanded Nucleus of Family Health and Primary Care (NASF - AB) of the referred unit, who helped in the development of topics related to anxiety and food. Besides, on another occasion, a student of the Physical Education degree at the same university participated, developing the theme of the importance of physical activity for the group.

Some topics, such as ("Truth or lie" about food, Diabetes, Anxiety and eating behavior, Child Feeding, Soy and its benefits and Food from yesterday and today) were proposed by the participants throughout the meetings and were related to real issues they had experienced. Such questions boosted the level of interest and adherence to the group, by awakening the sense of belonging.

The other discussed themes were previously suggested to the participants, by the executing team, observing the food guidelines proposed by the Ministry of Health[7-8]. It is important to highlight the ability to multiply new knowledge through its propagation with family members, partners, friends and the community.[9]

Therefore, there were weekly meetings of the executive team for planning and monitoring, which generated intervention plans to guide the next activity. These meetings based the theoretical and practical support of the taught contents and allowed constant assessment and redirection of group practices, with adjustments whenever necessary. It is noteworthy that all members had direct participation in the team's decisions.

Although the themes were not pre-established by the executing team, since the beginning of the process, the intervention was supported by educational materials from the Ministry of Health, such as the Dietary Guidelines for the Brazilian Population [7-8], Primary Care Notebook No. 38 (Strategies for the Care of People with Chronic Obesity)[10], as well as materials on teamwork, such as "Oficina de Ideias"[11] and "Técnicas e dinâmicas de trabalho em grupo".[12] The systematic of each meeting involved: welcoming, initial group dynamics (introduction or warm-up), thematic educational activity, group discussion, assessment and closing.

Thus, for the first meeting, a welcoming moment, agreement on some rules of coexistence for the good functioning of the group, such as start and end time of the activity, day of the meeting, duration, among others, and explanation of the group creation proposal were established. In addition to the main objective of the intervention, it was also explained about the two moments of partial and final evaluation, besides the submission of a declaration of participation.

Throughout the group's development, the executing team used the notes in the field diary[13] as a tool to assist in the analysis and evaluation of the experience lived by the two groups (the executing team and participating women).

Another way of evaluation was through a conversation about the participants' perception of the

healthy life group. The speeches resulting from this meeting helped to assess the feasibility of the experience. This activity had the following guiding questions: "What does it mean for you to join this group"? "In your opinion, what makes other women who are in the virtual group not to attend the activities?" With the prior permission of the participants, the meeting was recorded and some speeches were transcribed to illustrate the analyzes. The participants were identified by letter P (participant) followed by a number.

The study is in line with Resolution 466/12[14] which ensures the rights of study participants and protection, and was approved by the Research Ethics Committee of UECE (CAEE: 67993417.70000.5534).

RESULTS

THE EXPERIENCE OF GROUP FORMATION

Throughout the process, 15 women participated, six maintained regular attendance and the others (09) participated sporadically, attending some meetings although they explained that they liked the experience and intended to attend them regularly, even though this did not happen.

Table 1 lists the themes, activities and methodologies used throughout 12 meetings of the nutrition intervention.

Table 1. Description of the activities scheduled for the weekly meetings of the group "Healthy Life". Fortaleza, Ceará 2018

(Continua)

Theme/ Activity	Methodology
Welcoming and Proposal presentation	- Group dynamics of welcoming and presentation. In a circle, the participants said their names and what they liked and did not like eating. - Explanation of the group creation proposal - conversation circle.
Food groups: Foods most consumed by participants	- Group dynamics of food choices: using food and preparation pictures, the most consumed foods were chosen. Choice of group name: "Healthy Life".
Food groups (continuation): groups introduction	- Integration group dynamics: use the first letter of the name to say a quality that is peculiar to you. - Dynamics of Food and its Groups: Based on the chosen foods which were usually consumed by the participants, the facilitator presented the food groups.
Group dynamics to choose the Group name Planning of meals and Portions of food groups	- Group dynamics for choosing the name of the group: Based on the suggested names, the participants voted - Group dynamics to plan meals and portions of food: In groups the women planned the main meals of the day with pictures and then presented them to everyone. - Distribution of material with photos and portions of food in each group.
Truth or Lie about food- Demystifying Fake News in the media	- Fake News: brief discussion about social networks and information about food. - Group dynamics "truth" or "lie" about food news broadcast on the internet and television.
Diabetes – how to avoid and control it Dynamics of Sugar Content of Foods	- Diabetes: Brief explanation about types, risk factors, symptoms, treatment and prevention. - Dynamics of Sugar content of Foods: Relate foods (pictures) with the amount of sugar (in spoons) in each one. - Distribution of a sample of "aromatic sugar" and its recipe.

(Conclusão)

Anxiety and Eating Behavior Dynamics of Mindful Eating	- Initial activity of relaxation: Breathing exercises and stretching, listening to instrumental music. - Lecture on Anxiety and eating behavior - special participation of the Psychologist of the NASF - AB of the health unit. - Group dynamics of Mindful Eating: encourage conscious eating from the experience of touching, smelling, looking and then tasting a food (chocolate).
Child Feeding Discussion in a conversation circle	- Video about child feeding and conversation circle - Distribution of material with ludic activities to help build children eating habits.
Soy and its benefits	- Soy presentation, its benefits and ways of cooking. - Tasting of soy-based preparations
Physical activity promotion	- Visit to the Multisport Complex of UECE – (a Physical Education student as a facilitator) - Practical class: the facilitator held a "forró" class
Group mid-term assessment	- Conversation circle: given the guiding questions, the group activities were evaluated up to that moment, according the view of women and the executing team.
Food Culture: yesterday and today food	- Conversation circle: Brief introduction on food culture, followed by rescue of old customs, food and recipes. We worked on the differences and similarities of our ancestors' food and what is eaten nowadays.

Source: The authors (2018).

In the first meeting, it was explained what the intervention would be and the objective of forming a group to discuss healthy eating based on the experiences of the participants and their interests in terms of knowledge. Regarding the duration of the initiative, it was clarified that because it is a research project, the group would start in September 2018, would have an evaluation meeting in the middle of the process, which would be in December, and another final evaluation in March 2019, which would correspond to the end of the activities planned for the survey. However, this did not mean that the group would end with the end of the survey, as it was being created for women assisted at UAPS. That way, if they wanted to continue, it would be kept. At that time, a coexistence agreement was also made, where the day, time and duration of the meetings were agreed.

It was planned for the first day of intervention, in addition to the general presentation of the participants and functioning, to choose the name of the group and talk about the topics that the participants would like to be addressed. However, it was not possible to carry out these two activities, although those who attended were well articulated and participatory. This fact can be attributed to being a first meeting, among people who did not know each other well and due to the lack of previous experience of participants in health education groups. Thus, such activities were left to the second meeting. Therefore, in agreement with the group, it was established for the next meeting to resume choosing the group name and to start the discussion on the theme "food group", which was discussed in three consecutive meetings.

Regarding the participants' choice of topics, it is important to note that they did not provide a list of topics at once, so that all meetings could be planned in advance. In fact, some themes emerged at the meetings, requiring planning for execution in the following week and it was clear that such themes were part of their daily lives, such as, "feeding children", "feeding people with diabetes". On some occasions, the demands arose from facts that they read on social networks, watched on television programs, such as "use and benefits of soy" and "myths and truth about some foods".

From the first meeting, the creation of a welcoming environment was appreciated, generating connection between the participants, as well as between them and the executors and the promotion of a feeling of belonging. This practice brought something essential to the group of its constitution, which was the group collective feeling and the internal representation of this space. Thus, the idea that the group belonged to women and was designed for them was always reinforced. In this context, the establishment of the bond was important, considering that grouping happens more easily.

For the development of identity and recognition, participants were delegated the task of choosing the group name. Through a discussion in a conversation circle and subsequent voting, the name chosen was group "Healthy Life". In this discussion, the participants reported that the decisive motivation for choosing this name was the idea of not excluding individuals by sex. Although the group was designed for women, the participants claimed that they would like to bring their husbands and children in the future and that if there was a name "women" in the title, men would be discouraged from attending. Therefore, the chosen name pleased everyone. This one also started to name the virtual group in the messaging application that was created by the execution team. In it, the women had a space for sharing about the times and days of the meetings and topics that would be addressed, in which the exchange of content about healthy eating and recipes was encouraged, among other subjects that respected the purpose of the initiative.

The virtual group Healthy Life was important to encourage women to participate in the face-to-face group, given that planners could enjoy a space for direct communication and real-time interaction with the participants. However, a peculiarity was noticed in this communication space. All women who participated in the first phase of the study were inserted in the virtual environment and, at the moment they were interviewed, expressed interest in participating in group interventions, in addition to those who had already attended in person. After recalling the intervention proposal, women were free to remain or not in the virtual group. So many women left it spontaneously. However, part of these women continued and frequently interacted through messages exchanging, without ever attending the face-to-face group. Every week the invitation to the next meeting was "posted" along with the invitation for the participation of women, with a view to reaching those who had never attended, but it was unsuccessful, despite the several attempts.

Educational techniques and strategies were the central methods of the Healthy Life group. The use of group dynamics was an important tool to discuss different themes addressed in the interventions, considering that the use of active methodologies makes the content more attractive, generates movement and can raise the level of participants' interaction.

According to the group's initial planning, there would be meetings until March 2019, when the final evaluation of the planned activities would be performed. However, it was not possible to keep the group until the planned period (six months of intervention), due to the non-attendance of the participants, observed at the beginning of 2019. Thus, at the first meeting in January, after carrying out the planned activity, it was intended to close the activities in common agreement between the executing team and the participants with acknowledgements and distribution of the certificates of participation.

PROJECT DEVELOPER AND PARTICIPANTS: PERCEPTIONS AND CHALLENGES

The Healthy Life group was created to offer a health-promoting environment and a healthy lifestyle, in order to prevent diseases and not just remedy them. Through educational activities on nutrition and health, seeking to encourage women to learn about food, food choices, the development of a critical view of the information on food published in the media (internet, radio and television) and which potentially exerted an influence on the participants' food consumption, which was realized in all meetings.

The whole process of creating, executing and evaluating the Healthy Life group was carried out

using strategies for creating, disseminating and operating a dynamic and participatory environment. For the activities, the best way to plan and apply them (group dynamics, plans, resources, evaluation) was considered in view of the social context and the specificities of those that comprised the intervention, always striving for the maintenance of a democratic space of participation and speech, using qualified listening as a tool, valuing prior knowledge and the needs of others, as advocated by some public policies of the SUS, such as the National Policy of Popular Education in Health[15], National Humanization Policy[14] and the National Health Promotion Policy.[16]

Decisions for development were made collectively, initially between members of the execution team and then between the team and the participants.

In terms of disseminating the activity to the target audience, as well as to the whole health unit, the planning team used the resources that were within their reach and the three ways of dissemination were positive, since there was the participation of women who came to the group through one of them. However, the low adherence to the initiative was a major challenge throughout the process.

The creation of the virtual group Healthy Life in the messaging application was a strategy to strengthen the face-to-face participation of women, however, it did not have the expected effect, as what was observed was the satisfaction with the establishment of an online connection, however with total absence of face-to-face ties, a fact that reflects the current dynamics of conversation and relations in society.

Another factor that may have negatively influenced women's adherence was the lack of direct participation of health unit professionals. Such professionals were not involved and did not strengthen the importance of participation with women. It is important to highlight that the greater research that gave rise to the creation of the group was approved by the municipality's health department and also by the UAPS coordination. The health unit did not place any impediment to conducting the research, in any of its stages, however, a greater involvement of professionals, with direct participation of NASF-AB, would possibly contribute to the continuity of the group beyond the research activity. As previously described, in two moments, some NASF-AB professionals participated in the group activities, which was evaluated positively. The non-adherence of professionals to the proposed activities can later be understood, through studies, so that future interventions can overcome this difficulty.

In the course of the meetings of the Healthy Life group, the commitment and dedication of women was evident. They actively participated in all activities, paying attention to explanations, performing the group dynamics, asking questions and using everyday examples to exchange experiences. Although some activities, such as making posters and giving presentations in small groups, were not activities that these women were used to doing, there were no difficulties or embarrassment on their part, all of them performed these activities with pleasure and ease.

Even with all these positive aspects regarding women's participation, a limiting aspect was the non-systematic evaluation at the end of each activity due to the prioritization of meeting the proposed schedule for the duration of the meetings, so as not to allow it to exceed two hours. The fact that the participants were not punctual at the meetings was a determining factor for the non-performance of some planned activities, and among these, the evaluation at the end of each activity was the most affected. On average, meetings were delayed between 30 and 40 minutes until there were enough women to start. Although the group's rules of coexistence were agreed among them, including punctuality, the pattern of delay was always repeated. However, the procedural assessment, which took place through observation, noted in a field diary, and weekly meetings with the project developers, as well as the assessment at the end of the group intervention period, was successfully applied.

Regarding the evaluation carried out with the participants, women reported learning about how to eat better in their daily lives, greater knowledge in relation to food, the health benefits they present, and also commented that they learned to understand what they ate, always prioritizing health. For the execution team, the result of this evaluation showed that

the group fulfilled the main objective for as long as it existed.

There was an appreciation of friendship, connections and a welcoming environment formed by all participants and expressed in the love perceived in the performance of each activity. They reported learning not only with the members of the execution team, but also with each other, in a welcoming and knowledge-sharing environment. At this point, the therapeutic function that the group represented for women was clear. Statements that represent the feeling in relation to participating in the group show it.

> "[...] the group, people, the environment motivate me; your friendship, a group of nice people, cool people, all of it motivates you to return" (P 3)

> "[...] I liked the group dynamics very much, those fruit, foods, I liked all of them and I like you even more" (P 5)

The importance of the bond was also a recurring factor in the women's speech. Another aspect was the welcoming by those who run the group, and that was a remarkable point in the speech of the Healthy Life group.

When asked about the reason that determined absences in the group, the participants mentioned the following aspects: "a lot of housework to do", "laziness" and "conformity to participate in a virtual group, as if that were enough". Although they talked about housework, they themselves said that such tasks could be performed at another time, as they did so to be present. With regard to the conformation of some women to be only part of the virtual space, the following statement highlights a current issue in society.

> "[...] a few people want to have relationships, everything is virtual, only a few change it" (P 6)

Even with the opinions of women about low adherence, it is clear that this is still the biggest challenge that health professionals face in creating and maintaining educational groups in primary health care.

The executive team also evaluated the initiative's planning and execution process. From the perspective of these aspects, such as learning, professional growth, mutual exchange, valuing the knowledge of others, proximity to the community, applying other ways of spreading knowledge, experiences, interactions, humanization, experience, promotion of quality of life and challenges were recurrent in the statements. In addition, the gain in academic training of scientific initiation fellows was mentioned, as they had a practical experience of planning, executing and evaluating educational activities that they would hardly have the opportunity to experience at the university.

The low adhesion of women to the group was a point of discussion in the executing team, and some factors mentioned by women were also cited, such as "satisfaction with virtual and non-face-to-face groups", and "laziness". In addition to these, the team also highlighted: "lack of familiarity on the part of those assisted with educational groups in the unit", "lack of knowledge about the importance of the initiative", "low local support", "isolated NASF-AB performance", "vision of greater investment in disease than in health", "valuing welfare practices to the detriment of health promotion actions" and "incipient relationship between academy and health services".

DISCUSSION

The food and nutrition education strategies (EAN) and change in lifestyle are important and should be encouraged in educational groups, in order to promote lasting behavioral changes that impact on the health of individuals, considering that the set of actions adopted by the lifestyle is what leads to a health profile[17]. In addition, the promotion of healthy eating as a scope of health promotion plays an important role in the process of changes.[18] Some study participants demonstrated, from the first meetings, to practice healthy eating, such as daily consumption of fruits and vegetables and consumption of more natural foods; others have shown concern about adopting healthier habits, based on group discussions.

Although the importance of EAN actions is recognized, the number of educational groups with people already affected with some chronic non-communicable disease (NCDs) exceeds those that focus on health promotion and disease prevention. This leads to a greater appreciation of practices centered on the disease, causing users of the health unit to have little familiarity with health promotion actions and participation in such groups, as evidenced in this study.

This trend is in line with the growing demand of individuals with some type of NCDs, who are the general public assisted in primary health care.[20] However, actions are needed not only to assist this audience, but also interventions aimed at the promotion of health in all its dimensions and that are long-lasting and contextualized according to the reality of individuals, this way improvement of the quality of life is employed for the population that seeks primary health care.[9]

It is evident that in practice health professionals are still working on educational actions in a traditional way, as is the case of the study conducted with 202 primary health care professionals in the city of Contagem, MG, regarding their perception of performed health education actions. The authors point to a practice still centered on the disease, linked to the main primary health care programs, with little reference to collective practices aimed at enhancing people's autonomy and well-being, in the face of individual and collective health problems.[19] The fact that there was little adherence of NASF-AB professionals in the activities developed by the Healthy Life group shows the lack of practice of these professionals with health promotion activities for groups.

The development methodology of the Healthy Life group highlighted the importance of dialogue, proximity and shared construction as tools that reduce the distance between health professionals and the population, project developers and participants, strengthening the humanization of care and enhancing care at the expense of the exact focus on the disease. Such logic of action means the establishment of a bond, inclusion of knowledge, listening and valuing the speech and the needs of the other[15].

In the participants' speeches, both in the meetings and at the moment of the evaluation, the perception of a welcoming environment and the establishment of interpersonal connections were evident. The group space can represent a socializing environment, providing moments of mental well-being, in addition to strengthening self-esteem and relaxation, which can provide significant improvement in the individuals' quality of life.[22] Therefore, in a group where the bond is valued, it is possible to understand a little of each member, the way they live together and how they connect to people and objects in the world, as well as offering mutual opening and identification, and enabling the construction of interventions that actually impact the individuals' lifestyle.[23]

The importance of playfulness and dynamics as teaching resources applied in the present experience stands out, because besides contributing to learning, by stimulating the understanding of information pleasantly, it promotes participation and interaction. The use of such resources helps to achieve the set objectives and help the group to improve their process.[12] On the other hand, they must be carefully used not only for fun, as they are important for the construction of new knowledge and new group skills.[24]

What is more, the use of relatively simple and low-cost health education materials and strategies (stationery, magazine clippings, drawings, posters, audiovisual and government materials and guidelines available online) are highlighted. These tools make the methodology more reproducible and applicable in the most varied contexts and have demonstrated satisfactory reach when applied in interventions.[25]

An important feature of the experience of this study was the search for themes from the participants themselves, so that each activity proposed in the meetings had a greater impact on their reality. In addition, generating greater adherence and interest in participating, considering this as a fundamental aspect of group health. This approach allows the members to be actively involved in the knowledge building process, being able to research, think, practice, reflect, feel, deliberate, be, plant, act, cultivate, intervene and evaluate their action, in a constantly dialogic sense.[26]

An essential step in the development of the intervention described here was the evaluation, which provided knowledge of the impressions and meanings of the experience of developing an educational group in health, both for the executing team and for the participating women. The evaluation was carried out in a procedural way, with the daily record of the meetings and the conversation circle. The analysis of this material, by comparing the impressions of the recorder with the opinions of the participants[13], showed that there were satisfaction, learning and exchange of experiences among all of them. Pointing out that working with groups in primary health care is an alternative to care practices focused on the disease and the individual. These environments favor the improvement of all those involved, be they facilitators or participants by encouraging different knowledge and the possibility of creatively intervening in the health--disease process.[27]

The experience reported in this study showed that the fact of belonging to the same community, probably lead them to share some experiences, habits and life stories, which makes them feel more open in the group to share experiences in health self-care with each one, bringing questions, challenges and curiosities that only collective sharing could provide.

Regarding the adhesion of women to the Healthy Life group, this was the greatest challenge and the greatest difficulty in implementing the experience, despite the strategies used. In fact, the challenge was twofold, both in the initial participation and in remaining in the group. In spite of the fact that the coordination was previously aware of the development of the study in the health unit, there was little mobilization and, consequently, little involvement of the professionals. The work with groups in health does not seem to be understood yet, by health professionals as a tool for organizing the practices and the therapeutic project of the patients. [16]

Another strategy used to enhance the participants' adherence and permanence was the technological tool for instant messaging transmission to the group. However, an impasse was noticed, as women were satisfied with interacting with the group only in the virtual space to the detriment of their presence in the activities planned for the face-to-face environment, a fact that was perceived in their speech and the members of the executing team's. Therefore, this observation in the present experience refers to the addition of new connections by individuals in these virtual environments that do not necessarily represent connections in the real world or that are superficial. The more connections a given actor has exemplified in participating in virtual groups, the greater the sense of proximity of their network to other actors. This idea is present in the discussion of the so-called "small worlds", in which the weak ties (the acquaintances) that the actors have in much greater number than those of the strong ties (the friends) are the ones that connect the different groups on social networks, reducing the degrees of true connection between all.[28]

Although collective health practices in Brazil favor, in a theoretical way in their programs and ordinances, group practices with those assisted, in addition to population groups, in primary health care what is seen in practice are health interventions aimed at the individual at the expense of collective actions. Alongside this, there is a scarcity of studies aiming to analyze such impasses and also verify how professionals have been working on these practices.[10]

As evidenced earlier, health professionals have difficulties in carrying out educational activities and in forming groups that have continuity and that work in a participatory way. Finsch et al.[21], researching the performance of health professionals in the formation of educational groups, showed that they recognized the need for improvement when asked about the level of knowledge in terms of health educational actions and, in addition, claimed that they do not base their actions on specialized materials and only reproduce the existing activities. Such findings confirm the degree of difficulty involved in health promotion educational actions in primary health care.

The limitations found in this study methodology were: the low adherence of women assisted at the mentioned health unit, the low local support

by health professionals, the delays of participants in some meetings that impaired the moment of procedural evaluation, and finally, the early closing of the Healthy Life activities, caused by the low adherence of the target audience.

CONCLUSION

The reflections arising from the planning, creation and execution of educational activities of the nutrition intervention group "Healthy Life" in primary health care point out that the experience development is feasible as long as it is thought and developed collectively, involves the execution team and group participants, include health unit professionals, and make use of active methodologies.

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