

LIFE EXPERIENCE OF ELDERLY SMOKER WOMEN: THE VIEW OF ALFRED SCHÜLTZ SOCIAL PHENOMENOLOGY

VIVÊNCIA DE MULHER IDOSA TABAGISTA: UM ESTUDO NA FENOMENOLOGIA SOCIAL DE
ALFRED SCHÜTZ

EXPERIENCIA DE LA MUJER ADULTA MAYOR FUMADORA: UNA MIRADA EN LA FENOMENOLOGÍA
SOCIAL DE ALFRED SCHÜTZ

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ABSTRACT

This study aimed to understand the motivation of elderly smoking women participant of the anti-smoke group guided by the social phenomenology of Alfred Schütz. Ten elderly women from the anti-smoking group of Cascavel, Paraná, Brazil were interviewed from October to December in 2012. Four categories were identified: ambiguity between wanting and able to quit smoking; perception of professional practice in anti-smoking; life prospects and professionals and services prospects. The elderly woman understands the smoking harms and along with the anti-smoking team adds efforts to the care actions to be effective. It is expected in teaching and research areas the approach of other studies about the theme and the assistance that can offer support to the anti-smoking team to improve care, especially to elderly women.

Keywords: Women's Health; Health of the Elderly; Tobacco Use Cessation; Qualitative Research; Nursing.

RESUMO

O estudo objetivou compreender as motivações da mulher idosa tabagista participante de grupo antitabagismo direcionado pela Fenomenologia Social de Alfred Schütz. Participaram 10 mulheres idosas, de outubro a novembro de 2012. Quatro categorias emergiram: ambiguidade entre querer e conseguir cessar o tabagismo; percepção da atuação profissional no antitabagismo; perspectivas de vida; e, expectativas frente aos profissionais e serviços. A mulher idosa compreende os agravos do tabagismo e junto à equipe soma esforços para ações de cuidado resolutivas. Os programas antitabagismo devem ser estimulados, pois permitem a redução de danos, aumentando a chance da interrupção do vício. As ações da equipe multidisciplinar poderão contribuir para a melhor compreensão das necessidades de cada usuário, possibilitando o abandono do hábito de fumar com tratamento eficaz.

Palavras-chave: Saúde da Mulher; Saúde do Idoso; Abandono do Uso de Tabaco; Pesquisa Qualitativa; Enfermagem.

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RESUMEN

Este estudio tiene como objetivo comprender las motivaciones de la mujer adulta mayor fumadora participante de un grupo antitabaco conducido según la Fenomenología Social de Alfred Schütz. Participaron 10 mujeres adultas mayores de octubre a noviembre de 2012. Emergieron cuatro categorías: ambigüedad entre el anhelo y el poder dejar de fumar; percepción de la actuación profesional en el antitabaco; perspectivas de vida y expectativas ante los profesionales y servicios. La mujer adulta mayor comprende los peligros del tabaquismo y juntamente con el equipo aún esfuerzos para tomar medidas resolutivas. Los programas antitabaco deben ser fomentados pues permiten disminuir daños y aumentar las posibilidades de interrumpir el vicio. Las acciones del equipo multidisciplinario podrán contribuir a mejorar la comprensión de las necesidades de cada usuario y, con un tratamiento eficaz, ayudar a que abandonen la costumbre de fumar.

Palabras clave: Salud de la Mujer; Salud del Anciano; Cese del Uso de Tabaco; Investigación Cualitativa; Enfermería.

INTRODUCTION

The increase in life expectancy worldwide, especially for women, reflects the need for studies focused on this population, considering the harms to specific health aging. Thus, when referring to the increase in longevity and the impact of this phenomenon in the health context, there are numerous challenges and transformations of social, political, economic and cultural aspect that allow new ways to experience aging.¹

Over the past 60 years, the Brazilian elderly population aged 60 years old or more has increased considerably, and it is believed to triple in the next 40 years, from 20 million in 2010 to 65 million in 2050.²

Thus, the population aging process requires the need to know the health status and risk factors involved in the genesis of chronic diseases, particularly cardiovascular disease (CVD) mainly due to smoking. In this sense, an American research showed that smokers reduce their lifetime by up to one decade if compared to those who never smoked. Stop smoking before 40 years old can reduce the risk of death by about 90%.³

Moreover, tobacco causes potential damage to health, taking about 6 million people to death, and causes economic losses of more than half a trillion dollars each year.⁴

Considering the injuries from the use of tobacco in Brazil in 1989, the National Program for Control of Tobacco and Other Cancer Risk Factors (PNCTOFR) of the Ministry of Health was created. Despite this innovation and the reduction of the prevalence and incidence of smoking in Brazil, the habit of smoking is still a major public health problem that requires surveillance of political and social control to raise awareness of this behavior changes.⁵

In 1995, through the National Cancer Institute (INCA), the Ministry of Health created the National Program for Control and Treatment of Tobacco (PNCTT) in all Brazilian states, aimed at preventing initiation in consumption of tobacco derivatives among children and adolescents and also encourage smoking cessation.⁶

Regarding the incidence of smokers in Brazil, the frequency of adults who smoke ranged from 5.5% in São Luís and 16.4% in Porto Alegre. The higher frequencies among

women were in Porto Alegre (15.1%), São Paulo (13.0%) and Curitiba (12.4%).⁷

The Ministry of Health in 2005 created the Harm Reduction Policy, proposing actions aimed at reducing social and health harm from the use of products, substances or drugs that cause dependency. Such health actions are directed to users or dependents who cannot or do not want to stop the addiction.⁸

For the actions of harm reduction be effective, it is necessary vocational training and continuing education in health for smoking prevention, identification and treatment of smokers, through activities aimed at the acquisition of knowledge, skills and attitudes of the health professionals to qualification care.⁹

In this sense, the importance of groups of prevention and treatment for smokers in the primary health care services are highlighted as well as strategies that promote access for people who want to quit smoking to specialized services such as Psychology and Psychiatry.¹⁰

Given this context, this study has the following question: how the elderly woman experiences the smoking? Thus, this study aimed to understand the motivations of smoker elderly woman participating in an anti-smoking group of PNCTT to propose actions to improve their quality of life, about treatment and recovery.

METHODOLOGY

It is a qualitative study from the perspective of Social Phenomenology of Alfred Schütz, understanding that all human action established in the social world is contextualized in the intersubjectivity of the subjects in the social relationship. Also, it is concerned about the social world in which people have a face to face social relationship and establish a social action. Also, it expresses the reciprocal intentions, stock of knowledge, biographical situation and human motivation.¹¹

The social world is the scenario where the human interactions occur from the stock of knowledge acquired in the experiences of the subjects, transmitted to other subjects, whether contemporaries or those who preceded or succeeded them

to the meaning or interpretation of their experiences¹². This interpretation happens from the social, cultural and ideological context called biographical situation, allowing subjects to reflect and understand their actions and their social relationship with the world.^{11,12}

In this context, inter-subjectivity is a precondition of social life and the experience of the subject; it is the genesis of the meanings of human actions that occur in the social world. Thus, every relationship and inter-subjective human action are configured in the social sense that is established in a face to face social relationship, in which the common interests of subjects are present. These interests are denominated reciprocal intentions in the Social Phenomenology.^{11,12}

The subjects act, react and interact in their social world with reciprocal intentions, driven by motivations. In this sense, this is the “reason why” it is related to past and present experiences from the stock of knowledge available, being an objective category, accessible to researchers. The “reason for” is the guidance for future actions (early, thought action, subjective meaning of the action).^{11,12}

In this sense, the Social Phenomenology enables to understand the experience of smokers elderly women from the face to face social relationships established in the world of life between them and the health team working in anti-smoking groups.

This study was developed in Basic Health Units (UBS) and/or the Family Health Strategy (ESF) working with the National Program for Control and Treatment of Tobacco (PNCTT) in Cascavel, the western region of Paraná State, Brazil. There were 16 smokers elderly women contacted to participate in the study. However, only 10 women being 60 years old or more were the subjects of the study after being informed about the study and signing the Informed Consent Form. The potential participants were those attending the anti-smoking group, able to respond to the interview, and the questions of the study. Six women were not included since they had been out from the anti-smoking group.

A semi-structured interview was used to collect the data, with the following questions: Tell me about what do you understand about smoking? How do you experience smoking? What space do you find to discuss and treat smoking? How do you perceive the role of professionals and health services related to tobacco control? What are you waiting for your life with the activities of the anti-smoking service? What do you expect from services and health professionals in the activities related to tobacco control?

The interviews were conducted in a private place of the basic health unit where the women participate in the anti-smoking group, from October and November 2012. Considering that in qualitative research the number of subjects is not established a priori, the interviews were closed when the information of the smoker elderly women were repetitive enough for analysis and discussion, answering the purpose of the study.

The organization of the information obtained in the data collection was performed as suggested by some Social Phenomenology researchers: careful reading of each statement to take the overall sense of the lived experience by the smoker elderly women; grouping of significant aspects present in the speeches to compose the categories; analysis of the categories, trying to understand the “reasons why” and the “reasons for” the participants’ action; and discussion of the results based on the social phenomenology of Alfred Schütz and other references related to the theme.^{13,14}

The research project was authorized by the 10th Regional Health located in the city of Cascavel, Paraná, Brazil (10th RS) and the Municipal Health Department of Cascavel (SESAU). It was approved by Opinion N° 026/2012 of the Ethics Committee of Research on Human Beings of the State University of West Paraná (CEP-UNIOESTE). The anonymity of the women has been preserved, and they were identified as elderly woman 1 to 10, by national and international standards of ethics in research with human beings.¹⁵

RESULTS

The Social Phenomenology reference enabled to understand the smoking experience by the elderly woman, not in a unique and individual way, but in the context of social relationships. Thus, the elderly women are perceived as those who act, react and interact in the social world from their social relationships permeated with motivation.¹⁰⁻¹⁴

Four categories of the experiences were identified, two referring to “reasons why”: ambiguity between wanting and being able to quit smoking and perception of professional practice in tobacco control. The other related to the “reasons for”: life prospects and expectations facing the professionals and services.

AMBIGUITY BETWEEN WANTING AND BEING ABLE TO QUIT SMOKING

The elderly woman understands that smoking is harmful to health, either by the acquired diseases or social aspects of rejection by the family and society. They reported experiences lived with other smokers as something negative. The action of smoking is ambiguous for the woman - want and not be able to quit smoking:

[...] My sister died of cancer, she has a lack of air, she could not breathe [...] I want to quit smoking, I do not want to be like her (ELDERLY WOMAN 1).

[...] I know it brings many diseases, but when you stop smoking you get fat (ELDERLY WOMAN 3).

[...] It is a difficult addiction, it begins as funny, and when you see, you want to quit and you cannot [...] it is bad for the person who smoke and those who are nearby (ELDERLY WOMAN 4).

[...] You are a slave of the cigarette, you stop going somewhere at a party. It [the cigarette] is very bad, but I believe that everything has a time, and now it is my time to quit (ELDERLY WOMAN 9).

PERCEPTION OF PROFESSIONAL PRACTICE IN TOBACCO CONTROL

The woman who participates or has participated in anti-smoking groups and realizes the importance of the multi-disciplinary team were addressed. In the speech, they show gratitude, excitement, and disappointment when some group stops working and especially the improvements already conquered in their lives.

[...] What they need to talk about smoking I agree, and I go anywhere [...] only the remedy does not help, we have to have the willpower to quit smoking (ELDERLY WOMAN 1).

[...] I participate in the group, and they assist and help well with every effort for the people get rid of addiction. I think I was very well-attended (ELDERLY WOMAN 4).

A total negligence, they abandon us [...] at the time you need them, you have nothing, no support [...] there are people there who needed support, and they did not have the necessary support to continue (WOMAN ELDERLY 5).

[...] It is a very good initiative they had. Many people I know who stopped smoking [...] So, I think it is commendable, it is a very important thing (ELDERLY WOMAN 7).

They give a very strong support. If you are anguished, you can look for them at any time, talk to someone. Their support is wonderful, of all of them, the doctor, the nurse who coordinates the group and the center coordinator. Wow, it is wonderful! They encourage (ELDERLY WOMAN 9).

EXPECTATIONS FOR LIFE

When the elderly woman experiences smoking and experiences the group and the treatment can reflect on this experience and envision of new life projects. A woman refers not to have projects and life expectancies.

I hope I socially well accept [...] a person without smoking is easy to reach certain groups (ELDERLY WOMAN 5).

I hope to quit smoking forever [...] I am feeling very well [...] sometimes I have a headache, dizziness. Then, I smoke a cigarette, but I will quit. I smoked 40 cigarettes a day and stopped. [...] I will stop smoking I am sure it is bad (ELDERLY WOMAN 6).

[...] If the person has a better health [...] I can make a better activity, walk better, actually, be another life. (ELDERLY WOMAN 7)

[...] I do not expect anything [...] even the doctor has told me that the lung has no recovery, it is very difficult to me, it does not matter if I stop or not stop smoking (ELDERLY WOMAN 8).

It is a rise of my life, I hope only good thing, I'm looking for more people to call [...] I find many women smoking on the street and I want to stop that person and tell her to go to the health center to stop smoking [...] I see I lost my time (ELDERLY WOMAN 9).

I hope to improve as well. Now, I do not know if I will last long. I do not know if I am going to die soon, I do not know! I improved a lot after I quit smoking (ELDERLY WOMAN 10).

WHAT TO EXPECT FROM THE SERVICES AND PROFESSIONALS

Even referring improvements in their quality of life, the elderly woman has expectations concerning health professionals care actions in the anti-smoking groups:

I hope they do everyone for people quit smoking [...] I hope to God that I do not come back to smoke anymore [...] (ELDERLY WOMAN 1).

I hope they help people who are smoking, and they cannot stop, as they helped me (ELDERLY WOMAN 2).

The government has to give more freedom to these professionals [...] strengthen them to work [...] if the government of Paraná and federal state do not help they will give up (ELDERLY WOMAN 3).

I hope it stays that way, ending a group coming out of addiction in the case, they pick up another one and con-

tinue the same work to help people who need (ELDERLY WOMAN 4).

I hope they continue to do this work which is very good [...] it seems to be missing doctors to monitor and to go ahead in this program, at least here in our neighborhood, yes. (ELDERLY WOMAN 7).

I hope they continue [...] they have possibilities and willingness to help more and more (ELDERLY WOMAN 9).

DISCUSSION

The women experience their everyday life in their social world. According to Schütz, it is the scenario of human interaction in which social actions happen.¹¹ The women have different characteristics from men and the habit of smoking and different motivations that lead to stopping smoking.¹⁶ Thus, in this study women understand what is smoking, and they realize the need to quit the addiction and prevent possible injuries. The smoker woman is more likely to develop health problems, and she wants to prevent them. Wanting, when stop smoking, improve their health and fitness.

As shown by the elderly woman, she started smoking unaware that nicotine cigarette is a perverting and domineering substance. Perverting because it causes numerous diseases and domineering because it causes addiction taking their freedom of decision. The interpretation of the elderly woman sometimes ambiguous (between stop or not stop smoking), it is according to their cultural and ideological position called biographical situation, allowing individuals to reflect and understand their social action and social relationship with the world.¹¹

Smoking is unfavorable to longevity. However, quitting smoking is beneficial in all age groups. Thus, smoking cessation needs to be helped by the health professional because the unspecialized guidance succeeds only 6%. The use of medication is relevant to stop smoking, but it does not interfere with motivation, acting only in reducing abstinence symptoms, being more difficult to stop.¹⁷

Even being a social action, smoking is something acquired through the experience of the elderly woman in her individuality. Thus, she must be able to rescue her smoker's experience as part of her existential journey, her biographical situation, because this situation allows individuals interpreting the world from the accumulation of experiences and prior knowledge, making them able to reflect and understand their social actions and social relationships with other subjects and the world.¹¹

Among the motivations the woman starts and keeps smoking there is the age, their psychological, socio-economic, demographic and cultural factors as well as the action of

the tobacco industry propaganda. The earlier the initiation and greater time of consumption, the harder to stop.¹⁶ A study showed that the main motivations for the first experiences of cigarette consumption were: the influence of peers and family and the family was an influence due to the contact on demand to others to get a cigarette for parents and grandparents when they were children. Another motivation was the perception of smoking as something beautiful and chic, curiosity, for fun, need for belonging and self-assertion.¹⁸

As there are motivations for tobacco use, it is necessary to consider the motivations that lead the elderly woman to stop smoking, considering the value of demonstrations given to the action of smoking. In this idea, the implementation of anti-smoking programs becomes essential for the reduction and cessation. Thus, the cognitive-behavioral approach was the guiding principle of this program.¹⁸

Thinking this way, it is noteworthy that participating in anti-smoking groups enhances the stock of knowledge that the woman acquired throughout her life about smoking because something inherited from our predecessors can add to our lived experience. This lived experience can only be understood through externalized actions that form the basis of communication and social relationships.¹¹

In the multi-professional team performance in the anti-smoking groups, the implementation of policies for the prevention and smoking cessation needs to include training measures of professionals and public education, as well as having the discussion and implementation of measures relevant to this segment.

It is important to note that the multidisciplinary work and the availability of professionals, such as psychologists, doctors, nurses, social assistants, among others, to clarify and support tobacco users, are factors that facilitate adherence to treatment and its success. Also, family and friends act as therapeutic assistants and must be willing and aware of the importance of their role.

Given the importance that the elderly woman of this study on the space to discuss and treat tobacco use and the performance of health professionals, it is important to emphasize that this relational context - smoker elderly woman and health professional – inter-subjectivity is a precondition of life of the subject and the experience of both is the source of human meanings, since smoking and the tobacco control, occurs in the context of social relationships.

To meet the subjective aspects of care, it is necessary to understand each other, understanding and translating what they feel and how they face the process that requires care, understanding the unspoken expressions and decoding them at the time of care, enabling individualized and effective care.¹⁹ These meanings are not individual, because, as they are contextualized in the inter-subjective relationship, they constitute a social sense.¹¹

In this social relationship of care between the smoker elderly woman and the health professional, there is the situation or face to face relationship, and this relationship is surrounded by common interests seized between subjects, called reciprocity intention.¹¹ This reciprocity translates into buildings typical objects of thought that reveal the seizure of these and aspects known by the subjects that relate this social world.

When the elderly woman was asked about the expectations for life, she revealed the existential reasons. In this sense, the reasons to stop smoking, fear of health complications (particularly the fear of cancer) seems to be the main reason to want to stop, but this fear is not always strong enough to the elderly give up the habit.²⁰

It is noticed that the smoker elderly woman acts in her sphere of life through existential reasons. Stop being a smoker is not an easy task, but the elderly woman has the motivation and sees attitude changes to stop tobacco use. Thus, this motivation means "reason for," that is, the guidance for future actions.^{11,12}

Taking care of the social group - smoker elderly woman - involves social relationship guided by the inter-subjectivity, and this relationship provides the best access to the actual situation of this woman as a social being. Acting in the anti-smoking group means being able to plan and take care so the tobacco users can be assisted in their needs with resoluteness of their health problems.

Subjectivity must be accompanied by affectivity and, in this sense, the recent technological and scientific changes in health area brought several social and professional benefits, however highlighting that it does not ensure quality in the care provided.²¹

It is important to highlight that the affection allows the implementation of integral and humanized care that every person needs. Affection stimulates thoughts, behaviors and motivations, positively interfering with the recovery of those who are experiencing addiction situations such as smoking.²²

The anti-smoking programs should be encouraged since they may increase the possibility of interruption of addiction.²³ Thus, the professionals working in the anti-smoking group need to review their stock of knowledge acquired during life and biographical situation of the elderly women, considering the biological, psychological, social, values, beliefs, culture and experiences lived by this woman.

In this sense, the reception from the professionals who develop the actions in tobacco control programs needs to be based on reciprocity of intentions between them and the elderly woman when motivated to change their behaviors. Thus, besides the motivation of those involved, as shown by the study on indicators on tobacco control program, the effectiveness of these actions depends on the organization of the programs, services and training teams.²⁴

FINAL CONSIDERATIONS

This study allowed understanding the experience of the smoker elderly women in anti-smoking groups like those who are aware that smoking leads to health problems and causes social rejection, but they live ambivalence of wanting and not be able to stop smoking. While referring to the lack of incentive by the health professionals, they highlighted their support and anti-smoking services. Continuing to be supported by the anti-smoking groups to achieve stop tobacco use is the expectation of this woman.

The Social Phenomenology approach allowed understanding how smoking interferes with the lives of people, especially the elderly woman. The "reasons why", experiences and living, and the "reasons for", prospects for future actions, brought the understanding of the need to implement multi and interdisciplinary actions focused on smoking. Therefore, anti-smoking programs should be encouraged as they allow the reduction of damage to tobacco users, increasing the chance of interruption of addiction. Thus, the actions of the multi and interdisciplinary health team could contribute to better understanding of the needs of each user, allowing the abandonment of smoking with effective treatment.

In the face to face social relationships, this study points out the importance of adopting interdisciplinary approaches, both in research and in assisting smoker elderly women, as in the field of health promotion and prevention strategies related to the theme in question.

Finally, this research has limitations, so it cannot be considered ready and finished since the researchers investigated only enrolled population – smoker elderly women participants of anti-smoking groups - in the city of Cascavel, west of Paraná state. Other studies may be performed with other individuals and populations or different regions, revealing other aspects and contributions related to the theme now studied.

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