



# Education practices for older women guided by the constructs of Paulo Freire: scope review

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## Abstract

**Objective:** To map the scientific evidence on educational practices for older women guided by the constructs of Paulo Freire. **Method:** This is a scope review using the methodology of the Joanna Briggs Institute (JBI). The protocol was registered on the Open Science Framework (OSF) platform, DOI: 10.17605/OSF.IO/RP9EV. The search was conducted in the following databases: MEDLINE/PubMed, Web of Science, LILACS, BDENF, SCOPUS, and Cochrane, as well as grey literature available on Google Scholar and the Theses and Dissertations Portal of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). The search and screening process took place in August and September 2022. Published studies with full-text available were included without language or time frame limitations. Descriptors and keywords were used, combined with boolean operators OR and AND: Older woman, old woman, aged, aged 60 and over, seniors, older adults, elderly, educational practices, health education, constructs of Paulo Freire, liberating education, Paulo Freire. **Results:** The total number of included studies consisted of 16 publications, predominantly qualitative approaches and experiential reports. The publication years ranged from 1999 to 2021, with languages identified as Portuguese and English. Educational practices were organized following the framework of Paulo Freire, with cultural circles, workshops, and games being the most addressed topics. **Conclusion:** The studies showed that educational practices are participatory and dialogical, and they may contribute to empowering older women in terms of self-care.

**Keywords:** Health Education.  
Women. Aged.

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## INTRODUCTION

Accompanying the phenomenon of population aging is the process of feminization of aging, whereby the proportion of older adult women surpasses that of older adult men, and in various regions of the world, the female proportion exceeds half of the older population<sup>1,2</sup>.

Despite their longer life expectancy, women exhibit poorer health quality in old age, primarily due to gender-related disparities throughout their lives that affect access to resources and opportunities, resulting in cumulative negative effects<sup>2</sup>. The aging of the female population is associated with physical decline and an increased risk of functional disability due to the development of chronic diseases. As they age, women also experience more social, financial, and cultural constraints. These constraints affect their quality of life, which often deteriorates over time, posing health risks<sup>3,4</sup>.

In the pursuit of enhancing the quality of life for older women, it is imperative to develop mechanisms aimed at reducing situations of vulnerability and health risks. Health education interventions, focusing on enhancing quality of life, serve as a means to facilitate health promotion by fostering self-care practices<sup>5</sup>. The use of dialogical, reflective, and problematizing educational practices can constitute transformative educational processes for the development of autonomy among this demographic<sup>5,6</sup>. Employing methodologies guided by the principles of Paulo Freire enables the exchange of knowledge with the perspective of transforming the world, thereby overcoming oppressions<sup>5</sup>.

Educational practices serve as transformative devices within the social realm to promote the health of individuals and/or communities, guiding individuals towards autonomy and emancipation through critical and reflective thinking. They empower individuals to propose and participate in health decisions, enabling them to care for themselves, their families, and their communities. It is an integral component of healthcare and aims at the shared construction of knowledge regarding the health-illness-care-education process<sup>7,8</sup>.

The works and thoughts of Paulo Freire, employed in educational practices, emphasize the importance of dialogue, culture, liberating education, and emancipation. They are guided by principles of lovingness, dialogicality, attentive listening, respect for others, altruism, bilateral construction of knowledge, horizontality, autonomy, and consequent empowerment<sup>6-8</sup>.

The development of critical and reflective thinking enables the unveiling of reality and the proposition of transformative actions. Despite recognizing the importance of Paulo Freire's theoretical foundations for the development of educational practices among older women to promote their health, there is a gap in the literature regarding this topic. Therefore, studies describing how educational practices occur for this audience are necessary. Such information is relevant to the scientific community to guide intervention studies. The study aims to map scientific evidence on educational practices for older women guided by the constructs of Paulo Freire.

## METHOD

This is a scoping review with a research protocol registered on the Open Science Framework under the identification: <https://osf.io/grptz>, DOI: 10.17605/OSF.IO/RP9EV, developed and structured based on the recommendations of the review method proposed by the Joanna Briggs Institute (JBI)<sup>9</sup>, following the international PRISMA-ScR guidelines<sup>9,10</sup>.

To achieve the proposed objective, the following methodological steps recommended by this approach were followed: (1) identify the research question; (2) search for relevant studies; (3) select studies, with two researchers working independently; (4) extract data; (5) separate, summarize, and present a report of results; and (6) disseminate the findings<sup>11</sup>.

For the construction of the guiding question, the PCC strategy was used, with "P" representing Population – older women, "C" Concept – educational practice, and "C" Context – Constructs of Paulo Freire. Based on this information, the following question was established: How are the evidences

regarding educational practices aimed at promoting health among older women characterized?

Studies available in full text, without language limitations and temporal restrictions, addressing educational practices guided by the constructs of Paulo Freire and applied to older women, were included in this review. The review considered designs of experimental and quasi-experimental studies, analytical observational studies, descriptive observational studies, qualitative studies, and reviews. Excluded were studies that did not address the research question, abstracts published in conference proceedings, editorials, letters to the editor, and duplicates.

The search was conducted in September and October 2022, through remote access to databases, starting from registration on the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). The search strategy was developed using the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) to ensure broad results across databases, composing keywords to expand the search results as needed.

The strategies were applied and adapted for each database: MEDLINE via PubMed, Latin American and Caribbean Health Sciences Literature (LILACS) via the Virtual Health Library (Biblioteca Virtual em Saúde - BVS), Nursing Database (Base de Dados de Enfermagem - BDENF), Scopus, Web of Science (WoS), and Cochrane. Additionally, sources from grey literature were added through Google Scholar and the Theses and Dissertations Portal of the CAPES. The descriptors, crossed with Boolean operators OR and AND, generated the search strategies described in Chart 1.

The publications found were stored and organized in the reference manager Endnote Web® for identification and elimination of duplicates. Subsequently, they were imported into the Rayyan Web® application, where the second stage of duplicate exclusion and blind author-based decision-making on publication retention took place. During this stage, an exploratory reading of titles and abstracts

was conducted independently by pairs of reviewers, assessing studies that were relevant to the research question and objective. Disagreements were resolved through peer consensus and, when disagreement persisted, by the evaluation of a third reviewer. Pre-selected studies were then read in their entirety to assess their content in terms of their contribution to understanding the studied phenomenon and subsequent data synthesis.

For data extraction, a form developed by the authors was utilized, containing the following information: article identification, author, year of publication, objective, study design, participants, main results and conclusions of the studies, educational practice, and the Paulo Freire constructs addressed, followed by a detailed description of the process. This information was organized into two tables, aligning with the scope of this scoping review.

## DATA AVAILABILITY

The entire dataset supporting the findings of this study is available upon request from the corresponding author, Monique de Freitas Gonçalves Lima.

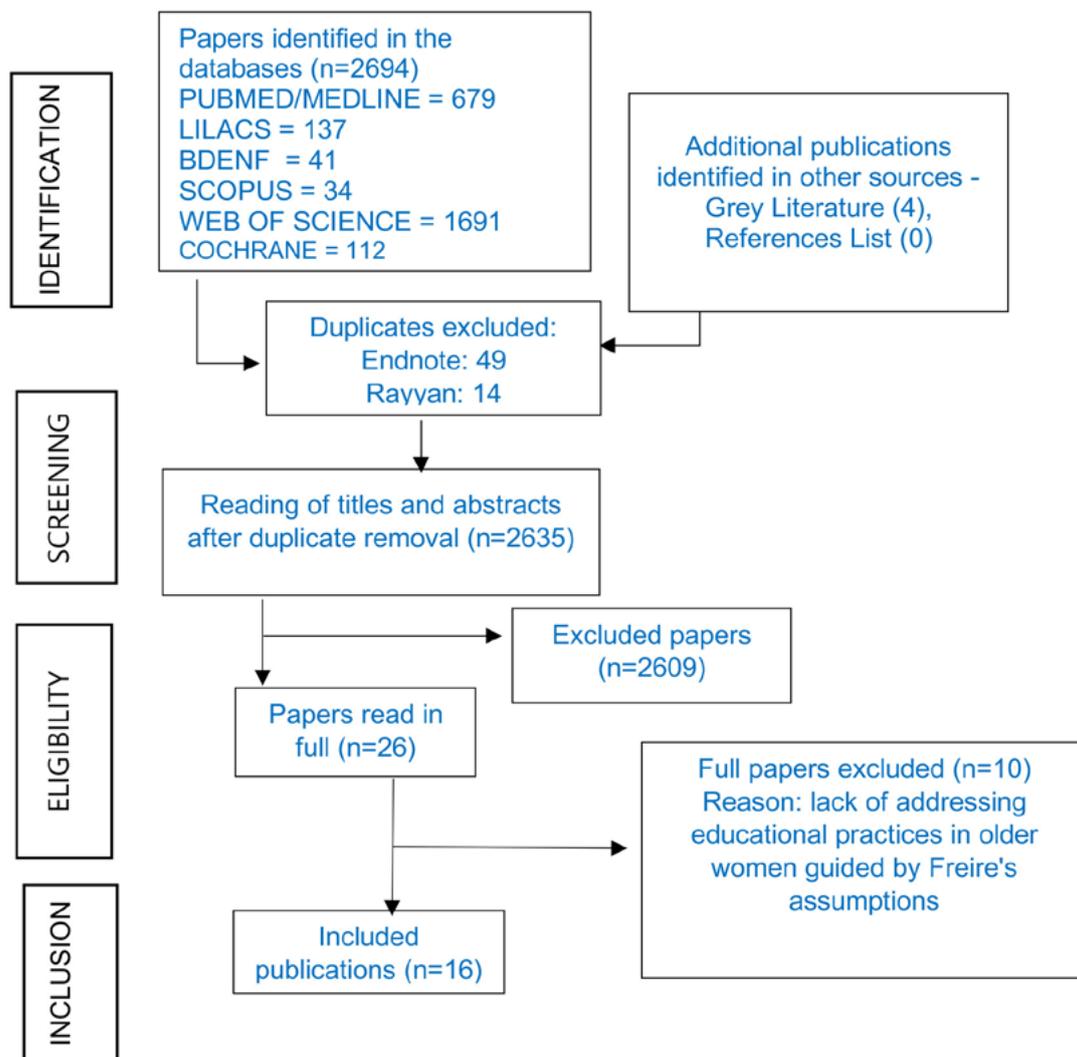
## RESULTS

In the initially identified databases, 2,694 articles were found. After removing duplicates, 2,631 articles remained, and an additional 4 studies from gray literature were included, totaling 2,635 studies. Following title and abstract screening, 2,609 articles were excluded for not addressing the theme of this research. Twenty-six publications were selected for full-text reading. Subsequently, 10 were excluded for not addressing educational practices using the framework of Paulo Freire. Additionally, the snowballing search strategy was employed in the references of the selected articles for this review; however, no studies meeting the inclusion criteria were identified. The final sample comprised 16 publications, following the international PRISMA guidelines (Figure 1).

**Chart 1.** Paper selection strategy. Recife, PE, 2022.

Database	Search strategy
PUBMED/ MEDLINE	(((((aged) or (seniors)) and (educational practices)) or (health education))) and (liberating education) or (paulo freire)
LILACS	(aged) or (seniors) and (educational practices) or (health education) and (liberating education) or (paulo freire)
BDENF	(aged) or (seniors) and (educational practices) or (health education) and (liberating education) or (paulo freire)
SCOPUS	(KEY (“aged” or “aged, 60 and over” or “seniors” or “older and people” or “older and adults” or “elderly”) and KEY (“educational practices” or “health education”) and KEY (“liberating education” or “Paulo Freire”))
WEB OF SCIENCE	old woman and educational practices or health education and Paulo Freire
COCHRANE	aged in title abstract keyword and educational practices in title abstract keyword or health education in title abstract keyword and Paulo Freire in title abstract keyword

Source: Research data (2022).

**Figure 1.** Prisma flowchart adapted from PRISMA-ScR according to the Joanna Briggs Institute<sup>8</sup>. Recife, PE, Brasil, 2022.

Among the 16 articles found, 5 were from the Lilacs database<sup>12-16</sup>, 7 from Scopus<sup>17-23</sup>, and 4 from gray literature<sup>24-27</sup>, identified through searches using descriptors and keywords via Google Scholar. The publications were dispersed across the years 1999 to 2021. The predominant language was Portuguese,

with fourteen studies conducted in Brazil and one study in English conducted in Canada<sup>18</sup>. Regarding the study designs, qualitative approaches were predominant, primarily anchored in participant observation<sup>12,14,15,18,21</sup>, followed by experiential reports<sup>13,23,25,26</sup>, and action research<sup>17,20</sup> (Chart 2).

**Chart 2.** Characterization of the studies that made up the sample (n=16). Recife, PE, 2022.

ID*	Author/year/ Study design	Objective	Participants	Main results and study conclusions
1	Alves, 2012 <sup>12</sup> Qualitative research	Understanding the perspective of users and professionals regarding health groups.	Professionals and 15 users, predominantly female.	Cultural circles (CC) enabled the approximation between professionals and users through dialogue, being perceived as a tool for more participative and emancipatory health practices.
2	Baldissera, 2012 <sup>17</sup> Qualitative research of the action research type	Exploring the expression of sexuality among older women	Six women with an average age of 67 years	The strategies proposed and supported by Paulo Freire contributed to identifying and reflecting on overcoming the difficulties involving sexuality.
3	Camargo-Plazas, 2020 <sup>18</sup> Reflective Text	Recommend integrating Cultural circles into the development of Diabetes Self-Management Education programs for older adults.	NA	The CC has contributed to education and empowerment through its emphasis on problem-posing education and mutual collaboration between older adults and healthcare professionals.
4	Gautério, 2013 <sup>19</sup> Reflective Text	Emphasizing the importance of health education guided by the principles of Paulo Freire, permeating actions aimed at older adult.	NA	Health education can contribute to the development of actions aimed at maintaining the autonomy and independence of older adults, making them aware of decisions regarding their health and capable of self-care.
5	Mendonça et al, 2013 <sup>13</sup> Experience Report	Reporting the experience of workshops with older adults as a strategy for health education, in the light of Paulo Freire's thought.	Participation of 20 older adults in four workshops. 80% were female, aged between 60 and 70 years old.	The dialogical space provided by the workshops allowed interaction among the group, the expression of experiences, and the demystification of ideas/concepts regarding the use of medications.
6	Moura e Silva, et al., 2019 <sup>20</sup> Qualitative	Describe the development of educational actions for the prevention and early detection of breast cancer in older women through culture circles.	Thirteen older women	The exchange of experiences facilitated collective learning through the integration of scientific knowledge discussed dynamically and adapted to the reality of the volunteers.
7	Patrocínio e Pereira, 2013 <sup>14</sup> Qualitative	Assessing the effects of a community-based health education program on older adults' attitudes towards aging.	Sixteen older adults, with fifteen being women.	The interventions may favor the quality of life of older adults and promote a more positive view of aging itself.
8	Portela, 1999 <sup>21</sup> Qualitative	Construct an educational process for healthy aging based on cultural health practices.	Rural women up to 63 years old.	Enabled a caregiving/educational process that values the cultural references brought by the clients, considering their differences.

to be continued

Continuation of Chart 2

ID*	Author/year/ Study design	Objective	Participants	Main results and study conclusions
9	Tavares e Rodrigues, 2002 <sup>22</sup> Quantitative-qualitative descriptive study	Identify health education needs and develop appropriate proposals according to the identified needs.	Older adults aged 60 and above, diagnosed with type 2 diabetes mellitus. 76.92% of them are female.	Based on the generative themes within the group, an educational proposal was developed, grounded in Freire's conscientization model, guiding older adults to reflect on the impact of diabetes mellitus on their lives and possible coping strategies.
10	Alencar et al, 2008 <sup>15</sup> Qualitative	Reflecting on the classroom experiences with older adults from a university of the third age.	Nineteen participants aged between 61 and 79 years old, of whom 17 were female.	Nutritional education, as defined in the tenets of popular education, has been instrumental in catalyzing social debates and policies pertinent to the discourse on contemporary aging.
11	Olympio, 2015 <sup>16</sup> Qualitative	Implementing games as applied gerontechnology with older adults.	The study highlighted older adults of the female gender (81.25%).	Playful practices facilitated group dialogue, thereby enabling the collective identification and discussion of how each older adult perceives themselves within their family and society, as well as in self-care.
12	Olympio e Alvim, 2018 <sup>24</sup> Qualitative	Developing a board game as gerontechnology aimed at promoting active and healthy aging.	Thirty-one older adults of both genders.	The implemented gerontechnology acted as a playful element, enhancing memory, self-esteem, socialization processes, exchange of experiences, and shared learning.
13	Souza et al, 2021 <sup>23</sup> Experience Report	Reporting on the experience of a Virtual Culture Circle (VCC), aiming to provide a space promoting health in addressing Covid-19.	Seven Brazilian families were involved, totaling the participation of 21 individuals, ranging in age from 10 to 82 years old.	The development of the VCC facilitated the closeness of the participants, enabling the integration of individuals geographically distant, made possible through a space of welcoming and horizontal dialogue, promoting health.
14	Diogo et al, 2005 <sup>25</sup> Experience Report	Presenting and discussing a health education program for older adults who care for older adults at home.	Eight older adults aged between 56 and 75 years old.	The program enabled better coping with difficulties, understanding the different changes present in old age, and the development of procedures that facilitated interactions with other older adults in day-to-day life.
15	Moura et al, 2010 <sup>26</sup> Experience Report	Describing the profile of older women seeking specialized services and analyzing the health situation with a priority focus on improving the quality of care.	The Conviviality Center accommodates 185 registered individuals. Among this quantity, 180 are women, with an average age of 70 years.	The quality of individual and collective practices contributed to the empowerment of women within the family and community through the Comprehensive Elderly Assistance Program.
16	Pereira et al, 2021 <sup>27</sup> Quantitative-qualitative	Characterizing the profile of older participants in the workshop "Dialogues with those who enjoy reading and writing."	Sixty-six older adults, predominantly women.	The results revealed that the workshop, through culture circles, brought about positive changes, enabling new meanings and feelings of well-being in older adults.

NA: Not Apply, as it represents the practice of professionals. CC: Culture circles. Source: Authors.

The Paulo Freire constructs identified in Chart 3 were: dialogue, problematization, autonomy, respect for the learner, attentive listening, bilateral construction of knowledge, participation, criticality, lovingness, and horizontality. The underlying concepts were critical reflection, conscientization, dialogical relations between educator and learner, and

the transformative nature of education. Regarding educational practices, cultural circles<sup>12,18,20,23,27</sup>, workshops<sup>13,15,21,26,27</sup>, the use of interactive games<sup>16,24</sup>, dialogic exposition<sup>17</sup>, collective actions in the community<sup>19</sup>, implementation of educational programs<sup>14</sup>, and family orientation programs<sup>25</sup> were found, with the first three being the most utilized.

**Chart 3.** Mapping of educational practices guided by Paulo Freire's constructs used by the studies. Recife, PE, 2022.

ID	Author/year	The theoretical constructs of Paulo Freire that guided educational practice	Type of educational practice	Description of the educational practice
1	Alves, 2012 <sup>12</sup>	Dialogue, horizontality, autonomy, respect for the learner, problematization	Culture circles (CC)	Six CC were conducted across two healthcare units, involving users and professionals, each lasting approximately one hour. Two themes were unveiled as the most significant: unfamiliarity with the concept of group and the methodology utilized within the group.
2	Baldissera, 2012 <sup>17</sup>	Dialogue, autonomy, problematization	Dialogical panel, opinion dynamics, activities referred to as "The Mirror" and "The Photo."	Dialogues and opinion dynamics were conducted on sexuality, encouraging dialogue, reflection, idea exposition, and promoting respect. The "Mirror" dynamics were employed to facilitate recognition of one's own beliefs and values regarding sexuality, while a photo activity was utilized to foster appreciation of self-concept, self-esteem, address aging bodies, and stimulate discussion on beauty.
3	Camargo-Plazas, 2020 <sup>18</sup>	Problematization, dialogue	Culture circles	A self-management education program for older adults with diabetes was proposed, comprising three dialectical phases. Initially, the theme is investigated, followed by the identification of topics related to the identified problems, and in the third phase, participants engage in a process of problematization.
4	Gautério, 2013 <sup>19</sup>	Dialogicity, respect for the learner, and autonomy	Collective actions in the community, group activities, and the involvement of volunteers' social networks.	Reflection was made on the health actions developed by nurses to establish themselves as an effective strategy, which should be directed towards the cultural reality of older adults/learners, addressing the problem from collective thinking, analyzing beliefs, and values about a particular situation.
5	Mendonça et al, 2013 <sup>13</sup>	Dialogue, problematization, autonomy	Workshops	Participatory methodologies and playful techniques were employed, including individual and group approaches to understand the subjects' reality regarding their use of prescribed medications. Additionally, theater, integration and relaxation dynamics, and the use of handmade materials for crafting medication storage boxes by older adults were utilized, facilitating the development and stimulation of psychomotor coordination.

to be continued

Continuation of Chart 3

ID	Author/ year	The theoretical constructs of Paulo Freire that guided educational practice	Type of educational practice	Description of the educational practice
6	Moura e Silva, et al., 2019 <sup>20</sup>	Dialogue, problematization, active listening, bilateral construction of knowledge	Culture circles	Four Culture Circles were conducted. In the first, a dynamic presentation and discussion on the concept of cancer were carried out, prompting the generation of words. The second involved a dialogue on methods of self-care for breast health through self-examination, brainstorming ideas on early detection. The third session included the reading of a fictional story to stimulate critical thinking, while the fourth featured a dynamic activity.
7	Patrocínio e Pereira, 2013 <sup>14</sup>	Autonomy, problematization, dialogue, critical reflection, awareness, dialogical relations between educator and learner; the transformative nature of education	Implementation of a popular education program for older adults.	The program was conducted through weekly meetings lasting approximately 150 minutes, spanning four months. Various thematic areas were selected to be organized within the program, including memory, sleep disorders, physical activity, healthy eating, oral health, emotions and feelings in old age, medication use, health instructions, positive aging image, elder abuse, and therapeutic activities (such as lian gong, tai chi chuan, yoga, massage, and therapeutic clay).
8	Portela, 1999 <sup>21</sup>	Reflective dialogue, joint reflection-action, nurse and group, respect for popular knowledge.	Workshops	The meetings took place fortnightly, lasting one and a half hours each. They unfolded in four stages: the first involved getting to know the group through data collection; the second identified health cultural practices, resulting in a diagnosis of the situation; the third involved co-constructing new health cultural practices with the group, and the final stage analyzed the process of change in health cultural practices.
9	Tavares e Rodrigues, 2002 <sup>22</sup>	Autonomy, dialogue, participation, critical thinking, respecting their beliefs, feelings, and culture.	Dialogic presentation related to the theme, group discussions, interaction strategies, provision of pamphlets, among other activities.	From interviews with older adults, four themes emerged: Type 2 diabetes mellitus, Health services attention, Associated diseases, The elderly diabetic person. For each theme, general and specific objectives were outlined, the programmatic content to be covered was defined, and teaching strategies were established to be followed.
10	Alencar et al, 2008 <sup>15</sup>	Critical Education, with an emphasis on Paulo Freire's problematizing pedagogical conception regarding aspects of conscientization, liberation, transformation of individuals, and humanization.	Workshops were conducted, and educational materials were used.	Classes were taught over thirty-one sessions, each lasting two hours. Programmatic activities were developed using the following teaching techniques: points of reflection and debate; oral communication; sharing experiences; group work; group dynamics; practical activities; reading short texts, magazine and newspaper articles, as well as relaxation techniques using music.

to be continued

Continuation of Chart 3

ID	Author/ year	The theoretical constructs of Paulo Freire that guided educational practice	Type of educational practice	Description of the educational practice
11	Olympio, 2015 <sup>16</sup>	Dialogue, Problematization	Four games were recreated: board game, memory game, puzzle, and bingo.	The data were produced through individual interviews, group discussions, and participant observation. The research development stages included: sensitization of older adults regarding the study, individual interviews, meetings with convergence groups for discussion and implementation of gerontechnology, and evaluation of the entire process.
12	Olympio e Alvim, 2018 <sup>24</sup>	Dialogue, Problematization	Board game	The study was divided into 3 stages, and the board game was introduced to older participants during the third meeting with each group. The game consists of six pieces representing older adults, twenty-one cards coordinating the dynamics among participants, and a game board with the rules.
13	Souza et al, 2021 <sup>23</sup>	Loving-kindness, dialogicity, attentive listening, horizontality	Virtual Culture Circle (VCC)	The Virtual Culture Circle was conducted during the quarantine period. The stages of the Research Itinerary were carried out by analogy with the construction of a house, which relies on all its structures to remain erected. A puzzle was organized to build the house, aiming to make the discussion about coping with Covid-19 more interactive and dialogical.
14	Diogo et al, 2005 <sup>25</sup>	The educational action was grounded in the experiences lived by the subjects, as well as autonomy and problematization.	Program for guidance to relatives of frail older adults	The "Orientation Program for Relatives of Frail Older Adults" was developed, providing assistance to the families of this demographic for home care. Various topics were addressed according to the group's needs, employing audiovisual resources and strategies such as problematization and experiencing the lives of older adults, free drawing, oral exposition, and practical activities.
15	Moura et al, 2010 <sup>26</sup> .	Elaborated and developed in the light of Paulo Freire's Problem-Posing Pedagogy.	Workshops	Several working groups were established in response to the demands presented, such as literacy workshops, expressive self-activity groups, debate cycles, informative and reflective groups, memory and creativity workshops, dance experiencing groups, handicraft workshops, among others.
16	Pereira et al, 2021 <sup>27</sup>	Dialogue, Problematization, Autonomy	Workshops and Cultural Circles	The workshops took place through Cultural Circles and compared the neuropsychological abilities of older participants at the beginning and end of the workshop. Permanent education practices aimed at an audience of educated older adults, within Paulo Freire's perspective of Cultural Circles, contributed to the improvement of neuropsychological functioning and response times to daily challenges.

CC: Culture circles. Source: Authors.

## DISCUSSION

Among the educational practices identified in studies that utilized the constructs of Paulo Freire, participatory methodologies permeated by playful activities stood out. Group activities such as circles of culture, workshops, and the use of interactive games were widely employed among older women. Additionally, collective actions in the community, implementation of educational programs, dialogic exposition, and orientation programs for family members were observed. During the educational actions, the use of assumptions employed by Paulo Freire seeks to raise awareness and politicize individuals as they problematize their reality and rediscover themselves as instigators of their experiences. When this process occurs in health education, its purpose is to promote social inclusion, particularly of more vulnerable groups such as older adults, encouraging these individuals to make decisions regarding topics that can improve their quality of life<sup>6,28,29</sup>.

One of the educational practices utilized was the Cultural Circle, which represents a dynamic space for learning and knowledge exchange, where individuals gather in the educational process to investigate topics of interest to the group itself. It allows for the establishment of a dialogue relationship between the social actors of research and researchers<sup>29</sup>. Thus, the use of Freire's constructs reveals the social reality experienced by the analyzed group, enabling the expansion of generated reflections and leading to new proposals for action on everyday life, aiming to promote the health of those involved<sup>30,31</sup>.

The cultural circles applied in the studies<sup>12,18,20,23</sup> addressed topics such as health groups, self-management of diabetes mellitus, breast cancer, and Covid-19. They were conducted in different ways according to the local reality and health situation, as in the case of the Covid-19 topic<sup>23</sup>, which allowed for the development of virtual cultural circles. This practice allowed for the closeness of users with healthcare professionals by addressing topics of collective interest, promoting the empowerment and autonomy of the audience.

Other practices that utilize Freire's constructs for equivalent purposes include collective actions<sup>19</sup>,

educational and orientation programs<sup>14</sup>, dialogic exposition<sup>17,22</sup>, and workshops<sup>13,15,21,26</sup>, which provide the sharing of information, experiences, and relevant insights, benefiting not only older women but also the healthcare professionals who implement them.

The implementation of these practices among older adults implies a reconsideration of the autonomy of this population. When directed towards the construction of a new conception of knowledge, it emerges as a predictor of quality of life in old age and the aging process. It is necessary to promote a shift in paradigms in old age, offering older women a transformation of their lives towards awareness, liberation, emancipation, and autonomy<sup>32</sup>.

Among the practices, the educational strategy of the circle of culture has shown positive outcomes in the learning process regarding chronic diseases (CD) and in stimulating the participation of older adults, thereby expanding their decision-making capacity regarding treatment<sup>18,20</sup>. Additionally, it can assist in reducing the impacts caused by CDs on morbidity and mortality, aligning with the United Nations Sustainable Development Goal (SDG) of reducing premature mortality from non-communicable diseases<sup>29,20</sup>.

The educational practices were carried out by healthcare professionals in communities or within healthcare services, involving service users, and were executed in different ways. They addressed topics such as cultural health practices, literacy workshops, memory and creativity workshops, medication use, nutrition, and Health and Aging. The implementation of these practices enables the appreciation of cultural references brought by older women through the caregiving/educating process, allowing interaction within the group, expression of experiences, respecting their integrity, and providing cultural, leisure, and educational activities<sup>13,15,21,26</sup>.

A proposal for educational practices with the older population that has stood out in recent years is the use of games. Board games, memory games, puzzles, and bingo were identified<sup>16,24</sup>. The use of games with older adults can provide a playful resource with the expectation of enhancing cognitive functions, socialization, dialogicity, and knowledge acquisition, positively impacting their health<sup>16,24</sup>.

This educational resource leads to collective participation, enabling interaction, reflection, and apprehension of shared information. It contributes to raising awareness among older adults regarding their limitations and possibilities in the aging process, allowing for better adherence to treatments and the maintenance of functional capacity for a longer period<sup>25,33-36</sup>. However, there is a lack of studies applying these technologies specifically to older women.

In regard to the study design, this review observed a predominance of qualitative studies. This method allows for the capture of valuable information concerning individuals' experiences and needs in specific contexts, facilitating the comprehension and interpretation of meanings. When seeking to understand the educational practices developed with older adults, the qualitative method has been the most utilized<sup>36</sup>. This method, combined with educational practices using the theoretical framework of Paulo Freire, can contribute to a self-care practice tailored to the reality of individuals<sup>5,7,37,38</sup>.

The perspective of healthcare professionals in educational practices, according to Freire's principles, should prioritize actions aimed at fostering autonomy and self-care among individuals regarding their health. These actions should occur in a horizontal manner, not limited to the technical scientific knowledge held by the educator, but primarily through the encouragement of developing competencies within that population to address the challenges that arise with the aging process.

In this regard, considering education for and with older women has become a challenge. Alongside this issue, there is the proposal to devise educational practices that are simultaneously problematizing, ongoing, and transformative, capable of providing the necessary tools for older adults to participate and intervene in decision-making processes regarding their own lives and their collective existence<sup>37-39</sup>.

The primary gap identified in this review was the limited literature production on the subject. However, this study, by allowing the identification of educational practices for older adults, aids healthcare professionals in selecting the most appropriate ones. Furthermore, it may contribute to the quality of life by offering dialogical, reflective, and problematizing devices

tailored to their realities. As a limitation, it may not have encompassed all the evidence regarding practices, as it included only the studies available in full.

## CONCLUSION

This scoping review enabled the mapping of evidence regarding educational practices for older women guided by the constructs of Paulo Freire. Circles of culture, workshops, and the use of games emerged as highlighted strategies utilized in these educational practices. These actions were guided by dialogical, problematizing, and emancipatory approaches, configuring themselves as innovative health promotion strategies.

The study provides results that offer healthcare professionals opportunities for choosing and developing educational practices aimed at improving the quality of life for older women. Thus, it is necessary to develop communicative processes between the healthcare team and the users, producing strategies that strengthen their autonomy and independence. In this perspective, the epistemological conceptions of Paulo Freire can underpin educational practices with older women.

It is evident from the literature found that educational practices are participatory and dialogical, and they can contribute to empowering older women in self-care. It is essential to develop further studies using educational practices planned according to the specificities of older women, aiming for better outcomes in promoting care for this population.

## AUTHORSHIP

- Monique de F. G. Lima - data analysis and interpretation, paper writing, approval of the version to be published, and overall responsibility for all aspects of the work.
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