

Dynamics of intergenerational family relationships from the viewpoint of elderly residents in the city of Jequié (Bahia), Brazil

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Abstract *This study aimed to describe the dynamics of intergenerational family relationships from the viewpoint of the elderly. It is a study of qualitative approach, developed with 32 elderly people registered in the coverage area of a Family Health Program in a city in the state of Bahia. Data were collected through semi-structured interviews during the first half of 2013, through home visits. We applied to thematic content analysis, and four categories emerged: harmonic intergenerational family relationships; conflicting intergenerational family relationships; family relationships permeated by intergenerational care for the elderly; intergenerational relationships permeated by elderly caring for their grandchildren. The categories enabled an understanding of the dynamics of intergenerational family relationships from the viewpoint of elderly, unveiling family relationships guided in the care, support, family unity and even conflicts.*

Keywords *Intergenerational relationship, Elderly, Family*

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Introduction

Aging is a universal phenomenon that has reflected the advances in science and technology related to health care, resulting in decreased mortality and fertility rates. Forecasts indicate that by 2025, Brazil will occupy the sixth position in the world in elderly population¹. The 2010 demographic census pointed to an elderly population of 20.6 million in Brazil, corresponding to 11% of the population².

Changes in family structures associated with the population aging process are observed, in which intergeneration emerges as one of the characteristics of this process, where families grow older along with its members, reorganizing to meet the demands of aging³.

Currently, families have become smaller and with a greater number of elderly in its composition and often people from different generations live together in the same household⁴. Besides, families are faced with the increasing prevalence of chronic diseases and problems associated with aging, with which they have to deal³.

Thus, longevity brings the possibility of a longer intergenerational family life, which implies changes in the concept of family and in family setting, bringing with it challenges, especially those relating to intergenerational family relationships, to support and care, to the income and the changing needs and roles that involve the components of the same family.

In this context, with a view to living together with elderly family members in an intergenerational context, there is a need for more attention on the possible differences between the members that might interfere in the dynamics of family relationships. Aging can be considered a moment of crisis in the life cycle, since it comprises changing situations within biopsychosocial aspect, requiring the elderly and those who live with them to adapt to this stage of life⁵.

Intergenerational relationships can be understood as links established between two or more people with different ages, enabling crossing of experiences and contributing to the unity within the multiplicity⁶. In building these relationships, affection is a crucial component, since the degree of affection felt by each family member consolidates harmonious relationships, which favors the promotion of health of the family unit.

It is noteworthy that, in Brazil, family remains a fundamental source of social support to the elderly, mainly due to the weakness of public

policies aimed at serving this age group. Thus, in Brazilian society, both from the social organization as from the legal viewpoint, the family is responsible for care towards older people and in this sense, it is believed to be essential to the quality of care revealing the dynamics of relationships that permeate the living together in family, which is marked by an interweaving of generations.

Thus, family relationships within the intergenerational family is an important point to be considered by health professionals in relation to care for the elderly and their family⁶, because, on the one hand the relationship between them brings conflicts, but on the other, it can be considered as a mutual aid process, since the elderly are not only cared and helped by their families, but they also care and help them.

From these reflections, it is essential for the health professional to meet the family of the elderly and insert them as an object of work, and it is required a greater understanding of the dynamics of family relationships through the eyes of the elderly, taking into account the intergenerational aspect.

In this sense, greater understanding of family relationships may provide health care professionals an expanded care approach of the aging process including intergenerational family context, which requires from these professionals a new look at the dimensionality of these relationships for a quality care.

Thus, this study aims to describe the dynamics of intergenerational family relationships from the viewpoint of elderly.

Methodology

This is a qualitative study conducted with 32 elderly people registered in the coverage area of a Family Health Strategy (FHS) in the urban area of the municipality of Jequié-Bahia.

We chose the qualitative approach because it answers very specific questions, since it works with the universe of representations, aspirations, beliefs and opinions, which corresponds to a deeper space of relationships, of the interpretations that humans make about themselves and about phenomena that cannot be reduced to the operationalization of variables⁷.

Data collection was performed with elderly people, registered at ESF, who live together in intergenerational households (two or three generations), who are aged 60 years or more and with

sufficient degree of cognition to answer data collection instruments. This degree of cognition was measured according to the scores on the Mini Mental State Examination (MMSE), proposed by the Ministry of Health⁸. Subjects were located with the help of Community Health Workers.

Data collection occurred through a characterization questionnaire of subjects and semi-structured interviews, recorded on electronic device, held during the first half of 2013, through home visits. The data analysis was developed by the thematic content analysis technique, according to Bardin⁹.

The thematic content analysis technique is quick and effective in applying to direct and simple speeches and is structured around three stages: pre-analysis, exploration of the material or coding and the treatment of results, inference and interpretation⁹. In the presentation of the results, subjects were identified by the letter R, for respondent, and the respective number of the interview, preserving verbatim transcripts of the accounts of the elderly.

This study followed the ethical recommendations found in Resolution 466/12¹⁰, from the National Health Council, was approved by the Research Ethics Committee (REC) of the Universidade Estadual do Sudoeste da Bahia (UESB), and obtained permission from the Municipal Health Department of Jequié for the research in the ESF. Furthermore, its objectives were clearly exposed to the subjects in this study, who after reading and signing the Informed Consent Form (ICF), agreed to participate in the research.

Results and discussion

Characteristics of study subjects

Participants in the study were 13 (40.6%) men and 19 (59.4%) women; 25 (78.1%) aged from 60 to 69 years old, 6 (18.8%) between 70 to 79 years old and only 1 (3.1%) over 80 years of age. The prevalence of marital status of respondents in descending order was: married, 20 (62.5%); widow, 8 (25%); divorced, three (9.4%); and single, one (3.1%).

Regarding the level of education, 22 (68.7%) had incomplete primary education, 5 (15.7%) had completed elementary school, 3 (9.4%) had incomplete high school and 2 (6.2%) had completed high school. With regard to family income, 30 (93.7%) reported income of one to three min-

imum wages and only 2 (6.3%) had income between 4 and 5 minimum wages.

In order to facilitate the contextualization of the obtained reports, it is necessary, before the discussion of the results, to provide a characterization of the family composition of the research subjects in Chart 1, where we observe the cohabitation between generations.

The dynamics of intergenerational family relationships in the perception of the elderly

The analysis of the whole interviews generated four categories, named: Harmonic intergenerational family relationships; Conflicting intergenerational family relationships; Family relationships permeated by intergenerational care for the elderly; and Intergenerational relationships permeated by elderly caring for their grandchildren. Together, these four categories synthesize the dynamics of intergenerational family relationships in the perception of the elderly.

Harmonic intergenerational family relationships

The first category reveals that forelderly respondents, relationships with family members are harmonious, permeated by dialogue and by a deep emotional connection. It is noteworthy that relationships with family members are the ones elderly experience more frequently and intensively, because from the moment that many of them lose their functional capacity, as a result of aging, together with chronic and degenerative diseases, they start to stay longer at home.

Speeches reveal harmonious and happy intergenerational family relationships:

I feel good and happy to live with them because it's a good relationship. (R6)

Thank God we have pleasure with each other because my kids were well raised, they had a good upbringing. (R3)

If you respect and dialogue everything is in peace, because I say we have to have respect, love and unity, so the relationship, thanks to God, is good. (R16)

It is in the family group that relations are established primarily, allowing seniors to feel valued. Regardless of age, we all have emotional needs. Affection and the establishment of affective bonds arise when relationships allow a closer proximity, a greater affinity.

Chart 1. Characterization of the subjects interviewed according to the family composition. Jequié, Bahia, 2013.

Study subjects	Family composition	Study subjects	Family composition
R1	Spouse/children/grandson	R17	Daughter
R2	Son	R18	Spouse/children
R3	Spouse/children	R19	Daughter/grandson/great-grandson
R4	Spouse/daughter/grandchildren	R20	Daughter/grandchildren
R5	Son	R21	Daughter/grandchildren
R6	Spouse/children/grandson	R22	Daughter/granddaughter
R7	Spouse/children/grandson	R23	Spouse/children/grandson
R8	Spouse/children	R24	Spouse/daughter
R9	Spouse/children	R25	Daughter/son-in-law/grandson
R10	Spouse/son	R26	Son/brother
R11	Spouse/children	R27	Spouse/son
R12	Spouse/Son/grandchildren	R28	Spouse /son
R13	Grandson	R29	Spouse/children
R14	Spouse/son	R30	Spouse/daughter/son-in-law/grandchildren
R15	Spouse /children	R31	Daughter
R16	Children	R32	Spouse/grandson

Demographic changes resulting from an aging population, although interfering in the inter-generational coexistence, has not weakened family relationships⁴. So even before these changing processes, family remains as the emotional and affective unit, a privileged space of care for life support and health of its members¹¹.

In old age, affective relationships within the family environment are a significant factor for balance, well-being and care of the elderly. In this regard, Macêdo and Monteiro¹² clarify that the relationships established in the family seem to contribute in the processes of health or disease. Imbalances in relationship patterns experienced by members of a family can trigger in the family core situations of conflict, which, in turn, may determine the onset of physical and/or emotional diseases, which weaken the family¹².

However, for the elderly respondents, there is the existence of alliance between them and their loved ones, which is based on the expression of positive feelings such as respect, love, unity and dialogue. Therefore, the family is an environment that is characterized by close relationships, reciprocity, stability and affection.

The speech of two of the respondents reveals that family relationships are marked by an interaction between seniors, young ones and adults, who interact in common life, valuing above all the advice transmitted by the elderly. It is noticed the valuation of emotional ties established between the different generations, combining the wisdom and experiences of life of older people with knowledge of the modern life of young people.

A relationship of love and complicity, everything that my grandson will do, he asks me for advice before making the decision, he considers my advice a lot. (R25)

[...]despite he is already over 18, he respects the things I say, we interact to make a decision. (R28)

The relationship of interaction between the elderly and their families are of crucial importance for the elderly, as the feeling of being loved and valued, belonging to the family group prevents elderly from isolation. And before these strata of speeches we can infer that the elderly do not maintain a relationship of domination with their families, but a relationship in which both develop otherness and respect, which are fundamental values of human experience¹³.

A study conducted among the rural population of the District of Aleixos, municipality of Taquarituba, state of São Paulo, showed a significant difference between the variables number of people living in the household and emotional support scores. Emotional support was higher in the elderly living in households with three to nine people, compared to those living alone or with just another person¹⁴. It should be noted that the expression of confidence, empathy, caring, loving, listening and interest perceived by people are included within the category emotional support¹⁵.

The establishment of harmonious relationships, unity among the elderly and members of their families who live together is a process that must be built over time, involving the whole family, because it requires simple actions and at the same time complex actions to make this coexistence harmonious and happy not only for the elderly but also for the entire family.

Conflicting intergenerational family relationships

This category shows that for some seniors, intergenerational relationships are conflicting, with problems in relationships with children and grandchildren, due to differences in social and cultural values between generations.

Thus, it is emphasized that the flexibility in the face of difficulties, mutual respect and constant dialogue are important tools to ensure the harmonious relationship between the elderly and their families.

There are times when I argue with my granddaughters, because there do some things, I say that's wrong and they keep saying that I am from the old times[...]. (R4)

Sometimes we have some arguments because they so young. Then sometimes we say something they do not like, they think it's something old, old thing. Then, we argue. (R8)

I am not happy with my son, because he doesn't want to accept the things I say, he has some vices that I do not like. (R27)

According to Moragas¹⁶, the conflict in families is due to family living and its peculiarities, because we spend much of our time with family and we feel more comfortable with them, and the author also points out that living with two, three or more generations in the same house is the setting for conflicts, which are considered common, as found in the statements below:

Sometimes we have some discussions, but that's normal in families, though[...]. (R26)

[...] it is common that in all families there is always a disagreement, a conflict, things we can forgive. (R1)

Living together with family members may not necessarily be viewed as a guarantee of a successful old age, neither a sign of friendly relations between the elderly and their children and grandchildren¹⁷. So the family relationship requires understanding the point of view of the other, and interaction, respect and dialogue are crucial for this purpose.

Another fact found in the speeches of the elderly is the existence of conflicts in the family environment, due to the dissatisfaction of the elderly in relation to certain conduct and behavior adopted by children and grandchildren, because since the elderly have experienced other cultural contexts, they bring with them their beliefs and their culture, which differ from younger generations.

Speeches: [...] *keeps talking I'm from the old times. [...]* (R4) [...] *they think it's something old, old thing. Then, we argue.* (R8) demonstrate the difficulty faced by young people in accepting the divergence of values as something natural, resulting of profound social and cultural changes in recent decades, which means that older people are labeled as "outdated" in the eyes of their children and grandchildren. This reflects the negative image of the elderly present in society, steeped in stereotypes that are internalized in the collective memory.

According to Goldin¹⁸, the simultaneous coexistence of several generations of the same family enables different world views and values in the same context, which can lead to intergenerational conflict. These conflicts, when existing in some familiar contexts, may determine the preference of the elderly to live alone.

Despite the conflicts involving the relationships within the family, they can be administered in a healthy way, as the generations mature emotionally and can understand each other.

In this context, although the clash between ideas, lifestyle and values between generations is common, intergenerational relationships can be supportive, providing help, affection and attention in certain vital moments, when there is understanding between generations, thus fostering the overcoming of conflicts and improving the quality of relations.

It is evident also the need to cultivate emotional bonds that support for resolving conflicts and strengthening relationships and, above all, to cultivate and exercise love, affection, sharing and complicity.

Family relationships permeated by intergenerational care for the elderly

The speed of the demographic transition has raised many crucial issues for society as a whole, highlighting, among them the responsibility for the care for this population, since, in general, diseases that affect the elderly are chronic and multiple, demanding constant care, such as scheduling medical appointments and tests, giving medicines and controlling their administration times.

In this sense, changes related to population aging lead us to identify that the family is still the most common support of health care for the elderly, having to adapt to this new demand, learning day by day how to develop the necessary assistance for the weakened elderly. Thus, the increase in the elderly population in Brazil refers to the challenge of implementing public policies that promote support and care, by family, friends and people close to the elderly¹⁹.

[...] there are the disease problems I have, I can't live alone, my daughter and granddaughter care for me when diseases attack, my daughter and my grandchildren care a lot about me. (R4)

My husband and I are getting older, and with aging, diseases start to appear. So it's good to have a daughter who still lives here at home, because she can take care of me and of her father. (R24)

He takes care of me. These days, for example, I'm in pain, my son went to the health unit to schedule an appointment for me, to take medicine for diabetes and the material to make the dressing on foot. (R2)

The family can be considered as a health system for its members, in so far as it oversees the health status of its members, makes decisions about the paths to be followed in cases of complaints and malaise signs, monitors and constantly evaluates the health and illness of its members, asking for help of healthcare professionals²⁰. Therefore, besides being within the family context that decisions about health practices are often made, the family also operates as a primary source to provide health care for its members.

Hence, we can see the importance of involving the family in the context of contributive care for nursing actions, considering it an agent of care for their members in aging process. In this sense, Moreira et al.²¹ point out that we must recognize that the daily care provided by the family to its members in the home is laden with emotions and peculiar characteristics resulting from cultural, social and economic conditions that cannot be neglected.

Changes in family structures and the aging process combined with chronic degenerative condition with physical, cognitive and social limitations impose the elderly and their families issues never before experienced in the dynamics of relationships. Thus, a growing dependence perspective and changing of roles begin to occur, since the responsibility to take care of the elderly is passed on to younger generations, who received protection and care in the past²², as evidenced in the reports of respondents in which it is observed that children and grandchildren provide care to the elderly.

Another fact found in speeches is the family care for the elderly regarding the provision of chores because since some elderly showed a decrease in functional capacity to perform such activities, family support becomes crucial.

I feel good, because as my wife died, it is my daughter who watches over me too, she does chores, makes food and gives me at the right time the medicines, she gives me, so she takes care of me very well. (R17)

I am pleased, because he helps me, he cleans the house because I have leg problem and I do not do chores, he makes the food at the right time. (R23)

Functional capacity is related to the difficulty of the individual in performing basic or more complex tasks of daily living, which leads to the limitation or restriction of their social roles and to the need for a caregiver to assist in carrying out these tasks²⁰. In these situations, the family caregiver takes the responsibility of performing family household activities, which can lead to the overload of the caregiver and could jeopardize the quality of care and interfere in family relationships²¹.

In this context, it is extremely important to assess the overload of caregivers, so that the professionals of the Family Health Strategy can offer adequate support to families and promote strategies that contribute to improving quality of life of caregivers and that reflect on family care to the elderly.

It is evident, therefore, that the presence of elderly requiring care in the family may result in changes or (re) structuring of family dynamics in order to ensure the care demands, the maintenance and the physical and psychological integrity of the elderly, which may be accompanied by some difficulty in adapting not only by the elderly, but also by other family members who come to take care of this elderly.

Thus, the need to provide care for an elderly relative can impact family relationships, which may cause the weakening of these relations. In

this regard, Torres et al.²⁵ associate the quality of family relationships with the quality of care, since one of the significant factors of balance and well-being of the aging population is the relationship of affection that occurs in the home environment.

In this scenario, it is fundamental to the quality of family care to the elderly that health professionals deepen the understanding of the relations established in the family environment and share the care demands with family members, providing them with information so that they can meet the needs of the elderly. So it is up to professionals to support the caregiver family in the dynamics of the process of caring for the elderly, strengthening families and guiding them according to their needs.

Intergenerational relationships permeated by elderly caring for their grandchildren

Changes in the family arising from population aging bring out the role of grandparents as caregivers of their grandchildren. The relationships established between grandparents and grandchildren result of a contact permeated by care, concern, attention, love and sharing, so that this relationship is an integrative and remarkable part of growth of grandchildren and maturation of grandparents.

In the accounts of the elderly, the term care has wider proportions, since it involves situations such as basic and daily care (some provided since the birth of grandchildren), concern with food, the act of educating, advising, academic monitoring and also affection and attention. The reports of respondents also express that elderly appreciate the company of their grandchildren in "free" time arising from the retirement and the satisfaction they feel in being able to take care of them:

It is good that my grandson lives here with me, because as I've already lost my husband, if I didn't have my grandson, I'd get very lonely, so I take care of him, I take him to school. (R13)

As I'm retired and I'm here all day at home, I take care of my grandson, I play a lot with him because his mother works all day, so I give him advice to only do what is right. (R30)

If it weren't for their happiness, I want them to stay here forever, for life with me, because they live here since birth. They support me, give me affection, laughter, but I know that one day they will have to go out and build their lives, have their family. (R12)

In this regard, Rosa²⁶ stresses that it is rarely mentioned in the literature the role of the elderly as a caregiver or family care provider, a fact that

is visible in the families of the elderly studied, in which the elderly support livelihood of their grandchildren and are the primary or sole responsible for the care of grandchildren while the parents work outside the home.

Therefore, it appears that the performance of the expanded role that grandparents take on contemporary family environment exceeds the image once occupied in the collective imagination, that is, the grandparents as exclusive propagators of generational legacy. The aging population, here represented by grandparents, assumes a new role in today's society, of provider or economic pillar of their grandchildren, regardless of the presence or absence of the parents of these grandchildren, for various reasons, as evidenced in the report below:

I take care of them since childhood, I take care, including food [...] because my daughter was young and she had the children while she was here, at home. So, since they were little kids I help them, always providing everything, my retirement pension has always helped us to survive, it is little but we never missed anything. (R20)

The significant presence of grandparents in the household as caregivers of grandchildren has been highlighted without disregarding, therefore, other functions they may also assume, for example, a stabilizing role in the relationship between parents and children, especially in times of stress derived from economic difficulties, or taking responsibility for the education of grandchildren when the parents cannot take it²⁷.

Also it is necessary to consider that, despite the emphasis is mostly focused to the benefits that the grandparents can bring, especially regarding the development of their grandchildren, this influence is reciprocal. So, it can be said that the relationship between these two generations is mutually important. In this sense, Poehlman²⁷, states that the grandchildren play a fundamental importance in the lives of grandparents and that contact between grandparents and grandchildren can be essential for people who are aging, to the extent that grandchildren are the most frequent company for the elderly.

Therefore, it is remarkable the fact that the responsibility and/or collaboration of grandparents in the family overrides the elegance of white hair. Whereas grandparents previously represented only respect, affection and companionship, they have come to play a new role in contemporary times, namely the direct responsible for the care of grandchildren.

It is understood that this intense participation of grandparents in the family is a complex reality that requires studies that seek to comprehend the intergenerational transfers, given that these *elderly-grandparent* emerge in the contemporary scene as central characters in their grandchildren's lives.

Final considerations

The categories revealed that in their spaces, families build up bonds of solidarity, weave up ties and intergenerational relationships grounded in care, support, cooperation and sometimes conflicts arising from differences in cultural and social values between generations.

The harmonious family relationships are marked by dialogue and by strong ties of proximity, reciprocity and affection. It is also noticed the interaction existing between seniors, young ones and adults, with an appreciation of knowledge and advice passed on by elders.

It is believed that, from the relationships experienced between generations, the new generations will be able to consolidate their knowledge based on knowledge and lessons of a life already lived by the elderly. Thus, from the moment the young person and the elderly discover the need

for interaction, of exchange of peculiarities in the way of being, feeling, thinking and willing of each, both generations will benefit.

Through the speeches of the elderly, it appears that intergenerational relationships can also be conflicting, to the extent that there is a difficulty from the younger generation to accept the difference of social and cultural values of the elderly. However, these conflicts were considered by the elderly as something common, marking the *living-living together* in family. In this sense, understanding the moment of life of each member and the respect will enable the harmonious coexistence and acceptance of differences, overcoming conflicts.

We can also conclude that intergenerational relations are marked by mutual care, i.e., the elderly being cared by their children and grandchildren, or the elderly, in the role of grandparents, caring for their grandchildren, establishing thus multiple forms and practices of intergenerational solidarity.

Finally, we can reflect that, despite significant changes experienced in family relationships, which includes members of different generations, these relationships are presented in continuous and constant disruptions, losses and gains, in which emotional bonds, harmony and conflict are intertwined.

Collaborations

DM Silva participated in the conception and design of the study, collection and analysis of data and drafting of the article. ABA Vilela guided every step of the work and participated in the review and drafting of the project and the article. AA Nery, ACS Duarte, MR Alves and SS Meira participated in the critical review of the manuscript with regard to content.

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