



PERCEPTION OF ELDERLY PEOPLE IN COHABITATION REGARDING THEIR FAMILY RELATIONSHIPS

^{1,*}Ingrid Santos Torres, ²Lucas Silveira Sampaio, ³Fred Ferreira da Silva, ⁴Luciana Araújo dos Reis, ⁵Milena Silveira Barbosa, ⁶Ilana da Silva Soares, ⁷Rosângela Souza Lessa, ⁸Alba Benemerita Alves Vilela, ⁹Alberto Silva Lima Bittencourt, ¹⁰Talita Santos Oliveira Sampaio

¹Graduate in Physiotherapy by the Northeast Independent College – FAINOR

²Master in Health Sciences by the State University of the Southeast of Bahia-UESB

³Graduate in Physiotherapy by the Northeast Independent College- FAINOR

⁴Physiotherapist, Doctor in Health Sciences, Professor by the Northeast Independent College – FAINOR

⁵Physiotherapist graduated by the Northeast Independent College – FAINOR

⁶Physiotherapist graduated by the Northeast Independent College – FAINOR

⁷Master in Health, Environment by the State University of Southwest Bahia

⁸Doctor's degree in nursing by the Federal University of Ceará- UFC

⁹Graduate in Physiotherapy by the Northeast Independent College- FAINOR

¹⁰Master in Health Sciences by the State University of the Southeast of Bahia-UESB

ARTICLE INFO

Article History:

Received 17th September, 2018

Received in revised form

25th October, 2018

Accepted 20th November, 2018

Published online 26th December, 2018

Key Words:

Perception. Elderly person. Elderly health. Family Relationships.

ABSTRACT

Objective: To comprehend the perceptions of the elderly people in cohabitation regarding their Family relationships. **Methods:** It is a study with a qualitative approach and of descriptive and exploratory character. It was carried out with 71 elderly people registered in two Family Health Units in the city of Vitória da Conquista – Bahia who displayed preserved cognitive conditions. There were collected the data through an interview comprising a semi-structured questionnaire with a guiding question during the months of December 2017 to June 2018, through household visits. **Results:** It was used the Thematic Content Analysis Technique, which created two central categories: Family relationships characterized by the well-being feeling; Family relationships characterized by the preoccupation's feeling. **Conclusion:** The categories enabled a better comprehension of the elderly people perceptions regarding their cohabitation with their Family members being surround by harmonious and non-harmonious relations.

Copyright © 2018, Ingrid Santos Torres et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Ingrid Santos Torres, Lucas Silveira Sampaio, Fred Ferreira da Silva, et al., 2018. "Perception of elderly people in cohabitation regarding their family relationships.", *International Journal of Development Research*, 8, (12), 24526-24531.

INTRODUCTION

Population aging has turned up to be a meaningful reality and topic of research in Brazil, since there was a rapid expansion of the elderly population. In accordance with the last demographic census, the elderly population with 60 years or more is 20,590,599 million, that being approximately 10.8% of the current population, which is formed by 190,755,199 million people.

*Corresponding author: Ingrid Santos Torres,
Graduate in Physiotherapy by the Northeast Independent College – FAINOR

As a consequence, the statistics points out that in 2025, Brazil will be at the sixth place among countries in the world with the preponderance number of people aged 60 or more, which is an estimative of about 15% of the population, which makes it a an urgent concern because they result in changes of the social and family structures and the family parts (Cardoso et al., 2017; IBGE, 2011). With this aging, it is perceived that families are increasingly aging because of the presence of at least one elderly person in the family, which leads to the occurrence of intergenerationality that is characterized by the cohabitation of the elderly people with two or more generations with children and / or grandchildren interacting in the same physical location

(Camarano *et al.*, 2004). The intergenerational cohabitation can be tagged by an "elderly people family" in which the elderly person is the chief or partner, accommodating children, grandchildren and other relatives in their household or to be a "family with elderly people" where the elderly people live in the home of their family members (Bertuzzi *et al.*, 2014). The correlation between the elderly person and their family members arises from the need to transfer support and assistance between generations (Rabelo, 2015). Regarding the elderly people, this kind of setting happens more specifically because they have physical, cognitive and social restrictions (Stamm *et al.*, 2017). Regarding the relatives, the cohabitation emerges as a financial support from the elderly people, as the young people suffer with unemployment (Sampaio *et al.*, 2017). The cohabitation of the elderly person with their relatives may intervene with opinions and lifestyle, which are well established between these generations, can produce conflicts or being administered in a healthy way looking for the comprehension and acceptance for the common good. Living in family entails positive aspects leading to the health or diseases' process of the elderly people, due to the existent relationships among the members, which are of affection, safety, love and familiarity (SILVA *et al.*, 2015). Conversely there are also negative features that are caused in this intergenerational environment, which is the family noticing the elderly person as impotent, taking them to infantilization and restricting their participation in decisions (Ribeiro, 2014). Within this aspect, it becomes imperative the study's execution, searching for the comprehension of the elderly people view's regarding the family cohabitation so that this way, there are public and social policies that concede integral and quality attention to the elderly people and their relatives. Further more, the study can play an important role in more discussions among health professionals to look for giving more attention and emphasis to the topic. This way, this study has as goal to comprehend the perception of elderly people in cohabitation regarding their family relationships.

MATERIALS AND METHODS

This is a descriptive and exploratory study that has a qualitative approach. It took place in the city of Vitória da Conquista – BA and it was carried out with elderly people registered in two Family Health Units (USF) elected through a simple raffle. The amount of study's participants was of 71 elderly people, considering the saturation criterion. The data production was performed during the months of December 2017 to June 2018, the research comprised elderly people of both sexes who were aged 60 years or more, in cohabitation's situation with one or more generations, that being children and / or grandchildren in the same house hold setting, using the definition proposed by Camarano *et al.* (2004). Besides this, the elderly people should have conserved cognitive conditions in accordance with the Mini Mental State Exam (MMSE). There were eliminated of the research the elderly people that declined to participate or did not want to receive the researcher. Moreover, the ones who were not found in their homes after three attempts on alternate days and times. The MMSE comprises 11 items, which contain verbal responses to temporal and spatial orientation, attention, reading, memory, calculation, naming, following verbal commands, and copying a (polygons) drawing. The score of this cognitive assessment may vary with a minimum of 0 points, which indicates a greater degree of elderly people's cognitive impairment until the maximum grade of 30 points that represents a better

cognitive ability (Folstein, 1975). The study's cutoff point was 13 points (Brucki *et al.*, 2003). The data production was fulfilled with the assistance of the Community Health Agents (ACS), which monitored the households of each elderly person individually. It was administered an interview with a semi-structured questionnaire including the subjects' data identification such as age, sex and household composition associated with a guiding question that looked for comprehending the dimensions of the elderly people's feelings concerning the cohabitation with their family through record performed using an electronic recorder. The data analysis of the interview's guiding question occurred with the Technique of Analysis of Thematic Content in accordance with Bard in. It comprises a set of communication analysis techniques that use systematic procedures and goals of content description of the messages replicated from the interview which was comprised by stages that are ordered in three steps: pre-analysis, material exploration or coding and outcomes treatment: inference and interpretation (Bardin, 2011).

Handling the study's outcomes, the elderly people were identified as the letter E (elderly people) and following their respective order number conserving their identity and the transcriptions of the reports entirely. This study is integrated in a large study named "Family Setting of Elderly people in cohabitation in the Northeastern and Southeastern of Brazil", which was accepted by the Research Ethics Committee of the State University of the Southwest of Bahia (CEP-UESB) under opinion n° 102,641 was registered considering the Resolution of the National Health Council (CNS) n° 196/96 current at the time. Subsequently, it was requested to include this study in the main project, being approved in accordance with Resolution n° 466, of December 12, 2012. It is important to highlight that this research is bounded to the Interdisciplinary Center for Studies and Research on Human Aging - NIEPH, by the Northeast Independent College - FAINOR. The data production was done after the publication of the favorable opinion of the CEP-UESB with the inclusion of this study's field and the authorization of the Municipal Department of Health of Vitória da Conquista - BA to carry the research in the USF and the participation of the elderly people through the signing of the Informed Consent Term - TCLE.

RESULTS AND DISCUSSION

Participants' characterization: Among the study's participants, 52 were elderly women (73.24%) and 19 were elderly men (26.8%). Being 31 elderly people with ages between 60 and 69 years (43.67%), 21 with ages between 70 and 79 years old (29.58%) and 19 elderly people aged 80 years or more (26.77%). Before the results discussion, it is necessary to present a characterization of these elderly people in the family setting of cohabitation in accordance with Frame 1. The analysis of a testimonies set, performed using the Thematic Content Analysis Technique, in line with Bardin (2011) resulted in two main categories: Family relationships characterized by the well-being feeling; Family relationships characterized by the preoccupation's feeling. The two categories summarize the family relationship in the perception of the elderly people in cohabitation.

Family relationships characterized by the well-being feeling: In the first category, it is noticed that family relationships are characterized by the feeling of well-being and harmony among the members.

Frame 1 – Characterization of the elderly respondents regarding cohabitation. Vitória da Conquista-BA, Brazil, 2017.

Study's participants	Cohabitants	Study's participants	Cohabitants
E1	Son/Grandson	E37	Spouse /Sons/ Grandsons
E2	Son	E38	Spouse / Grandsons
E3	Spouse/Son	E39	Spouse /Sons/ Grandsons
E4	Spouse / Daughter/ Grandson	E40	Sons/Grandsons/Relatives
E5	Spouse / Sons/ Grandson	E41	Son
E6	Sons/ Grandson	E42	Sons
E7	Spouse / Sons	E43	Son
E8	Spouse/ Daughter/Grandson/ Other	E44	Daughter/ Grandson
E9	Daughter	E45	Spouse / Sons
E10	Sons	E46	Spouse / Sons
E11	Daughter/ Others	E47	Daughter/ Relatives
E12	Daughter/ Grandson/ Others	E48	Sons
E13	Sons/ Relatives/ Others	E49	Grandson
E14	Daughter / Grandson/ Relatives	E50	Son/ Grandson
E15	Sons/ Grandson	E51	Son
E16	Spouse / Daughter/ Grandson	E52	Daughter/ Grandson
E17	Sons/ Grandsons	E53	Daughters/ Grandson
E18	Sons	E54	Spouse / Sons
E19	Sons/ Grandson / Others	E55	Grandson/ Relatives
E20	Sons/ Grandson	E56	Sons
E21	Son/ Grandson	E57	Spouse / Grandson
E22	Spouse / Grandson	E58	Grandson
E23	Daughters	E59	Daughter/ Parents
E24	Spouse / Daughter	E60	Spouse / Sons
E25	Sons / Grandson	E61	Spouse /Sons/ Grandsons
E26	Sons/ Grandson	E62	Sons/ Grandsons
E27	Spouse / Sons / Grandsons	E63	Spouse / Sons/Grandsons
E28	Spouse / Sons/Grandson/Others	E64	Spouse / Sons/Grandsons
E29	Spouse / Daughter	E65	Spouse / Grandson
E30	Spouse / Sons / Grandson	E66	Daughter/ Grandsons
E31	Spouse / Sons / Grandson	E67	Son
E32	Sons/ Grandsons	E68	Sons/Grandson/ Relatives
E33	Sons / Gransons	E69	Son
E34	Spouse / Sons/ Grandson	E70	Daughter/ Grandson
E35	Daughter/ Grandsons	E71	Spouse / Sons
E36	Daughters/ Grandson		

Source: Research data.

The family setting of cohabitation is characterized by the interaction between numerous generations, which leads to the presence of intense relationships. The need for medical care, emotional and financial support conducts them to larger interaction between the elderly people and their relatives, supporting emotional ties between the members.

The lines of six respondents reports family relationships pervaded by well-being;

With my children I have the joy of living (...) they are a blessing to me. E5

Well (...) thanks to God. E17

I feel well thanks to God, I live well with them, happiness is to be with them (...) I live really well, We like each other, we live in peace. E20

It is (...) the family that I want to live, live properly, live with healthy people, with health, with peace, with joy, with my children. The feeling I don't even no how to answer it, because the feeling that we have it is that we wish good things for our children and what I have is it, I only wish good for my children and my family. E42

The feeling is good (...), we live well, thanks to God, we don't have troubles, there is nothing. It is a great living, very loving. E52

Well, thanks to God... everything peaceful right? Everything matches well. E56

The family setting displays for the elderly an essential element for their well-being, due to this cohabitation they have to find support and intimacy with the different situations that can appear, creating a place of belonging with their family members (SILVA, 2013). This way, the family is the elemental bond where happens the relationships development between the members, the meanings and values formation, the care provision, security and support, and even more, although there are changes in the family scope and the presence of adversities which may come up, it is even sotaken as love and affection source for all the members (TARALLO, 2015; D'ALENCAR, 2017). The family environment represents for the elderly an indispensable element for their well-being, because in this coexistence they find support and intimacy in the face of the different situations that may arise, making possible a place of belonging with the relatives (SILVA, 2013). In the family with a predomination of a harmonious atmosphere between the members, it foments the growth of all, and the opinions' discrepancies of each member are respected (PEDRO *et al.*, 2012). In line with Silva *et al.* (2015), the family support to the elderly people, as well as the relations set with their family members in the interaction has a crucial importance for them, because they feel valued and loved. Concerning the feelings of love and affection between the members, the mutual support between the elderly people and their families is consolidated with the support not only happening from the family members to the elderly people, but also happening from the elderly to their relatives. This way, the cohabitation is defined by the shared care. The following statements show a familiar cohabitation characterized by the feeling of shared care and support:

For me it is good (...) she is for me as if she were my wife, she looks after me, and she likes me, (...), she does my laundry, took care of the same way as the mother, and my children aren't bad for me, 7 couples, and one outside, wherever I go I am welcomed. E9

It is good(...) I like it very much, very good(...) I take care of them and the look after me, and my mother is little of work and care. E13

We both are very (...) very cool aren't we!? We understand each other. It is one for the other. I help him and he helps me. E43

I feel very well with them (...)I get along really well with my family (...) because my Family, we are very close, I am a person of this age and they respect me. They take care of me and I look after them, it is an exchange (...) and they take care of one another. E66

The cohabitation of the elderly people with their relatives emerges because of the need to help each other through care, assistance and income sharing between the generations, leading this way to the consolidation of the family bond (Ramos, 2013, Silva *et al.*, 2014). The elderly people's care in relation to their family members is frequently linked to the financial support they provide, due to the financial problems of the youngest ones, many of them being unemployed because of the jobs' market instabilities (Sampaio *et al.*, 2017). The study of Meira *et al.* (2015) highlights that the elderly people end up performing an essential role for the financial structure of the cohabitants. Besides this, it is noticed in many situations the care of the elderly regarding their grandchildren. According to the study of Silva *et al.* (2015), the elderly people play the role of supplier, independent of the presence or absence of the parents and the responsibility for the education of the grandchildren when the parents cannot fulfill it, this way participating in the grandchildren formation. They also institute relations of attention, preoccupation, love, assistance and sharing between them. Regarding the relatives assistance to the elderly people, it is examined that this factor happens because of the elderly people need for company and assistance due to the absence of a partner, and the requirement for care when they display health problems (SILVA; JUNIOR; VILELA, 2014).

All this shared assistance and this rewarding relationship through interaction with the elderly people and their relatives, promotes the gratitude feeling. The statements below show relationships characterized by the gratitude feeling:

(...) Thank God for having them in my life. E3 I am really grateful because they look after me, welcome me here everything I need they take care for me, they do it for me, they for me, there isn't price that pays it(...) E10

Well the feeling is that I have to live in my Family in the first place because of the consideration, we like each other, and my family deserves my respect we live together due to the consideration that I have for my family. E28

In the family scope, the gratitude feeling of the elderly for their families is pervaded with the reciprocal relationship between the members, through affection, confidence, love, care and responsibility (WEGNER, BENITEZ, 2013).

This way, this recognition that is created happens many times because of the harmonious development between generations grounded on the interaction of feelings and support.

Family relationships characterized by the preoccupation's feeling: For some elderly people, intergenerational cohabitation may produce significant concerns with the well-being of all family members, and there are thoughts concerning the preoccupation with the family cares, conflicts presence in the family environment, and the frequent alcohol consumption by the children or grandchildren. The lines of some elderly people describe the concern regarding their family members.

I feel bad about seeing her sick, my daughter on a bed is a big feeling (...) but it is a thing that we can't even talk about, it passes and we also forget.E11

My feeling that I have is to see my son that was healthy and today is on a bed not even walking, and I have to take care of him as a child... seeing him suffering on that bed, walking and dragging himself on the floor.E30

(...) I get worried with my son because he drinks, he smokes, he messes around and make a lot of mistakes and this worries me a lot, I feel a lot, cry a lot, I feel sad and I pray a lot and there's nothing that I can do to solve it, but the rest is ok.E34
It is because my son is really rebellious, we cohabit right!? I can't keep things. I was jealous of everything and of the husband as well!, But, 61 years of marriage and what there is to talk more (laughs) (...) I don't like the interaction (...). There's no way! Sometimes there's conflict, because my son is stupid and thinks that we have the obligation of everything, (...) and I do everything, what I can do I am doing, but even so in every situation he says is dirty words. E46

(...)I am happy with them inside the house. They stay inside the house with me, I live well thanks to God with my Family ,as for these two boy they drink like this, but they don't disturb us(...) E71

With the State's distance regarding the commitment to deliver social support to the elderly population and their families and the fragility of the public policies, there is a frequent requirement for cohabitation (FIGUEIREDO; MOSER, 2013). This kind of family setting has been a survival strategy and of transference of financial and emotional support between the members. Studies examine that the cohabitation is occurring due to the higher need of the younger people due to unemployment growth and the instabilities of the affective relations, which favor the permanence of the children or the return to the parents household, maintaining the elderly people as home suppliers (CAMARANO *et al.*, 2004; D'ALENCAR, 2017). In this scenario, according Sampaio's study (2014), the elderly people most of the times are the usually the only ones responsible for the finances of the family, because of the absence of children and grandchildren independence, creating this way a preoccupation feeling with their interaction and well-being, making the elderly to look for other ways to complement this income. Furthermore, the elderly people assume a lot of activities like children and grandchildren assistance, food costs, home infrastructure, domestic tasks, which substantiates this preoccupation feeling defining their relationship with the relatives. Another preoccupation was detected through the elderly people statements regarding the use of alcohol and drugs by the relatives, creating this way a

feeling of sadness, preoccupation and impotence because they do not know how behave towards a situation like this. It is noticed that the presence of drugs can produce assaults because of the relatives unstable behavior resulting in the appearance of conflicts and disagreements in the relationship, which can lead the elderly people to not feel more at ease in their own place, making the interaction difficult. It is important to emphasize that alcohol and drug use is a way of younger people to subterfuge when facing unemployment, poverty situations, economic necessities, life's displeasure and the obstacle to plan long-term projects (FALEIROS; BRITO, 2007). In the study of Pinto, Barham and Albuquerque (2013), it is said that these factors like the alcohol and drug use enables the presence of disharmonic relations with the risk of initiating the assaults and stimulating the violence in the family. Nevertheless, there are other negative points in the elderly's life like the presence of intergenerational conflicts because of divergences of beliefs, cultures, opinions, producing negative feelings in the relationship (TEIGA, 2012). Besides it, the ambivalence in the relationships brings negative consequences on the elderly person well-being, in the family functioning, and in the life's quality when aging (SILVA; RABELO, 2017). On an elderly man's line he clearly displays this conflict when interacting with another generation like the disobedience and disrespect.

(...) the grandson sometimes... ah but I think it is related to the youth really, but God is in control, he will improve, I hope one day it gets better (...) cause this way (...) you say to not do it, and sometimes he wants to do it what you don't want, this is what shocks me, but over all I am living. E40

The conflicts presence disorganize the family unit which makes the setting annoying to live in besides creating conflicts, preoccupations, insecurity and dissatisfaction this may directly affect the elderly person's health process. Therefore, in line with Silva and Dias (2016), the cohabitation between the generations is not an assurance of a successful aging and is not even a family space involved by friendly relationships.

CONCLUSION

The two categories produced by the study's results exhibited that in the family scope, intergenerational relationships are characterized by the well-being feeling due to the shared assistance and support and because of the preoccupation feeling that arise from the conflicts with differences of beliefs and values between the generations, like drug and alcohol abuse by the children and / or grandchildren, and moreover by the activities requirement and financial matters that the elderly people take over, due to their relatives lack of independence. It is realized that the outcomes exposed in the research enabled a better comprehension of the elderly people's perception of the cohabitation state with their relatives. It is noticed a necessity for public policies that provide more support and quality attention to these intergenerational families. Furthermore, it is extremely important that health professionals develop strategies and actions that play an integral part to the elderly people and the family, promoting the enhancement of the living conditions and aiming to have a healthier relationship among them. In consideration of the above, it is recommended that this study is used as reference for further research, in order to look for a greater deepening of the topic and to stimulate the exploration of other ways of the universe of aging and its specificities which include the elderly person and the family.

REFERENCES

- Bardin, L. *Análise de conteúdo*. Lisboa: Edições 70, 2011.
- Bertuzzi, D., Paskulin, L.G.M., Moraes, E.P. Arranjos e rede de apoio familiar de idosos que vivem em uma área rural. *Texto e contexto – Enfermagem*, Florianópolis, v.21, n. 1, jan./mar. 2012.
- Brucki, S.M.D. *et al.*, 2003. Sugestões para o uso do mini-exame do estado mental no Brasil. *Arq. Neuro-Psiquiatr.*, v.61, n.3B, p.777-781.
- Camarano, A. A. *et al.*, *Famílias: espaço de compartilhamento de recursos e vulnerabilidades*. In: Camarano, AM. *Os Novos Idosos Brasileiros: Muito Além dos 60?* Rio de Janeiro: IPEA, 2004. p. 137-165.
- Cardoso, L. K. B., Sampaio, T. S. O., Vilela, A. B. A. Cuidados fornecidos por familiares relacionados à convivência com o idoso. *Revista Kairós - Gerontologia*, São Paulo (SP), Brasil, v.20, n.1, p. 353-367, 2017.
- Dalencar, R. S. A. *Representação Social na Construção da Velhice*. SciELO-Editus- Editora da UESC, 2017.
- Faleiros, V.P., Brito, D.O. Representações da violência intrafamiliar por idosos e idosas. *Ser social*, Brasília, n.21, p. 105- 142, jul./dez. 2007.
- Figueiredo, T.E., Moser, L. *Envelhecimento e família: reflexões sobre a responsabilização familiar, os desafios às políticas sociais e a regulamentação da profissão de cuidador de pessoa idosa*. Trabalho apresentado ao Congresso Catarinense de Assistentes Sociais, Florianópolis, 2013.
- Folstein, M.F., Folstein, S.E., Mchugh, P.R. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res.*, v.12, n.3, p.189-198, nov. 1975.
- Instituto brasileiro de geografia e estatística – IBGE. *Sinopse do Senso Demográfico de 2010*. Rio de Janeiro, 2011.
- Meira, S.S. *et al.* Idosos em estado de coresidência em um município do interior da Bahia. *O Mundo da Saúde*, São Paulo, v.39, n.2, p.201-209, 2015.
- Pedro, M.S.B. Cuidados para a população idosa: responsabilidade compartilhada. *Revista Gestão & Conhecimento*, nov. 2012.
- Pinto, F.N.F.R., Barham, E.J., Albuquerque, P.P. Idosos vítimas de violência: fatores sociodemográficos e subsídios para futuras intervenções. *Estudos e Pesquisas em psicologia*, Rio de Janeiro, v. 13, n. 3, p. 1159-1181, 2013.
- Rabelo, D.F. *Configuração e funcionamento de famílias com idosos que apresentam diferentes condições psicológicas e de saúde*. 2014. Tese (Doutorado em Educação) - Faculdade de Educação da UNICAMP. Campinas, 2014.
- Rabelo, D.F., Neri, A.L. Tipos de configuração familiar e condições de saúde física e psicológica em idosos. *Cad. Saúde Pública*, Rio de Janeiro, v. 31, n.4, p. 874-884, abr. 2015
- Ramos, M.P. Arranjos e relações familiares na velhice: um estudo sobre famílias com idosos no Rio Grande do Sul. *Revista Brasileira de História & Ciências Sociais*, v. 5, n. 9, jul. 2013.
- Ribeiro, J.F. *Autonomia do ser idoso: percepção da família coresidente*. 2014. Dissertação (Mestrado em Enfermagem e Saúde) -Universidade Estadual do Sudoeste da Bahia, Jequié, 2014.
- Sampaio, T.S.O. *Representações sociais de idosos em coresidência sobre família: Um olhar sobre as relações familiares*. 2014. Dissertação (Mestrado em Enfermagem e

- Saúde)- Universidade Estadual do Sudoeste da Bahia, Jequié, 2014.
- Sampaio, T.S.O., Vilela, A.B.A., Sampaio, L.S. Conteúdos e estrutura representacional sobre família para idosos em coresidência. *Revista Ciência e Saúde Coletiva*, set. 2017.
- Silva, C.F.S., Dias, C.M.S.B. Violência Contra Idosos na Família: Motivações, Sentimentos e Necessidades do Agressor. *Psicologia: Ciência e Profissão*. v. 36, n.3, p. 637-652, jul./set. 2016.
- Silva, D.M. A família intergeracional na ótica de idosos. 2013. Dissertação (Mestrado em Enfermagem e Saúde) - Universidade Estadual do Sudoeste da Bahia, Jequié, 2013.
- Silva, D.M. *et al.* Dinâmica das relações familiares intergeracionais na ótica de idosos residentes no Município de Jequié (Bahia), Brasil. *Revista Ciência e Saúde Coletiva*, v.20, n.7, p. 2183-2191, 2015.
- Silva, D.M. *et al.* A estrutura da representação social de família para idosos residentes em lares intergeracionais. *Revista Enfermagem UERJ*, Rio de Janeiro, v.23, n.1, p. 21-26, jan./fev. 2015.
- Silva, I.T., Junior, E. P. P., Vilela, A.B.A. Autopercepção de saúde de idosos que vivem em estado de coresidência. *Revista Brasileira de Geriatria e Gerontologia*, v. 17, n. 4, p. 275-287, 2014.
- Silva, L.L.N.B, Rabelo, D.F. Afetividade e conflito nas díades familiares, capacidade funcional e expectativa de cuidado de idosos. *Pensandofam*. [online]. v.21, n.1, p. 80-91, 2017.
- Stamm, B. *et al.* Cognição e capacidade funcional de idosos que residem sós e com familiares. *Revista Baiana de Enfermagem*, v.31, n.2, 2017.
- Tarallo, R.S. As relações intergeracionais e o cuidado do idoso. *Revista Kairós- Gerontologia*, São Paulo, v.18, n.19, p. 39-55, Jun. 2015.
- Teiga, S.A.M. As relações intergeracionais e as sociedades envelhecidas. Envelhecer numa sociedade não Stop- O território multigeracional de Lisboa Oriental. 2012. Dissertação (Mestrado em Educação Social e Intervenção Comunitária) - Escola Superior de Educação de Lisboa, Portugal, 2012.
- Wegner, E., Benitez, L.B. O idoso no contexto familiar: a função de cuidado. *Revista Jovens Pesquisadores*, Santa Cruz do Sul (RS), v. 3, n.2, p. 92-101, 2013.
