



FAMILY COMPOSITION AND FUNCIONAL CAPACITY OF CORESIDENT ELDERLY PEOPLE

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ABSTRACT

Objective: This study searched for identifying the composition of the family setting and the functional capacity of the coresident elderly.

Methods: This is a descriptive study with a cross-sectional design and a quantitative approach. The research was performed in a Family Health Unit in the city of Vitória da Conquista - Bahia, and all the coresident elderly were included and they presented cognitive conditions. Sociodemographic data were collected, as well as the evaluation of the functional capacity through the Katz Scale and the Brazil Old Age Schedule questionnaire. The data were tabulated and analyzed using The Statistical Package for Social Sciences for Windows, and frequencies, averages and standard deviations of the variables were checked.

Results: Participated in the study 125 elderly, mostly female (77.6%), residing with their grandchildren (63.2%) and children (60.8%). Concerning the type of care offered, the company and care were the stood up type (90.1%) and in terms of functional capacity, the largest proportion was considered independent (99.2%).

Conclusion: It was possible to identify the coresident elderly family composition and the functional capacity in which they stand, this way supporting the creation of actions orientated to the promotion of better health conditions for the elderly.

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INTRODUCTION

The increase of the elderly population derives from the severe reduction in mortality and fertility rates, with the prediction that in 2025 it will overcome 1.2 billion people aged 60 or over in the world, which should conduct to approximately 2 billion elderly people in 2050. In this scenario, Brazil will participate as the sixth population in the world with the number of elderly people (DANIEL *et al.*, 2016, PINTO JUNIOR *et al.*, 2016, DAWALIBI *et al.*, 2013). In accordance with Doll *et al.* (2015), the rise in longevity is defined as progress in the health and social areas, nevertheless it is presented as a challenge to economic and social demands, mainly in underdeveloped countries such as Brazil. According to Lima, Valença and Reis (2016) and Pinto Junior *et al.* (2016), aging causes a higher exposure to non-transmissible degenerative diseases and

therefore leads to the loss of independence and self-care, arising from a process that begins with physical or psychological impairments, restricting daily chores. It should also be highlighted that the inexistence of diseases is indicative of successful aging, but it is also necessary to analyze the preservation of functionality and self-care to reach a good perception of life quality. Besides being related to physiological aging, functionality can also be associated with multifactorial causes, contributing to the elderly's autonomy and independence loss. Functional incapacity has a profound relation to physical and mental necessities, reflecting the cognitive functions of each person, making it complicated to perform daily activities (LIMA, 2016; TORRES, 2017). Because of it, there is a necessity for help and attention, which most of the time are performed by a family member, leading the elderly to the status of coresidence. The coresidence condition in intergenerational families attributes to the interaction among children, grandchildren and elderly in a same home environment (CAMARANO *et al.*, 2004). In this

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condition, the coresidence brings numerous benefits for the elderly and their families, since it enables the exchange of assistance and care (OLIVEIRA; VIANNA; CÁRDENAS, 2010). This way, in order for the elderly and their families to have adequate assistance, it is necessary that the health professionals make periodic visits, guiding and pursuing to understand how this family faces the aging of their loved ones (CARDOSO; SAMPAIO; VILELA, 2017; AEROSA *et al.*, 2014). Given this context, it is important to comprehend the family composition and the elderly's functional capacities, so that preventive measures can be traced to the elderly's health and to promote strategies in the Unified Health System (SUS) that encompass the family, helping on the creation of public policies that include these families. This way, the present study has as goal to identify the composition of the family setting and the functional capacity of the coresident elderly.

MATERIALS AND METHODS

This is a cross-sectional and descriptive study with a quantitative approach. It is a subproject of the project entitled "Family setting of elderly that are residents in the community: social representations and repercussions on health conditions" The research was performed with the elderly enrolled in the Family Health Unit of Patagonia, which was selected through a simple raffle among the 43 units of the municipality of Vitória da Conquista-Bahia. The city is located in the southwest of Bahia, occupying a territorial area of 3204,257 Km², with an estimated population of 306,866 habitants. It is highlighted that all individuals who after three attempts at different times and days were not found in their homes, or who refused to receive the researcher were not included in the study. There were also eliminated individuals who presented cognitive deficits distinguished by the Mini Mental State Examination - MMSE (ICAZA; ALBALA, 1999). After examining these criteria, the study population was 125 elderly. For the data collection, a meeting was primarily conducted with the health professionals who work in the local Unit to clarify the risks, benefits and objectives of this study where it was requested a documental permit. The data collection teams were standardized, aiming at the collection of an uniform data with the participants. The data were collected in two stages. First, the number of elderly people registered in the FHU was identified through a survey of the elderly living with relatives by checking the family registration forms. Afterwards, the following instruments were applied with the selected elderly: An interview with a semi-structured questionnaire that contains the identification participants data, such as age, gender and composition of the family setting, Adapted Brazil Old Age Schedule (BOAS), the Katz scale and the Mini Mental State Examination (MMSE). The collection period was from December 2017 to May 2018. The BOAS- Brazil Old Age Schedule is a questionnaire that investigates multidimensional aging conditions, with the goal of checking the most relevant characteristics. The BOAS is subdivided into 8 categories, which form the sections: General information, physical health, use of medical and dental services, activities of daily living (ADL), social resources, economic resources, mental health, needs and problems that affect the respondent (WEISS, 2013). Kats is a scale that evaluates the elderly's functional capacity regarding the basic activities of daily life (ABVD's): feeding, getting dressed, personal hygiene, walking, transferring, taking a bath, going to the bathroom, going up / down stairs and continence (KATZ *et al.*, 1963). The elderly people will be considered dependent if they can

not achieve the 6 criteria evaluated. All data were tabulated and examined using The Statistical Package for Social Sciences for Windows (SPSS 21.0, 2013, SPSS, Inc, Chicago, IL). There were calculated the means, frequencies and dispersion measures of the variables. It should be noted that the main study was approved previously by the Research Ethics Committee of the State University of the Southwest of Bahia (CEPUESB), whose opinion number.102,641 was drafted in compliance with Resolution 196/96 of the National Health Council (CNS) number 196/96 current at the time. Therefore, a request for inclusion of this study to the main project was sent to the CEP-UESB in accordance with Resolution 466, of December 12, 2012. The data production was done after the favorable opinion of CEPFAINOR was issued to include this field of study, and the authorization of SMS from Vitória da Conquista - BA to carry out the research at USF. The elderly participation in the study was voluntary, and the acceptance was formalized through the signing of the Free and Informed Consent Term (FICT), which was signed in two copies, one of which is owned by the participant and the other by the researcher responsible for the study.

RESULTS

Among the population addressed, after analysis of inclusion and exclusion criteria, 125 elderly individuals were studied. Among these study participants, the mean age found was 71.42 +/- 7.19, the minimum age found was 60 years and the maximum was 91 years. There was a higher predominance of females (77.6%), with a better economic situation than when they were 50 years old (43.2%), according to data from Table 1. Regarding the composition of the family setting, there was a predominance of cohabitation with grandchildren (a) (63.2%), and in the opinion of most of the elderly (83.5%) living with the family is more beneficial for both residents. Concerning the type of assistance offered, the company and care were the most stood up type (90.1%) (Table 2). Regarding the functional capacity, it was demonstrated that 99.2% of the elderly are independent, being only 0.8% dependent.

DISCUSSION

The present study indicated that most of the family settings are composed of grandchildren and children, being the coexistence with the family considered by the elderly as beneficial for both, relating in the majority of cases the elderly's financial assistance and personal care. It is also highlighted that concerning the functional capacity, most of the elderly were considered independent. Regarding the sociodemographic characteristics, it was noticed that there is a predominance of the female sex (77.6%), similar to the study of Cardoso, Sampaio and Vilela (2017), this may be linked to the fact that women have a better life expectancy than men due to the fact that they are more careful with themselves even presenting more affections in relation to them. For Porciúncula *et al.* (2014), it should be highlighted that the male population is more exposed to occupational accidents, violence, alcoholism and smoking, at the same time women seek health services more frequently and have higher adherence rates, relating to prevention projects. Concerning the prevalence of low educational level, it may possibly be associated with the socioeconomic conditions of these elderly people during life, leading to a childhood and youth where the ascension to school was minimal and work access was prioritized (MEIRA *et al.* 2015).

Table 1. Elderly's Sociodemographic and economic characteristics. Vitória da Conquista - BA, 2018.

Variables	% answer	N	%
Sex	100		
Female		97	77,6
Male		28	22,4
Schooling	95,2		
Illiterate		36	28,8
Incomplete Primaryschool		58	46,4
Complete Primaryschool		15	12,0
Complete elementaryschool		4	3,2
Complete high school		5	4,0
Complete collegedegree		1	,8
Canreadandwrite	96,0		
Yes		79	63,2
No		41	32,8
Marital Status	98,4		
Nevermarried		2	1,6
Married/living together		50	40,0
Widow(er)		49	39,2
Divorced/ separated		22	17,6
MonthlyIncome	91,2		
1 salario		77	61,6
Between 1 and 3 salaries		32	25,6
Higher than 4 salaries		2	1,6
No income		3	2,4
Source of income	96,8		
Work		14	11,2
Pension or retirement		96	76,8
Investments		12	9,6
Spouse's money		21	16,8
Children's money		26	20,8
Friends of Family money		1	,8
Other sources		1	,8
Type of residence	96,8		
Owned by the respondent or the couple		106	84,8
Owned by the spouse of the respondent		2	1,6
Rented by the respondent		4	3,2
Living at a ceded residence with no cost for the respondent.		5	4,0
Other category		4	3,2
Economic Situation	96,8		
Better		54	43,2
The same		33	26,4
Worse		34	27,2
Sufficient income to meet the basic needs	88,0		
Yes		73	58,4
No		37	29,6
Meet the needs	96,8		
Enough with a remnant		11	8,8
It is quite enough		37	29,6
Always miss a little		56	44,8
Always missing a lot		17	13,6

Source: Research data.

Table 2. Family setting of the coresident elderly. Vitória da Conquista - BA, 2018

Variables	% answer	N	%
Family setting composition	100		
Husband or wife/partner		45	36,0
Parents		3	2,4
Sons		76	60,8
Daughters		58	46,4
Brothers/Sisters		2	1,6
Grandchildren		79	63,2
Other relatives		5	4,0
Other people		4	3,2
Living with the Family is more beneficial	96,8		
For me		8	6,6
For both		101	83,5
For who lives with me		12	9,9
Type of offered assistance	97,6		
Money		61	50,0
Residence		16	13,1
Companion/Personal care		110	90,2
Care/assistance		31	27,0

Table 3. Functional Capacity of the coresident elderly. Vitória da Conquista - BA, 2018

Variables	% answer	N	%
Independent /dependent	92,8		
Independent		115	99,2
Dependent		1	0,8

Source: Research data.

The data obtained supported the study of Ferraz *et al.* (2018), showing that 50% of respondents have incomplete primary education, which therefore leads to a low level of education. The lack of study reflects in several consequences, one of them is the difficulty in reading, although in this study 63.2% of the elderly say they can read and write. In accordance with Meira *et al.* (2015), little or no schooling, besides being the consequence of low economic conditions may also be the cause of this low income, arising from the minor access to better employment opportunities. In this sense it is highlighted that 61.6% of the elderly receive at most a minimum wage as monthly income, mostly due to some government funding, such as pension or retirement (76.8%). Silva, Júnior and Vilela (2014), bring in their study a reality in which 75.9% of the elderly received retirement or pension, pointing out that this benefit is generally the only family income of the elderly, and consequently influences their quality of life. This study revealed that in the elderly's opinion, the current economic situation is better when compared to 50 years of age (43.2%), this same result was also reached in the study by Antes *et al.* (2014) in the city of Florianópolis, with 39.5% of the elderly claiming to have better economic conditions these days. This can be explained by the fact that nowadays a big part of the elderly receive some benefit, for example retirement, which followed the monetary adjustments that were imposed over the time, characterizing their increase. However, even with this improvement acquired over the years, even so, according to a considerable portion of the population covered in this study, personal income can not entirely meet their basic needs.

Concerning the composition of the family setting with predominance of grandchildren (63.2%), followed by children (60.8%). Meira *et al.* (2014), suggests that the elderly act as the only support for their children and grandchildren, either because of some frustration of their experience lived outside the family environment, by disabilities, or simply because they have to work. Furthermore, living together has proved to be an exit for isolation and for the lack of financial resources of both the elderly, the children and the grandchildren. Concerning the fact that the elderly consider the coresidence as beneficial to both residents (83.5%), it may be related to almost all of them stressing the perspective of finding the family environment, care, help and attention, mainly in conditions of fragility, also for the elderly to assume an important role in the life of their families, since emotional commitment is a factor that motivates generations (MACHADO, 2014). The benefits that coresiding brings to the elderly and their families, since it allows the sharing of profit and goods, as well as providing exchanges of assistance and care. Several elderly people who take on the role of grandparents assure their grandchildren the necessary care during their children's workdays, this way the elderly contribute both to education and affective support (OLIVEIRA; VIANNA; CÁRDENAS, 2010). It should be yet noted that for the elderly the advantage for children and grandchildren is due to the fact that many of them return to their parents or grandparents' houses for a number of reasons, as example divorces, accidents, diseases, and others getting in

this environment the necessary foundation at this moment (AZAMBUJA, 2016). Concerning the type of assistance offered to the elderly by the family, the research identified that 90.1%, help with the company / personal care, the same prevalence result was still found in the study of Albuquerque et al. (s.d), in which 90% of the elderly recognize that they can count on their family members. This is because for the elderly people the family is the one in which they still have higher confidence regarding care. Concerning the functional capacity, it was checked that basically all the elderly were considered independent according to the Katz scale (99.2%). Although the coresidence is not an indication of assurance of assistance to the elderly, it can be considered as a fundamental instrument for the exchange of care among the family members. In this case, the elderly individual living with their family has higher support regarding health problems, which could conduct to a better maintenance of the functionality (BRITO, 2014). It should also be noticed that the family is considered important for the quality in aging, since it also minimizes stress in mental health and intellectual capacity (CANUTO, 2016). The functionality is imperative on defining the need for assistance that will be provided to the elderly in the chores' maintenance, in the ascension of their own health and the management of the elderly in the home environment. The ability to perform basic daily activities and the functionality in old age are influenced by the physiological aging and the socioeconomic characteristics (SANTOS, CUNHA, 2013). It is important to highlight that the best form to preserve the functionality of an elderly person is to prevent factors that may affect their health, which consequently may affect their ability to perform activities (SILVA; JÚNIOR; VILELA, 2014).

Conclusion

This study detected that the majority of the elderly in coresidence were female and had low educational level and income, which regarding the family composition, most of the elderly live with their grandchildren and children. It is registered that the coresidence may be related to the elderly preference for perhaps avoiding isolation and loneliness, for instance because of the situation both by the elderly and their children and grandchildren. It should also be pointed out that, regarding the type of assistance offered to the elderly the most common were financial aid and personal care, being also checked a good functional in the population, as well as the elderly opinion that coresidence is beneficial for all. This way, the information arising from this study will enable new knowledge about this family settings thematic, providing the creation of actions by the public managers oriented at promoting better health conditions for the elderly, as well as a society's reflection on the best way of the elderly family setting, and how health professionals should base their practices on these elderly and family members in coresidence.

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