

Financial Income and Life Satisfaction of the Elderly Intergenerational Relations

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Abstract— The growth of the elderly population has become increasingly significant and representative in relation to the total population. This increase is due, among other factors, to the reduction in the mortality rate and the drop in the birth rate. However, this fact also presents itself as a challenge for society, requiring a social reorganization mainly by families. New family arrangements have emerged, such as co-residence, where children and / or grandchildren live with their elderly parents, with benefits for both older and younger. Thus, the objective of this study is to verify the financial income and to evaluate the life satisfaction of the elderly in co-residence. The study design is a descriptive cross-sectional, population-based and quantitative approach. A total of 239 seniors living in co-residence living in the area covered by the Family Health Units located in the urban area of Vitória da Conquista - Bahia were included. For data collection we used the semi-structured interview, the adapted Brazil Old Age Schedule questionnaire. Tabulation was performed using Excel 2015 software and data were analyzed in The Statistical Package for Social Sciences for Windows. The results obtained in the study show a prevalence of females, mostly married and / or living together, retired, with a minimum wage, living with children, grandchildren or partners and satisfied with life. It is concluded from this study that the main source of income of the elderly is retirement and that they have good satisfaction with life.

Keywords— Elderly, Families, Income, Intergenerational Relationship, Personal Satisfaction.

I. INTRODUCTION

An individual is considered to be elderly from 60 years of age, in developing countries, and from 65 years of age, in developed countries (World Health Organization - OMS, 2002). The growth of the elderly population has become increasingly representative, increasing by 18% in 5 years, being in 2012 25.4 million and in 2017 30.2 million. Women represent 56% of this group (16.9 million) and men 44% (13.3 million) (Instituto Brasileiro de Geografia e Estatísticas - IBGE, 2018).

The increase in this population is the result, among other factors, of reduced mortality rates and falling birth rates, reflecting the improvements in living and health conditions in recent years. However, it is shown a need for social reorganization, especially by families. As families are getting older and older, at least one familiar

elderly person is present, as a result many forms of family organization are emerging. One is where children and / or grandchildren live with their parents, and may be a benefit to both older and younger[1].

Some of the benefits for the elderly are safety, close contact with family members, because there is a fear of living alone, to facing violence, for fear of losing importance in society, access to leisure and facing low financial income, directly affecting the elderly's life quality. For family members, co-residence is a strategy that benefits in relation to help with housing, financial income, company and caring for grandchildren[2]. Due to such situation, services and public policies seek means of solution, as they are not prepared for this scenario [3].

It is observed, however, that the co-residence with their relatives can present negative aspects, because, often, divergences of ideas arise because they are

individuals of different times, resulting in conflicts. Moreover, there is no guarantee of support in times of difficulty and can often compromise the quality of life of the elderly [4].

Another aspect to be analyzed is that the financial income of the elderly, usually being just a retirement salary, is also shared with the other cohabiting members of the household[2]. Thus, there are two sides to the income of the elderly, being independence, in which many may choose to live alone, and financial interest, which can bring family members interested in their income[5]. Thus, leading or not to have a good satisfaction with life [2].

It is considered that the life satisfaction of the elderly according to Meira et al. (2014)[6] can be based on the exchange between members residing in the same physical space, generating mutual feelings of trust and gratitude. According to Junior et al. (2016) [7] in addition to the good relationship with the family, psychological aspects and good functional capacity are directly linked to the satisfaction of life aspects.

Thus, the importance of this study is to deepen the knowledge of the reality of financial income and to evaluate the life satisfaction of the elderly in co-residence, so that the country seeks to understand them better, intervening and providing actions for health promotion and prevention through professionals like physiotherapists, enabling care measures that meet their needs and improving their quality of life.

II. MATERIALS AND METHODS

The study design is a descriptive cross-sectional, population-based and quantitative approach. This is a subproject of the Project entitled "Family Arrangement of Elderly Residents in Northeast and Southeast Municipalities of Brazil", which is linked to the Center for Research and Studies on the Elderly Health of the Faculdade zindependente do Nordeste - FAINOR. It was developed in two Family Health Units (USF) in the city of Vitória da Conquista - BA, which were selected through a simple draw.

We included in the study population all the elderly in co-residence registered at the USF, totaling 239 elderly. This study considers the elderly in co-residence, the one who live with and lies their intergenerational family (one or more generations, that is, children and / or grandchildren and / or great-grandchildren among others) in the same household [1].

Inclusion criteria were individuals aged 60 years or older living in the urban area of Vitória da Conquista - BA and who presented cognitive conditions that allowed

answering the questions according to the application of the Mini Mental State Examination. (MEEM). Thus, those who presented cognitive deficit or refused to participate in the research were excluded.

The MEEM provides information on cognitive parameters by assessing functions such as temporal and spatial orientation, attention and calculation, memory, language, and visual constructive ability. With a score that can vary from 0, with greater cognitive impairment, to 30 points, with better cognitive ability [8].

The collection of the main project took place in two stages. In the first moment, the number of elderly registered in the USF was identified through the consultation of the family registration forms (form A), and the survey of those who live alone and those who correspond with family members.

Then the interview took place through a semi-structured questionnaire containing identification data of participants, such as age, gender and composition of the family arrangement. Afterwards, the adapted Brazil Old Age Schedule (BOAS) questionnaire was applied to the selected elderly, considered a research instrument that investigates multidimensional factors of aging, based on other instruments with acceptable standards of validity and reliability. The BOAS was conceived from 8 major categories - general information, physical health, use of medical and dental services, activities of daily living, social resources, economic resources, mental health, needs and problems that affect the interviewee [9].

Data obtained through the sociodemographic questionnaire and the BOAS were tabulated and analyzed using The Statistical Package for Social Sciences for Windows (SPSS 21.0, 2013, SPSS, Inc, Chicago, IL). Means, frequencies and dispersion measures of variables were calculated.

The main research was approved by the Research Ethics Committee of the Universidade Estadual do Sudoeste da Bahia (CEP-UESB), whose opinion No. 102.641, was issued observing the Resolution of the National Health Council (CNS) 196/96, in force at the time. Therefore, a request was made to CEP-UESB to include this study in the main project in accordance with Resolution No. 466 of December 12, 2012.

The participation of the elderly was voluntary, and the acceptance was formalized by signing the Informed Consent Form (FICF), signed in two copies, one of the informant's domain and the other of the researcher's guardian responsible for the study.

III. RESULTS AND DISCUSSION

The condensed data in Table 1 reveal the sociodemographic profile of 239 elderly co-residents.

The study showed that the elderly in co-residence have an average age of 72.2 years. This data may reflect the increase in life expectancy associated with better social conditions and basic sanitation, influenced by disease control and reduced mortality rate [10].

Regarding gender there was a prevalence of females (77%). According to research by Silva et al. (2018) [11] and Sampaio et al. (2015) [12] most of the elderly were also female with respectively 60.9% and 60% of the sample. Although more men are born than women, their life expectancy tends to be longer than theirs[13]. The greater proportion of women in the elderly population has triggered the feminization of old age, having a greater social, cultural and health concern [14; 15]. According to studies by Moura et al. (2015) [16] men are more vulnerable and have a higher risk of death from external factors.

Table 1. Sociodemographic characteristics of the participants. Victory of Conquest - BA, 2019.

Variables	Mean (± dp ¹)	% of answer	n	%
Age, years	72,20 (±8,08)	100	239	—
Sex		100		
Male			55	23,0
Female			184	77,0
Read		97,9		
Yes			143	61,1
No			91	38,9
Schooling		97,5		
None			81	34,8
Incomplete primary			108	46,4
Complete primary			28	12,0
Complete college			5	2,1
Complete high school			10	4,3
Complete Higher education			1	0,4
Marital Status		99,2		
Never Married			4	1,7
Married / living together			101	42,3
Widower			99	41,4
Divorced / Separated			33	13,8

¹ Sample standard deviation; Source: Research Data.

Regarding marital status, it was found that most elderly in co-residence are married or live with their

partner (42.3%). According to the study by Meira et al. (2014) [6], 62.0% of the elderly are married. According to Meira et al. (2017) [17] having a partner to share old age transmits greater security, better accessibility to information, protection, making the married state healthier than other relationships. However, the number of widowers was also relevant (41.4%). In the studies by Luchesi et al. (2015) [18] the number of elderly widowers were the majority with 51.8% of the sample. Widowhood can be classified as one of the reasons for co-residence, reducing the lack, longing and loneliness caused by the death of a partner [19].

Regarding the financial situation, the sample is composed of individuals who generally participate in the tertiary work sector (30.5%), and are retired (65.3%), with a monthly income centered on one salary. (64.0%), as shown in Table 2.

Table 2. Composition of the financial situation of the people interviewed. Victory of Conquest - BA, 2019.

Variables	% of answer	n	%
Work Sector	98,3		
Primary		70	29,2
Secondary		48	20,1
Tertiary		73	30,5
None		3	1,3
Housewife		41	17,2
Retirement	96,2		
Yes		156	65,3
No		74	31,0
Pension	93,7		
Yes		64	26,8
No		160	66,9
Monthly Income	95		
A minimum wage		153	64,0
Between one and three minimum wages		65	27,2
Greater than four minimum wages		4	1,7
No income		5	2,1

Source: Research Data.

Regarding social resources, the rate of retired elderly in the sample is lower than in the studies by Dawalibi, Goulart and Prearo (2014) [20] in which 80.2% of the elderly have the benefit of retirement. It is highlighted in the literature that the financial income of the elderly is an important support for families. In certain cases, the elderly seek co-residence for financial needs, while in

others the financial income of the elderly attracts family members [21].

Retirement is a social resource that ensures a permanent income until death [22]. It means security for everyone in the family, especially in families with low socioeconomic power, since there is an instability of employment for younger people in recent times, and as a livelihood, is now shared by all. Studies point out that this sharing can affect the life and well-being of the elderly, since income, instead of offering better health, food and leisure conditions, is now divided among family members to meet basic needs [23; 19].

Table 3. Composition of family arrangement of the interviewed elderly. Victory of Conquest - BA, 2019.

Variables	% of answer	n	%
Husband / Wife / Partner	100		
Yes		97	40,6
No		142	59,4
Parents	100		
Yes		5	2,1
No		234	97,9
Sons	100		
Yes		132	55,2
No		107	44,8
Daughters	100		
Yes		129	54,0
No		110	46,0
Brothers/Sisters	100		
Yes		6	2,5
No		233	97,5
Grandchildren	100		
Yes		137	57,3
No		102	42,7
Other relatives	100		
Yes		16	6,7
No		223	93,3
Other people (unrelated)	100		
Yes		13	5,4
No		226	94,6
Satisfied with family relationship	93,7		
Yes		219	97,8
No		5	2,2

Source: Research Data.

The study analyzed that the monthly income of the elderly usually varies from 1 to 3 minimum wages, and 64% of them live with only one minimum wage. In

addition, it was noted that the elderly is often the sole financial provider of the house. Thus, depending on their income, the elderly may feel encouraged to live alone, may motivate family members to become dependent [24] or may even feel compelled to return to the labor market out of necessity [25; 23].

According to Aguiar (2007) [19], the use of the elderly source of income usually varies between personal expenses, home expenses and health insurance payment. Having financial independence is important because it provides greater security, decision-making power, self-support and a sense of self-reliance, improving autonomy and maintaining a positive perception of life.

Regarding the family arrangement of the co-residence, it is observed that it consists predominantly of grandchildren (57.3%), sons (55.2%), daughters (54.0%) and spouse/partner (a) (40.6%). The elderly in co-residence say they are satisfied with the family relationship (97.8%) of the cases, as shown in Table 3.

Co-residence can occur for various reasons, for the elderly due to health conditions and financial income, and for their children due to the difficulty of starting a new family and entering the job market, which favors continuing to live with their parents. In some cases, after divorce and separation, children return to their parents' home or return with their families due to financial difficulties [21].

With adults returning to their parents' home, there is a relevant aspect of co-residence. The elderly who are physically capable help in the care of their grandchildren, enabling their children to go out to work leaving their children under the protection of their grandparents, safely, rather than leaving them with others. However, on the other hand, this entails a lack of privacy and tranquility to the elderly, requiring greater care, attention and increased activities, which can cause stress and excessive worry, as well as physical and psychological exhaustion, bringing risks to the health of the elderly [26; 27; 28].

Regarding satisfaction with the family relationship, 97.8% of the elderly in co-residence feel satisfied with the family arrangement in which they live. Studies by Silva, Júnior and Vilela (2014) [29] show that 96.6% of the elderly say they are satisfied with the family arrangement. According to Luchesi et al. (2015) [18] living with children and / or grandchildren can generate advantages for the relationship between the elderly and their families, but it is not a guarantee of successful relationships, as there is not always a balanced exchange of support. However, despite difficulties, the family is an important means of support, provided that love between members is

the predominant feeling and that there is mutual help between family members [28].

With regard to life satisfaction, it was found that the elderly co-residents say they are satisfied (95.0%), according to table 4.

In the results of the study by Silva, Júnior and Vilela (2014) [29], 85.8% of this group stated that they were satisfied with life. There is mutual help in this home arrangement, benefiting both the elderly and the family. The benefit of co-residence for many older people has been related to companionship and emotional support, including financial needs and physical care, thus generating healthy aging [23].

Table 4. Life satisfaction of the elderly co-residents. Victory of Conquest - BA, 2019.

Variables	% of answer	n	%
Life satisfaction	98,3		
Satisfied		227	95,0
Dissatisfied		8	3,3
Did not answer		4	1,7

Source: Research Data.

Life satisfaction is based on its own criteria, involving cognitive and subjective assessments, as well as being linked to well-being and happiness [30]. According to the literature, the better the satisfaction with life, the better the physical and mental health conditions, besides the social relations [31]. For Lopes et al. (2015) [32], it is important for the elderly to live in co-residence, as long as this relationship leads to a better life and health condition.

IV. CONCLUSION

The present study allowed a greater understanding about the family arrangement of co-residence. It is an extremely important factor to be understood and known by health professionals, as there is a greater possibility of improvement in the quality of life of the elderly and their families.

Most of the elderly evaluated lived with children, grandchildren and/or companions and showed satisfaction with life, because there was a relationship of mutual help and affection. In the analysis, it could also be observed that the main source of income of the elderly is retirement, mostly only one minimum wage. Through the observed results, the study favors the reflection on the need for social support through public policies that increasingly favor the lives of these individuals. It is noteworthy the need for further studies and research in this area, with other samples and populations.

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