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# Health care provided by children to elderly parents

**Atención médica proporcionada por los niños a los padres mayores****Cuidados de saúde prestados pelos filhos homens aos pais idosos****ABSTRACT**

**Objective:** To identify the development of care provided by male children to elderly parents. **Method:** The choice of participants was made using the snowball technique. It started at the medical clinic of a teaching hospital in João Pessoa-PB and continued at the homes of other children. **Results:** The study included eleven participants, aged between 21 and 71 years. For the interviewees, becoming a caregiver was not a choice, but an imposition of circumstances. Most of the interviewees reported that they were unable to reconcile their studies and work, even giving up personal dreams and projects, remaining single, unemployed and living in their parents' homes. Regarding the health support network, weaknesses were observed in the perspective of transmitting knowledge and guidance to caregivers. **Conclusion:** The importance of greater investments by public health services in the instrumentalization of caregivers is emphasized, in order to provide adequate care to elderly parents.

**DESCRIPTORS:** Caregivers; Male; Parents; Seniors.

**RESUMEN**

**Objetivo:** Identificar el desarrollo del cuidado brindado por los hijos varones a los padres ancianos. **Método:** La elección de los participantes se realizó mediante la técnica de bola de nieve. Comenzó en la clínica médica de un hospital universitario en João Pessoa-PB y continuó en los hogares de otros niños. **Resultados:** El estudio incluyó a once participantes, con edades entre 21 y 71 años. Para los entrevistados, convertirse en cuidador no fue una elección, sino una imposición de las circunstancias. La mayoría de los entrevistados relataron que no lograron conciliar estudios y trabajo, incluso renunciando a sueños y proyectos personales, permaneciendo solteros, desempleados y viviendo en casa de sus padres. En cuanto a la red de apoyo a la salud, se observaron debilidades en la perspectiva de transmisión de conocimientos y orientación a los cuidadores. **Conclusión:** Se enfatiza la importancia de mayores inversiones de los servicios de salud pública en la instrumentalización de los cuidadores, con el fin de brindar una atención adecuada a los padres ancianos.

**DESCRIPTORES:** Cuidadores; Masculino; Padres; Personas mayores.

**RESUMO**

**Objetivo:** Identificar o desenvolvimento dos cuidados prestados pelos filhos do sexo masculino aos pais idosos. **Método:** A escolha dos participantes ocorreu pela técnica bola de neve. O início ocorreu na clínica médica de um hospital escola, em João Pessoa-PB e continuou nas residências de outros filhos. **Resultados:** O estudo contou com onze participantes, com idade entre 21 a 71 anos. Para os entrevistados se tornar um cuidador não foi uma escolha, mas uma imposição das circunstâncias. A maioria dos entrevistados relatou não conseguir conciliar os estudos e o trabalho chegando a desistir de sonhos e projetos pessoais, permanecendo solteiros, desempregados e residindo na casa dos pais. Em relação a rede de apoio em saúde, observou-se fragilidades na perspectiva da transmissão de conhecimentos e orientações aos cuidadores. **Conclusão:** Enfatiza-se a importância de maiores investimentos dos serviços públicos de saúde na instrumentalização dos cuidadores, para prestação adequada de cuidados aos pais idosos.

**DESCRIPTORIOS:** Cuidadores; Masculino; Pais; Idosos.

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**INTRODUCTION**

Currently the growth rate of the elderly population in the world is 3%, corresponding to 962 million people over 60 years of age, in 2050 this population will be 2.1 billion people. Until this year, with the exception of Africa, almost a quarter of the population in the world will be elderly. In Brazil, 13% of the population is made up of people aged 60 or over, in 2050 this result may reach 29.3%.<sup>1</sup>

Aging in the 21st century has benefited from technological advances that contribute to the increase in man's life expectancy and result in the achievement of longevity.<sup>2</sup> However, living healthy, having the perception of the events around us, is still not entirely possible, especially in the face of dementia that has settled over the years or because of the dependence resulting from functional disabilities. Therefore, long life does not always mean to live with independence and quality.<sup>3</sup>

In this context, the figure of the family caregiver appears, who generally assumes this function almost suddenly, without presenting psychological and technical preparation for the performance of this role.<sup>4</sup> In this perspective, it has been observed in modern societies a decrease in family components, which do not always have women to care for these elderly, this fact generates, con-

sequently, the expansion of the role of the caregiver that is increasingly being exercised by sons, changing the accountability of care, which was previously performed only by women, as being a fundamental role for them.<sup>5</sup> Thus, the question is: how does the process of caring for sons occur to elderly parents? The aim of the study was to identify the development of care provided by male children to elderly parents.

**METHOD**

It's a field study, descriptive, analytical, with a qualitative approach, initially carried out in the medical clinic of a teaching hospital and followed up in the homes of caregivers of elderly parents in the metropolitan region of João Pessoa / PB.

The population consisted of sons who are caregivers of elderly parents, and the choice of participants was made using the snowball technique, in which "at the start, documents and/or key informants, named as seeds, are used in order to locate some people with the necessary profile for the research, within the general population".<sup>6</sup> The first participant called "seed" was accompanying the father during hospitalization at the medical clinic of the teaching hospital, the next was located by means of the first and so on, being scheduled by telephone for an interview at the

residence. The inclusion criteria were: being male, over 18 years old, caregiver responsible for elderly parents, residents of the metropolitan region of João Pessoa-PB and who freely accepted to participate in the research by signing the Free and Informed Consent Form (ICF). As an exclusion criterion, do not have cognitive ability to answer the survey.

Data collection took place from March to December 2018, when the content saturation criterion was reached. Semi-structured interviews recorded in a digital voice recorder were conducted. Then, careful listening and transcription of the speeches were performed, with the pre-analysis and data analysis based on the Content Analysis technique proposed by Bardin, which is "a set of communication analysis techniques that uses systematic and objectives for describing the content of messages".<sup>6</sup>

The research was submitted to the Ethics Committee of the Hospital Universitário Lauro Wanderley with opinion No. 2.268.849, from the Federal University of Paraíba João Pessoa (PB), and is registered with CAAE No. 73721317.00000.5183, following all recommendations recommended in Resolution 466/2012 of the National Health Council.

**RESULTS E DISCUSSION**

The study had the participation of 11 male caregivers of elderly parents, who were identified by fictitious names.

The raw data were exhaustively deepened, making it possible to group the ideas and facts present in the statements, observing what was really dissolved in the spoken discourse, resulting in three categories, namely: 1. Circumstances that led sons to become parents' caregivers; 2. The consequences of being parents' caregivers and; 3. Difficulties in providing health care.

### Category 1: Circumstances that led sons to become parents' caregivers

The decision of a family member to become caregiver of elderly parents is based on the need presented by them in the face of the transformations that are occurring with aging, demonstrated through tiredness, weaknesses, limitations and comorbidities that arise and compromising the physical and psychological, making them dependent on other people.

Currently, choosing who will assume this responsibility does not seem to be a simple task. In the past, this role was assumed by women, however, it is observed that several family groups have experienced a decrease in members within families and in others, the absence of women in this composition, leaving the responsibility of care to a single person<sup>7</sup>, and in this case, the task remained for the sons, who when asked why they had been chosen for this task of caring for their parents, reported the following statements:

*It's not because I was chosen, like this: I got divorced, so I went to spend a few days at my mother's house... (Maciel).*

*Because I am the oldest and I live the most at home. (Luís).*

*only I had a car. (Jonas).*

*primarily because I am an only child and I took this responsibility on myself. (José).*

*for the time spent at home and*

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*the technical knowledge acquired. (Paulo).*

Observing the speeches of the subjects, it is registered that the responsibility for this care was not a choice, but an imposition of circumstances, either by living closer, having more free time, being the only one who owned a car, or even by be in the health area and know more about the care that should be provided. Similar data were found in a study carried out to assess the motivations that led men to be informal caregivers, in which obligation and reciprocity were verified as the main reasons for care. The "obligation" factor being reinforced by the lack of a support network and reciprocity was correlated with the degree of kinship. Thus, the feeling of retribution has an important factor as a motivation for care.<sup>8</sup>

### Category 2: The consequences of being parents' caregivers

When adopting care for their parents, children are faced with a difficult reality and find it difficult to manage at the same time with the management of their own lives. In some realities, not being able to adjust to such a situation, the elderly are often handed over to institutions or abandoned in their own homes. A study carried out with institutionalized elderly people found that of the 30 participants, 14 said that the family did not want and / or could not take care of them.<sup>9</sup>

Brazilian law establishes the responsibility for the care of the elderly to the family, society and the State, however, giving priority to the family.<sup>10</sup>

In this study, the respondents report some difficulties in harmonizing the activities of caring for parents with the responsibilities of their own life, because, in addition to their particular responsibilities, they assume the responsibilities arising from the management of their parents' social, economic and health life, generating in some situations, tiredness and fatigue.

(...) *"It is very complicated, but it can be taken because, first of all I have the willpower."* (Israel).

(...) *From my job ... I was working and I left my job and came to help my mom.* (Mayco).

(...) *I chose in first hand and in first place for my father... I even stopped taking a good job...* (Jonas).

(...) *I saw myself and I feel obliged to give up on various life projects, on trips, as I often fail to do...* (Jeremias).

It is inferred in the statements of the subjects that they faced some difficulties when they took care of their parents in their daily lives, sometimes having to give up personal achievements, however, they did not give up this responsibility and strive to fulfill this role even with the limitations of time, knowledge, gender incompatibilities, among others.

This way of caring is configured as a moral value, which comes through the ages, as a feeling of the memories of when they were cared for by parents in childhood, youth and even adults. And when the parents are fragile and/or elderly, these sons tend to provide the necessary care, representing a feeling of family that spans generations.<sup>2,11</sup>

### **Category 3: Difficulties in providing health care**

Male children as protagonists in the actions of care for elderly parents, have a high demand for services that is amplified by the lack of skills to care for and the lack of information, thus making the act of caring an expensive process of time and energy. For some authors "Caring for the elderly is a complex activity, involving not only theoretical and practical knowledge, but also those linked to ethical, psychological and socio-cultural dimensions".<sup>12</sup>

The development of health care actions in the elderly includes tasks that require certain skills for their execution - depending on the degree of dependen-

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ce of the person being cared for - such as bathing in the bed, cleaning after eliminations, feeding, prevention of pressure injuries, among others. These are tasks with a degree of difficulty that are considered difficult and when performed by lay people, it immediately becomes a complicated, challenging job, and there may be embarrassment for both, especially if it is performed by a caregiver of the opposite sex to the person being cared for.

In this research, the subjects, when asked about the guidelines received for health practices, reported that they even sought information, but their needs were not always met.

(...) *No, no guidance, just what the doctor told me: that she wasn't supposed to have any problems, these things* (Maciel).

*Orientation ... just like that by the people who work here ... we guide the agents, and we develop them the way they do, trying to do the same* (Mayco).

*I keep asking the nurse (...) and I watch TV where they talk about health, I pay attention and then I do it* (Luis).

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Considering home care, the Ministry of Health defines Home Care for the elderly as a set of actions carried out by the team and which must be articulated to favor the development and adaptation in order to restore independence and autonomy. The caregiver must be guided by the health team in the care to be performed daily at home. This assistance must be agreed between the team, family and caregiver, with the sharing of information and responsibilities.<sup>13</sup>

It is observed that the role of careg-

ver sons for the hospital network is extremely relevant, considering that this assistance will positively result in the quality of life of both the elderly and caregivers, resulting in a reduction in hospitalizations and, consequently, in public spending.<sup>14</sup> Thus, the importance of greater investments by public health services is emphasized in the instrumentalization of caregivers, for the adequate provision of care.

## CONCLUSION

It was evidenced in the study, throu-

gh the presented reports, that the majority of sons became caregivers of the elderly parents, not by choice, but by some imposition of the circumstances, given some factors that were better suited at that time.

Becoming a parent caregiver has provided some sons with learning to manage the chores not only of their parents, but also of their own lives. However, the majority of respondents did not reach this level and reported not being able to reconcile the activity of caregiver with studies and work, sometimes in giving up on dreams and personal projects, re-

maining single, unemployed and living in their parents' house.

There were some weaknesses in the health support network from the perspective of transmitting knowledge and guidance to caregivers. Few participants had access to information from professionals, reinforcing the need for more investments by the public authorities in the training and instrumentalization of these caregivers in different contexts, in order to care for their elderly parents with more security and tranquility, confirming the benefits for the caregiver sons, for parents care and for health services. ■

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