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# Association between Life Satisfaction and Health Self-Perception of the Elderly in Co-Residence

Hiany Moreira Souto Lopes[1], Alba Benemérita Alves Vilela[2], Lucas Silveira Sampaio[3], Kleyton Trindade Santos[3] , Sandra Alves Gotado Santos[1], Grazielle Marques Soares[1], Paula Peixoto Messias Barreto[3], Rosângela Souza Lessa[3], Talita Santos Oliveira Sampaio[3]

[1] Student of Physiotherapy, FAINOR, Vitória da Conquista- BA, Brazil
E-mail: hianylopes@gmail.com; sandravitorgotado@hotmail.com; m.grazziellemarques@gmail.com
[2] Nurse, Professor of the Graduate Program of Nursing and Health at the State University of Southwest Bahia (PPGES / UESB)
E-mail: alba_vilela@hotmail.com
[3]MSc in Health Science, State University of Southwest of Bahia - UESB
E-mail: lucaosampaio@hotmail.com; kleyton_santos@hotmail.com; paulapeixotomessias@gmail.com; 28rslessa@gmail.com; talitafisio@gmail.com

***Abstract*** *— Due to aging, physiological changes occur in the human body that bring vulnerabilities and result in the loss of working capacity, autonomy, and impairment of the performance of basic daily activities. In this context, concerns and the need for attention to the elderly increase in various dimensions of their lives, which requires support, often offered by the family. Given this, new family arrangements arise, such as the state of co-residence, which is the living of the elderly with children and / or grandchildren, whose goal is to benefit both younger and older generations. In this sense, the present study aims to analyze the association between life satisfaction and self-rated health of the elderly in co-residence. This is a population-based analytical-descriptive cross-sectional study with a quantitative approach, with 239 co-residing elderly registered in the Family Health Units located in the city of Vitória da Conquista-Bahia. Data were collected using the adapted Brazil old age Schedule (BOAS) questionnaire and the Health Status questionnaire, which were tabulated in Excel 2015 software and analyzed using The Statistical Package for Social Sciences for Windows. The results show a female prevalence, living with grandchildren, children and spouses. In addition, most of the research subjects refer to their own health as fair and are satisfied with life. This paper provided substantial information on co-resident elderly, highlighting a relationship between life satisfaction and self-rated health.*

***Keywords*** *— **Elderly, Family relationships, Personal satisfaction, Self perception, Cheers.***

## I. INTRODUCTION

Human aging is a reality, and can be defined as a process that occurs the organic and functional decrease of the body, not due to disease, but physiological and natural [1]. In recent years there has been an increase in the elderly population worldwide, which has been contributed by several factors such as reduced fertility rates and improved sanitation and basic infrastructure, leading to better quality of life of individuals [2].

Brazil is an aging country, where the life expectancy of Brazilians has been increasing year by year. In 1940, it was just over 45 years old, in 2015 it was 75 years old and by 2050, it is estimated that about 30% of the Brazilian population will be over 65 years old [3].

The increase in the elderly population demonstrates advances for society, but also provides increased concerns, as the aging process brings vulnerabilities that may result in the loss of working capacity and autonomy, especially in the performance of basic daily activities. Such dependence gives rise to the need for a reorganization of society in general and especially of families. In this context, there is the emergence of a wide range of family arrangements, such as the state of co-residence, which is the living of elderly with children and/or grandchildren in the same home space ensuring mutual help [4].

Co-residence occurs due to two main factors: In relation to the elderly, it occurs due to the need for health care and in relation to family members, intergenerational living occurs due to the financial and emotional

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dependence of the children and / or grandchildren towards the elderly. This is due to the instability of the labor market, the greater time spent in school and the greater fragility of affective relationships. In both cases, the co-residence of the elderly and their children appears as a family strategy used to benefit both younger and older generations [5].

On the other hand, this shared living can also lead to conflicts caused by differences in ideals of generations. Therefore, this may interfere with the relationship between the elderly and their families, which often leads to inadequate treatment, and may even raise concerns and not guarantee good health for the elderly [6].

The family is seen as the basis for ensuring the support, development and protection of its members, regardless of how it is structured. Regarding the elderly, historically the family is historically the main source of support and care [7], but some studies analyze that living in co-residence may not be an arrangement desired by all the elderly, since there are negative points, as the elderly face the difficulty in dealing with losses, their autonomy and their social roles, in addition to facing health-related problems. This fact can have an impact on both life satisfaction and self-perception of health [8].

Life satisfaction is based on its own criterion about life [9]. Self-perception of health, besides being considered an important predictor of functional disability, is a reliable method capable of expressing various aspects of individuals' physical, cognitive and emotional health. Studies also show that health perception is an indispensable indicator of mortality, since people with poorer perception of health have a higher risk of death [10].

The elderly interpret the aging process and illness in different ways, depending on their life history. It is guided by the thought that living in family brings only benefits to the elderly, but in many situations this may not occur. In this context, it is important to conduct studies focusing on the relationship of life satisfaction and health self-perception of elderly in co-residence, seeking to contribute to interventions and care aimed at the elderly and their families. Thus, the research aimed to analyze the relationship of life satisfaction and self-perception of health in elderly co-residents.

## II. HEADINGS

The study design is a cross-sectional, analytical and descriptive study with a quantitative approach. A cross-sectional study is an analysis in which exposure to the factor or cause is present to the effect at the same time or time interval analyzed. Descriptive analysis exposes the characteristics of a given population or phenomenon, requiring standardized data collection techniques. The quantitative approach requires the use of statistical resources and techniques, seeking to translate into numbers the knowledge generated by the researcher [11; 12].

This is a subproject of the main project entitled "Family Arrangement of Elderly Residents in Northeastern and Southeastern Brazil", which was carried out through a research proposal in the municipality of Salto da Divisa-MG, Jequié-BA and Vitória da Conquista – BA. However, it is noteworthy that this subproject used data only from the city of Vitória da Conquista-BA.

This study is linked to the Center for Research and Studies in Health of the Elderly of the Independent College of the Northeast (FAINOR).

The main study, of which this study will use the database, was developed in two Family Health Units (FHU) in the municipalities of Vitória da Conquista - BA. The municipality of Vitória da Conquista is located in the southwest region of Bahia, occupying a territorial area of 3705,838 km2, with a population of 341,597 inhabitants, being 30,748 aged 60 years and over and having an average monthly income of 2.0 minimum wages [13]. In this municipality, according to data from the National Register of Health Facilities (CNES), 43 USF are established. These Units were selected through a simple draw.

Included are individuals aged 60 years or older living in the urban area of the municipalities of Vitória da Conquista-BA, in a state of co-residence registered with the USF, and who have cognitive conditions that allow answering the questions according to the application of the Mini Exam of the Mental State (MMSE).

This study considers the elderly in co-residence, who lives and lives with their intergenerational family (one or more generations, that is, children and/or grandchildren and/or great-grandchildren among others) in the same home unit [4].

The MMSE includes 11 items, which require verbal answers to questions of temporal and spatial orientation, attention, reading, memory, calculation, naming, following verbal commands, and copying a drawing (polygons). To evaluate the results obtained through MMSE, the following cutoff points will be adopted: 19 points for illiterate elderly; 23 points for seniors with 1 to 3 years of schooling; 24 points for seniors with 4 to 7 years of schooling and 28 points for seniors with schooling above 7 years [14]. Scores below these scores indicate a risk of cognitive impairment requiring referral for specific neuropsychological assessment.

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Elderly people who were not found at the study site on three days and at alternate times were excluded.

Collection was only initiated after approval by the Research Ethics Committee (CEP) and authorization by the Municipal Health Secretariat. Project data collection is based on access to the main project database in the Vitória da Conquista - BA study field. 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, and the survey of the elderly who live alone and those who correspond with family members was surveyed.

Then, the following instruments were applied to the selected elderly: The interview, through a semi-structured questionnaire containing data identifying the participants, such as age, gender and composition of the family arrangement, the adapted Brazil old age Schedule (BOAS) questionnaire and the questionnaire of State of Health.

The Brazil Old Age Schedule Questionnaire - BOAS is a research tool that investigates multidimensional factors of aging based on other instruments with acceptable standards of validity and reliability. The BOAS was conceived from 8 broad categories (General information, physical health, use of medical and dental services, activities of daily living, social resources, economic resources, mental health, needs and problems affecting the respondent) [14].

The Health Status Questionnaire analyzes self-perception of health. It questions the individual how he rates his health in the last days and allows as an answer option five classification possibilities: very bad, bad, fair, good and very good [15].

The data from the interviews were obtained through the BOAS and the Health Status Scale. These were tabulated and received descriptive quantitative treatment (frequency, mean and dispersion measure) and analytical treatment (Pearson's chi-square test, with reliability set at 95%). %) with the aid of SPSS software. The tables were plotted by Microsoft Excel software. The significance level adopted was 95% ($\alpha$ <0.05).

This study is part of a broad survey entitled "Family Arrangement of Elderly Residents Living in Northeast and Southeast Municipalities of Brazil", and was approved by the Research Ethics Committee of the State University of Southwest Bahia (CEP-UESB), whose Opinion No. 102,641, was issued in compliance with 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 data production was performed after the assent of CEP-UESB of the inclusion of the present field of study, and the authorization of the SMS of Vitória da Conquista - BA for conducting the research in the USF. The participation of the elderly was voluntary, and the acceptance was formalized by signing the Informed Consent - IC.

## III. INDENTATIONS AND EQUATIONS

Among the population approached after applying the inclusion and exclusion criteria, 239 elderly people were in a co - residence state, according to the condensed data in Table 1.

*Table 1. Sociodemographic characteristics of the participants. Vitória da Conquista – BA, 2019.*

| Variable | Mean (± sd[1]) | % de response | no | % |
|---|---|---|---|---|
| Age, *years* | 72,20 (±8,08) | 100 | 239 | — |
| **Sex** | | 100 | | |
| Male | | | 55 | 23,0 |
| Feminine | | | 184 | 77,0 |
| **Read** | | 97,9 | | |
| Yes | | | 143 | 61,1 |
| Not | | | 91 | 38,9 |
| **Schooling** | | 97,5 | | |
| None | | | 81 | 34,8 |
| Incomplete primary | | | 108 | 46,4 |
| Complete primary | | | 28 | 12,0 |
| Complete elementary | | | 5 | 2,1 |
| Medium complete | | | 10 | 4,3 |
| Complete superior | | | 1 | 0,4 |
| **Marital Status** | | 99,2 | | |
| Never married | | | 4 | 1,7 |
| Married / living together | | | 101 | 42,3 |
| Widower | | | 99 | 41,4 |
| Marital Status (a) / separate (a) | | | 33 | 13,8 |

[1] Padrão Sample standard deviation; Source: Research Data

A sociodemographic profile was observed, with a mean age of 72.2 years, a predominance of females (77.0%) and (61.1%) elderly people who read. Regarding education, it was observed that most elderly have incomplete primary school (46.4%). Regarding marital status, 42.3% are married or live together as a partner.

With the results expressed in table 2, it can be observed that the family arrangement of these elderly is

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composed in most cases by grandchildren (57.3%), sons (55.2%) and daughters (54.0%).

*Table 2. Composition of family arrangement of the interviewed elderly. Vitória da Conquista – BA, 2019.*

| Variables | % response | no | % |
|---|---|---|---|
| **Spouse (a) / partner (a)** | 100 | | |
| Yes | | 97 | 40,6 |
| Not | | 142 | 59,4 |
| **Parents** | 100 | | |
| Yes | | 5 | 2,1 |
| Not | | 234 | 97,9 |
| **Children** | 100 | | |
| Yes | | 132 | 55,2 |
| Not | | 107 | 44,8 |
| **Children** | 100 | | |
| Yes | | 129 | 54,0 |
| Not | | 110 | 46,0 |
| **Brothers / sisters** | 100 | | |
| Yes | | 6 | 2,5 |
| Not | | 233 | 97,5 |
| **Grandchildren (as)** | 100 | | |
| Yes | | 137 | 57,3 |
| Not | | 102 | 42,7 |
| **Other relatives** | 100 | | |
| Yes | | 16 | 6,7 |
| Not | | 223 | 93,3 |
| **Other people ( not relatives )** | 100 | | |
| Yes | | 13 | 5,4 |
| Not | | 226 | 94,6 |
| **Satisfied with family relationship** | 93,7 | | |
| Yes | | 219 | 97,8 |
| Not | | 5 | 2,2 |

Source: Research Data.

The literature survey conducted by Bertuzzi, Paskulin and Morais (2012) evaluated the types of arrangements and identified that there was a predominance of elderly living with children and / or grandchildren (50.1%). This family strategy is used to benefit both the elderly and their descendants [5]. It happens due to the needs of the elderly because of their functional limitations and cognitive and / or emotional problems that require more assistance [17]. Moreover, the period in which children spend as economically dependent on their parents has grown, due to the instability of the labor market, the greater time spent in school and the greater fragility of affective relationships [4].

It is observed that this intergenerational living can be marked by conflicts due to divergence of ideas between the elderly and their families, which may affect the health of the elderly. This is because in daily life, by sharing the routine, differences in habits and customs, eventually result in friction such as differences in behavior, increasing the chances of the elderly being mistreated and neglected [18].

Regarding the satisfaction of these elderly with the family relationship was obtained a positive result, about 97.8% are satisfied. Observing you this context, it is noteworthy that the family life makes to create emotional bonds and prevailing love, that despite difficulties, instigates to meet them [19]. Thus, the relationship of mutual support exchange between generations prevails, offering protection and support in difficult times [20]. In this context, the result of life satisfaction found may be associated with the fact that the elderly live with children and grandchildren and despite the possible conflicts generated by the division of space by several generations, these can be resolved in the short term, and in most sometimes it does not lead to the breakdown of relations.

The study has also revealed that among chronic diseases, systemic arterial hypertension (SAH) was the most frequent in the studied sample (80.5%). In addition, there is also the presence of self-reported accidents and rheumatological diseases in a percentage of (38.4%) and (35.1%) respectively, as shown in table 3.

*Table 3. Composition of self-perceived health of respondents. Vitória da Conquista – BA, 2019.*

| Variables | % de response | no | % |
|---|---|---|---|
| **Self - perception of health** | 98,7 | | |
| Great | | 3 | 1,3 |
| Very good | | 10 | 4,2 |
| Good | | 65 | 27,5 |
| Regular | | 127 | 53,8 |
| Bad | | 31 | 13,1 |
| **Health compared to other seniors of the same age** | 84,1 | | |
| Best | | 117 | 58,2 |
| Equal | | 52 | 25,9 |
| Worse | | 32 | 15,9 |
| **Self-reported illnesses/accidents** | — | | |
| Hypertension Arterial syste | | 190 | 80,5 |

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| | | |
|---|---|---|
| mic | | |
| Fall in the last 12 months | 88 | 38,4 |
| Arthritis , Rheumatism , Ar throsis | 81 | 35,1 |
| Diabetes Mellitus | 63 | 26,8 |
| Urinary incontinence | 58 | 25,0 |
| Nervous or psychiatric problem | 28 | 12,0 |

Source: Research Data.

In a way, population aging has the advantage of longevity, but in contrast, the occurrence of morbidity and mortality has also increased due to an increase in chronic degenerative diseases [21]. However, despite the high incidence of diseases, it is noteworthy that the health of self - perception study shows that older people are and refer their health as "Regular" in most cases (53.8%) and compared to health other older people in the same age group (58.2%) consider their health to be better. It is suggested that the fact that these elderly in co-residence still feel active and productive so that they can perform household activities and still help in the care of their children and / or grandchildren, removes the negative view of aging in relation to health [9].

Self-perception of health is based on subjective criteria, considering the individual's perception of biological, psychological and social aspects of themselves. Moreover, when it comes to health in old age, it refers not only to the absence of diseases, but to a balance between multidimensional factors [22; 23]. In 2014, Borges et al. (2014) analyzed self-rated health in the elderly in a municipality in the interior of Rio Grande do Sul, which 34.67% of respondents considered regular health. They also consider that this self-perception of health is related to several factors such as age, gender, education, marital status, family support, health conditions, life style, among others.

According to the condensed data in table 4, about 95% of respondents reported being satisfied with their lives, a result close to the study by Meira et al. (2015 ) with co-residence state in the elderly in a city in Bahia, in which was observed that a greater number of elderly (80.5%) who are satisfied with your life in general.

The life satisfaction is an overall assessment of one's life as a whole, may involve different criteria, such as health, leisure, housing, social relations and so on. Rezende et al. (2006) claim that it is not inversely proportional to age, that is, life satisfaction does not decrease according to the age of the individual, despite changes due to the aging process. Unlike younger generations, older people demand less and are satisfied with emotional support.

*Table 4. Life satisfaction of the elderly co-residents. Vitória da Conquista - BA, 2019.*

| Variables | % de response | no | % |
|---|---|---|---|
| **Satisfaction in life** | 98,3 | | |
| Pleased | | 227 | 95,0 |
| Dissatisfied | | 8 | 3,3 |
| Didn't answer | | 4 | 1,7 |

Source
: Research Data.

The fact that these elderly people report being satisfied with life may be related to home comfort , living and health conditions and the attention they receive from their closest ones [26]. According to Espitia and Martins (2006), the family has the responsibility of caring for the elder, satisfying both physical, psychic and social needs, especially when he loses his autonomy and functionality.

In this sense, it can be seen that the company and emotional support, the satisfaction of the financial and physical care needs of both parents and children are related to the benefits of this type of family arrangement. This may also corroborate the construction of aging as a slower and healthier process [24; 28].

If this coexistence is not harmonious between them, it may result in conflicts with results that affect the health, especially of the elderly. This causes them to generate feelings of vulnerability and insecurity, which reflects both in the performance of their daily activities and in the assessment of life satisfaction and self-rated health [18; 10].

*Table 5. Association of self-rated health with life satisfaction of the sample. Vitória da Conquista - BA, 2019.*

| Variables | Satisfaction in life | | $p^1$ |
|---|---|---|---|
| | Pleased | Dissatisfied | |
| **Self-perception of health** | | | |
| Great | 3 (100,0) | – | |
| Very good | 10 (100,0) | – | |
| Good | 62 (98,4) | 1 (1,6) | 0,02 |
| Regular | 124 (98,4) | 2 (1,6) | |
| Bad | 26 (83,9) | 5 (16,1) | |

[1] Pear Pearson's chi-square test; Source: Research Data.

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From the results in Table 5, p ô to be observed even in this study that there is a statistically significant correlation between life satisfaction and self-perceived health in the elderly co-residence (p = 0.02), so the study supports the the idea that better cases of self-rated health are related to life satisfaction cases and vice versa.

This result can be based on the fact that individuals are happy despite the problems faced, since to be satisfied does not only involve good physical health, but a range of determinants, such as good warmth and comfort, social interaction, autonomy and leisure, for example [29].

## IV. CONCLUSION

This work allowed to obtain with the analysis of the results, expressive and important information about elderly living in co-residence state and can be evidenced the statistically significant association between life satisfaction and self-rated health of individuals. Thus, it is inferred the importance of understanding the factors that are related to psychological, social and family issues, which possibly corroborate the achievement of good life satisfaction and self-perception of health providing better longevity.

Thus, there is a need for greater understanding about the living of the elderly and their families, in order to provide a better quality of life for the elderly and their intergenerational family, which can improve the living conditions and minimize the complications resulting from the aging process.

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