

CULTURAL PRACTICES OF HEALTH CARE IN THE PERSPECTIVE OF ELDER ELDERLY PEOPLE¹

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ABSTRACT

Cultural practices of care include actions learned between generations, with which the elder seek health care. It is a qualitative and descriptive study of the cultural approach, which aims to describe the practices, beliefs and values of health care of elder elderly people. Data collection was based in the theoretical-methodological referential of Leininger and McFarland, and analyzes according to Spradley and McCurdy. Thirty-four general informants participated and, from those ones, 12 elderly people were key informants, in the period from February to September 2012, in the domestic scenery. Three cultural domains have emerged: support for the health care of elder elderly; ways for oldest old to take care of their health; and life-long passages that have reflected in the care of elder elderly. As a cultural theme emerged the sacred and the affection: the anchor for health care of the oldest old. Cultural practices revealed that the health care of older seniors is firmly anchored in the religiosity and family, thus they do not live destitute and endure to the end.

Keywords: Geriatric nursing. Aged, 80 and over. Longevity. Culture.

INTRODUCTION

There is a consensus that the gerontological nursing knowledge about the elder elderly, who are 80 years-old or more, is still far short of the need. This is an important statement, since it is about the age segment which has been fastest growing in the country and that presents little-known peculiarities in health.

The number of scientific publications focusing on elder elderly people does not present compatible growth with the speed at which the population is aging and, until now, the production is scarce in nursing^(1,2). Similarly, there is a significant deficit of studies on the scenarios of health care for oldest old, from the perspective of self-care, which is based on practices, their beliefs and values, their family culture of care.

When reflecting on the culture of care it is essential to consider the beliefs and values that permeate the entire atmosphere in which care occurs. In this sense, anthropology is revealed as

a valid way which allows the nurse to develop opportunities to expand their knowledge about the culture of care⁽³⁾. While using the view of anthropology, the nurse acquires grants for culturally congruent care, which contributes to an innovative approach to the elder⁽⁴⁾.

In this perspective, a study based on cultural anthropology has investigated the beliefs and practices of health care of the elder residents in Cartagena (Colombia). Cultural standards of care revealed that seniors "make" or "stop doing" something for health care. About the "making", they take medications, ask for help, offer prayers and go to the doctor, but the "stop doing" was linked to cases in which they only expect the symptoms disappear without gravity. This way of Colombians elderly people take care of their health reflects the culture of their care, which was learned and shared across generations⁽⁵⁾.

With foundation in cultural anthropology, specifically the Theory of Universality and Diversity of Cultural Care (TUDCC)⁽⁶⁾, the question of this study guide is: what are the

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practices, beliefs and values of health care for the oldest old? The culture, the central construct of TUDCC, is defined as “the values, beliefs, norms and ways of life practiced, which were learned, shared and transmitted by private groups that guide thoughts, decisions and actions, standardized and generally intergenerational forms”⁽⁶⁾. In this study, groups of individuals correspond to the family that the elder elderly person belongs to.

In the context of primary care, a geriatric nursing care requires careful look at the anthropological dimension, the culture of family care. Knowing the context in which it is rooted culture of elder elderly person care allows reorient nursing actions grounded in health promotion, with respect for cultural differences between individuals.

Given the above, the study aimed to describe the practices, beliefs and values of health care from the perspective of elder elderly in a community.

METHODOLOGY

It is a descriptive qualitative study of cultural approach, based on the theoretical and methodological framework of Leininger and McFarland⁽⁶⁾ and Spradley and McCurdy⁽⁷⁾. The cultural scene focused was the elder elderlies' homes, users of a Basic Health Unit (BHU) in a capital located in the southern of Brazil. In August 2011, the elder elderly population in BHU consisted of 107 individuals. The first selection was made through the indication of the middleman nurse (mediator) and community health agents (CHA).

In the second selection, the study participants met the inclusion criteria: have higher or equal 80 years old; to be registered in BHU; and being cognitively able to participate in the study, assessed on cognitive screening using the Mini Mental State Examination⁽⁸⁾. Exclusion criterion was the desire to discontinue participation in the study.

Thus, 34 general informants participated and, from these ones, twelve seniors were key informants. The fieldwork happened between February and September 2012, in a gradual and interactive process, during home visits. For

collecting the information the OPR model (observation - participation -reflection) and ethnographic interviews⁽⁶⁾ were used.

The OPR model⁽⁶⁾ has four stages: 1) observation - observations are carried out, detailed and documented, which corresponded to the first home visits; 2) observation with some participation - interacts with people and their responses are observed, which was present in informal conversations with the seniors and their families; 3) active participation - the observation tends to decrease, ethnographic interviews with elderly people were performed; and 4) reflective observations - they occur as subjects responded to the researcher, which occurred at the end of the last home visits.

The ethnographic interview contributes to the understanding of what is observed about people in their environments⁽⁶⁾. The seniors were encouraged to provide statements about their point of view, in taped, transcribed and, subsequently, validated interviews. The use of the recorder allowed the trustworthy record of expressions and as a way of records, condensed, expanded, and notes were executed in the field diary⁽⁷⁾.

The interview guide was consisted of four questions, which were submitted to the first pilot study with three selected informants: 1) Tell me about your daily routine, what do you do from the moment you wake up to when you go to sleep? 2) How do you take care of your health? 3) Tell me about the activities that you realize that, in your opinion, they help you to care yourself or to be healthy. 4) What have you done throughout your life that, in your opinion, contributed to reach/exceed the 80 years-old?

The analysis of the information was based on Spradley and McCurdy⁽⁷⁾. After reading and rereading the records, we identified the hypothetical domains, which were tested in the following home visits, through observation and interview. From the most significant domains, we conducted the analysis of taxonomies. The thematic analysis was developed against the assertion about beliefs and values related to elder's practice of health care. The fieldwork was finalized when the domains showed density and qualitatively responded to the study objective.

The seniors were consulted and informed about their inclusion in the study, being sheltered at any time the right to give up from participation. The ethical principles of voluntary and informed participation were respected, according to Resolution 466/12⁽⁹⁾. Participants were identified with the letter L followed by absolute number (s). This article is excerpted from a master dissertation⁽¹⁰⁾, a project that was approved by the Ethics Committee on Research with Human Beings under No. 1292.217.11.12.

RESULTS AND DISCUSSION

Observations and interviews revealed three domains, three taxonomies and a cultural theme that will be presented in a descriptive way.

Domain and cultural taxonomy 1 - Support for the health care of elder elderly people

For older seniors to take care of their health, they need a network of support and assistance, represented by personal relationships with family, friends and neighbors. Their daughters and granddaughters often alter the routine to meet the elderly person's needs.

I took care of her and nowadays my daughter who cares me. When I need to go to the doctor, she takes me [...] I do not cook black beans anymore, and I don't use the pressure cooker [...] I have my daughter that makes this for me, she brings it cooked, it is good [...] The shopping, she has done, because I can't see well, so she helps me in that too! (L14)

My daughter helps me, she makes the curative on the wound on my leg [...] I go shopping with my granddaughters, there they bring the heavy things for me, it is very helpful! (L17)

In the past, the task of caring was conducted only by women, for they did not perform functions outside the home, which allowed them greater willingness to care⁽¹¹⁾. Nowadays, these precautions are practiced by most women and developed in accordance with the cultural values that characterize the attitude of caring between family generations⁽¹²⁾. Thus, the values are transmitted from parents to children that condition care, as highlighted in the statements, given the difficulties in performing instrumental

activities of daily life, such as going to the market and going shopping.

In ethnographic study which aimed to describe and interpret the autonomy and the presence as determinants and significant of intergenerational care for the elder elderly person, the authors indicate the presence and availability as essential for care. This care requires the formation of a network, consisting of the generations, in which the emotional bonds are strengthened and provide security to the elderly person⁽¹³⁾.

In the present study, the daughters and granddaughters are an essential support for the seniors; they promote safety and maintain affective bonds between generations. Another support for health care is the religious beliefs as testimonials below.

God who makes me reaching this age [...] He who gives me health, appetite to eat, if it was not him, we were already six feet from the ground. So I will go to the church to thank God, I look younger, stronger! (L5)

I go to the celebration, it strengthens me! [...] or I give up it all and I need to take care of me, we cannot give up! (L14)

To keep this, we must have patience and believe that there is Someone above all who is looking for us. (L4)

For the informants, believing in God is a way to feel empowered to face the everyday basic needs. The religion gives meaning and life support. Elder elderly people report having reached the advanced age because of God's will. To thank him they go to the church, participate in rituals and, thereby, they feel better.

According to ethnographic study that investigated elderly people with functional disability, religion was highlighted as an important frame of personal reference, which is revealed in the way of thinking about life and everyday experience. From this perspective, religious beliefs and traditions are present as an applicant to face the suffering associated with functional disability⁽¹⁴⁾.

In a study conducted in the city of Rio de Janeiro with seniors who are 85 years-old or older, whose goal was to obtain a comprehensive knowledge about the life experiences of these individuals, both family

and religiosity stood out as a source of support and protection⁽¹⁵⁾. For older senior, religiousness is a component that permeates the meaning of his daily life, it is a resource for dealing with loss, suffering and difficulties generated by intergenerational conflict in the family. Religious beliefs are among the most powerful contributions to make sense of the seniors' world.

Domain and cultural taxonomy 2 - Ways for oldest old to take care of their health

The oldest old use care practices based in the beliefs and values arising from health professionals' ways of care and also in the culture of their family, shared between generations and consisted of rituals that depict the ways to get rid of diseases and maintain health.

Among these different ways to take care of health is the "homely and religious way".

Sometimes I have a little flu, and then I make a homemade tea. There's a very good herb Guaco which is good for cough, sometimes I put a spoonful of honey, sweeten it, drink and then I go to bed. The next day I was fine again [...] when I have stomachache, I make a Chilean Boldo tea and also wormwood tea, it always works. You know that leaf flower tea? It is good for those who have stones in kidneys (L1).

When I have a cold, I always drink tea, and thank God I get better [...] Quentilho tea is good. Then you have to wait, because if you take a hot drink and go out in the wind, it won't refresh [...] In my mother-in-law's house, my children had fever, she took the lowest tooth of garlic, smashed it, boiled some water, drowned and gave to my children, and so the fever was over [...] For stomachache, gastritis, it is good hitting cabbage and milk. For anemia, cabbage and lemon or orange [...] and when it's irritable bowel, I make guava bud tea with guava leaf or the bark of the pomegranate tea, I always have it there! You must let dry the bark to make tea (L2).

In the course of the elder elderly persons' life, they have contact with different recipes for teas, passed from generation to generation, which are prepared with herbs and offered to people in situations of illness or malaise. These care practices are reflections of a time they lived in a rural area without proper medical resources.

Even with the adaptation of this population to urban living conditions, they still use homemade medicine.

I still grow lots of herbs to make tea, I have used herbs since a long time ago, I learned from my father [...] On the farm at that time there is no doctor, we used homemade medicine [...]. I lived with my feet on the ground, and we are five brothers and they are all old and still alive. What did my parents do at that time? They used herbs! [...] I believe that teas help to live well for many years, because the drugs are chemicals that are good for one thing, but bad for another thing, and herbal remedies not! (L4)

I drink Boldo tea a lot, which is good for the stomach, I drink it every day! Boldo is bittersweet, we cannot put sugar. I think it is good, you know, because you see, I'm 94 years old, and I still do everything! (L8)

The use of tea as therapeutic devices is incorporated into the daily lives of the elderly person, with meanings of permanence and uniqueness built through family relations. For them, the use of plants is different from the "medicine of the hospital". Medicinal plants represent low risk to health, they are less offensive than manufactured drugs and for not experience adverse reactions, they are considered safe⁽¹⁶⁾.

The elder elderly people also have religious practices to take care of what ails them. They often use the holy water, which the priest blesses during the Masses watched on television. Water is consumed throughout the day with the ingestion of small amounts and is also applied to the body, in the regions they deem necessary.

For those who believe, water is good for washing, to drink [...]. The water is in the plastic bottle while the Mass happens, the priest blesses [...]. You take the blessed water every day, drink and pass on the body (L2).

Similarly, many of the oldest old look for faith healers, something that occurs from childhood and became a habit when you are with certain afflictions. The figure of the faith healer is understood by them as someone who has a divine gift, presents rituals of prayers and blesses those who need help. The faith healers use biblical words and instruments for blessings

like the branches of the plant called "rue" and indicates teas and poultices for certain health problems.

Well, I believe in faith healer because she was allowed by God [...] I believe because of that. Because this is such a gift that God gives to that person (L3).

My mother-in-law was a faith healer. If someone felt pain on back or chest, she made the poultice of cornmeal and blessed. She put it on the chest of the child, in a paper. Fear of pneumonia, right? She used to bless who came to ask! (L2).

Identification with the agents of informal healing, represented by faith healers, reveals a shared language, rooted in the culture, which allows that these practices persist nowadays. Besides rue, water is also an element widely used by traditional faith healers as a way of purification. The search for the informal cure shows that before the unexpected or disturbing, caused by the disease, it is observed that human actions are usually directed to the religious domain⁽¹⁷⁾.

Domain and cultural taxonomy 3 –Passages throughout life that reflected in the care of elder elderly people

The seniors have revealed cycles of loss and renewal, especially when the signs of aging began to appear, accompanied by the occurrence of death of the spouse and family. This was decisive for the need for new living arrangements.

My husband became very ill and died [...] I was alone [...] then, my daughter was there and brought me here, to her house to take care of me (L14).

She{daughter} takes care of me, I take care of her. One helps the other! I live behind her house. I'll be honest, if I had to live in what is mine, it would be good. But I prefer to live with her here because I feel safer with her (L17).

By proximity and conviviality, the family members are better equipped, in a broad sense, to relieve and treat the resulting deprivation of losses, which are accompanied by suffering for the oldest old people. According to Spanish philosopher, the feeling of loss is not alien to humans and it is the manifestation of their vulnerability. Faced with the impossibility of

detachment from the suffering, the individual is ingrained in their pain, fear death, helplessness and feels insecure. Suffering may be related to the fact that "being alone, the pain of old age, the disaffection, pain for the absence of someone"⁽¹⁸⁾.

The way how support is offered to elderly person's family members on the loss of their spouses shows the importance given to the suffering triggered by being alone. The implications and options confronting them in situations of losses reveal beliefs, habits and values that have been developed and transmitted within the family. When family members constitute an affective group, possessed of a "state of health" which favors the development of very old persons' capabilities, the family members protect and do not allow the elder become careless.

Despite charges by the contingencies of life, the human being can take ownership of intellectual vulnerability, which means not dominate it, but be aware of this weakness to face it. This is what allows the individual to overcome obstacles, and be adapted to changes that occur throughout life⁽¹⁸⁾.

The seniors, particularly men, have also mentioned that now the way of life is another. Given the changes that have occurred, religious practice has proved to be a positive influence for healthy lifestyles, because some of them left the alcoholic beverages and smoking after approaching God and, therefore, have achieved longevity.

I've been a bad example, I used to booze, I smoked, but I was evangelized. From there to now my life has changed. That's what helped me get to this age, because our life is in God's hand (L1).

I do not smoke and do not drink anymore, and it helps to be healthier. I believe in God and the right thing is no smoking and no drinking. If I were more retiring before, I would be healthier [...]. Now I'm more religious, I do not smoke anymore (L3).

In the world of religion, the interest is in praying, in asking, in pleading. In this space, people can beg for different reasons, in an attempt to tame death and time. In this space, it reaps what you sow; who gives, receives; and who does a bad thing will get it back.

Thus it would be possible to the perfect relationship between the world in which we live and that "another world", or at least that is the hope that is printed in popular forms of religiosity⁽¹⁹⁾.

It is possible to observe the religious practice of the oldest old person as a way to acquire healthy habits and, for now, dodge death and increase the years of life on Earth, until they go to the other world, where there is no suffering.

The seniors have emphasized that people do not have time for anything, there are many tasks and women do not have to work outside the home. Currently, they need to adapt to this new lifestyle, so fast and that, according to them, consume people. In this stressful life of those persons mentioned by the elder elderly person, there is little time to care for family and, thereby, for them.

I think that once people had no such stress that they have nowadays. This busy life for working outside home. In the past the woman was at home, taking care of home and children (L14).

The work done by the elder elderly women has always been in the home context. They were routine housework, which is repeated every day in the care of the children and the house. At the present, their daughters and granddaughters' reality, who have to add to domestic activities and work outside the home, is divergent on the type and accumulation of tasks and it is not understanding by the elderly women.

The home is understood as a sacred space, where time is suspended, and the street is seen as a dangerous place, where movement and the time don't stop. When considering the home and the street two sides of the same coin, the work emerges in this complex context as "an obstacle that we have to cross", often understood as "punishment"⁽¹⁹⁾.

Cultural theme - The sacred and affection: the anchor for health care of the oldest old

The cultural theme emerged from the analysis of domains and taxonomies. Thus, two elements that were present in the way of cross-cultural domains and constituted the highest standard around the cultural practices

of health care for elder elderly person were identified: the sacred and affection.

Symbolically, the anchor was considered the mainstay of affection and sacred, recognized as the symbol of firmness that which sustains, maintains and supports, as well as a representation of something safe and immutable. With its two feelers supported by a vertical structure is a solid structural system which translates into guarantees. It is the stable part of our soul, one that, in storms, is able to maintain firmness.

The affection, for the elder elderly person, is related to the need for love and belonging, affective interactions with family members and friends. For them, interaction with others is essential at this stage of life, it creates a community of protection, support and commitment between them and other people. The families are the true mainstay as it is with them that the seniors find the essential health care - affection that sustains the life of longevity.

In interviews with the senior is implicit assertion: where there is family, there is no careless and they can have strength to carry on until the end. The attention of the family is never abandoned, even in the face of problems such as distance, economic problems, transportation, among others. None of this affects the commitment of everyday life, which is the care of his father, mother, or both. Thus, the family ensures the courage to face the adversities that life imposes.

In building relationships of care, living together is essential, since this presence is founded on respect for others and cultural particularities, affection and relativism. The care between generations gives opportunity to build relationships of solidarity which favor the family and social exploitation of the senior and intergenerational interaction in families, which strengthens the emotional bonds⁽¹³⁾.

Aging alters the physical and physiological bodily features. However, it affects fundamentally the interiority of the human being, i.e., expectations, values, memories, emotions and innermost feelings. Perhaps these changes may underpin, in part, the explanation for the exacerbation of religiosity by the senior.

For the seniors, there are ways to talk to the world of God, expressed in the prayers and hymns. As stated by the anthropologist,

prayer makes all requests to join into one, which should 'go up' to heaven led by the harmonies of the voices that sing. Indeed, in our way of conceiving the religious space, vertical and hierarchical line, which relates to the land and sky and high with the low, something is dominant and critic^(19;92).

When considering the religious coping of the senior as a way to regulate and balance, believing in a Divine Otherness is like a bridge between the real and better reality, between the desired and unbearable, in the hope of clearing and salvation of the soul and the body⁽¹⁴⁾.

The guarantees of having an advanced old aging with care and without scope for abandonment are firmly rooted in the sacred and affection. Those guarantees are shared through the prayers and support of family, neighbors, friends and community to which they belong. For the elder elderly person, where there are guarantees they do not live in despair and can endure to the end.

CONCLUSION

Exercised in the continuum of life, care practices were rooted in family culture of elder elderly person and involved mainly religious and affective aspects. Most seniors were born and stayed most of their life in the countryside, migrating to the city in adulthood. Therefore, many of them brought with them cultural practices learned from their ancestors, habits perpetuated

over time and were transmitted to subsequent generations.

Importantly, the results are assigned to a local community; therefore, they cannot be generalized. It is known that the reality of the elder elderly person in old age in Brazil is quite complex, often permeated by abuse and family neglect. Accordingly, the bonds of belonging are important for the oldest old, whether family or friendships conquest sustained over the years.

One of the contributions to the study of gerontological nursing refers to the consideration of the viewpoint of the senior. When considering their beliefs, values and habits of care, the nurse avoids the imposition of behaviors that are not tied to the mode of being of these people, and especially helps in enhancing the elderly self-care, an important ally of professional care.

It is important to recognize the senior as legitimate interlocutors in the production of health policies and we cannot talk about health without mentioning the participation of oldest old people. From this perspective, it is suggested that the formation and consolidation of support groups, in which the oldest senior can share their experiences of life and care and to be active in society.

It is essential to encourage the maintenance of ties among them, children and grandchildren, when considering that these affective bonds contribute in facing the adversities of life. Attitudes that value the independence and autonomy of elder elderly people, so that they are the protagonists of their lives, are valued. Thus, it is necessary to think of the oldest old as someone who has a lot to contribute, not only as an individual waiting finitude.

PRÁTICAS CULTURAIS DE CUIDADO COM A SAÚDE SOB A ÓTICA DOS IDOSOS LONGEVOS

RESUMO

As práticas culturais de cuidado incluem ações apreendidas entre as gerações, com as quais os idosos buscam cuidar da saúde. Trata-se de estudo qualitativo descritivo de abordagem cultural, cujo objetivo foi descrever as práticas, crenças e valores de cuidado com a saúde dos idosos longevos. A coleta das informações foi alicerçada no referencial teórico-metodológico de Leininger e McFarland, e as análises segundo Spradley e McCurdy. Participaram 34 informantes gerais e, desses, 12 longevos foram informantes-chaves, no período de fevereiro a setembro de 2012, no cenário domiciliar. Emergiram três domínios culturais: suporte para o cuidado da saúde dos mais velhos; maneiras dos longevos cuidarem da sua saúde; e passagens ao longo da vida, que refletiram no cuidado dos mais idosos. Como tema cultural, emergiu o sagrado e o afeto: âncora dos longevos para os cuidados à saúde. As práticas culturais revelaram que o cuidado à saúde dos idosos mais velhos está firmemente sustentado na religiosidade e na família, desse modo eles não vivem desamparados e perseveraram até o fim.

Palavras-chave: Enfermagem geriátrica. Idoso de 80 anos ou mais. Longevidade. Cultura.

PRÁCTICAS CULTURALES DE ATENCIÓN DE LA SALUD EM PERSPECTIVA DE LOS MÁS ANCIANOS

RESUMEN

Las prácticas culturales de cuidado incluyen acciones aprehendidas entre las generaciones, con las cuales los ancianos buscan cuidar a la salud. Se trata de un estudio cualitativo descriptivo de enfoque cultural, cuyo objetivo fue describir las prácticas, creencias y valores del cuidado con la salud de los ancianos longevos. La recolección de informaciones fue basada en el referencial teórico-metodológico de Leininger y McFarland, y los análisis según Spradley y McCurdy. Participaron 34 informantes generales y, de ellos, 12 longevos fueron informantes clave, en el período de febrero a septiembre de 2012, en el escenario doméstico. Surgieron tres dominios culturales: apoyo para el cuidado a la salud de los más viejos; maneras de los longevos de cuidar de su salud; y pasajes a lo largo de la vida que reflejaron en el cuidado de los más ancianos. Como tema cultural surgió el sagrado y el afecto: ancla de los longevos para el cuidado a la salud. Las prácticas culturales revelaron que el cuidado a la salud de los ancianos mayores está firmemente sostenido en la religiosidad y en la familia, así ellos no viven desamparados y perseveran hasta el final.

Palabras clave: Enfermería geriátrica. Anciano de 80 o más. Longevidad. Cultura.

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