

## FAMILY'S ROLE REGARDING THE ELDERLY PERSON FROM THE PERSPECTIVE OF BRAZILIAN AND LEBANESE ELDERLY PEOPLE

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### ABSTRACT

This paper aimed to identify the family's role in face of the aging individual, from two nationalities: Lebanese and Brazilian. We used as a theoretical-methodological strategy Symbolic Interactionism and the Grounded Theory. Data were collected within the period from February to June 2010, with 16 elderly people and their relatives, who made up two sampling groups. We found out that families are multigenerational, regarded as elderly families in the Lebanese nationality and as families with elderly people in the Brazilian nationality. It is up to the Lebanese man the task of providing for his family and to the eldest son a duty of caring for siblings and parents. Lebanese people are concerned with the education of their children and they excel to stay together as much as possible, showing different values from those of the Western society, which appreciates individuality and privacy. The care practices which stood out are related to feeding habits, such as increased intake of fruits and vegetables, decreased intake of meat, and increased intake of water, besides practicing physical exercise, working, and praying, specifically among Muslims. We conclude that there is a need to know the individual as a whole, consider her/his specificities, and break down the cultural constraints, in order to develop new strategies for providing care.

**Keywords:** Aging. Culture. Ethnic Groups. Acculturation. Nursing.

### INTRODUCTION

Ideas about old age are as old as the origin of mankind, as the aging process and its natural consequence – old age – have been a concern of human beings since the dawn of civilization. However, over the years, the gradual and significant increase in the number of elderly people has brought assignments, both for society and the family, which comprise the social, cultural, and economic order, that require changes in society and in health care<sup>(1)</sup>.

To know aging only through the biological or physiological aspects means ignoring the importance of other factors, such as the environmental, psychological, social, economic, and cultural – which affect the individuals in a direct manner<sup>(1)</sup>, as well as their relatives, who also get older, since we notice a growing number of family members, caused by verticalization, and, as a result, many generations live in the same house<sup>(2)</sup>.

This way, family becomes the direct source of informal support for the elderly population and it shows to be the only alternative for support, so that its members help each other in the pursuit of collective well-being, in order to

construct a space with “cooperative conflict”, where intergenerational differences exist. Thus, the consequence of this interaction is a range of family arrangements from multigenerational families to childless couples or single-person households, i.e. elderly people living alone<sup>(2)</sup>.

These family arrangements may be designated by the culture to which this family belongs, due to its beliefs and values, experienced from an early age, passed from generation to generation. However, the interaction of different cultures can bring the possibility to consider changes in human behavior. It is among these cultural agreements and disagreements that emerges a whole articulation of the meaning of life, something which leads to complex maintenance, rejection, and negotiation procedures related to values, family relationships, personal and group identity, children's education, eating and hygiene habits, in short, an entire human reality that fits in a word: acculturation<sup>(3)</sup>.

Starting from this assumption, we ask: “How is care provided to the elderly person in different nationalities and which influence does nationality exert on the lifestyle of these elderly people, integrated into the family and the community?”.

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This paper aims to understand the way how Brazilian and Lebanese families organize themselves and distribute intrafamily roles in the aging process of their members, from the perspective of the elderly person her/himself, and what are the care practices adopted in old age.

## METHODOLOGY

This is an exploratory study which adopted the assumptions of qualitative research and the Grounded Theory (GT) as the methodological pathway and Symbolic Interactionism (SI) as the theoretical framework.

The SI is a theoretical perspective focused on human interaction and assumptions through which we seek to understand the symbolic characteristics of social life and the reality, identifying the person's perception about a certain context or object, or the meaning she/he assigns to this<sup>(4)</sup>. The GT, in turn, aims to analyze social phenomena, it is conducted in close relation to the data, having the study subjects' perspective as a basis, so that the researcher her/himself constitutes an instrument for developing the theoretical work<sup>(5)</sup>.

The study was carried out in the town of Foz do Iguaçu, Paraná, Brazil, within the period from February to June 2011. Data were collected with 16 elderly people, 7 Lebanese and 9 Brazilian, interviewed along with their relatives. Out of these 16 individuals, 2 sampling groups were formed: the first consisted of 6 Lebanese men and 1 Lebanese woman and the second of 2 Brazilian men and 7 Brazilian women.

For defining the sample, we used the following inclusion criteria: age  $\geq 60$  years; belong to an established nationality (Brazilian or Lebanese); able to answer the study questions; and agree to participate in the research. For the group of Brazilians, we also determined that, in addition to nationality, the parents of these elderly people also must have been born in Brazil, in order to minimize the influence of other cultures. This act is based on the immigration characteristics and the colonization history of Brazil, i.e. the formative process of its people, which resulted from the clash between Indians, blacks, and whites, as well as foreign

immigration, especially those from Europe, which represented a transfiguration of the preexisting population, turning Brazil into a miscegenation of races and cultures<sup>(6)</sup>.

The groups were formed complying with the sampling and theoretical saturation criteria, as proposed by GT, which does not set the sample before the study starts, but during the process, because data drive the next locations and actors which will be surveyed. Therefore, after collecting, coding, and analyzing data, the researcher decides which additional data must be collected and where she/he can find it. In turn, theoretical saturation is defined as the time when no significant new data is found in a given group<sup>(4)</sup>.

The contact with the Lebanese elderly people took place as an indication of friends from the Arab colony, while the Brazilian elderly people were found in the Elderly Companionship Center (ECC) at the health units in the town. The first contact to request participation in the study was made either by phone or in person; this is an important phase of approach, since it is characterized by convincing the subjects and explaining the research.

The data collection setting was the home of elderly people, so that the domestic family environment and the daily cultural habits should be object of observation to better understand the meanings and relations that the elderly person has to her/his environment and to the people. The visit was previously scheduled after agreement to contribute to the study, according to the availability of time of subject and researcher. The open interview had the following guiding question: "What meaning do you attribute to family?". After the full transcript of interviews and their reading, the process of open coding and categorization of data was started.

The whole research process complied with the ethical principles of the Resolution 196/96<sup>(7)</sup>, from the National Health Council, guaranteeing participants the confidentiality of their information and ensuring their privacy. The research was approved by the Research Ethics Committee of Universidade Estadual de Maringá (Opinion 739/2010). All participants signed the Free and Informed Consent Term and, in order to ensure the anonymity of respondents, we used fictitious names, followed by M for males and F

for females, and their respective ages. These data were originally obtained in a MS research, whose title is: "The get old in different ethnic groups and the care practices: a nursing look". Thus, we highlight the family role with regard to the elderly people from different points of view, expressed by the elderly people themselves.

## RESULTS AND DISCUSSION

The Lebanese subjects were aged between 60 and 75 years. They arrived in Brazil between 1958 and 1972, through the Port of Santos, settling in northern Paraná, Brazil, location of choice to establish their homes and to form bonds with other individuals.

Due to the start of construction of the Itaipu Dam, in 1974, a migration process took place in the town of Foz do Iguaçu, Paraná, Brazil, where a demographic boom changed the profile of the town and the region, which, between 1975 and 1978, received more than 9,000 new residents, attracted by job opportunities in the plant and by the demand for services to meet the needs of workers and their relatives; thus, among these new residents there were not only individuals from many Brazilian states, but also from other nationalities<sup>(8)</sup>.

The Lebanese people saw a great opportunity to trade in the region, not only because of the population boom, but also due to its nature of tri-border region (Brazil, Paraguay, and Argentina), something which provided them with numerous opportunities for wealth, since this was the main reason for emigrating from Lebanon.

Many Lebanese people came alone, others along with their parents, and their craft was the trade of fabrics, peddling throughout the state of Paraná. They constituted their families here, in Brazil, and sought to be close to his countrymen, in order to form their communities, to prevent the loss of their culture, especially their habits, language, and religion. They returned to Lebanon just for pleasure, to visit relatives, or in pilgrimage to Mecca and the holy places of Islam, something very representative of the Muslim culture, since, during the interviews, the pilgrimage ritual was always remembered and people showed photos on the walls of the house and tapestries with the image of the Kaaba.

Families of Lebanese people are characterized by their size, as, usually, they embrace the daughters-in-law after the wedding of their sons, or they live in very close households, forming large communities. They maintain the religious practice of Islam, whose followers are called Muslims.

In turn, the Brazilian elderly people were aged from 65 to 96 years and they came from the states of Paraíba and Rio Grande do Sul, something which may be explained by means of the history of colonization in Brazil<sup>(6)</sup>. They live in multigenerational families, consisting of children, sons-in-law, daughters-in-law, grandchildren, and great-grandchildren, in addition to the spouse, when not experiencing widowhood, and most of them follow the Christian faith.

The families were classified into two groups: elderly families, in which the elderly person is the head or spouse, and families with elderly people, in which the elderly people assume the status of relatives of the family head or the spouse. The study revealed elderly families among the Lebanese people, and families with elderly people, mostly, among the Brazilian people. These data relate financial dependence, physical/mental autonomy, and family composition to the presence of elderly people.

We observed that the financially less dependent elderly people and those enjoying better health conditions were in the elderly families, while those more dependent were in the families with elderly people; however, there were a few families showing this trait, something which suggests a decreased dependency of these individuals. Similar data were already published in the Brazilian National Survey by Household Sample (PNAD), in 1987, 2003, and 2007<sup>(2)</sup>.

Only three Brazilian elderly women required direct care on the part of their relatives due to chronic illness which limited their daily activities, such as impaired mobility and reduced visual acuity, caused by a complication in osteoarthritis and uncontrolled diabetes mellitus. However, they were financially dependent on their children, since the social security of these individuals is not enough to meet their needs. The remaining subjects maintained their daily activities, such as work in commerce, in the case

of the Lebanese elderly people, and in the daily household activities.

We notice that the Arab elderly people tend to remain more active, working in the trade of fabrics and clothing, primarily due to the fact that they are younger than the individuals from the group of Brazilians and because they do not have the benefit of retirement, for migration issues. In the case of the elderly people who no longer had their stores, their financial support was provided by their children, even not living in the same house, something which provided them with great autonomy regarding their finances.

In the course of the interviews, we realized that the assignments of each family member were outlined as the family grew older and their tasks were distributed to each individual. These family experiences gave rise to the family's role with regard to these elderly people, resulting in two categories: Family assignments: the view of two worlds; and Care practices revealed in aging and in the health/illness process.

#### **Family assignments: the view of two worlds**

Bonds with the homeland pose, in most cases, mastery of native language; for the Lebanese people, Arabic, commonly used in family daily life, even for the youngest individuals born in Brazil, as it is learned from a very early age.

My granddaughter speaks Arabic a lot, she's 6 years old. We make a point of it, we can't forget our roots, our traditions, our culture, I think no race must forget its roots. (Fadel, M75)

Among younger people, family acts as the key institution for socialization, since its central status in the individual's life provides it with primacy in the transmission of affective, moral, cultural, social, and patrimonial (economic) inheritances<sup>(9)</sup>. The young descendants are charged for maintaining their cultural habits, but fluency and communication skills depend on the family itself and on continued bonds with the homeland, and the oldest people are those who teach the tradition to the youngest individuals, and it should be passed from generation to generation.

Thus, the beliefs, representations, and experiences of these families tend to influence social life and adequacy of their values with

regard to their daily life<sup>(10)</sup>. Hence, the living process of individuals and their behaviors are based, mostly, on their personal beliefs and on the historical and cultural factors<sup>(11)</sup>.

Feeding habits, for instance, are maintained and preserved in the daily life of these families, as there is a great ease to purchase these foods in the specialized stores in the town. The appreciation of food was noticeable during the visits, as it motivates many family meetings in both nationalities.

The receptivity and hospitality of the Lebanese people cannot be compared to that of any other people with regard to the warm way of welcoming and treating those who enter their homes; at this time, food reinforces this sociability among families and among their own members. This is the interaction turning family relationships into a strong bond that reveals the meaning of aging along with the family.

I'm feeling good, my children are by my side, my wife is by my side. I'm getting older along with my children. (Fadel, M75)

I'm just fine with my family, it means the entire world. We struggle to have a family. Family is the primary thing, as we're a family for God, we're also like family to God. (Amin, M72)

Family is important, because family is everything. Family is the primary thing. (Beatriz, F75)

Among the subjects, it becomes clear that the members of a family must stay together as much as possible, regardless of place, whether at work, at home, or in other activities. The concern with the education of children in childhood includes keeping them always involved with the family, in order to teach the values of family life in a Muslim environment.

I always tried to educate them under my eyes, we had a store, then, they left school and went straight to the store, even to do their homework I put them close to me, to see what happened. Parents should have this attention, know where the child is and with whom she is. And they left home very early, they went studying abroad at 17, and we worried a lot. At first, they cried, wailed, because they had never gone out. When they arrived, they laid on the lap of their mother and said: oh, we miss you, we miss your affection... then, they were getting used to it. (Amin, M72)

These family values clash with those of the Western society, where there is search for individualization and privacy<sup>(12)</sup>, as observed in the Brazilian families.

Since the 1980s, scholars advocate that family in Brazil cannot be understood according to homogeneous traits accommodated in a single pattern which evolved from the patriarchal family to the modern conjugal family, but, instead, according to unique arrangements, related to the specificities of class, gender, age, ethnicity, and religion<sup>(9)</sup>.

When comparing the Lebanese family to the Brazilian family, although we observe the union between its members, it shows us unique traits, such as detachment of sons after marriage.

Family is important to us. In a well-structured family, we feel happy, there're many hours when I get upset because my sons dedicate more attention to their wife's family and forget their own mother. But, at the same time, I think that if he's happy, I'm also happy. (Dolores, F65)

[...] there's an only daughter who lives with me, there's a son who lives nearby, there's another in Curitiba, and one more in Rondônia [...]. (Carmem, F86)

Often, in a large family, we observe that one among the children takes responsibility with regard to care and she/he remains with the parents, while the others follow a path of their own; they even move from town and just go visiting their parents. In the Brazilian culture, there is a patriarchal character in the family organization which attributes different roles to men and women, and these roles are perceived and embodied by children from a very early age, such as, for instance, the permanence of a daughter as the caregiver.

According to the Lebanese customs, it is up to man the role of provider, caring for his family, besides ensuring its economic survival, the proper routing of children, and the issues with a social or political nature, outside home; it is up to male children obeying his parents, i.e. respecting them, besides taking responsibility to care for the whole family: the elderly parents, the brothers and sisters, as well as his own family, consisting of wife and children. It is up to the female children procreation, child-rearing, and the household chores.

It is no wonder to us that a few decades ago our grandmothers and great-grandmothers played the role of Muslim women. However, in the current Brazilian family, the woman has been taking responsibility for supporting the family, growing children, and fulfilling household chores.

The inclusion of women into the labor market was an important social change which altered the workforce profile with regard to sex, resulting in structural changes in the labor market<sup>(13)</sup>.

When asked whether these teachings were passed on to children, so that they care for parents in old age, the answer of elderly people was unanimous: "I never thought I would live so long". This claim is contextualized in the following statements:

When I turned 80 years old, I thought it very funny, because I never expected to reach this age; then, that day, I was 80 years old, and I said: it's not possible, but that's funny, I wasn't sad, I was not happy, I just don't know how I was, I know it was good. (Carmem, F86)

When my husband died, there was a priest who went home and said I should study. Then, I said: but, father, I'm already 50 years old, in a few days time I will be dead. And, look, it's been 46 years, if I had studied, I would be graduated now. (Antonia, F96)

According to children, the fact of staying along with parents had no cause; they said that the elderly people never stated they should care for the latter, they just did it on instinct:

She never said it to us, but I've been always closer, I worked along with my father and I just stayed, I was getting older; there was a time when I was almost married, I got engaged, I would live right next door... then, the bride didn't like the location and I was single again. (Carmem's son, 45 years)

The elderly Arabs revealed the importance of keeping their custom of caring for the older people, and it is passed through teachings, but mostly by example: children experience the embracement provided to grandparents and they must follow it, care for their parents and educating their children.

Getting old without family isn't possible. The person dies prematurely, he grieves. The Arab man is born aware that he has to care for his

parents, not as an obligation, but as a duty; now, my children, I think they'll look after me as a duty. (Faïçal, M60)

There's the eldest son's responsibility with regard to his parents, he can't stand up and say off!! to his parents, which is the smallest expression of anger or hate. Although it's a favor that parents do on behalf of children, it's priceless. My father died, today, my mother is living in my home, so, there's a great attention to her, I'd never put food on my dish before putting food on her dish, she's 85 years old. The Arab man, the Muslim, has this habit, respecting his parents, and I hope that my children provide me with the same respect, because they often see how the tradition works. If it's observed in family, it's preserved; if it isn't practiced in family, it's forgotten. (Omar, M60)

These habits may be explained by defining culture, analyzed as a web of meanings woven by man himself, to which he is imprisoned. According to this concept, culture consists of psychological structures guiding the behavior of the individual or groups; it consists of beliefs and knowledge which lead a person to act a certain way in order to be accepted by other members of the group<sup>(14)</sup>. Hence, the individual cannot be seen as a simple receiver or carrier of culture, but as an agent of cultural change who incorporates particular characteristics of the group in which he lives, and this provides him with a personality that determines his actions and reactions, thoughts and feelings in the environment where he lives<sup>(15)</sup>.

### Care practices revealed in aging and in the health/illness process

Life habits, culture, and experiences allowed multiple revelations with regard to the health care practices, such as feeding, physical exercise, and work.

Feeding may lead to a better old age. But what we eat a lot is vegetable, there's no lack of fruit and vegetables at meals. In my family, my parents had the custom of planting at home, in the yard, then, I grew up this way, according to this system. And, as there was a yard in the house, I also planted. This reflects on a positive way throughout life. (Amin, M72)

I walk every day, at least 7 km, and this makes me feel younger. I feel good, I feel exactly like when I was 50 years old. (Rachid, M72)

The person shouldn't stand still, she must move, either working, doing a service, walking. The mind must also be exercised, because the person who lives just lying in bed gets sick and ages faster. (Barros, M74)

We must try having a good health, eat plenty of fruit, vegetables, eat less meat, drink plenty of water, and try living better. We must forget the past and think of nowadays. (Dolores, F65)

The concern with exercising the mind may be the key to a greater longevity, as it was reported by all individuals, both Brazilian and Lebanese. They feel good about being able to think, work, care, love. These acts were cited even by the oldest elderly people, since they had the wisdom to keep their mind active, with ability to learn and undertake actions day by day.

I feel I'm an accomplished man, a privileged man. I spend 2 to 3 hours on the internet, I see all newspapers in the world, I like to see, for example, the New York Times, magazines and newspapers in Arabic, in Portuguese, and I receive email, send email, and it's a pleasure. (Rachid, M72)

Interestingly, praying was mentioned by the Lebanese people as a health care action, due to the habit of cleansing the body as a preparation for talking to God, besides the number of times they do this every day, actions regarded as routine which they adore and pass to their descendants. The transmission of values and the socialization of individuals in religious faith happens with greater emphasis when religion structures daily life, i.e. when the practices associated to religion permeate the behaviors, attitudes, and values of everyday life<sup>(9)</sup>.

The Muslim individual has the obligation of praying five times a day. And, for this, he has to do the ablation, a hygienic cleaning, being hygienically prepared to go to prayers. This way of washing five times a day the genital region, the hands, the mouth, the nose, the face, pass the hands on hair, clean the ears, pass the hand on the neck with water, clean the forearm up to the elbow, wash the feet above the heel with the left hand and, preferably, with the pinky finger between the toes, it's all a health care action. (Omar, M60)

These practices were reported by all Lebanese respondents and they are understood

as preparatory to the day of meeting God. Religion is defined as worship, not just a habit or routine; faithful people believe in a creator and they are submissive and obedient to his laws.

The religious issue is very charged among their descendants and it should also be observed in marriages, in the choice of a spouse who follows the same religion (Muslim), in order to avoid conflicts in marriage and child-rearing.

Analyzing the aspects which permeate the elderly person and aging enables us to know the scope of this issue and identify that the individual her/himself builds her/his own aging towards a healthy old age, something which will depend on her/his way of seeing and feeling the world and assigning values according to her/his individual and global context<sup>(11)</sup>.

The complexity of nursing care process and the consequences of the professional/elderly person relationship are made evident on the importance of involving and integrating the old individual's culture into the principles of gerontological practice<sup>(11)</sup>, so that observing the other according to her/his multiple dimensions, which make up the lifestyle, her/his beliefs, values, and knowledge can contribute to an approach that brings the professional closer to the elderly person, her/his family, and her/his life context.

Health care and the aging process went beyond the mere physical aspects, including the psychic, social, environmental, and cultural.

I'm attentive to food, I don't eat pepper, if something makes no good to me, why would I eat it? This attention isn't exaggerated, but I don't do what I shouldn't, I'm a human being. In the morning, my mate is holy, I went out there, this means health to me. And I go to the dance every week. (Brito, M72)

It is believed that in different views it is possible to find different ways of providing care.

In order to be healthy, I need to: sleep well; practice regular physical activity; have a balanced diet; have an organized life; love Jesus Christ for keeping stress away; and think everything is beautiful in life. (Rachid, M72)

It is believed that all health care professionals can improve their communication by knowing the cultural differences which permeate the human being and having an increased ability to

interpret the motives and the behavior within each context. It is up to each individual reflecting on their actions in face of the different cultural traditions, beliefs, and values with regard to the elderly person in a universal sense, as well as in a culturally formed society, so that we can provide a more effective care, involving respect, commitment, and accountability<sup>(11)</sup>.

## FINAL CONSIDERATIONS

The Arab family is regarded as a set representing the domain with the greatest socialization and significance for their members. It is from it that emerges the guarantee of maintaining an entire cultural background which struggles to be preserved, even far away from its homeland, through the education of children, the eating habits and, especially, the respect for older people and the care for the elderly individuals.

The Brazilian family remains united by means of affective and blood bonds; the care about and affection to older people reflect the respect and obedience to them. Each individual has her/his differences and similarities, such as unconditional love to those who gave her/him life.

The families analyzed in this study are characterized as large and multigenerational; the so-called elderly families were the Lebanese and the so-called families with elderly people were the Brazilian. Among the Lebanese, it is up to man the task of providing for the family, and it is up to the eldest son the duty to care for siblings and parents. The family members must stay together as much as possible, this is a major concern in child-rearing – values which differ from those of the Western society, which values individuality and privacy.

The care practices revealed were related to good nutrition, healthy habits such as eating fruits and vegetables, increased water intake, and decreased meat intake, besides other aspects, such as physical exercise, work, exercising the mind, and praying, specifically for Muslims.

Given these data, there is a need to know the individual as a whole, considering her/his specificities and breaking down the cultural constraints, besides developing new strategies for the provision of care. For this, it is not

enough to understand aging in its different forms, there is a need to contextualize aging in the various individuals, from different points of view. Assisting the elderly person to exercise

her/his possibilities makes her/him an independent and autonomous being, and this is crucial to humanize nursing practice.

## PAPEL DA FAMÍLIA EM RELAÇÃO AO IDOSO SOB A PERSPECTIVA DE IDOSOS BRASILEIROS E LIBANESES

### RESUMO

Este artigo teve por objetivo identificar o papel da família diante do indivíduo que envelhece, de duas nacionalidades: libanesa e brasileira. Utilizou-se como estratégia teórico-metodológica o Interacionismo Simbólico e a Teoria Fundamentada nos Dados. Os dados foram coletados no período de fevereiro a junho de 2010, com 16 idosos e seus familiares, os quais constituíram dois grupos amostrais. Constatou-se que as famílias são multigeracionais, consideradas famílias de idosos na nacionalidade libanesa e famílias com idosos na nacionalidade brasileira. Cabe ao homem libanês a tarefa de prover o sustento da família e ao filho mais velho o dever de cuidar dos irmãos e dos pais. Os libaneses preocupam-se com a educação dos filhos e primam por permanecer juntos o máximo possível, demonstrando valores divergentes da sociedade ocidental, que valoriza a individualidade e a privacidade. As práticas de cuidado destacadas relacionam-se a hábitos alimentares, como aumento do consumo de frutas e verduras, redução do consumo de carne e aumento da ingestão de água, além da prática de exercícios físicos, do trabalho e da oração, especificamente dentre os muçulmanos. Conclui-se que é necessário conhecer o indivíduo em sua totalidade, considerar suas especificidades e romper as limitações culturais, de forma a desenvolver novas estratégias para a prestação do cuidado.

**Palavras-chave:** Envelhecimento. Cultura. Grupos Étnicos. Aculturação. Enfermagem.

## PAPEL DE LA FAMILIA CON RELACIÓN AL ANCIANO BAJO LA PERSPECTIVA DE LOS ANCIANOS BRASILEÑOS Y LIBANESES

### RESUMEN

Este artículo tuvo como objetivo identificar el papel de la familia delante del individuo que envejece, de dos nacionalidades: libanesa y brasileña. Se utilizó como estrategia teórico-metodológica el Interaccionismo Simbólico y la Teoría Fundamentada en los Datos. Los datos fueron recogidos en el periodo de febrero a junio de 2010, con 16 ancianos y sus familiares, que constituyeron dos grupos de muestreo. Se constató que las familias son multigeracionales, consideradas familias de ancianos en la nacionalidad libanesa y familias con ancianos en la nacionalidad brasileña. Cabe al hombre libanés la tarea de proveer el mantenimiento de su familia y el hijo mayor debe cuidar a sus hermanos y a sus padres. Los libaneses se preocupan con la educación de sus hijos y priman por permanecer juntos lo máximo posible, demostrando valores diferentes de la sociedad occidental, que valora la individualidad y la privacidad. Las prácticas de atención destacadas se relacionan con hábitos alimentarios, como aumento del consumo de frutas y verduras, reducción del consumo de carne y aumento de la ingesta de agua, además de la práctica de ejercicios físicos, del trabajo y de la oración, específicamente entre los musulmanes. Se concluye que es necesario conocer al individuo en su totalidad, considerar sus especificidades y romper las limitaciones culturales, para desarrollar nuevas estrategias para la prestación de la atención.

**Palabras clave:** Envejecimiento. Cultura. Grupos Étnicos. Aculturación. Enfermería.

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**Data de recebimento:** 01/09/2011

**Data de aprovação:** 02/07/2013