Artículo

Family Care for Dependent Older People at Home: A Comparative Study between Brazil and Colombia

* This article stems from the master's thesis entitled: "Cuidado familiar a pessoas idosas idosas dependentes no domicilio: estudo comparativo Brasil/Colômbia" (Family care for dependent elderly people at home: A comparative study between Brazil/Colombia), presented to the Nursing graduate program at the Universidade Federal do Piauí, Brazil.

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Theme: Promotion and prevention.

Contributions to the subject: The present study provides evidence of the socio-demographic profile and the care situation of dependent older adults and their family caregivers using an innovative methodology for comparative studies between two countries, which has become increasingly prevalent in recent decades in the field of health sciences.

Abstract

Objective: To analyze the socio-demographic profile and caregiving situation of dependent older adults and their family caregivers in Brazil and Colombia. **Method:** This mixed comparative and exploratory study follows the comparative study stages proposed by Bereday, namely: Description, interpretation, juxtaposition, and comparison. A semi-structured interview was used. National and international ethical principles were followed in the study, with the ethics committee's approval in each country. **Results:** A total of 250 participants were interviewed: 52 dependent older adults in Brazil and 56 in Colombia, along with 70 family caregivers in Brazil and 72 in Colombia. A total of 68.5 % of the elderly and 83.8 % of the caregivers were women. Twelve categories were created based on the participants' statements, six in the dependent older people and six in the caregivers. **Conclusion:** Women and daughters were the primary family caregivers, and the Catholic religion was prevalent in both countries. Regarding the caregiving situation in both countries, it stands out that dependent older people and family caregivers feel the presence of a superior being assisting them in overcoming the challenges of caregiving activities.

Keywords (Source: DeCS)
Aged; aging; caregivers; geriatric nursing; comparative study.

Cuidado familiar de adultos mayores dependientes en el hogar: un estudio comparativo entre Brasil y Colombia

* Este artículo se deriva de la tesis de maestría titulada: "Cuidado familiar a pessoas idosas dependentes no domicilio: estudo comparativo Brasil/Colômbia", presentada al programa de posgrado en Enfermería de la Universidade Federal do Piauí, Brasil.

Resumen

Objetivo: analizar el perfil sociodemográfico y la situación de cuidado de los adultos mayores dependientes y sus cuidadores familiares en Brasil y Colombia. **Método:** investigación comparativa mixta y de tipo exploratorio, la cual sigue las fases de estudios comparativos propuestos por Bereday: descripción, interpretación, yuxtaposición y comparación. Se utilizó una entrevista semiestructurada. Se tuvieron en cuenta los principios éticos nacionales e internacionales dentro del estudio, con la aprobación de cada comité de ética en cada país. **Resultados:** fueron entrevistados 250 participantes: 52 adultos mayores dependientes en Brasil y 56 en Colombia, y 70 cuidadores familiares en Brasil y 72 en Colombia. El 68,5 % de los adultos mayores y el 83,8 % de los cuidadores eran mujeres. Se construyeron doce categorías a partir del discurso de los participantes, seis en los adultos mayores dependientes y seis en los cuidadores. **Conclusión:** hubo predominio de las mujeres e hijas como la mayoría de las cuidadoras familiares, así como la religión católica como la más prevalente en ambos países. Respecto a la situación de cuidado, en ambos países destaca que los adultos mayores dependientes y los cuidadores familiares sienten la presencia de un ser superior ayudándolos a superar los desafíos en las actividades de cuidado.

Palabras clave (Fuente: DeCS)
Anciano; envejecimiento; cuidadores; enfermería geriátrica; estudio comparativo.

Cuidado familiar de idosos dependentes no domicílio: um estudo comparativo entre Brasil e Colômbia

* Este artigo é derivado da tese de mestrado intitulada "Cuidado familiar a pessoas idosas dependentes no domicilio: estudo comparativo Brasil/Colômbia", submetida ao Programa de Pós-Graduação em Enfermagem da Universidade Federal do Piauí, Brasil.

Resumo

Objetivo: analisar o perfil sociodemográfico e a situação de cuidado dos idosos dependentes e seus cuidadores familiares no Brasil e na Colômbia. **Materiais e método:** pesquisa comparativa mista e de tipo exploratório, a qual segue as fases de estudos comparativos propostos por Bereday: descrição, interpretação, justaposição e comparação. Foi utilizada entrevista semiestrutura. Foram considerados os princípios éticos nacionais e internacionais para o estudo, com a aprovação de cada comitê de ética dos referidos países. **Resultados:** foram entrevistados 250 participantes, dos quais 52 idosos dependentes no Brasil e 56 na Colômbia, e 70 cuidadores familiares no Brasil e 72 na Colômbia. 68,5 % dos idosos e 83,8 % dos cuidadores eram mulheres. Foram construídas 12 categorias a partir do discurso dos participantes, seis nos idosos dependentes e seis nos cuidadores. **Conclusões:** houve predomínio das mulheres e filhas como cuidadoras familiares, bem como a religião católica como a mais prevalente em ambos os países. A respeito da situação de cuidado, nos dois países, destaca-se que os idosos dependentes e os cuidadores familiares sentem a presença de um ser superior que os ajuda a superar os desafios das atividades de cuidado.

Palavras-chave (Fonte: DeCS)
Idoso; envelhecimento; cuidadores; enfermagem geriátrica; estudo comparativo.

Introduction

Aging is a gradual and irreversible change in an individual's structure and function, which occurs due to the passage of time at the psychobiological level. It is considered a process, and old age is viewed as a stage of the human life cycle. Thus, it is related to a heterogeneous transition that depends on how individuals organize their lives, which may be based on historical and cultural circumstances, the incidence of diseases, and the interaction between genetic and environmental factors (1).

In Colombia and Brazil, an older adult is considered to be someone who is sixty or older (2). In both countries, the caregivers are people who may or may not be family members and care for the ill dependent older person as part of their paid or unpaid daily activities. The caregiver's objective is to assist the elderly in their activities, such as feeding, personal hygiene, daily medications, accompanying them to health services, and other actions required daily (3-4).

This global phenomenon has increased significantly recently, from 770 million people aged 60 or older to 900 million in 2015. In 2020, it was estimated that this number would reach one billion; by 2050, it will come two billion, of which 80 % will be in countries with medium and low per capita income (5-6).

In Brazil, 19.2 million people aged 65 or older were registered in 2018, and in 2060 this number is estimated to reach 58.2 million older adults (7). In Colombia, there are estimated to be 6.8 million older adults in 2020, projected to double by 2050 (8).

This demographic transition, similar to an exponential curve growth, means that families are faced with providing care for dependent older people and caregivers who often assume this role without adequate preparation, assistance, or social support, which affects both their quality of life as caregivers, as well as that of the elderly (9).

Due to the importance of dependent older adults and their family caregivers in this study, the main objective is to analyze the sociodemographic profile and the caregiving situation of dependent older people and their family caregivers in Brazil and Colombia.

Materials and methods

This mixed comparative study of the exploratory type based on Bereday's (1964) guidelines complies with the four stages of description, interpretation, juxtaposition, and comparison. In addition, it includes two countries, covering the similarities and differences between the sociocultural and political organizations within Brazil and Colombia, particularly dependent older adults and their family caregivers (10).

The study was conducted according to the guidelines: Consolidated Criteria for Reporting Qualitative Research (COREQ) (11) and Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) (12).

A semi-structured interview was used to guide the collection of information, which included questions regarding socio-demographic data, the older people's ability to perform daily activities, and open-ended questions regarding their cognitive, mental/emotional, and social dependence.

The researchers did not know the participants before the study. Once contact was established between researchers and interviewees, training was provided to the researchers, and the study's objective was shared with them.

In Brazil, seven cities that were included in the *Estratégia Saúde da Família* (Family Health Strategy), a primary healthcare program, were the research sites for convenience. These cities were Teresina, Brasilia, Belo Horizonte, Manaus, Fortaleza, and Rio de Janeiro, which were part of the national multicenter research by Cecilia Minayo entitled: "Situational study of dependent older adults living with their families" to propose a care policy and support to caregivers. The author approved the use of data for research purposes.

In Colombia, data collection by convenience was carried out through the *Cuidando a cuidadores* (Caring for caregivers) program, thanks to a nursing professional who is a member and leader of this program. In both areas, prior authorization was granted by the respective ethics committee. Families whose elderly lived in old homes or lived alone were excluded. All dependent older adults and family caregivers living in the same household who agreed to participate voluntarily in the study were included.

In both countries, data collection was conducted at the participants' homes, where only the participant and the researcher were present. In Brazil, data collection was carried out between September and November 2019, and in Colombia, between February and April 2020, with an average interview duration of forty minutes. Repeated interviews were not conducted.

Verbatim transcriptions of the audio-recorded interviews were made to support the results and interpretations presented (content analysis). Leading questions were avoided to prevent bias, and during information interpretation and analysis, researchers maintained neutrality in indicating the commonality of responses and holistically examining representation. The qualitative analysis software ATLAS.TI and the programs Excel and SPSS version 22 were used for quantitative analysis. Due to the COVID-19 pandemic between 2020 and 2021, it was impossible to return transcripts to participants after coding and have feedback on the results.

According to Bereday's model (13), description represents the detailed narration of a discourse; interpretation determines the meaning of a text with certainty, juxtaposition incorporates the initial confrontation of data, and, finally, comparison represents the simultaneous analysis of the variables of the different places included. ATLAS.TI, a qualitative data analysis program, was used to create a total of 66 codes that were included in categories, subsequently analyzed and compared between the two countries.

Results

A total of 250 participants were interviewed in the two countries. Of these, 52 dependent older adults and 70 family caregivers were interviewed in Brazil, and 56 dependent older people and 72 family caregivers in Colombia. Table 1 presents the participants' sex and age. The number of participants who voluntarily decided not to be included in the study was not recorded.

Table 1. Sex and age of the older adults and family caregivers in Brazil and Colombia

Sex	Older people in Brazil		Older people in Colombia		Total of older people	
	n	%	n	%	n	%
Female	35	67.3	39	69.6	74	68.5
Male	17	32.7	17	30.4	34	31.5
Total	52	100	56	100	108	100
Sex	Caregivers in Brazil		Caregivers in Colombia		Total caregivers	
	n	%	n	%	n	%
Female	57	81.4	62	86.1	119	83.8
Male	13	18.6	10	13.9	23	16.2
Total	70	100	72	100	142	100
Age	Brazil		Colombia		p-value	
	Mean	SD	Mean	SD		
Older people	79.35	9.1	73.82	9.01	0.002**	
Family caregivers	55.6	12.2	40.2	14.5	0.01*	

* $p < 0.05$, ** $p < 0.01$

Source: Own elaboration

It is evident that, in both countries, the female sex is prevalent among the elderly and the family caregivers, as out of the total number of participants, 250 people, 193 were women (77.2 %). The age of the elderly and family caregivers in the two countries showed a statistically significant difference, 5.53 and 15.4 years, respectively, being higher in the Brazilian participants.

A variety of ethnicities are present in both countries (Asian, Caucasian, African, Mixed, Hispanic); the most prevalent in Brazil is Caucasian among older adults (40.4 %) and Mixed among family caregivers (35.7 %). In Colombia, the most pervasive ethnicity identified

by the participants, both among older people and family caregivers, was Mixed (48.2 % and 59.7 %, respectively) ($p < 0.05$, $p < 0.01$).

When family caregivers were asked about the relationship with the dependent older adult, most participants in both countries responded that they were their children (57.14 % in Brazil and 52.78 % in Colombia). However, the second most frequent response in Brazil was the spouse (24.29 %), and in Colombia, the granddaughter (18.06 %) ($p < 0.01$).

Regarding marital status, it was evident that most dependent older people were widowed (44.2 %), followed by married people (38.5 %), while the opposite was true in Colombia (married 30.4 % and widowed 28.6 %) ($p < 0.05$).

Religion-wise, Catholicism was the predominant religion in Brazil and Colombia; however, in Colombia, it was more prevalent with 91.1 % of the participants ($p < 0.05$). Similarly, regarding education, the percentage of people who reported having completed primary education was higher in Colombia (28.57 %) ($p < 0.05$).

Within the physical and structural adaptations of the household, 91.1 % of the dependent older adults in Colombia reported having some modification, compared to 59.6 % of the older people in Brazil ($p < 0.01$). Finally, 53.6 % of dependent older adults in Colombia stated having some leisure activity, while in Brazil, this rate was 9.6 % ($p < 0.01$).

Regarding the qualitative data from the interviews, a complete reading of the interviews of all participants was carried out, whose common statements were identified with a code, which was later grouped into the final categories by similar attributes. From the dependent older adults' statements in Brazil, five categories emerged, namely: *I am a burden, I want to be autonomous, I am no longer who I was before, I accomplished my mission,* and *I am okay with God*. In Colombia, six categories emerged: *I do not feel useful, I want to be autonomous, I am not who I was before, I accomplished my mission, I am okay with God,* and *My role in my family* (shown in Table 2).

The categories developed based on the statements of dependent older people in Brazil and Colombia are described below.

I am a burden (identified in Brazil): When faced with a situation of physical, emotional, and social dependence, in addition to aging and the onset of diseases that hinder their ability to carry out daily activities, older adults feel that they are no longer productive and begin to feel useless and as a burden.

I do not feel useful (identified in Colombia): It expresses sadness for having to receive assistance from another person (the family caregiver) in their daily activities due to their dependence situation.

Table 2. Categories of the participants' statements

	Brazil	Colombia
Older people	*1) I am a burden* *2) I want to be autonomous* *3) I am no longer who I was before* *4) I accomplished my mission* *5) I am okay with God*	*1) I am a burden* *2) I want to be autonomous* *3) I am no longer who I was before* *4) I accomplished my mission* *5) I am okay with God* *6) My role in my family*
Family caregivers	*1) How I became a caregiver* *2) The burden of caregiving on me* *3) Changes in our lives* *4) I have support* *5) I have God's help* *6) My challenges as a caregiver*	

Source: Own elaboration

I want to be autonomous: The expression of a wish to carry out daily activities that they performed before they became dependent, such as bathing, preparing food, or undergoing treatment. However, due to their condition, they cannot do them on their own.

I am no longer who I was before: Older adults often remember the activities they performed when they were independent; however, although they would like to perform them again, the people in their context (to a greater extent, their family) prevent them from completing them due to their condition and the possibility of adverse events. Older people may engage in a denial process.

I accomplished my mission: When they feel they have achieved their mission throughout life. It refers to the fact that while they were independent, they did the most out of their health and family. Currently, the older adults accept their condition, given their limitations, and do what they can with joy and accept what they cannot do with resilience.

I am okay with God: It is the transformation of their pain and dependence situation. They establish a relationship with a higher being who helps them accept themselves, leave their worries and hardships with this higher being, and receive a sense of inner peace in return.

My role in my family (identified in Colombia): It represents the perception of usefulness as family members of the older adults who, aware of their dependence and limitations, participate in the decisions regarding their care, family decisions, or home adaptations, which gives them a feeling of usefulness and family unity.

The categories developed based on the family caregivers' statements in Brazil and Colombia were the following: *How I became a caregiver, The burden of caregiving on me, Changes in our lives, I have support, I have God's help,* and *My challenges as a caregiver.* Table 2 presents the description of these categories, as well as the statements of some interviewees.

How I became a caregiver: This includes the meanings that cause a person to become a caregiver. It also refers to the internal and external motivations or conditions that led the person to make this decision, including reasons of time and past experiences with the dependent older person.

The burden of caregiving on me: This represents the responsibility of being with the dependent older person in their daily activities. Often, these tasks become so excessive that they impact the caregiver's life. They can also be influenced by internal or external personal factors or stressful situations, to the point of having difficulties in carrying out one's activities, which result in having to carry them out with concerns.

Changes in our lives: Some significant changes occur in the lives of family caregivers as they become the ones who provide care the most to the dependent elderly; also, changes in the lives of the elderly occur and are perceived by family caregivers as their health situation is critical to the caregivers.

I have support: Secondary to the caregiving situation, help or support appears, which may be material or intangible, is perceived by the family caregivers in their daily activities related to the care provided to the elderly and helps them to avoid or reduce the care burden.

I have God's help: Some caregivers perceive their situation as being helped by a higher being (God), who helps them to be resilient and leave their concerns and problems with that being; in return, they receive a sense of inner peace. Likewise, the feelings of spiritual support in the lives of older adults perceived and described by caregivers are also noted.

My challenges as a caregiver: This represents all the challenges perceived, consciously or unconsciously, by family caregivers as a consequence of the caregiving situation, and new methods are identified to assist in maintaining this relationship as a healthy one.

Discussion

A prevalence of the female sex is found among dependent older adults and family caregivers both in Brazil and Colombia, which can be attributed to the life expectancy at birth at the national level, which is higher in women in both countries (13). This result is similar to other studies, where older people and family caregivers are primarily female (14-17).

Regarding the age of the dependent older adults, the studies vary between an average of 69.3 years and 75.5 years, ranging from 60 to 96 years (14,16-17). Regarding family caregivers' age, an average of 43.1 years was identified among family caregivers in Colombia (18). However, studies conducted in different regions

of Brazil found that the average age of family caregivers is over 50 years (19-22), similar to what was found in the present study.

The ethnicity most reported by older adults in Brazil was Caucasian, which differs from what was found in the study, as 76.9 % of older people reported themselves as Mixed. Although Mixed was the most reported ethnicity in Colombia, it represented only 48.2 % (22).

At the national level, the Instituto Brasileiro de Geografia e Estatística - IBGE (Statistics and Geography Brazilian Institute) stated that 46.7 % of the Brazilian population declared themselves Mixed, being the most prevalent ethnicity in Brazil, followed by the Caucasian ethnicity, which is contrary to what was found in the present study (23). In Colombia, according to the Departamento Administrativo Nacional de Estadísticas - DANE (National Administrative Department of Statistics), the most prevalent ethnicity in the population is Mixed, which is similar to what was found in the present study (8).

Regarding the family caregivers, the prevalent ethnicity in both countries was Mixed, consistent with national studies conducted by IBGE (23) and DANE (8). Likewise, a study carried out in the state of Ceará, Brazil, showed that 76.9 % of family caregivers identified themselves as Mixed (22).

Concerning the relationship of the family caregivers with the dependent older people, a study conducted in Canada found that children represent 56.2 % of the caregivers, followed by spouses (35.4 %) (24), which is consistent with what was found in Brazil. However, it differs from the results obtained in Colombia, which may be attributed to the life expectancy in Canada, which is higher than that of Brazil and Colombia; living longer, couples age together and take care of their spouses (13).

For marital status, in Brazil, the older adults reported that 44.2 % of them were widowed, and 38.5 % were married, which is consistent with the study results, where 38.5 % of the older people were married. The same percentage were widowed (22). Nonetheless, it differs from the results among older adults in Colombia, who reported a higher rate of being married (30.4 %) and then widowed (28.6 %), which may be related to the average age of the participants (older in Brazil).

It is noted that the prevalent religion in both countries is Catholic, which is consistent with what was found by (22), who indicates that 76.9 % of the dependent older people in his study considered themselves Catholics, which may be attributed to the fact that both in Brazil (23) and Colombia (8), the prevalent religion is Catholic.

Among the physical and structural household adaptations, the present study showed a higher percentage of affirmative responses from older adults in Colombia than those in Brazil (91.1 % versus 59.6 %). However, the high prevalence of these adaptations may be

associated with an increase in the perception of the functional capabilities of the dependent older people themselves, impacting confidence and quality of life in other areas (25).

Regarding leisure activities and free time, in Brazil, 9.6 % of the older people stated that they engage in them, compared to 53.6 % in Colombia, which may be explained by the participants' average age, which is lower in Colombia.

In the categories *I am a burden*, *I want to be autonomous*, and *I am no longer who I was before*, it was found that most of the older adults were female, with women tending to be more dependent regarding daily activities when compared to men (26).

In the category *I accomplished my mission*, a code is referred to as *Partner* (bond), representing the affective bonding that exists mainly when the caregiver is also the spouse. In both countries, almost a quarter of the dependent older people reported being cared for by their spouses, which may be attributed to the emergence of statements corresponding to establishing a bond. It may represent a protective factor associated with the burden experienced by the older people when the social interaction is positive, as evidenced in the statements of the dependent older adults interviewed (17).

In addition, the category *I am okay with God* is identified as one with a high prevalence due to the high number of people who practice a religion. There are discourses in which dependent older adults express themselves calmly in stressful situations, including death. In this way, they identify spirituality as a support for the dependent older adult (27).

The last category described for older people, particularly identified in the Colombian participants' interviews, corresponds to the category entitled *My role in my family*. The study in Canada addressed the participation of dependent older people and found that 93 % of them reported assuming an active or collaborative role in the decision-making process (24). These results are consistent with the present study, which may be attributed to the type and complexity of the older adults' dependence and their ability to communicate with their families.

Regarding family caregivers, the first category, entitled *How I became a caregiver*, is filled with motivations that encompass personal and external situations. In a study conducted in Iran, an attempt was made to determine why caregivers assume this role, identifying four psychosocial motivation categories (28).

The first was related to moral reasons, similar to the statements from Brazil and Colombia participants. The second concerned religious or spiritual reasons. The third was related to financial

reasons. In the present study, caregivers were identified as lacking the financial means to hire a formal caregiver. Finally, immoral reasons are related to taking revenge on or stealing from the dependent older person, which is not associated with what was found in the present study in Brazil and Colombia.

In the second category, *The burden of caregiving on me*, similarities are evident with the findings of a study that identifies that caring for the elderly can create a burden, especially when the caregiver experiences stress and lacks adequate social support to help them, according to the level of dependence of the elderly (17).

In the category entitled *Changes in our lives*, in the interviews, the transformation of the household for the elderly is evident, representing changes in the physical environment. It is related to the findings of a study that concluded that the adaptations in the household might be associated with an increase in the perception of functional capacity by the elderly themselves when performing an activity independently that they were only able to perform with the caregiver's assistance (25).

The *I have support* category represents the support the family caregiver receives and is perceived by the caregiver. Thus, an interaction between both parties must exist for decisions regarding tasks and care, influencing the situation of the elderly (24).

The fifth category, *I have God's help*, presents statements that may be attributed to the religious and spiritual prevalence of both countries (Brazil and Colombia), which is partially consistent with a study where religiosity represents support for receiving emotional strength and continuing to care for the dependent elderly (28).

In the last category, *My challenges as a caregiver*, the family caregivers consider their limitations and those of the dependent elderly to provide the best care. What stands out is the importance of community health professionals in outlining a care plan for the binomial dependent elderly and family caregiver (including family), the elderly who leads the household as far as possible, and the situation of being dependent (17, 29).

Conclusion

The present study analyzed the socio-demographic profile and the caregiving situation of dependent older adults and their family caregivers in Brazil and Colombia through a methodologically innovative mixed-approach study. It found a complex socio-demographic profile of the participants, with a prevalence of wives and daughters of the elderly as the majority of family caregivers and a preponderance of the Catholic religion.

The caregiving situation is evident within the categories generated from the participants' statements, as dependent older people feel

as if they are a burden, they do not feel helpful or the same as they were before; also, they expressed the desire to be autonomous and to have accomplished their mission in life, as they feel at peace with a superior being. In addition, it was evident in the Colombian statements that the elderly people referred to their role in their families.

Regarding family caregivers, the caregiving situation is centered on why they became caregivers, how caregiving impacts their lives, how different changes develop, the different types of human and material support that occur during caregiving, the help they perceive from a superior being in providing their services to the older adults, and, finally, the challenges that the caregivers perceive in caregiving activities.

However, due to the magnitude of the number of interviews, it was impossible to address all aspects completely. Considering that four research subjects are presented with similar elements, they are entirely different in other parts. Likewise, after data collection, it was challenging to provide feedback on the transcription and the results to the participants due to the COVID-19 pandemic and the quarantine measures adopted at the national level.

Conflict of interest: None declared.

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References

1. Rishworth A, Elliott SJ. Global environmental change in an aging world: The role of space, place and scale. Soc Sci Med. [Internet]. 2019 Apr;227:128-136. DOI: https://doi.org/10.1016/j.socscimed.2018.07.027
2. Ministério da Saúde (BR). Lei n. 10.741, de 10 de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Diário Oficial da República Federativa do Brasil [Internet]. Brasília (DF): Diário Oficial da União; 2003[cited 9 Jun 2021]. Available from: http://www.planalto.gov.br/ccivil_03/leis/2003/l10.741.htm
3. Ministério da Saúde (BR). Diretrizes para o cuidado das pessoas idosas no SUS: Proposta de modelo de atenção integral [Internet]. Brasília (DF): Ministério da Saúde; 2014[citado el 26 de agosto de 2021]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/diretrizes_cuidado_pessoa_idosa_sus.pdf
4. Tramujas L, Albert SM. Aging in brazil. Gerontologist. 2018 Ago;58(4):611-617. DOI: https://doi.org/10.1093/geront/gny019
5. Organização Mundial de Saúde (OMS). Relatório mundial de envelhecimento e saúde [Internet]. Genebra, Suíça: 2015[cited 15 May 2021]. Available from: https://apps.who.int/iris/bitstream/handle/10665/186468/WHO_FWC_ALC_15.01_por.pdf;jsessionid=F82563DF3C0D6535C1B903D04065E711?sequence=6
6. Lima-Costa, MF, Bof de Andrade F, Borges de Souza PR, Liberalesso A, De Oliveira YA, Castro-Costa E, De Oliverira C. The brazilian longitudinal study of aging (ELSI-Brazil): Objectives and design. Am J Epidemiol. 2018 Jan 31;187(7):1345-1353. DOI: https://doi.org/10.1093/aje/kwx387
7. Instituto Brasileiro de Geografia e Estatística (IBGE). Projeção da População 2018: número de habitantes do país deve parar de crescer em 2047 [Internet]. Brasil; 2018[cited 28 May 2022]. Available from: https://agenciadenoticias.ibge.gov.br/agencia-sala-de-imprensa/2013-agencia-de-noticias/releases/21837-projecao-da-populacao-2018-numero-de-habitantes-do-pais-deve-parar-de-crescer-em-2047
8. Departamento Administrativo Nacional de Estadísticas (DANE). Censo Nacional de Población y Vivienda [Internet]. Colombia; 2018[citado el 29 de mayo de 2022]. Available from: https://www.dane.gov.co/

9. Plöthner M, Schmidt K, Jong L, Zeidler J, Damm K. Needs and preferences of informal caregivers regarding outpatient care for the elderly: a systematic literature review. BMC Geriatr [Internet]. 2019 Mar 13;19(1):1-22. DOI: https://doi.org/10.1186/s12877-019-1068-4

10. Bereday GZF. Comparative method in education. New York: Holt, Rinehart & Winston; 1964.

11. Ramos dos Santos V, Palucci MH, Reis GT, Lima P. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. Acta Paul Enferm [Internet]. 2021;34:eAPE02631. DOI: https://doi.org/10.37689/acta-ape/2021AO02631

12. Skrivankova VW, Richmond RC, Woolf BAR, Davies NM, Swanson SA, VanderWeele TJ, et al. Strengthening the reporting of observational studies in epidemiology using mendelian randomization: the STROBE-MR statement. Jama [Internet]. 2021 Oct 26; 326(16):1614-1621. DOI: https://doi.org/10.1001/jama.2021.18236

13. World Health Organization (WHO). Life expectancy and healthy life expectancy: data by country [Internet]. Genebra: Suíça; 2020 Apr 12 [cited 13 Aug 2021]. Available from: https://apps.who.int/gho/data/node.main.HALE?lang=en

14. Ris I, Schnepp W, Imhof RM. An integrative review on family caregivers' involvement in care of home-dwelling elderly. Health Soc Care Community [Internet]. 2018 Oct 11;27(3):e95-e111. DOI: https://doi.org/10.1111/hsc.12663

15. Zeng Y, Hu X, Li Y, Zhen X, Gu Y, Sun X, Dong H. The quality of caregivers for the elderly in long-term care institutions in Zhejiang Province, China. Int J Environ Res Public Health [Internet]. 2019 Jun 19;16(12):2164. DOI: https://doi.org/10.3390/ijerph16122164

16. De Carli L, Oliveira NM, Andolhe R, Dalmolin A. Produção científica da enfermagem sobre o cuidado familiar de idosos dependentes no domicílio. ABCS health sci. [Internet]. 2019 Apr 30;44(1):58-66. DOI: https://doi.org/10.7322/abcshs.v44i1.1119

17. Kobayasi YD, Partezani RA, Silva JR, Silva LM, De Souza AC, Campos EMP. Sobrecarga, rede de apoio social e estresse emocional do cuidador do idoso. Av Enferm [Internet]. 2019 May 01;37(2):140-148. DOI: https://doi.org/10.15446/av.enferm.v37n2.73044

18. Carreño SP, Chaparro-Díaz L. Agrupaciones de cuidadores familiares en Colombia: perfil, habilidad de cuidado y sobrecarga. Pensam psicol [Internet]. 2017;15(1):87-101. Available from: https://www.redalyc.org/journal/801/80149351007/html/

19. Ottaviani AC, Bregola AG, Terassi M, Luchesi BM, Souza EN, De Oliveira NA Fraga FJ, Iost SC. Comparison of cognitive performance and aspects of the care context in elderly caregivers in Brazil: A follow-up study. Dement Neuropsychol [Internet]. 2020;14(2):159-164. DOI: https://doi.org/10.1590/1980-57642020dn14-020009

20. Ferraz K, Silva de Oliveira RN, Cruz V, Nagib E, da Silva JK, de Oliveira D. Fatores associados à qualidade de vida de cuidadores familiares de idosos. Cienc enferm [Internet]. 2018 eJan;24(17):1-15. DOI: https://doi.org/10.4067/S0717-95532018000100217

21. Duarte I, de Aquino J, Silva EM. Between state, society and family: the care of female caregivers. Rev Bras Enferm [Internet]. 2018;71(6):2720-2727. DOI: https://doi.org/10.1590/0034-7167-2018-0111

22. González L, López S, Ortiz AM, Gómez O, González Ballesteros L. "Me cuido activo Manizales": A community care model based on an active aging framework for elderly people in Colombia. Innov. Aging. [Internet]. 2020 Dec 16;4(supp. 1):92. DOI: https://doi.org/10.1093/geroni/igaa057.304

23. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional por Amostra de Domicílios (PNAD). [Internet]. Brasil; 2016[citado el 13 de agosto de 2021]. Available from: https://www.ibge.gov.br/estatisticas/sociais/educacao/9127-pesquisa-nacional-por-amostra-de-domicilios.html?=&t=o-que-e

24. Adekpedjou R, Stacey D, Brière N, Freitas A, Garvelink MM, Turcotte S, et al. "Please listen to me": A cross-sectional study of experiences of seniors and their caregivers making housing decisions. PLoS One. [Internet]. 2018 Aug 30;13(8):1-19. DOI: https://doi.org/10.1371/journal.pone.0202975

25. Whitehead PJ, Golding-Day MR. The lived experience of bathing adaptations in the homes of older adults and their carers (BATH-OUT): A qualitative interview study. Health Soc Care Community [Internet]. 2019 Aug 02;27:1534-1543. DOI: https://doi.org/10.1111/hsc.12824

26. Jiao K, Liu M, Xu M. Age and cohort trajectories of gender inequality in health among elderly people in China. J Women Aging [Internet]. 2019 Dec 04;33(3):247–267. DOI: https://doi.org/10.1080/08952841.2019.1686325

27. Nooripour R, Ghanbari N, Hosseinian S, Mota T, Hussain AJ, Ilanloo H, et al. Validation of the spiritual well-being scale (SWBS) and its role in predicting hope among Iranian elderly. Ageing Int [Internet]. 2022 Apr 05;1-19. DOI: https://doi.org/10.1007/s12126-022-09492-8

28. Zahed S, Emami M, Bazargan-Hejazi S, Eslami AA, Barekatain M, Zamani-Alavijeh F. What motivates informal caregivers of people with dementia (PWD): a qualitative study. BMC Palliat Care [Internet]. 2019 Nov 28;18(1):1-7. DOI: https://doi.org/10.1186/s12904-019-0491-9

29. Rico-Blázquez M, García-Sanz P, Martín-Martín M, López-Rodríguez JA, Morey-Montalvo M, Sanz-Cuesta T, et al. Effectiveness of a home-based nursing support and cognitive restructuring intervention on the quality of life of family caregivers in primary care: A pragmatic cluster-randomized controlled trial. Int J Nurs Stud [Internet]. 2021 Aug;120:1-11. DOI: https://doi.org/10.1016/j.ijnurstu.2021.103955