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# Women's experiences in terms of the care provided to dependent elderly: gender orientation for care

## *Vivências de mulheres cuidadoras de pessoas idosas dependentes: orientação de gênero para o cuidado*

## *Identidad de género y orientación del cuidado en las relaciones familiares de la mujer cuidadora y la persona*

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## Abstract

**Objective:** To understand, in the memories of caregiving women, the meaning of the experiences of caregiving relationships in family units with dependent elderly people in the context of social construction of care - oriented gender identity. **Methods:** This is a study based on the oral history of life of six female caregivers of families with elderly dependent people, in Bahia countryside, Brazil. The memories, captured by recorded and transcribed interview, composed the corpus of analysis. **Results:** The social role of gender identity directs women to the responsibility of their family members who are dependent on care, with feelings and values of human obligation and strong religious influence. This care also favors intergenerational experiences in the space of family relationships with meaningful learning. **Conclusion:** A critical understanding of the female role of care is urgently needed, with an incentive for intergenerational and gender education that provides new perspectives for dependent elderly care.

**Keywords:** Caregivers; Family relations; Gender identity; Elderly; Women's health.

## Resumo

**Objetivo:** Apreender nas lembranças da mulher cuidadora o sentido e o significado das vivências de relação de cuidado na unidade familial com a pessoa idosa dependente em contexto de construção social da identidade de gênero orientado para o cuidado. **Métodos:** Estudo fundamentado na História Oral de Vida com seis mulheres cuidadoras de famílias com pessoas idosas dependentes, no interior da Bahia, Brasil. As lembranças, captadas por entrevista gravada e transcrita, compuseram o corpus de análise. **Resultados:** O papel social de identidade de gênero direciona a mulher na responsabilização de seus membros familiares dependentes de cuidado, com sentimentos e valores de obrigação humana e forte influência religiosa. Esse cuidado favorece ainda as vivências intergeracionais no espaço das relações familiares com aprendizagens significativas. **Conclusão:** Urge uma compreensão crítica do papel feminino do cuidado, com incentivo à educação intergeracional e de gênero que propiciem novas perspectivas para o cuidado ao idoso dependente.

**Palavras-chave:** Cuidadores; Relações familiares; Identidade de gênero; Idoso; Saúde da mulher.

## Resumen

**Objetivo:** Aprehender de las memorias de la mujer cuidadora el sentido y el significado de las vivencias de la relación del cuidado en la unidad familiar con el anciano dependiente, en el contexto de construcción social de la identidad de género orientado para el cuidado. **Métodos:** Estudio fundamentado en la Historia Oral de Vida con seis mujeres cuidadoras de familias con ancianos dependientes en el interior de Bahía, Brasil. Las memorias captadas por medio de entrevista grabada y transcripta representaron el corpus del análisis. **Resultados:** El papel social de la identidad de género direcciona a la mujer en la responsabilización de sus miembros familiares dependientes de cuidado, con sentimientos y valores de obligación humana y una fuerte influencia religiosa. Además, ese cuidado favorece las vivencias intergeneracionales en el espacio de las relaciones familiares con aprendizajes significativos. **Conclusión:** Es necesario una comprensión crítica del papel femenino del cuidado, con incentivo para la educación intergeneracional y de género que propicien nuevas perspectivas para el cuidado del anciano dependiente.

**Palabras clave:** Cuidadores; Relaciones familiares; Identidad de género; Anciano; Salud de la mujer.

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## INTRODUCTION

The phenomenon of population aging is a world-wide reality. The accelerated increase in the number of older people in Brazil represents a jump in the relative participation of this age stratum in the population: from the rate of 13.7% in 2014, it is estimated that it reaches 22.7% in 2050. The predominance of the number of elderly women over men is another common phenomenon observed in the global demographic dynamics. This demographic pattern gave rise to the term feminization of old age, which in Brazil already reaches 55.82%.[1,2]

The demographic panorama of Brazil, a developing country, is due to many peculiar economic and socio-cultural factors that impose on the aging population challenges, such as the impacts caused by the complications of chronic diseases and consequent embrittlement, leading the elderly to dependence for activities of daily living, both instrumental and basic, physical-functional and cognitive, requiring support for continuous and sometimes prolonged daily care.[3-5]

In view of this reality, the family is the main locus of care for the elderly dependent, considering the socio-cultural, moral, and affective values, in addition to those responsible for supplying needs, such as physical space and protection, foreseen in the National Policy of the Elderly Person and in the Statute of the Elderly.[6-9]

Thus, the family takes responsibility for the care of its elderly dependents and elects a family member to be the main caregiver, and may or may not produce a scenario of conflict with ethical dilemmas in the decision of the power aimed to care,[10,11] since this choice can either be an obligation or voluntary.

According to most studies, the role of primary caregiver is taken by a female family member, although the thematic approach always uses the masculine linguistic term, since in Portuguese there is this difference between Genres. Women, who take the role of caregivers, are aged between 18 and 80 years, mainly as a daughter or as a spouse, but also a granddaughter of the dependent elderly person.[10,2,12]

The practice of women in caring for family members has historical roots. The original meaning of the carer role performance in women's practices in the family context has been translated into different modes of identification as times have evolved. These practices begin with fecundity and are shaped by the cultural heritage of women's care, which is responsible for providing protection, nutrition and shelter to ensure the maintenance and continuity of group and species life.[13]

In this context of care, the conditions that relate to gender, coexistence and kinship are frequent determinants in predicting which person in the family nucleus will be the primary caregiver. As already mentioned, the majority of the women are those who take on the role of primary caregiver in the family, accumulating responsibility for domestic tasks and childcare.[8,14,15]

In this way, we understand the identity that Mead calls the self as the product of social interaction that is developed in the process of acquiring social roles in society, where the subject is the most relevant actor in social construction, adapting social roles in a context of Symbolization, interpretation and adaptation to the surrounding reality and to their personal identity reality. However, this process needs concrete development of behaviors and expectations.[16]

The process of acquisition of the identity of the human being is understood as a social process of individualization over time in which the subject develops his personality. However, it will always be a sexed process, that is, of its gender identity. The process of acculturation, or primary socialization, includes the acquisition of gender roles and meanings as basic and fundamental experiences to establish gender identity.[17,18]

The specific condition of learning of gender roles in the context of primary socialization in any system of social structure may explain the conceptions of male and female gender roles in their entirety. The understanding of gender by its identifications, elements of value and social relations explains the complexity of cultural, social and political relations and their relation to the actual mechanisms of power that are present at a certain historical moment in the social structure of modern society.[15,18]

We are entering into the innovative epistemological line of study of women and gender that focuses on the care and role of caregivers as an issue linked to the feminine gender identity. Here we analyze the lived memories of caregiving relationships in the family by the caregiving woman of a dependent elderly person.

In the present context, gender identity is understood as a construction that points to the essential aspects of the person, as feminine or masculine, in their cultural, social and psychological configurations. We also understand that the different aspects of the person's identity, including the sexual one, are not dissociated from their gender identity.[19,20]

The study is based on the central hypothesis that the experiences in relation to care are based especially on the identity aspects of care, which understand the feminine gender identity predisposed especially to the work of care. The idea that the male gender can provide care to dependent elderly people in the family is likewise rejected, although it is admitted that there may be a shortage of female caregivers in this task of caring, in the event they suffer from chronic diseases, solitude and social isolation, conditions that are unfavorable for the dependent elderly care. Therefore, it is essential to know the current and real scenario of society, the issue of women as a condition for caring for dependent family members, and to develop a critical understanding that provides alternative perspectives for the care of frail elderly people dependent on the care of others.

The relevance of this study is the possibility of identifying, through memories, how the caregiver woman of dependent elderly people has experienced this relationship of care, as a specific social and cultural phenomenon, influencing and determining their living conditions.

In view of the above, we present the following problem question: What are the memories of caregiving experiences in the family, of the woman caregiver of dependent elderly people, considering the social construction of gender identity oriented to care?

In this perspective, the present study aims to understand, in the memories of the caregiving woman, the meaning of the care relationship experiences in the family unit with the dependent elderly person, in the context of social construction of the gender identity oriented towards care.

## METHOD

This is an exploratory descriptive study that uses a qualitative approach, having as theoretical and methodological support the oral history of life, which evokes memories of women in oral reports, considering that the sociocultural trajectory is significant for the recording and subsequent analysis.[21]

The oral history of life is one of the types of oral history and it allows a more subjective view of the experiences of the deponents. Thus, it is necessary to establish limits to individual and collective experiences, to previously define a group of people to verify the existence of a collective memory framework in the lived experience, which should present the record of an integral, singular and organized report according to the intention of the narrator, bringing out facts related to the colony, but also to the personal situations of the collaborators.[21]

In this perspective, we establish connections between the oral histories of life recorded by women caregivers, the care in the context of human aging, the social processes of construction of gender identity and the historical condition that guide them to care in family relationships. In this sense, memory is situated at a time when images and memories are processed in the coexistence of the past with the present and the future in an intersubjective relation.[22]

As a narrative genre, the oral history of life deals with long-term continuous aspects of the collaborators' experiences, allowing their self-construction. In this study, the memory of what composes experience, the memories evoked in permanence and stability materialized through the image of pure memory, are presented by Bérgson in the method of intuition validated with philosophical precision and proper rules. Its object of study is the discussion of science and philosophy before the reality that presents itself. Considering the differences of nature, it is qualitative, heterogeneous in its multiplicity of time in terms of duration and its virtuality, between memory and life.[22]

The social context of the study is the domicile of families of women caregivers of dependent elderly people living in a municipality in Bahia countryside. Demographic information, according to the 2010 Census, updated in 2014, indicates a significant increase of women in the Northeast Region, the feminization of old age, requiring an appropriate look at their differences and the biopsychosocial needs that they experience in aging.[1,20]

The collaborators of the study were female family caregivers of elderly dependents, members of a group association for the elderly, who met the inclusion criterion: adult and/or elderly, with more than five years of experience in the care of their dependent elderly relative, because we understand that this temporal cut allows the recording of memory, translating significant elements from the sociocultural and historical trajectory in the context of care. The exclusion criteria were: not living in the same home as the elderly person cared for and not having any kinship with such person.

The definition of the sample of this qualitative study followed the guidelines of the oral history of life method, emphasizing the care experiences lived by six female caregivers of dependent elderly people, who revealed their care experiences in the interviews.

In order to understand the oral history of life of experiences produced in the memory context of women caregivers, we adopted the technique of open interview, favoring the dialogic relationship and following its stages, as required by the method: pre-interview, interview and post-interview.[21] The collaborators were interviewed at their home, in the period between January and March 2015. The interviews were recorded on an audio recorder, with the proper authorization of the participants.

The memories seized in the interviews were treated according to the procedure of the oral history of life method. This is the moment of the passage from the oral (the recording) to the writing (text of the interview authorized by the participants). In the present study, a process was carried out which, together with the ethical issues that govern this practice of oral history, differs from other ways of constituting a life story interview.[21]

The care in the transposition of the state of the oral word into the written state is essential and was performed in four stages: a) Transcription - literal passage from oral to written; b) Textualization - moment in which we transliterate the collaborator's speech, including their speeches in a dialogical and textual process, leaving the text fluid and in the first person; c) Transcription - approximation of the meaning and original intention of the employee's communication, which allows the conveniences of the subjective dimensions; d) Verification and authorization - when we return with the final text of the transcribed interview to be read and approved by the collaborators. Only after this stage are we authorized to divulge the narratives; e) Return of the oral reports to the collaborator for purposes of validation and production of the final document.[21]

The content of the memories was analyzed through the technique of content analysis, thematic modality, following three steps: 1) in the pre-analysis the floating reading of the material collected was made to constitute the corpus composed of six interviews. 2) We explored the empirical material encoding the data and establishing the recording units, in order to find the sense nuclei related to the testimonies that appeared repeatedly. 3) Finally, we dealt with the results obtained and their interpretation, in order to make them meaningful and valid, from which two categories emerged.[23]

The study complied with the norms established by resolution 466/12, and was submitted to the Ethics Committee on Research with Human Beings - CEP of the *Faculdade Independente do Nordeste* (FAINOR - the Independent Faculty of the Northeast), which approved it in an opinion published in the document filed under n. 791,570 and CAAE No. 35586614.1.0000.5578. All

the collaborators were instructed about the risks, benefits and objectives of the study, through the Free and Informed Consent Term (FICT), which was read, agreed and signed by them. In order to ensure confidentiality and preserve their identity, the collaborators were designated by the alphanumeric code M1, M2, M3, M4, M5 and M6, according to the chronological order of the interviews.

## RESULTS AND DISCUSSION

Of the women participating in the study, two were in the age group between 57 and 75 years, and the other four were over 75 years of age. In relation to the marital situation, three were widows, two married and one single. As for the family bond with the elderly, five were daughters and one was a spouse of the dependent elderly. Regarding their health and illness situation, all reported suffering from some chronic illness and emotional disorders, such as depression, anxiety and changes in sleep, arising from the caring process. As far as the occupation was concerned, three were retired, one was a housewife, one was a pensioner and one was a public servant.

From the *corpus* constituted of the memories obtained in oral histories of life of these six women collaborators of the study, with due analysis and interpretation from the perspective of the social construction of gender identity oriented to care, emerged two categories: Meanings identified by the woman caretaker - feelings and values about the act of caring for dependent elderly person; and Sense of the experience of caring - care in the family is developed in social interaction between different generations.

### a) Meanings attributed by the caregiving woman - feelings and values regarding the act of caring for a dependent elderly person

The meanings attributed by women in caring for a dependent elderly person are feelings relevant to human survival and represent a condition of responsibility, occupation and affective involvement in subjective relations permeated by significant symbols that, in interaction, contribute to the construction of identity. Although the gender issue is not its main focus, the research highlighted the female figure assuming the primary actions of caring for family members. Let us look at some reports of the interviewees.

> *[...] Care is donation/love, humanity towards my mother, even though I have my physical limitations [...] (M4).*
>
> *[...] it is when you are able to come close, to provide love that the person needs. You should welcome, understand, and dedicate yourself to her or to him [...] (M2).*
>
> *[...] it is the act of love for the person and it is our obligation. It is the child's duty to care for the mother. Love and obligation [...] (M5).*
>
> *[...] it is my obligation, I cannot give it up now [...] (M3).*

Going further in understanding the feelings that guide care, a caretaker woman claimed that responsibility for her family member's care was not planned for her life, nor did she identify with this way of taking on tasks and roles without planning.

> *[...] then caring for the elderly was not something I had planned; it was not in my plans; that's not how I like things to happen to me. I was fortunate that these elderly people come to me; they became part of my responsibility, and then I take care of them [...] (M1).*

In this sense, we identify a social construction of gender identity for care that updates the present in coexistence with the past, of a family reality that defines a new pattern of social relations and also imposes challenges to the pattern of attributions in the caring process.[22,24,25]

In the women's gender identity perspective, the care in the life history reports of these women identifies significant socio-cultural orientation and, therefore, the potential and value based on the characteristic differences of the roles of both sexes particularly hold women responsible for care toward human beings.[20]

As elements of current definition of gender identity, we question the collaborating women about what caregiving means considering their family history. In experiences lived by women, the act of caring for the dependent elderly relative represents a significant feeling of maternal love, with the fulfillment of a human obligation constituted in a life history permeated by obedience to religious precepts of filial duty and gratitude, learned throughout life in meaningful symbolic interactions of family relationships.

In this way, we verified how care orientation impregnates the gender identity of women caregivers and conditions their role with dependent elderly relatives, including suffering from stress, illness, social isolation and loneliness, among others, as has been observed in previous studies.[5,2]

The life stories of the collaborating women allow us to identify the feeling of loving care that, as an unconditional symbolic action, expands in an attitude of giving, dedication and abdication of the self with disinterested compassion, feelings which have been corroborated in other studies.[26] In the care relationships experienced, women internalize processes of self-construction and individualization, with symbolic identification in family relations of affection and appreciation as a female being.[17,19]

The care performed by women to dependent elderly people, clothed with feelings of love and obligation, stems from the identity aspects of the care and appreciation of subjective capacity as a female human being. This is in line with studies that deal with this family relationship, which allows women to reach, through their memories in the present, interpersonal achievements of dedicated and constant care, with new knowledge and abilities potentialized in the struggle of everyday challenges.[20,22,27,28,4,12] The female gender identity is defined by the cultural context of the life history of socialization of family

relationships and subsequent process of individualization and identification of women in the fulfillment of a duty, an obligation, which allows attachment relationship to the person under their care.[29]

As a social construction of gender identity, care for the dependent elderly person is strengthened by being considered as a religious responsibility.

> *[...] My devotion to Our Lady of Fatima gets into this story, in the revelation of the dream, because it is she who leads me to the revelation of loving, to multiplying the love for the mother [...] (M2).*

The care taken by the woman is sustained by the religiosity with feelings of love, giving and resignation in the confrontations proper to the daily life of caring for a dependent elderly person. With identification in the female religious model, it is a power coming from spirituality, from a belief in which faith emerges as a source of energy, hope and trust in a power inspired by the belief in a deity, seeking help and comfort for the act of caring, but from the perspective of the female social role with identification.[30]

In addition to the reported feelings, women identify the value of the role of caring for others as an opportunity for learning through mutual exchanges of knowledge, to recognize as subjects each other's rights. And for respecting the relationships between people, strengthening the humanistic character, this care is covered with a responsibility with commitment and involvement:

> *[...] we gain a lot of experience; there are moments that the elderly people teach us; sometimes we just take care of them [...] I am already old, but I have my aunt who is older than me, but she has things to teach me. The value of teaching is a value [...] (M1).*
>
> *[...] I feel very valued, very important in this context of caring, because you learn a lot; it's a school for you [...]. (M6).*

The human relationship established between the caregiver and the elderly receiving care takes on the very feminine nature of care orientation as a substantive element of the feminine gender identity, with a profile of responsibility, sensitivity and adaptability, allowing the empowerment of relationships, in which women behave with a fidelity to themselves and to others, prioritizing their feelings and thoughts, so as not to hide them from themselves or from their closest ones. Thus, they can become anchors of their own choosing for personal integrity and competence in terms of care[19,20] and they can have the ethical exercise as a human virtue.[26]

In their reports, women also showed a desire to be recognized for what they do:

> *[...] The greatest value is life itself, since it gives us all this opportunity. This same life brings us all these things: health, illness, loss, gains, achievements, disappointments, defeats, victories [...] (M2).*
>
> *[...] Because I am taking care of someone and I know that I am giving my best, not to mention that I have flaws too [...] (M3).*

From the experiences and feelings presented, the need for appreciation by health professionals, especially the nurse, of the existence of a family care built throughout the social life of a role that is identified as the feminine gender permeated by human feelings. This construction requires critical understanding, with glances on gender difference and different values from a socio-cultural perspective, but free from the attribution of man's dominion over women.[20]

Thus, the orientation of care for the gender identity of women caregivers is essential for the work of attention to the life and health of fragile and care dependent elderly people, since it is a fundamental question in human life, and it is significant both for the person receiving care, as for the person who provides care. In addition, the caregiver, when experiencing a condition of care overload or complexity, can be affected by stress and illness, suffer social isolation and loneliness, require treatment and care, a condition that is often underreported. In such a situation, caregiver women, who are responsible for the care of others, run the risk of transforming the care space into a space of negligence and mistreatment, including intra-family violent events.[31]

### b) Senses of the caregiving experience: care in the family developing between generations

The different generations in coexistence are present in the space of family relations, allowing the encounter of memories in coexistence of the past with the present and the reciprocal learning of social and cultural roles by living and exchanging significant values that determine behaviors that reverberate in care.[31,32,22]

> *[...] It belongs to all of us who are part of the family, because if I had that many sisters and I was alone I would be angry [...] (M3).*
>
> *[...] the oldest is always there to take care of the younger ones. Responsibility always falls to someone. It is always like this [...] (M1).*

The responsibility of caring for the dependent elderly person in family life still falls primarily on women, daughter or spouse; it is usually the one that is older and is closer in the domestic space. In the conception of "women's work" regarding the intra-family care, the "symbolic order of the mother" persists in the life history of mother and daughter, making a social construction of gender

identity a natural and spontaneous construction.[32,33] These women (daughter or spouse) take ownership of the responsibility for complex care, anchored in the traditional social role of the feminine gender identity, although they understand that this care should also be responsibility of everyone in the family, as they suggest in their reports.

The sense of care in family relationships in a context of cohabitation between different generations characterizes the learning exchange of socio-cultural roles of gender identity, which persists in the memory of coexistence, in which the feminine order, together with its sociocultural nature, perpetuates for the future, guaranteeing women the condition of difference and priority for the care before the male gender.[22,19,20,8]

The condition of being a daughter and caregiver, constituted in the socio-cultural relations of power, defines the subordinate woman in relation to the symbolic order of family relations. The woman exercises a care with virtuous feelings, but experiences a condition of oppression with marks of gender inequality characterized by overload and risk of becoming ill, in addition to situations of vulnerability to health balance.[30]

Therefore, it is urgent to reposition women in the family of the dependent elderly person, with an attitude of empowerment before decision-making in the performance of such care, in view of the right to care for and live with dignity[19,20] those relationships that are also permeated by virtuous feelings of love, obedience and gratitude[18] and that value family life. In other words, it is necessary to rethink the current times of society in the process of over-aging,[5,11] with alternative strategies of caring for others in a familial context, deepening reflections in terms of the identification of open and flexible gender for the care of dependent elderly people, in order to incorporate men in partnership with women in the task of human care.

Considering the experiences reported by women caregivers, it is important to emphasize and show health professionals, especially nurses, the value of women as female individuals and their ability to care[17,20] that guides them toward family care or not, thus promoting the socio-cultural deconstruction of gender stereotypes to care for dependent elderly individuals, guaranteeing women their rights and respecting biopsychosocial differences in the family and societal contexts.

The multigenerational coexistence perceives a reality of coexistence with the different, in extreme situations of need for the care of others that will inevitably lead to a legacy of learning for the future with attribution and execution of new normalized roles in terms of gender social identity:

> *[...] You also have to think about tomorrow, when, one day, you will also have such need. I don't want it. If I grow old and depend on someone, I expect the person to say this: "... but when you looked after others, you didn't do it that way." "Why do you want us to take good care of you now?" I want someone who accompanied me in care to say, "No, she took good care of people; she took care of them; she didn't mistreat anyone [...] (M1).*

> *[...] my grandson also helped me with my mother. He would help me feed me, he would sing with her, pray with her to see if she would calm down so that I could feed her with the bottle so she wouldn't choke. He stroked her to calm her down. So, this is also a way of caring that he has learned. Sometimes, at bath time, he would help, pushing her chair. This is another way of contributing [...] (M6).*

Women who experience care in the family designate their own daughters to take responsibility to meet the needs of the dependent elderly person, that is, the very feminine condition experienced in the family context makes women respond and take care of others in their needs. Although the choice for care and performance of the role of caring for the elderly people falls on daughters and wives, we observe that, in modern times, when longevity is longer, many caregivers are elderly women caring for other elderly persons.[3,10,12]

Literature findings indicate that the caregivers who were most responsible for the direct care of the elderly and, therefore, those who were most exposed to the adverse conditions of care, were predominantly women and older.[8]

Such an emergent situation needs revision of the social role in the family, in addition to the role of the female gender. This care for other older and more fragile individuals constitutes an action in a sociodemographic historical construction, which requires ethical and moral behavior of human resources, whether family or not, for a decent human care for those who need it.[3,10,12]

Reports of women caregivers demonstrate, as they feel their aging and take the place of the elderly, that their children, who are their descendants and are younger, should take care of those who raised and educated them for life:

> *[...] we have children, we raise them, educate them, prepare them for the world, and when we are no longer able to prepare them for anything or do anything, it is the children who have to take care of us. It is their responsibility [...] (M1).*

> *[...] It must certainly be the children's responsibility. absolutely! [...] (M4).*

> *[...] It should be of the children, us children. First, it should be the children who have a moral obligation to care for elderly and sick parents [...] (M5).*

> *[...] It is the child. The child is the right person to care for, because he has total affinity with that being she has raised and whom she has given birth to. So I think the main person is the son and he has to give her some loving care [...] (M6).*

The relationship of care in the face of the transformations that take place in human society can and should be continually rethought based on an approximation and flexibility in the redefinition of gender identities through the recognition of the other, of the different, of the societal changes, in the process of understanding and deciphering.[19,20]

The study has the limitation of its information due to the small sample size, as well as the defined geographical context, which makes necessary more studies of diverse social realities that allow for memory upgrades with a creative predisposition, in the perspective of a new time of living/aging for both genders: men and women.

## FINAL CONSIDERATIONS

From the emerging categories, we can highlight the recognition of the gender identity factor, which enables women to take responsibility for family care. The memory of female caregivers allows us to deduce that the care relation in the dependent elderly family is constituted in a socio-historical context with moral and religious attributes, which symbolically interact in the learning of social roles with a focus on the female gender, which contributes to give women resilience in the demands of the task of caring for others. The process of primary learning in family relationships is still permeated by the historical-cultural heritage present in the multigenerational coexistence, in which the sexual division for domestic-family care is strengthened by the attitude of the elderly who prefer to be cared for by women.

In this perspective, a critical understanding of the female role in terms of care is necessary, with an incentive for intergenerational and gender education that provides new perspectives for the care of the dependent elderly by family and health professionals. We recognize as limitations of the study the reduced and specific number of participants for the research. In view of the complexity of the phenomenon investigated, we emphasize the importance of conducting new research on this subject, increasing the number of participants, as well as the discussions, promotion and implementation of social, health and psychological public policies that allow a better quality of life for dependent elderly and their family caregivers.

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