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THEMATIC ARTICLE

Meanings of intergenerational relationships between adolescents and older adults

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Abstract *This study aimed to understand the meanings of intergenerational relationships between adolescents and their interactions with older adults. This was a qualitative study conducted at six elementary schools in the municipal network of Fortaleza, Ceará, Brazil. Twenty-seven adolescents enrolled in grades 5 to 9 participated. Data collection took place from May to September 2022, using a semi-structured interview. The data were organized using Content Analysis and examined based on Symbolic Interactionism. The emerging meanings emphasize respect, care, treating well, offering love, affection, and generosity. The sense of reciprocity in treatment between older adults and adolescents was also mentioned. It is evident that adolescents are aware of the need to act in favor of older adults, encouraging and guiding them to choose a healthy diet, to stay well hydrated, to practice physical activity, and to live in peace. The study provides an understanding of intergenerational relationships, offering support for reflection on the phenomenon, leading to the promotion, appreciation and increase of intergenerational relationships in contemporary times.*
Key words *Aged, Aging. Intergenerational Relations, Adolescent*

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Introduction

Population aging is a global phenomenon that has been occurring in practically all countries in the world and, as a result, these countries are experiencing an exponential growth in the number of older adults, with challenges to health, education, justice and other systems. This change in the population's age structure produces a relative increase in the number of people over a certain age, becoming one of the global challenges for those who age, live with, care for and propose proposals for improving quality of life[1].

Considering these interconnections and challenges, one fact that deserves attention is the participation of older adults and others of different ages in different European[2-4], Asian[2,5,6] and American[2,7-9] countries, mainly because in view of these realities the gap is still evident and needs to be investigated further. Therefore, given these gaps, it is imperative to point out the need for planning consolidated health and social policies and practices that lead to favoring and integrating different ages, genders, races and social conditions[10-12].

Mainly intergenerationality emerges as a concept that proposes this integration, since it is defined by the context of the bonds that are established between two or more people of different ages, enabling the crossing of experiences and consequently contributing to human diversity. Thus, the perception of the need for interaction, the exchange of singularities in the way of being, feeling, thinking and wanting of each one benefits the different generations[13].

These relationships are understood as bonds that are established between people at different stages of development, allowing the sharing of experiences and contributing to unity within multiplicity[12,13]. In this context, while the number of people able and available to be caregivers decreases, intergenerational families increase, which, on the one hand, means the possibility of enriching family life, but, on the other hand, it is an exponential increase in specific people being the only ones to care, especially women, who care for and manage the home. Particularly in this new coexistence, older adults may find themselves relegated to family conversations, plans and programs as well as without adequate physical and sociocultural space to meet their needs[1,5,8,9].

In this regard, the intergenerational relationship emerges as an important point, because, on the one hand, it brings with it conflicts, but, on the other hand, it can be considered as mutual help[7,9,11-13]. A determining factor in these relationships is the establishment of harmonious relationships, constructive exchanges with younger people, as the quality of affective, relational and communicational bonds between generations is fundamental to the development, well-being and quality of life of children, adolescents and older adults, and contributes to the promotion of new relationships and ways of intergenerational solidarity in the family and in society[13].

Given the above, it is important to understand what adolescents' perceptions are regarding their interaction with older adults in the home context. To this end, the question is: how do intergenerational relationships between adolescents aged ten to 19, who study at the municipal school system of a capital city in northeastern Brazil, and older adults occur?

Thus, the objective was to understand the meanings of intergenerational relationships between adolescents and older adults in a capital city in northeastern Brazil.

Methods

This is a qualitative study guided by the Symbolic Interactionism (SI) theory. The qualitative research here involves a comprehensive search for adolescents' human subjectivities, based on the construction of meanings, interpretations and actions that they construct when interacting with older adults[14,15].

In these paths, we seek to immerse ourselves in the universe of meanings, motives, aspirations, beliefs, values and attitudes in the face of this coexistence with older adults. This set of human phenomena is understood here as part of social reality, since human beings are distinguished not only by acting, but also by thinking about what they do and by interpreting their actions within and with support from the reality lived and shared with their peers, specifically with older adults[14,15].

Thus, the SI adopted as a theoretical framework is an approach that facilitates the understanding of how people interpret social actions and interactions, and how these interpretations guide individual behavior in specific contexts, with an emphasis at this point on the intergenerational relationship between older adults and adolescents. Blumer[14] points out that this approach allows the analysis of socialization and resocialization, facilitating the study of changes

in opinion, behavior, expectations, demands, actions and reactions among people in a given reality.

The research was then conducted at six elementary schools of the Regional Departments of the Municipality of Fortaleza, Ceará, Brazil. The municipality of Fortaleza assists approximately 109,612 students in elementary education aged between ten and 19 years, distributed in 295 school units. Since it is a municipality with a large territorial area, its organizational project is subdivided into education districts (I, II, III, IV, V and VI), which function as management units, with deputy heads responsible for the school units and which are subordinate to the Municipal Department of Education (MDE) of Fortaleza[16].

Accordingly, participants were recruited from each educational district, and these were selected through a random draw among the six schools chosen by the researchers. Twenty-seven adolescents aged between ten and 19 years participated, of which 16 were in the age group of ten to 14 years and 11 were between 15 and 19 years. As for sex, 15 were male and 12 were female.

The selection for including participants followed the theoretical saturation criterion, a technique in which data collection is interrupted when it is perceived that new information becomes redundant, ensuring sufficient variation for the reconstitution of the material purpose and the analysis of the constitution of the whole[15].

Students aged between ten and 19 years, an age corresponding to the adolescence phase according to the WHO, regularly enrolled, with a minimum school attendance of 75% during the data collection period, with full participation in the proposed activity and who answered the questionnaire, were included. Adolescents who expressed some cognitive limitation (learning deficit), visual and/or hearing impairment or who required special pedagogical support to carry out school tasks were excluded.

Subsequently, data production took place from May to September 2022 in this field. Initially, prior contact was made with the MDE of Fortaleza to request authorization. Subsequently, schools were visited, contact was established with management and teachers, the research objectives were explained, formal authorization was obtained, eligible adolescents were selected to participate in the study, days and times were agreed upon, and a space for data collection was requested.

The research initially took place after an invitation to adolescents to go to a previously reserved space, in agreement with school management, in order to clarify the research objectives. Consequently, material production occurred with the validation of semi-structured interviews, which were audio-recorded, and a team of properly trained researchers developed a pilot test with ten adolescents to verify and adapt the interviews, standardize the didactics and application method, avoiding possible biases in the results. It is worth noting that the guiding questions were asked with SI[14] assumptions, aiming to promote the contextualization of intergenerational relations in the theoretical-methodological perspective that underpins the discussion.

After this moment, the material was transcribed in full and organized with the support of content analysis, following the aggregation of convergent discourses and using the topic as a recording unit. Content analysis, as proposed by Bardin[17], involves a set of communication techniques aimed at obtaining, through systematic and objective procedures of describing the content of messages, indicators (quantitative or not) that allow the inference of knowledge related to the conditions of production/reception of messages.

The data analysis process followed three main stages: (1) pre-analysis, which included organizing the material, skimming and choosing the documents to be analyzed; (2) material exploration, coding, classifying and categorizing the data; and (3) treatment of results, inferring and interpreting them in light of the SI theoretical framework and the study objectives[17].

Study was submitted for consideration by the *Universidade de Fortaleza* Research Ethics Committee (COÉTICA), through the *Plataforma Brasil* and was approved under Opinion 4,706,156. Participants were duly informed about the study objectives and invited to sign the Informed Consent Form (ICF), signed by their legal guardians and by signing the Assent Form (AF) without any refusal to participate before, during or after the interviews. In order to guarantee the anonymity and confidentiality of interviewees' identity, identification was made in such a way as to replace their name with the letter I (interviewee), followed by the increasing number as the interviews were conducted (I1, I2, I3...).

Results and discussion

Sociodemographic characterization

Twenty-seven adolescents, aged between 10 and 19 years, participated in the study. Within this age range, 16 adolescents were between 10 and 14 years old, while 11 were between 15 and 19 years old. In terms of gender, the sample consisted of 15 male adolescents and 12 female adolescents.

Concerning interaction with older adults, most adolescents reported interacting mainly with their grandparents, while some mentioned relationships with older adult neighbors. The frequency of interaction varied: some adolescents spent several hours a day with older adults, while others had less frequent relationships, such as weekly or monthly.

Adolescents' daily activities with older adults

In interviewees' speeches, one can notice the joint performance of trivial, everyday activities associated with leisure, such as going to the mall, taking walks and reading books, as expressed in the following statements:

Sometimes I would go out with her [grandmother] somewhere, to the mall (I15).

Yes, many... Oh, like, in relation to going out, walking with my grandfather, even because my family is very distant from him, because of his drinking, drugs, so people end up distancing themselves, then there's rejection (I20).

Sometimes! We read a book; we practice several things (I26).

Hum-rum! My neighbor, I help her cross the street, I go with her to the grocery store (I18).

Intergenerational coexistence contributes to creating a society in which different generations have the opportunity to collaborate towards a culture of solidarity, inclusion and citizenship. In different spaces, times and social and cultural contexts, intergenerational bonds are established, as well as ties and relationships are woven[13].

Relationships and exchanges between different generations occur through activities that they carry out together, including activities of daily living, education, work, play, leisure and social participation. Adolescents often provide older adults not only with company and pleasure, but also with the knowledge that they are not alone[18].

The results of a systematic review on the topic found that non-family intergenerational programs involving adolescents and older adults provided benefits for both. The benefits for older adults include improved well-being, cognitive and social engagement. The benefits for adolescents include identity formation and skill development. The outcomes shared by both generations include improved attitudes and stereotypes, reduced generational gaps and solidarity[19].

Intergenerationality aims at planned interactions between people at different stages of life and the promotion of communication between them. It raises the idea of intergenerational relationships and the relationship between them. These relationships result in multiple benefits, namely in communication, sharing, feelings, the exchange of ideas and a better understanding and, consequently, in the promotion of factors of inclusion and solidarity[12,13,19].

In turn, poor health, physical limitations and the fact that older adults live far from younger family members were cited as factors that make it difficult to connect on a daily basis, as evidenced by reports:

No, no. My grandfather only lives lying in the hammock. He is a sleeper on one side (I17).

My grandmother can't walk, she's blind in both eyes (I23).

No, because I don't live with my grandparents very much. They live very far away, like in Maranhão (I12).

The elderly population, living with the chronicity of diseases that plague them, imposed by longevity, begins to notice their daily habits changing and to face limiting transformations in their routines and social life. In old age, the occurrence of illnesses begins to dictate all the rules that older adults must follow, often affecting contact with family members[20]. At this stage, grandparents' health status moderates the shock of contact with adolescents, since declining health is one of the most widespread negative stereotypes of old age[21].

Geographical distance is another factor that makes daily relationships between grandparents and grandchildren more difficult. Grandparents who live in distant cities usually receive visits from their grandchildren during the holidays, but these visits tend to last longer, which makes this period of time qualitatively important[22]. Due to the distance, grandparents and grandchildren sometimes have little contact, and this circumstance harms the relationship, the transmission of knowledge, values and the harmony of family life.

Interaction between adolescents and older adults also occurs when they attend the same

environment and cross paths at certain times, as can be seen in the following statement.

No activity like that, at most I go to the gym and there are older adults there too. They are young older adults, there are older adults at the gym, they go, there is even a couple of older adults there working out. Very cute! (I5).

In this context, it is pointed out that the main reasons related to participation are socialization, possibilities of cultivating friendships and expectation of participation in the proposed activities. International experiences with intergenerational programs conclude that older adults' involvement contributes to improving social connection, with the authors advocating that social connection and social networks are protective for immunity, reducing depression rates and a reduced risk of frailty[23-27].

Appropriate adolescent behavior for a good relationship with older adults

The meanings concerning the relationship between adolescents and older adults allude to respect, care, treating them well, offering love, affection and generosity, as evidenced by the speeches:

Talk to him [older adult] properly, respect him (I1).

With respect, affection, care, right? Yeah... a lot of love and stuff (I16).

Yeah... treat her well, right? Because I don't see any reason to mistreat older adults. When my grandmother was alive, I treated her well, played with her, and was happy every day (I6).

With respect and care, because they were also adolescents and they are adults, and we have to respect them (I7).

I think that's good, because any adolescent will grow old and will want someone to take care of him. So, I think that adolescents should treat older adults in a special and generous way (I10).

Treat them well… because when they become older adults, it's like they were children, we must take care of them, feed them and everything (I20).

Care reflects trust and empathy, increasing emotional bonds and promoting much more than simple tasks of helping the person, establishing a bond involving feelings such as empathy, protection, attention, promptness and understanding. In effect, a perception of respect, love, affection, patience and exchange of experiences is created for those who live with older adults[13,19] and maintain a relationship with the dignity that any human being deserves. The sense of reciprocity in treatment between older adults and adolescents was also mentioned in some reports.

Ah, first of all, with respect, because older adults, as they are more fragile, need to be treated with respect and be more careful with them. But also, they have already had a bit of their own life, and as they will already have some experience, they must also show respect to adolescents and adolescents must also show respect for them (I13).

Hmm... it depends on the older adult. If they are a good person, they should be treated with respect and affection, but if it is not reciprocal, they should not make an effort to give them the respect they deserve (I8).

As they [the older adults] deserve, as they treated others (I25).

Understanding the person as well, because older adults have already gone through the phase that we are going through now, right? And with respect too, respect has to come from both sides (I14).

Reciprocity is related to the way participants interact, how one influences the development of the other, because when one member of a dyad goes through a development process, the other will also go through it[28]. It can also be understood as a feeling or impulse of concern for others, which tends to translate into obligations. Thus, it is carried out through giving, receiving, and giving back, between people or groups, but it also manifests itself indirectly through the circulation of material and symbolic goods between generations[13,22].

It is worth highlighting the need to understand that there is reciprocity in the benefits brought by generations, as older people have a lot to teach new generations, and young people also teach[13,22,29]. However, participants' testimonies do not report any reference to pleasant moments of sharing knowledge, learning and valuing older adults.

Adolescent behavior from the perspective of healthy older adults

In relation to how older adults should act to be healthy, it is noted that adolescents express meanings that involve attitudes and behaviors regarding food, routines and physical activity.

Have a regular, proper diet, have the right schedules (I4).

In my opinion, they should eat fruit and less fatty food (I13).

Do some activity to stay healthier and also don't eat junk food (I19).

Physical activity mainly! Because your physical health is already limited, so don't limit it any

further. And a good diet too, because when your blood sugar levels rise too much and your cholesterol levels increase easily, your metabolism slows down a lot (I5).

It's eating well, exercising, listening to music (I14).

For older adults, healthy eating is a fundamental factor in promoting health, and this habit plays an important role in prevention and well-being. Therefore, the proper distribution of meals at set times helps to provide essential nutrients and the necessary energy[30].

Furthermore, regular physical activity provides favorable responses that contribute to healthy aging. Strength training promotes greater autonomy for older adults, improves health conditions, maintains functional capacity and, consequently, improves quality of life[31].

It is observed in other reports that emotional factors such as stress, anger and disturbance, as well as smoking, interfere in the quality of life of individuals:

Don't get angry, because if you do, you won't eat. She [grandmother] says, I don't want to eat, she starts shouting saying she doesn't want to. Eat vegetables (I2).

It's not to get upset. Eat and take good care of ourselves too to be a careful older adult (I23).

Don't make her [grandmother] angry (I2).

Eat well, right? Quit smoking, because they smoke there. And eat well (I6).

Stress is directly related to physiological imbalances, with high levels of cortisol, triglycerides, interleukin-6, adrenaline, among others, which help human survival against stressors, generating fight and flight behavior; however, in excess and prolonged over time, they are likely to cause diseases[32].

Smoking also interferes with the physiology of biological aging as well as the behavior of this dependence in older people. It is considered a disease resulting from nicotine dependence and is also a risk factor for other debilitating and fatal diseases[33].

In the understanding of adolescents, it is necessary to take care of one's health, have and follow medical advice, undergo tests and take medication, as demonstrated in the speeches:

Taking care of your health, going to the doctor, taking the necessary medicines (I7).

Take appropriate medication for them, such as blood pressure medication (I13).

Eat food, exercise, but do everything your doctor orders (I27).

It's about taking care of yourself. Trying to take care of yourself and getting tested so you don't catch a disease. (I22)

As he [older adults] is more fragile, he must first seek medical help and because he may have physical and mental health problems as well (I8).

Aging brings with it new realities that alter routines and new needs for continuous adaptation. In this process, physical and mental weaknesses and vulnerabilities increase, favoring the emergence of diseases. Consequently, the various geriatric pathologies bring insecurity and affect, mainly, the dependence of older adults[29].

In turn, it is argued that medications are necessary for disease prevention, diagnosis, treatment and control of signs or symptoms. Although they are administered in various settings, such as at home, hospitals, outpatient clinics, clinics and pharmacies, this practice must occur under the guidance of a specialized professional[34].

Helping adolescents help older adults be healthy

The testimonies showed that adolescents are ready to act, encouraging and guiding the elderly population to have a healthy diet, stay well hydrated, practice physical activity and live in peace.

My mother and I cook the food, we try to avoid giving too much food like pork, because it is very chewy. And we try to include more substances, like vegetables (I20).

Search for something on the internet that is good so you can say, look grandma, for example, this is good for your health, let's go for a walk. When I went to the countryside I would walk with my great-grandmother (I15).

Take her [grandmother] for a walk, encourage her, make her smile (I27).

The importance of transmitting knowledge and healthy habits among adolescents and older adults, concerning lifestyle, stands out. Habits can be influenced and modified in the environment in which older adults are inserted[35-37].

Regular physical activity among the elderly population should be encouraged, as it allows for the reduction, delay or reversal of loss of functional capacity, recovery of physical strength, providing autonomy in the development of activities of daily living and improves quality of life[37-39]. Medical care, such as regular check-ups and taking prescribed medications, were highlighted as:

Help him go to the doctor, take him for walks, walk with him in the park (I7).

Advise her to see a doctor, or if she has a health problem or is looking for help, take medication (I8).

It is important to mention the fact that there are adolescents who have difficulty dealing with older adults, because they do not know how to help them become healthier, as explained in the report below:

I personally don't see how I can help older adults to be healthy. If an older adult asks me for help, I'll help them. I give advice, but I don't see myself doing the basics, like diet and exercise tips (I5).

Schools play a fundamental role in the development of society, which includes intergenerational learning and solidarity. The abovementioned testimony illustrates the need for investment so that the implementation of intergenerational learning can be achieved with greater quality, accessibility and effectiveness[13,19,21].

In contemporary times, education is extended to all generations and, throughout life, its importance in active aging, education and solidarity is evident. By focusing on these aspects, we can contribute to the creation of positive transformations in the life of any person[40].

Final considerations

We emphasized that the theoretical contributions of qualitative research allowed immersion in the universe of adolescents in elementary school in municipal schools in Fortaleza, Ceará, Brazil. The study reflected participants' representations about their intergenerational experiences lived with their grandparents or other older adults with whom they have the opportunity to live, providing an understanding of the intergenerational relationship between adolescents and the elderly population.

In participants' opinion, living with older adults is considered a good experience and the people they lived with were, for the most part, their grandparents. They share leisure, care, affection and respect with them. They also emphasize that older adults are capable of contributing to society and the importance of reciprocity in intergenerational acts. It is added that adolescents understand the context of older adults, the performance of the role of counseling because they were once adolescents and have accumulated experiences.

It is revealed that most of interviewees believe that older adults have multiple problems and believe that society cares for and respects them. They also consider it extremely important to have knowledge about the aging process and its respective forms of prevention. In an increasingly aging society, it is suggested that interaction and bonding between grandparents and grandchildren, between different generations be encouraged so that connection, mutual assistance, acceptance, teachings and learning occur in a reciprocal manner, develop and converge for the benefit of all involved.

Collaborations

AOP Lima, RM Silva and MVL Saintrain participated in data conception and design or analysis and interpretation, and article writing. JL Gonçalves participated in data design, analysis, and interpretation, and article writing. MMT Cunha, MRTF Capelo and CRSL Baixinho participated in data interpretation and article writing. All authors developed the critical review and approved the version to be published.

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