








# Intergenerationality and Health Promotion: Reflections and Challenges in the Care of Older Adults

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## Abstract

**Objective:** To discuss the promotion of health for older adults through intergenerationality, with an emphasis on intergenerational education within Intergenerational Programs, as a proposal for education fostering the protagonism of older adults and successful aging. **Method:** Theoretical essay, reflective in nature with a qualitative approach. Grounded in the examination of documents emphasizing the increase in longevity and the concern for health promotion among older adults in Brazil, the aim is to contemplate intergenerationality in health promotion and the utilization of intergenerational education to foster successful aging through Intergenerational Programs. **Results:** Organized into three topics: Health promotion for older adults: challenges for their protagonism; Understanding aging for intergenerational learning; Intergenerational program: protagonism for the health promotion of older adults. **Conclusion:** Successful experiences in health, specifically within the realms of Primary Health Care, still appear to be limited or insufficiently recognized for the development of transformative education in health promotion for older adults. The challenge lies in fostering scientific research so that professionals, through continuous education, can enhance health education moments through intergenerational education. Thus, the establishment and implementation of Intergenerational Programs may represent this promising possibility.

**Keywords:** Aging. Older Adults. Intergenerational Relationships. Health Promotion.

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## INTRODUCTION

Aging is a sequential, natural, individual, irreversible, universal, cumulative, continuous, and non-pathological process of organic changes, involving progressive loss of functional and cognitive capacities, stemming from human senescence and senility. Understanding this concept is crucial for the older population to be active and reflective of their role in society, possessing rights and responsibilities, actively participating in decision-making processes related to health and illness. In essence, it involves being a true protagonist, empowered to contribute to health promotion<sup>1</sup>.

Considering the older adult beyond the biological realm is imperative, despite the prevailing, deeply rooted clinical practice, not only among medical professionals, which may marginalize the older adult from the planning of their care. Learning to think from the perspective of life cycles, without confining it solely to the processes of illness<sup>2</sup>, is a challenge for healthcare professionals and a necessity within the context of Primary Health Care. Recognizing the space for the voice and thoughts of older adults, as well as the potentiality of their oral narratives in constructing knowledge for health promotion, is essential.

Successful aging entails the prevention of harm and diseases through the identification of risk factors; the preservation of functional and cognitive capacities through a multidimensional assessment of the older adult; and the engagement and participation of these individuals in social and community activities. This involvement is crucial for the discussion, development, implementation, and realization of policies and programs that encompass health promotion<sup>2</sup>.

Therefore, within the perspective of the Family Health Strategy (FHS), professionals can provide such care, grounded in the essential attributes of Primary Health Care (PHC), acting as the first point of contact for health issues, promoting integrated, longitudinal, and coordinated actions<sup>3,4</sup>. These attributes can contribute to the strengthening of intergenerational relationships, expanding the possibilities of support and care that intertwine

across generations, incorporating experiences and affective exchanges. This is facilitated through dialogue, respect, and information that contribute to meeting the needs of older adults.

In this context, intergenerationality can serve as an initiative for the development of strategies, programs, and integrated, humanized health actions, founded on comprehensive care for vulnerable populations. Although being an older adult does not necessarily imply illness, with the advancement of chronological age, vulnerability becomes evident, associated with social, physical, and psychological demands<sup>5</sup>. It is, therefore, necessary to stimulate reflections on intergenerationality in the appreciation of health and successful aging throughout the entire lifespan, considering the power of intergenerational education in developing competencies and spaces for dialogue and communication. This is achieved through the sharing of knowledge, skills, and attitudes that value and transform different generations. Thus, Intergenerational Programs (IPs) can be understood as intentional, planned interactions between different age groups, facilitating the sharing of knowledge, skills, and emotions. Initially implemented through the initiative of the United Nations Educational, Scientific and Cultural Organization (UNESCO), with emphasis in Europe, these programs have evolved into spaces for learning exchanges among different generations. They represent strategies fundamental for enhancing social and health public policies to foster successful aging<sup>4,6</sup>.

In light of the foregoing, the objective of this theoretical-reflective essay is to discuss the promotion of health for older adults through intergenerationality, placing emphasis on intergenerational education within Intergenerational Programs. This is proposed as an educational approach to foster the protagonism of older adults and facilitate successful aging.

## METHOD

This is a theoretical essay with a reflective and qualitative approach. It is grounded in readings of the National Elderly Policy (PNI), National Elderly Health Policy (PNSI), Elderly Person Statute, and National Health Policy for the Elderly (PNSPI),

as well as documents illustrating the increase in longevity, the imperative to ensure social rights, and the promotion of conditions for the active participation of the elderly in society. These policies were strengthened with the restoration of democracy, starting from the Citizen Constitution of 1988 and the establishment of the Unified Health System (SUS). There is a current commitment to strengthening Primary Health Care (PHC) to achieve its guidelines, aiming for comprehensive, universal, and equitable healthcare for older adults.

Subsequently, a search was conducted in national and international databases, including the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences Literature (LILACS), the Virtual Health Library (BVS - Biblioteca Virtual da Saúde), and the Periodicals Portal of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES). The search in these databases was carried out without temporal limitations, using descriptors related to the topic (Aging, Older Adults, Intergenerational Relationships, Health Promotion), interconnected by the Boolean operator AND, from September to December 2021. This was done to provide a foundation for the reflection and discussion on health promotion and successful aging through intergenerationality within the context of Primary Health Care.

The text has been organized into three sections: Health promotion for older adults and the challenges for their protagonism; Understanding aging for intergenerational learning: a strategy for transformative education; Intergenerational program: protagonism for the health promotion of older adults.

Ethical approval by a Research Ethics Committee is not required as this study is of a reflective-theoretical nature, in accordance with the guidelines outlined in Resolution 510/2016<sup>7</sup>.

## DATA AVAILABILITY

All the datasets supporting the results of this study have been made available in the references.

## Promotion of Health for Older Adults and Challenges for Their Protagonism

The definition of health promotion, upon which this essay is anchored, originates from Ottawa and is understood as "the process of enabling communities to increase control over their health and its determinants, thereby improving their quality of life (...)"<sup>8,19,20</sup>. Derived from this theoretical framework, it is crucial to comprehend and reflect upon the sought-after protagonism of individuals and the necessity for them to be "empowered". It is imperative that individuals collectively develop the ability and power to act for the benefit of their own quality of life, serving as active, individual, and/or collective agents in shaping health-promoting ideas for the world<sup>9</sup>.

Several reflections arise from this, as how is Brazil progressing to ensure or even provide protagonism for older population and future generations? Do the policies that document the legal-operational framework to operationalize health promotion strategies, with an emphasis on PHC, truly guarantee this protagonism? Or, on the contrary, do they still rely on verticalized programs, without the effective implementation of the health care continuum for older adults, primarily focusing on addressing chronic conditions and issues related to senility?

The political history for the health of older adults begins with the National Elderly Policy (PNI) in 1994, amid the backdrop of the restoration of Brazilian democracy, the Citizen Constitution, the establishment of the SUS and the strengthening of the Family Health Program, with PHC and its principles taking center stage in the territories. Consequently, amidst challenges, aging finally becomes a focal point in Brazil. The theoretical, legal, and methodological foundations for addressing the needs and possibilities of promoting the protagonism of older adults were established in 2006 with the National Elderly Policy (PNPI). This reaffirms the commitment of the management to expand and enhance health promotion actions<sup>10,11</sup>.

Considering the guidelines of the PNPI in 2006, the protagonism of older adults can be

built throughout the life cycles. This involves understanding that it should not be limited solely to the chronological age of 60 years and older, as stipulated by the Elderly Statute. Notably, item 3.1 emphasizes the importance of valuing and respecting "old age" and the need to stimulate solidarity for this age group<sup>11</sup>.

The promotion of health, coupled with the concept that the individual should be empowered, encourages thinking about active participation in decisions regarding one's health and territory. However, the reflection on this concept revolves around how we are allowing older adults to empower themselves. The "empowered individual" comes into existence through community participation and involvement in the planning and execution of health actions.

In this context, it is essential for older adults to be this "empowered individual," actively participating in society for health promotion, strengthened by the collective efforts that involve multiple generations. To achieve this, the voices and thoughts of older adults, who are aware of their place in society, must resonate in intersectoral actions, social control, and other forums discussing the health/illness process and social determinants related to population aging.

Hence, there is a clear need to include older adults in the discussion process regarding the implementation of policies that promote health. Recognizing the potential of this group for active participation in society and their ability to transform their own reality are crucial premises for the development of effective policies aimed at promoting the health of these individuals<sup>12</sup>.

Reiterating the reflection, perceiving individuals aged 60 and older solely as carriers of chronic diseases and incapacitated by senility may overshadow actions aimed at curative and health recovery, as well as promotion and prevention. The imagery surrounding older adults, coupled with the perception of dependence on multi and interprofessional care, can lead to attitudes that emphasize medicalization and other measures strictly focused on the process of illness. It is imperative to advocate for the voice and thoughts of older adults in health promotion<sup>1</sup>.

The challenges for the protagonism of older adults in consolidating successful health promotion strategies still lie in the gap within the care processes for these individuals. Despite successful experiences within the FHS, a disease-centered perspective appears to persist. Care focused on outpatient appointments based on "free demand," home visits restricted to the treatment of chronic diseases, and consultations for the monitoring of hypertension and diabetes, reinforced by the funding structure of Brazilian PHC, solidify curative practices<sup>12</sup>.

Actions, strategies, and programs that promote health for successful aging are indeed necessary, but above all, they must be led by the voices, thoughts, and ideas of the older adults served in the vibrant territory of PHC. This can occur in education and health groups, in conversational circles, in waiting rooms, and in various community spaces.

The protagonism of older adults will be achievable when professionals allow the occupation of thought and voice within the spaces for health promotion. Therefore, there is an urgent need to comprehend older adults, working on competencies and skills, putting them into practice, and creating spaces that enable their proactive and protagonistic involvement, allowing them to assume a voice to enhance themselves personally and socially.

### Understanding Aging for Intergenerational Learning: A Strategy for Transformative Education

Aging is grounded in a concept that extends beyond the mere definition, as the authors have previously elucidated in this essay. From this perspective, it becomes essential to reflect on the discourse of active aging proposed by the World Health Organization and the European Union. These entities advocate that maintaining physical activity, adopting a healthy diet, among other individual behaviors, leads to increased longevity and the preservation of health<sup>13</sup>.

Nevertheless, the change must be collective, not stemming solely from individual responsibility. Thus, it is opportune to reflect on the responsibility for

achieving successful aging, as it involves preventing harm, early diagnosis of chronic conditions that may affect functionality and cognition, and maintaining an active presence in social and community life. The promotion of health for successful aging encompasses the organizational structures of society, the economy, health services, and their respective levels of assistance. It goes beyond an individual's inability to maintain health<sup>1,13</sup>.

Based on these considerations, the reflection on intergenerational learning requires a critical examination of aging, far from imposing radicalization in thinking that has long been nurtured and has reinforced stigmas against older adults and gaps in formative processes in the health field. This mindset confines health promotion to quality of life, individual reach, and outcomes of efforts without interference from social determinants.

It is essential to consider the protagonism of older adults through intergenerational relationships, employing strategies that strengthen intergenerational solidarity. However, the voices and thoughts of older adults must be acknowledged, heard, and respected for collective empowerment.

In PHC, specifically within the FHS, intergenerational relationships can be addressed through intergenerational education for health promotion. For instance, consider an experience involving a workshop with adolescents on pregnancy prevention using an intergenerational education approach. This initiative led to a roundtable discussion involving parents, grandparents, and adolescents in a municipality in the interior of Ceará, as part of the School Health Program (Programa Saúde na Escola - PSE). This activity aimed to demystify taboos and stimulate reflection on the importance of intergenerational understanding of pregnancy during adolescence. The perspective emphasized affection, dialogue, and trust between generations for intergenerational relationships and health prevention<sup>14</sup>.

The significance of this experience lies in the fact that the intergenerational theme is not part of the content of the PSE. Nevertheless, the authors mentioned above considered that it could be worked on in a cross-cutting and interdisciplinary manner.

This strategy can bring benefits to the understanding of topics that require dialogue between generations, recognizing the importance of older adults for families and consolidating intergenerational solidarity.

Intergenerational education enhances the possibilities of active aging for individuals and populations by providing opportunities for participation in society and increasing knowledge, skills, and competencies within the four foundational pillars of lifelong education. It teaches individuals to live together, to know, to do, and to be<sup>13</sup>.

This should be understood as a measure that reinforces social and intergenerational relationships. Through exchanges of knowledge, information, thoughts, ideas, feelings, experiences, skills, attitudes, among other aspects, intergenerational education contributes to the transformation of the individual. In this cooperation and participation of different generations, societal transformation can occur<sup>13</sup>.

Intergenerationality involves creating and promoting opportunities that underpin the construction of intergenerational relationships and foster intergenerational education beyond institutional education spaces. It thus promotes solidarity, interdependence, reciprocity, knowledge sharing, and transformation among individuals, contributing collectively to the construction of a fairer and more compassionate societal model<sup>13</sup>.

Therefore, intergenerational relationships are inseparable from social, economic, political, and cultural dimensions, with the educational dimension being fundamental. Intergenerationality is not limited to specific activities or mere contact between generations. Educating and learning in an intergenerational context are based on the theoretical and methodological framework of transformative education, such as in Paulo Freire's Critical Pedagogy. In this way, meaningful learning can be achieved beyond institutional spaces, such as schools and universities<sup>15</sup>.

In Paulo Freire's Critical Pedagogy, intergenerational education can find a foundation, contributing to the deschooling of education and the deinstitutionalization of older adults, as well as children and young people. It promotes intergenerational

citizenship and, through participatory and convivial experiences, contributes to a new public space for education. In this framework, teaching requires respecting autonomy, as per Freirean teachings, anchoring education between generations and bringing together different individuals who learn collectively. They are influenced by culture, history, or any chronological influences, allowing the reconstruction of concepts, information, and thoughts about individual and collective health promotion from an intergenerational perspective<sup>16</sup>.

Therefore, it is a challenge to provide strategies for intergenerational education in healthcare settings, emphasizing APS. Additionally, building intergenerational dialogue that facilitates individual and collective empowerment of older adults through active participation in the processes of knowledge construction and reconstruction is crucial.

### Intergenerational Program: Protagonism for the Health Promotion of Older Adults

Based on the reflections presented earlier, what possibilities exist for creating intergenerational spaces to foster dialogue, thought, ideas, or even the deconstruction of prejudices and stigmas that support the protagonism of older adults, specifically in APS?

This topic begins with a question, acknowledging the complexity of building dialogic spaces, especially when involving different generations and the pandemic or post-pandemic context. However, it is a necessary and intriguing challenge, complex but feasible, to contemplate and reconsider health promotion for successful aging.

When reflecting on successful aging, it is anchored in three crucial points. The first point emphasizes health education to guide lifestyle choices and identify risk factors such as obesity, smoking, and sedentary behavior over the years. The absence of diseases is not the sole priority. Therefore, the second point is the maintenance of functional and cognitive capacity through multidimensional assessment, for example. The third point is the active and effective

participation of older adults in society, strengthening support networks to address their needs beyond illness. This latter point is a fundamental condition for considering the health promotion of older adults<sup>2</sup>.

Therefore, for the development of an Intergenerational Program (IP), intergenerational relationships serve as the foundation for construction. These relationships can be understood as interactions between people from different generations, representing diverse life stages, historical, social, and cultural contexts. Such interactions allow for the exchange of experiences and content, contributing to the mutual growth and development of those involved. The generations interacting benefit when the perception of the need for interaction and the exchange of singularities in each individual's way of being, feeling, thinking, and wanting is felt through intergenerational encounters. These encounters are materialized by the intergenerational relationships established, whose main objective is the sharing of knowledge, the strengthening of relationships between younger and older individuals, and the inclusion of older adults in the teaching and learning process, especially when intergenerational education takes place in formal education spaces<sup>17</sup>.

In this way, IPs aim to build connections between these generations, fostering interaction and resulting in "intergenerational solidarity" that enhances the quality of life for both young and older individuals. Those participating in this generational exchange experience positive aspects in these new contacts, feeling more secure about themselves and the world, better coping with adversities, stress, and diseases<sup>18</sup>.

Among the benefits of IPs, discussions about ageism and overcoming stigmas related to aging are highlighted. This facilitates the restoration of self-esteem among the older population and strengthens generational bonds. Sharing knowledge through narratives and affection between generations can enhance socialization, contributing to minimizing the marginalization of older adults in society. It also provides younger individuals, including children and adolescents, with an understanding of the aging process from a different perspective, breaking down prejudices and stigmas that still persist in our society<sup>17-19</sup>.

Based on a theoretical review, several studies have emphasized the importance of encounters and methodologies that work with intergenerational approaches<sup>17, 20, 21</sup>. However, the documentation of IPs as a continuous methodology for discussions and actions related to health promotion is still limited in the health field<sup>15-22</sup>. It is crucial to highlight that, in the construction of care, spaces for dialogue in health promotion provide a pathway for the community. Academic knowledge adds strength and enables the deconstruction and reconstruction of knowledge, potentially leading to positive and transformative changes in stigmatized attitudes between generations<sup>22-23</sup>.

The development of an IP in PHC, specifically in the FHS, is innovative in experiencing initiatives that seek, through the methodology of encounters, qualified listening, welcoming, orality, humanization, and meaningful learning, not only health prevention but health education as well. Through cross-cutting themes identified by the IP group, participants become actors in the construction and reconstruction of concepts about life cycles and the importance of diverse knowledge for improving quality of life.

## CONCLUSION

The intergenerational education, even though still timidly envisioned, is present in institutionalized spaces of formal education, whether in schools and/or universities. However, successful experiences in health, specifically in spaces occupied by PHC, still appear limited or poorly visualized for the

construction of transformative education for the promotion of elderly health.

The challenge is to encourage scientific research so that professionals, through continuous education, can enhance health education moments through intergenerational education. Thus, the construction and implementation of Intergenerational Programs can represent a possibility.

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## REFERENCES

1. Castro APR. Promoção da Saúde, empoderamento e envelhecimento: visões dos profissionais da Estratégia Saúde da Família. In: Dias MAS, Forte FDS, Machado MFAS (org) Promoção da Saúde: um tecido bricolado. Sobral: Edições UVA; 2015. p. 71-87.
2. Nonato AAMPL. Envelhecimento bem-sucedido: desafios às políticas públicas em Manaus [Internet]. Emancipação. 2018 [access July 16, 2023] 18(2): 325-335. Available at: <https://revistas.uepg.br/index.php/emancipacao/article/view/8946/20920921038>
3. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health [Internet]. *Milbank Q*. 2005 [access 2023 July 16] 83(3):457-502. Available at: <https://doi.org/10.1111/j.1468-0009.2005.00409.x>
4. Pinto LF, Giovanella L. The family health strategy: expanding access and reducing hospitalizations due to ambulatory care sensitive conditions (ACSC) [Internet]. *Ciência & Saúde Coletiva*. 2018 [access 2023 July 16] 23(6):1903-1914. Available at: <https://doi.org/10.1590/1413-81232018236.05592018>

5. Cruz RR, Beltrame V, Dallacosta FM. Aging and vulnerability: an analysis of 1,062 elderly persons [Internet]. *Rev Bras Geriatr Gerontol*. 2019 [access 2023 July 16] 22(3):e180212. Available at: <https://doi.org/10.1590/1981-22562019022.180212>
6. Cantinho MSD. Envelhecimento, Intergeneracionalidade e Bem-estar: um estudo exploratório com um programa intergeracional [dissertação]. Portugal: Instituto Politécnico de Viana do Castelo; 2018 [access 2023 July 16]. Available at: <http://repositorio.ipv.pt/handle/20.500.11960/2052>
7. Brasil. Resolução nº 510, de 07 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais [Internet]. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 24 maio 2016 [access 2023 July 16]. Available at: <http://bit.ly/2fmnKeD>
8. Ministério da Saúde (BR). Projeto Promoção da Saúde. Promoção da Saúde: Declaração de Alma-Ata, Carta de Ottawa, Declaração de Adelaide, Declaração de Sundsvall, Declaração de Santafé de Bogotá, Declaração de Jacarta. Brasília: Ministério da Saúde; 2001.
9. Araújo MFM, Almeida MI, Nóbrega-Therrien, SM. Educação em Saúde: Reflexões para a Promoção da Vigilância à Saúde. In: Rouquayrol MZ, Gurgel M, organizadores. 7.ed. Rio de Janeiro: MedBook; 2013. p. 633-651.
10. Brasil. Lei Nº 8. 842 de 4 de janeiro de 1994 [Internet]. Dispõe sobre a Política Nacional do idoso, cria o Conselho Nacional do Idoso e dá outras providências [access 2023 July 16]. Available at: [https://www.planalto.gov.br/ccivil\\_03/leis/18842.htm](https://www.planalto.gov.br/ccivil_03/leis/18842.htm)
11. Brasil. Ministério da Saúde. Portaria Nº 2.528 de 19 de outubro de 2006. Aprova a Política Nacional de Saúde da Pessoa Idosa [Internet]. Brasília: Ministério da Saúde; 2006 [Access 2023 July 16]. Available at: <https://www.gov.br/mds/pt-br/ acesso-a-informacao/legislacao/antigos/portaria-ms-no-2-528-de-19-de-outubro-de-2006>
12. Castro APR, Vidal ECF, Saraiva ARB, Arnaldo SM, Borges AMM, Almeida MI. Promoting health among the elderly: actions in primary health care [Internet]. *Rev Bras Geriatr Gerontol*. 2018 [Access 2023 July 16] 21(2):158-167. Available at: <https://www.scielo.br/j/rbgg/a/tgCYh3yNmnhV7j6864xfTH/>
13. Ferreira FI. A educação intergeracional face ao discurso político do envelhecimento ativo [Internet]. *EccoS Rev Cient*. 2021 [access 2023 July 16] 56:e12820. Available at: <https://periodicos.uninove.br/eccos/article/view/12820/8811>
14. Castro APR de, Morais APP. Intergeneracionalidade e prevenção da gravidez na adolescência: um relato de experiência no programa saúde na escola. In: *Envelhecimento populacional: saúde, doenças, cuidados e serviços / organizadores, Manoel Freire de Oliveira Neto, et al. [...]. - Campina Grande: Realize Editora, 2022.*
15. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa*. 43. ed. São Paulo: Paz e Terra; 2011.
16. Nóvoa A. O espaço público da educação: Imagens, narrativas e dilemas. In: Nóvoa A, diretor. *Espaços de Educação, Tempos de Formação*. Lisboa: Fundação Calouste Gulbenkian; 2002. p. 237-263.
17. Ferreira ISVBS. Educação Intergeneracional como Estratégia de Promoção do Envelhecimento Ativo: análise da necessidade de uma comunidade local enquanto via fundamentadora de projetos relevantes e sustentáveis [tese]. Portugal: Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra [Internet]; 2017 [Access 2023 July 16]. Available at: <https://estudogeral.uc.pt/handle/10316/43108>
18. Aguiar VFF, Soares TB, Anjos AFS, Paz JVC, Amorim JA, Torres MCS, Sousa JB et al. A intergeracionalidade entre idosos e adolescentes na busca da desconstrução de estereótipos na velhice: relato de experiência [Internet]. *REAS/EJCH*. 2019 [Access 2023 July 16] (23):e413. Available at: <https://acervomais.com.br/index.php/saude/article/view/413/412>
19. Luna WF, Melo JAB, Vaz CHM. Entre chegadas e partidas: conversas intergeracionais no Projeto de Extensão Saúde do idoso [Internet]. *Saúde em Redes*. 2019 [access 2023 July 16] 5(3):177-191. Available at: <http://revista.redeunida.org.br/ojs/index.php/redeunida/article/view/2429>
20. Piovezan M, Bessa TA, Borges FSPS, Prestes SM, Chubaci RYS. “Troca de cartas entre gerações”: projeto gerontológico intergeracional realizado em uma ILPI de São Paulo [Internet]. *Rev Kairós-Gerontologia*. 2015 [access 2023 July 16] 18(3):137-153. Available at: <https://doi.org/10.23925/2176-901X.2015v18i3p137-153>
21. Nishida W, Kupek E, Zanelatto C, Bastos JL. Mobilidade educacional intergeracional, discriminação e hipertensão arterial em adultos do Sul do Brasil [Internet]. *Cad Saúde Pública*. 2020 [Access 2023 July 16] 36(5):e00026419. Available at: <https://www.scielo.br/j/csp/a/tXpDjJt7Dz4dBrCzgPZPdBj/>



22. Comodo CN, Prette AD, Prette ZAPD. Intergeracionalidade das Habilidades Sociais entre Pais e Filhos Adolescentes [Internet]. *Psic.: Teor. e Pesq.* 2017 [Access 2023 July 16] 33:e33311. Available at: <https://www.scielo.br/j/ptp/a/yDv6LMPGbfWQnTrQkzY74Sn/abstract/?lang=pt>
23. Krug RR, Ono LM, Figueiró TH, Xavier AJ, d'Orsi E. Programa intergeracional de estimulação cognitiva: Benefícios relatados por idosos e monitores participantes [Internet]. *Psic.: Teor. e Pesq.* 2019 [Access 2023 July 16] 35:e3536. Available at: <https://www.scielo.br/j/ptp/a/bWjHcbtbZDFx9B6fWnKmrWJ/?lang=pt>