

SEXUALITY OF ELDERLY PEOPLE PARTICIPATING IN A COHABITATION CENTER

Sexualidade de idosos participantes de um centro de convivência

Sexualidad de las personas mayores que participan en un centro comunitario

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ABSTRACT

Objective: to analyze the sexual behavior of elderly people participating in a community center. **Method:** cross-sectional study, carried out with 91 elderly people participating in a community center in Tangará da Serra, Mato Grosso. The sample was of convenience. Data collection was carried out in 2016, through an interview using a structured questionnaire. The analysis was descriptive. **Results:** 45.1% of the elderly have an active sex life, 95.1% have a desire for sexual practices and 94.5% do not use preventive measures for sexually transmitted infections. Most reported difficulties in the sexual act (82.9%), the most prevalent being vaginal dryness (29.4%), premature ejaculation (17.6%) and problems with erection (11.8%). Most elderly people mentioned knowing the following STIs: HIV / AIDS (67%), gonorrhea (41.8%), human papilloma virus (HPV) (27.5%) and syphilis (22.0%). **Conclusion:** The elderly have difficulties in the sexual act, do not use condoms, however, they have sexual desire. There is a need to implement interventions to promote sexual health in old age.

DESCRIPTORS: Sexually transmitted diseases; Sexual behavior; Aging.

RESUMO

Objetivo: analisar o comportamento sexual de idosos participantes de um centro de convivência. **Método:** estudo transversal, realizado com 91 idosos participantes de um centro de convivências em Tangará da Serra, Mato Grosso. A amostra foi de conveniência. A coleta de dados foi realizada em 2016, por meio de entrevista utilizando questionário estruturado. A análise foi descritiva. **Resultados:** 45,1% dos idosos têm vida sexual ativa, 95,1% têm desejo pelas práticas sexuais e 94,5% não faz uso de medidas preventivas para infecções sexualmente transmissíveis. A maioria referiu dificuldades no ato sexual (82,9%) sendo as mais prevalentes o ressecamento vaginal(29,4%), ejaculação precoce(17,6%) e problemas na ereção (11,8%). A maioria dos idosos citou conhecer as seguintes IST: HIV/AIDS (67%), gonorreia (41,8%),

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papiloma vírus humano (HPV) (27,5%) e sífilis (22,0%). **Conclusão:** Os idosos apresentam dificuldades no ato sexual, não usam preservativos, porém, têm desejo sexual. Há necessidade de implementar intervenções para promoção da saúde sexual na velhice.

DESCRIPTORIOS: Doenças sexualmente transmissíveis; Comportamento sexual; Envelhecimento.

RESUMÉN

Objetivo: analizar el comportamiento sexual de personas mayores que participan en un centro comunitario. **Método:** estudio transversal, realizado con 91 adultos mayores en un centro comunitario de Tangará da Serra, Mato Grosso. La muestra fue de conveniencia. La recolección de datos se llevó a cabo en 2016, a través de una entrevista mediante un cuestionario estructurado. El análisis fue descriptivo. **Resultados:** el 45,1% de los adultos mayores tiene una vida sexual activa, el 95,1% tiene deseo de prácticas sexuales y el 94,5% no utiliza medidas preventivas para las infecciones de transmisión sexual. La mayoría refirió dificultades en el acto sexual (82,9%), siendo las más prevalentes la sequedad vaginal (29,4%), la eyaculación precoz (17,6%) y los problemas de erección (11,8%). La mayoría de los ancianos mencionó conocer las siguientes ITS: VIH / SIDA (67%), gonorrea (41,8%), virus del papiloma humano (VPH) (27,5%) y sífilis (22,0%). **Conclusión:** Los ancianos tienen dificultades en el acto sexual, no usan condón, sin embargo, tienen deseo sexual. Es necesario implementar intervenciones para promover la salud sexual en la vejez.

DESCRIPTORIOS: Enfermedades de transmisión sexual; Conducta sexual; Envejecimiento.

INTRODUCTION

The elderly population experiences several transformations over the years that involve a series of physical, psychological and social changes, facing several challenges and needs to be overcome, among them, sexuality, which must be understood as something that is part of the life of the individual.¹⁻²

Sexuality in the third age is an emerging theme that has aroused scientific interest since age does not desexualize the individual, but triggers quantitative changes in the sexual response. However, research has shown that there are no physiological reasons that prevent the elderly, in adequate health conditions, from presenting a satisfactory sexual response.³

Elderly people face prejudices and taboos related to their sexuality on a daily basis, because even health professionals believe that they no longer have an active sexual life. However, studies indicate that 75% of men and 69% of elderly women are sexually active.¹⁻²

Another study identified that 63.1% of the elderly had an active sexual life and classified the quality of sexual life as good or satisfactory (39.2%).¹ However, some reported problems in sexual intercourse such as difficulty with erection, vaginal dryness, and alterations due to complications of chronic diseases.¹

With respect to the prevention of Sexually Transmitted Infections (STIs), one study found that 10.8% of the elderly reported using some method, the male condom.¹ Another study concluded that the elderly' knowledge of STIs and contraceptive methods is deficient.⁴

The dissemination of information on prevention methods is suppressed, since sexuality in the elderly is still a subject with taboos and prejudices. Moreover, there is difficulty in the elderly population to use contraceptive methods, since men believe that condoms hinder the erection, and women, because they do not get pregnant due to the hormonal changes that old age brings, believe that they no longer need to prevent themselves, becoming vulnerable to STI.⁴

Human sexuality is still today considered a little explored area of research, and the number of researches on the subject associated to senescence are incipient.⁵ The Ministry of Health points out the need and the challenge of dealing with sexuality in the elderly, due not only to the aging population, but also because it is a relevant aspect for the quality of life of this age group.⁶

The elderly represent a significant percentage of health system users, so it is important that health professionals question the sexual life of this population in order to promote better quality of life and prevent STIs. However, health professionals are not yet in the habit of questioning aspects related to the sexuality of the elderly in their daily routine.^{5,7}

Thus, with the growing population aging, it is important that investigations about the sexual behavior of older people are developed, because they can help the practices of health professionals, especially the nurse, for a qualified care in order to promote the healthy experience of sexuality in aging.

Therefore, the objective of this study is to analyze the sexual behavior of elderly participants of a coexistence center.

METHOD

A cross-sectional descriptive study was carried out with 91 elderly people, selected for convenience in a senior center in the municipality of Tangará da Serra, Mato Grosso (MT).

Included were people aged 60 years or older of both sexes, who participated in the coexistence center and excluded those who presented cognitive alteration after application of the Mini Exame de Estado Mental (MEEM) established as a cut-off point for schooling.⁶

The data were collected in 2016, through individual interviews, using an instrument prepared by the researcher with questions on sociodemographic characteristics, health conditions, profile and sexual satisfaction of the elderly and knowledge and preventive measures for STI, after signing the informed consent form.

A pilot test was carried out with 30 elderly people from a Unidade

Básica de Saúde (UBS) in order to verify the adequacy of the data collection instrument for the achievement of the study objective.

The variables of this study are in relation to socio-demographic characteristics, health conditions, sexual profile, sexual satisfaction, knowledge and measures for STI prevention.

The data were organized in a database by means of a statistical program. The data analysis was descriptive and the results were arranged in absolute and relative frequencies, in the form of tables.

The present study was approved by the Ethics Committee of the Universidade do Estado de Mato Grosso under protocol nº 1.698.003/ 2016.

RESULTS

The study included 91 elderly people, 70 (76.9%) are female, 41 (45%) are between 60 and 69 years old, 47 (51.6%) are widowed, 53 (58.2%) have only incomplete elementary school, 74 (81.3%) receive up to one MS from retirement 71 (78.0%) and 44 (48.4%) have family income of up to two MS.

In relation to the health conditions of the elderly, 36(39.8%) self-assess their health as good and 67 (73.6%) have health problems, being 52(57.1%) hypertension and 14 (15.4%) diabetes. Among them, 71(78.0%) use medications regularly, 47 (51.6%) use antihypertensives and 86 (94.5%) report that they never had an STD.

Regarding the sexual profile (Table 1), 041(45.1%) have an active sexual life and among those who do not, i.e., 50(54.9%) are elderly, they justified for the following reasons: 40 (80%) are widowed and eight (16%) have no fixed partner. Among the elderly who have an active sexual life, 40 (97.6%) have a fixed partner.

Of the participants, 58 (63.7%) consider sex important in this phase of life, because 23 (39.7%) said it is good for health, 15 (25.9%) that it is pleasant and nine (15.5%) that brings harmony to the couple. 67 (73.6%) elderly people said that it is possible to live without sex and be happy, among these, 29 (43.3%) stated that sex is not everything and 24 (35.8%) that companionship is primordial. When questioned about sexuality in the elderly 89 (97.8%) stated that they did not suffer prejudice because of their age (Table 1).

Table 1 - Distribution of elderly participants in a coexistence center according to sexual profile (N=91). Tangará da Serra, MT, Brazil, 2016

Variables	n (%)
Active sex life(n 91)	
Yes	41(45,1)
No	50(54,9)
Fixed sexual partner (n 41)	
Yes	40(97,6)
No	1(2,4)
Considers sex important(n 91)	
Yes	58(63,7)
No	33(36,3)
You can live without sex and be happy (n 91)	
Yes	67(73,6)
No	24(26,4)
Has suffered prejudice against sexuality due to age (n 91)	
Yes	2(2,2)
No	89(97,8)

Source: Data collected by the researcher himself.

Of the elderly,18 (43.9%) have up to two sexual relations per week, 34 (82.9%) are satisfied with the frequency, 30 (73.2%) classify their sexual life as good and 35 (85.4%) stated that foreplay stimulates to have and/or continue sexual intercourse. Almost all of them, i.e., 39 (95.1%) elderly people who have an active sexual life, stated that they have a desire for sexual practices; however, 34(82.9%) reported having difficulty in the sexual act, among them 10(29.4%) cited vaginal dryness, six(17.6%) cited premature ejaculation, and four(11.8%) had problems with the erection (Table 2).

Table 2 - Distribution of elderly participants in a coexistence center according to sexual satisfaction (n=41). Tangará da Serra, MT, Brazil, 2016

Variables	n (%)
Frequency of sexual practice	
Up to twice a week	18(43,9)
More than 2 times a week	8(19,5)
1 time every 15 days	8(19,5)
1 time per month	7(17,1)
Satisfaction with sexual frequency	
Always	34(82,9)
In most cases	6(14,6)
Rarely	1(2,4)
Preliminary stimulate to have/continue sexual intercourse	
Yes	35(85,4)
No	3(7,3)
Sometimes	3(7,3)
Self-evaluation of sex life	
Good	30(73,2)
Regular	7(17,1)
Satisfactory	2(4,9)
Bad	2(4,9)
Has sexual desire	
Yes	39(95,1)
No	2(4,9)
Difficulties in the sexual act	
Yes	34(82,9)
No	7(17,1)
TOTAL	41(100,0)

Source: Data collected by the researcher himself.

Regarding STIs, 61 (67%) of the elderly cited knowing the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and 38 (41.8%) gonorrhea. Regarding the prevention of these diseases, 78 (85.7%) cited the condom. As the main source of information on STIs 71 (78%) talked about television and radio, and 50 (54.9%) about health professionals (Table 3).

When asked if the pleasure of sexual intercourse decreases when using condoms for STI prevention, 72 (79.1%) reported that it does not. About 72 (82.7%) elderly did not use STI preventive measures after 60 years, and currently 86 (94.5%) elderly do not use STI preventive measures (Table 3).

Table 3 - Distribution of elderly participants in a coexistence center according to knowledge and STI prevention measures (N=91). Tangará da Serra, MT, Brazil, 2016

Variables	n (%)
What prevents IST	
Condom	78(85,7)
Hygiene	5(5,5)
Not having sex	1(1,1)
Not having many partners	1(1,1)
Others	2(2,2)
Doesn't know	4(4,4)
Which IST do you know	
AIDS/HIV	61(67,0)
Gonorrhea	38(41,8)
HPV	25(27,5)
Syphilis	20(22,0)
Source of information on prevention of STI	
Media (Television and Radio)	71(78,0)
Health Professional	50(54,9)
Intermediary of third parties (partners, friends, relatives)	31(34,1)
Reading (books, newspaper, magazines, pamphlets)	9(9,9)
Doesn't know/doesn't remember	3(3,0)
Sexual pleasure decreases if you use a condom to prevent STIs	
Yes	13(14,3)
No	72(79,1)
Doesn't know	6(6,6)
Have you ever used any IST preventive measure after the age of 60	
Yes	16(17,6)
No	75(82,4)
Currently uses IST prevention measures	
Yes	5(5,5)
No	86(94,5)
TOTAL	91(100,0)

Source: Data collected by the researcher himself.

DISCUSSION

The sexuality of the elderly should be discussed by researchers since prejudices, taboos, and myths are present when subjects are 60 years of age or older.

The prevalence of seniors with inactive sex life was higher, similar to the result found in one study⁵ and different from

others.¹⁻² These findings can be explained by several factors. In addition to the cultural aspects and taboos of society, socio-demographic characteristics should be considered as important factors that can also influence the sexuality of the elderly, namely, marital status.

For example, in this study, most of the participants are female, widowed, have health problems and use medication. Studies report that women live longer than men because of differences in risk exposure as external causes, in addition to having greater access to health services.^{4,8} However, women generally have greater difficulties in sexual relations due to hormonal changes resulting from the aging process, such as vaginal dryness and reduced libido, which favor abandonment of sexual practices, which could explain the fact that most participants in this study do not have an active sexual life.

A survey conducted with elderly people registered at UBS in Minas Gerais found that most of the participants had not had sexual intercourse in the last six months. When comparing the results according to the sex of the participants, differences were observed, since among men, most had had sex and women had not.⁴

Another aspect to be considered is that we identified a high percentage of widowers in this study (51.6%). This characteristic may be a contributing factor to the decline of sex life, as these are common external occurrences in old age. After old age, usually widowed women no longer have sex.⁹⁻¹⁰

In addition, having health problems and using medications can also influence the body physiology of the elderly. Many medications, such as antidepressants and antihypertensives, have as side effects the reduction of the erection capacity, in the case of men, or in women, reduction in sexual desire, decrease in libido, delay in orgasm and decrease in vaginal lubrication,² being the medications that are most used by the elderly in this study.

As for the perception of sex in the elderly, most elderly people described it as important, although they believe that there is a possibility of being happy without sex. A study developed with elderly people in Rio Grande do Sul identified that there was a greater tendency to happiness among those elderly people who were married, with an active sex life, because they consider sex very important.⁵ However, this study concludes that men give more importance to sex when compared to women, and this difference is statistically significant.

Although most elders in this study do not have sex, they reported that sex is good for health. The literature points out that sex is considered a physiological need and therefore, when practiced it brings several benefits, since it potentializes improvements in physical and mental health, besides having numerous therapeutic effects.¹¹ Some elderly who abandon sexuality may experience aging in a less satisfactory way.¹¹

Companionship was mentioned as being more important than the sexual act itself, similar to the findings of other studies.¹²⁻¹³ For many people, sexuality is a very broad concept, with love, respect, affection, complicity, and companionship being valued more highly than sexual activity.^{3,12-13} Although the body ages, the elderly maintain the ability to love, to

exchange passionate looks, kisses, hugs, and caresses until the end of life.

Among the elderly with an active sexual life, the majority reported having only one fixed partner, a characteristic also found in other investigations.^{4,13} This finding is important since the individual who has a fixed partner reduces the risks of exposure to STIs, since epidemiological studies show that the multiplicity of partners constitutes a risk factor for the contagion of diseases conveyed by sex.¹⁴

Regarding the frequency of sexual activity, a large part of them reported a frequency of up to twice a week, stating that this frequency satisfies them, classifying their sexual life as good. In a survey of young and old people, he found that the younger ones have some attention to the amount of sexual activity; however, in the older population this concern with quantity must and can be sadly replaced by the notion of quality.¹² Studies have shown that the frequency of sexual relations decreases with age; however, satisfaction with sexuality and desire may not be affected.²⁻⁹

The idea that people lose their sexual skills as they get older is a concept that can be considered mistaken. The fact that there is a decrease in the frequency of sexual activities does not mean an end to sexual expression or desire.

In contrast, older people have also reported difficulties in maintaining sexual relations. This can be justified by the alterations arising from menopause or from the aging of the genitals themselves. Hypoestrogenism causes decreased pelvic support and lubrication of the urogenital tissues causing pain and hindering sexual activity.¹⁵⁻¹⁶

In men, dysfunctions can also be associated with aging and comorbidities. The study identified an association between compromised morning erection, little sexual desire and erectile dysfunction with decreased testosterone levels.¹⁵ The main comorbidities that act on erectile dysfunction are: hypertension, advanced age, diabetes mellitus, alcohol and smoking, side effects of drugs and medication, characteristics found in the population of this study.¹⁶ The physiological alterations of the aging process can modify the sexual desire, but not extinguish it.

However, there are divergent points of view about the influence of aging on sexual desire.⁵ The literature points out that the elderly person has the ability to discover other pleasures, adapt to their condition and manage to find for every difficulty a new way of living.³

Another important finding is that in relation to the experience of prejudice about sexuality in the third age study it identified different results from others.^{9,16} This can be justified by the cultural diversity, beliefs and opinions of the populations studied, since the prejudice depends on the context in which the person lives, or on the way each individual experiences and understands his/her own sexuality.

However, it should be noted that there is still much prejudice in the general population regarding the sexuality of the elderly, even in health professionals. In the practice of health care, few professionals are concerned with questioning or addressing this issue with the elderly, because they believe that at this stage of life, they do not perform sexual practices.

Analyzing aspects about STIs, the elderly referred to the condom as a measure to prevent these diseases, although they do not always use it, similar results also in other studies.^{4,9,13,17} The male and female condom is considered the best method to prevent STIs. A study conducted in Pernambuco reveals that although the knowledge of the elderly about STIs is adequate in some points, there is still a lack of information about the risk of acquiring these diseases.⁴

The types of STI mentioned by the elderly in this study were also found in others^{14,18} and the media as a source of information on these diseases has also been pointed out in literature.^{1,13} Since most of the elderly in this study are retired, they may enjoy their time watching television, explaining the fact that they obtain information in this medium. Television reaches a large part of the population, and it is important to use it to spread health knowledge.

Besides the media, the elderly mentioned receiving information from health professionals. This result can be justified due to the fact that these elderly participate in a coexistence center, a place where knowledge is socialized through educational actions carried out by nurses and, therefore, the contact with health professionals can be greater. The coexistence centers are considered important places for the exchange of information about health.^{13,19}

Although most of the elderly in this study reported never having a STI, they also reported not using prevention measures during sexual intercourse after the age of sixty or currently, results also found in other studies.^{4,13} This finding is relevant, since most reported receiving information about STIs. Perhaps this behavior is explained by other reasons, such as cultural factors, personal beliefs, or religion.

Values, beliefs, and religion are elements that can interfere with sexual behavior, especially the adoption of methods that promote safer sex, such as condoms.⁴

In addition, most have a fixed partner and may choose not to use a condom during sexual relations because they trust their partners. Studies show that older women are submissive to men and cannot convince their partners to use condoms.^{4,20} Because they are not at fertile age, or are not considered sexually active, they are little encouraged to use this method.^{4,20} Unprotected sex is an even higher risk after menopause, since dryness of the vaginal walls favors the emergence of wounds that act as gateways to HIV and other diseases.²¹

The number of elderly people with STIs has grown gradually. One survey found that in all regions of the world the population most affected by AIDS is between 25 and 44 years old, however, the prevalence of cases in individuals aged 60 and over has been growing both in absolute and proportional numbers in recent years.¹

According to World Health Organization (WHO) data, approximately 40 million people worldwide have the HIV virus, among which 2.8 million are 50 years old or older.^{22,23} In Brazil, in 2019, there were 704 reported cases of HIV in people aged 60 and over, and 880 new cases of AIDS.²⁴

It is necessary to develop actions to prevent STIs in old age, such as promoting active aging, including experiencing

sexuality in a healthy manner, improving the knowledge of the elderly on the subject, aiming at contributing to the adoption of preventive behaviors.

One limitation of this study is that the questionnaire was applied by the researcher, which can bring embarrassment to the elderly when answering about their sexuality, because it is a subject that arouses prejudice and taboos. However, the researcher followed the ethical precepts of the research and adopted methodological rigor to ensure the quality of results.

CONCLUSION

Most seniors do not have an active sex life, they have sexual desire, they classify their sex life as good. Those who have an active sex life, have a frequency of up to two sexual relations per week and are satisfied with their sex life. The difficulties for sexual activity reported were having problems with erection and vaginal dryness. Most seniors know some STIs, but do not use condoms.

The results point to the need to implement actions to promote sexual health and prevent STIs in the elderly population, especially in primary care. Actions such as health education on the subject in the waiting room, qualified listening on aspects of sexuality during care to the elderly, offer of testing for diagnosis of STIs, incentive to condom use, are some measures that can be developed and that contribute to promote the sexual health of this population.

Furthermore, it is important to train professionals who work in health services, because by understanding that the elderly value their sexuality, paradigms and taboos on the subject can be minimized and thus develop integral care for these people.

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