

Sexual behavior in the elderly watched family health strategy

Luz, Adão Charles Gomes; Machado, Ana Larissa Gomes; Felipe, Gilvan Ferreira; Teixeira, Emmanuela Moura; Silva, Maria Josefina da; Marques, Marilia Braga

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Luz, A. C. G., Machado, A. L. G., Felipe, G. F., Teixeira, E. M., Silva, M. J. d., & Marques, M. B. (2015). Sexual behavior in the elderly watched family health strategy. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(2), 2229-2240. <https://doi.org/10.9789/2175-5361.2015.v7i2.2229-2240>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Comportamento sexual de idosos assistidos na estratégia saúde da família

Sexual behavior in the elderly watched family health strategy

Comportamiento sexual en la estrategia de salud de la familia vistos ancianos

Adão Charles Gomes Luz¹, Ana Larissa Gomes Machado², Gilvan Ferreira Felipe³, Emmanuela Moura Teixeira⁴, Maria Josefina da Silva⁵, Marília Braga Marques⁶

ABSTRACT

Objective: To analyze the sexual behavior of elderly assisted on primary health care. **Method:** Transversal study, exploratory and quantitative. **Results:** The sample was comprised of 130 elderly people, these 60,8% were male, showing age between 60 and 92 years, with an average of $69 \pm 7,04$ years. With respect to the sexual profile, 63,1% elderly had active sex life, being more frequent among men with stable or married. With regard to sexual desire, 30% reported having no more desire for sexual practices, represented mostly by women and 12,3% maintained total desire, with most men. Among the sexually active seniors, 17% use some preventive method for sexually transmitted diseases. **Conclusion:** Highlights that there is a gradual decrease in the frequency of interest and sexual practices with age, reinforces the necessity of educational action of nurses in primary health care for the elderly. **Descriptors:** Sexuality, Elderly, Primary health care.

RESUMO

Objetivo: Analisar o comportamento sexual de idosos assistidos na atenção primária em saúde. **Método:** Estudo transversal, exploratório e quantitativo. **Resultados:** A amostra foi composta por 130 idosos, destes 60,8% eram do sexo masculino, apresentando idade entre 60 e 92 anos, com média de $69 \pm 7,04$ anos. Com relação ao perfil sexual, 63,1% idosos tinham vida sexual ativa, sendo comportamento mais frequente entre os homens com união estável ou casados. No que diz respeito ao desejo sexual, 30% referiram não ter mais desejo pelas práticas sexuais, representado em sua maioria por mulheres e 12,3% mantiveram desejo total, com maioria masculina. Entre os idosos sexualmente ativos, 17% utilizam algum método preventivo para Doenças Sexualmente Transmissíveis. **Conclusão:** Destaca-se que há uma diminuição gradual na frequência do interesse e das práticas sexuais com a idade, reforça-se a necessidade da ação educativa do enfermeiro na atenção primária voltada para idosos. **Descritores:** Sexualidade, Idoso, Atenção primária à saúde.

RESUMEN

Objetivo: Analizar el comportamiento sexual de los ancianos asistida en atención primaria de salud. **Método:** Estudio transversal, exploratoria y cuantitativa. **Resultados:** La muestra estaba compuesta por 130 personas de edad avanzada, estos 60,8% eran varones, con edad entre 60 y 92 años, con un promedio de $69 \pm 7,04$ años. Respecto al perfil sexual, 63,1% ancianos tuvieron vida sexual activa, siendo más frecuente entre los varones con estable o casados. En relación con el deseo sexual, 30% informó tener deseo no más para las prácticas sexuales, representada principalmente por mujeres y 12,3% mantenido total deseo, con la mayoría de los hombres. Entre los seniors sexualmente activos, 17% utilizan algún método preventivo para enfermedades de transmisión sexual. **Conclusión:** Destaca que hay una disminución gradual en la frecuencia de interés y las prácticas sexuales con la edad, refuerza la necesidad de la acción educativa de enfermeras de atención primaria de salud para los ancianos. **Descriptor:** La sexualidad, Los ancianos, La atención primaria de la Salud.

Article from the monograph "survey on sexuality of the elderly in the town of Picos-PI" presented to the undergraduate program in nursing, 2011, Federal University of Piauí.

1Nurse. Graduated from the Federal University of Piauí/Campus Senator Helvídeo Nunes de Barros. Email: adaocharles@hotmail.com 2 Nurse. Master in Clinical Care. Teaching the course Bachelor of Nursing, Federal University of Piauí. Email: analarissa2001@yahoo.com.br 3 Nurse. Master in Clinical Care. Teaching the course Bachelor of Nursing, Federal University of Piauí. Email: gilvanfelipe@yahoo.com.br 4 Nurse. Graduated from the Federal University of Piauí/Campus Senator Helvídeo Nunes de Barros. Email: emmanuelajc@hotmail.com 5 Nurse. PhD in Nursing. Professor of Bachelor of Nursing, Federal University of Ceará. Email: mjosefina@terra.com.br 6 Nurse. Master of Nursing. Professor of Bachelor of Nursing, Federal University of Ceará. Email: mariliabm1@yahoo.com.br

INTRODUCTION

As a result of technological advances in health and knowledge about the most common problems afflicting the population and ways to prevent them, the world population is in the process of aging. The increase in longevity and reducing mortality rates in recent decades have changed the demographics of Brazil⁽¹⁾.

Aging involves a series of physiological and biological changes, both in men as in women, which are also visible in sexuality, however, these changes do not mean that senility is associated with disease. Talking about sex in old age is an arduous task for being a subject little discussed and, in many cases, becomes abusive on the part of society. This is a topic that many consider taboo, including the elderly themselves and good part of health professionals.²

In most cases, one prefers not to talk about sexuality, which causes the appearance of false beliefs and myths related to sexuality in old age, consequently, this silence in the elderly produces feelings of guilt and shame in your sexual desire on the grounds that what is happening is not "normal".³

Often the elderly are faced both with health problems and with negative attitudes in society that hinder their continuing active sex life. Despite declining physical capacity and sexual practices become less frequent, the elderly can and should look for other expressions of sexuality, which allows you the most satisfying and pleasurable aging. The society and particularly family should assist the elderly when they decide to opt for a life together even after the elderly and not criticize and/or repress such as when they express any form of sexuality.⁴

Geriatric sexuality has many stereotypes and deserves to be discussed more, because is still great neglect of society and some health professionals when addressing the subject, despite its importance. Even with the fear to touch the subject, studies show that older people every day break prejudices related to sexuality, and the health professional must watch to help you when the same mention some theme-related problem.³

The elderly is seen as incompetent and sexually impotent. Sometimes, he even takes this stereotypical vision, as a way to enter into society, occupying the space that is granted. Aging-related changes are interpreted as weakness and inability, in terms of fitness and sexual attraction. So, the elderly end up aborting because of prejudices and taboos not allowing sexual pleasure and even to experience sexuality in this stage of your life.

Considering that the elderly make up a portion of the population that deserves attention especially with respect to sexuality, because in actuality is a subject little explored and debated. There must be actions directed to the prevention of manifestations of sexually transmitted diseases (STD) and provide them with important information about

the subject, because in this population portion there was a considerable increase of STD/Aids.⁵

Considering the points raised about geriatric sexuality arose the following issues: the longevity of human beings associated with healthy practices can provide a satisfactory sexual performance to the elderly, thereby improving the quality of life in the process of growing old? The bias of society vis-à-vis the sexuality of the elderly causes the same change their concepts of that sex in old age can be pleasurable and healthy? The person aged over 60 years can be performed sexually? And as an elderly person can have an active sex life? The present study aimed to analyze the sexual behavior of elderly assisted in a family health unit of the municipality of Picos-PI.

METHOD

This is a cross-sectional study, exploratory and descriptive, with a quantitative approach. Was conducted during the period from August to October 2011 in one of the units of the family health strategy (FHS) located in the urban area of the municipality of Peaks-Piauí, chosen for convenience and for being the practice of the nursing students of the Federal University of Piauí Campus Senator Helvídeo Nunes de Barros.

Used as inclusion criteria: elderly registered on the FHS unit chosen and reside in urban areas. Exclusion criteria were: seniors who have some sort of cognitive impairment or physical limitation apparent that would compromise his participation in the study.

The population was composed of elderly 255 and the sample (n) calculated using the formula of finite populations whereas the confidence coefficient equal to 95% ($Z\alpha = 1,96$). The prevalence rate used, $P = 50\%$, the additional $Q = 50\%$ percentage and sampling error of 0,05 ($E = 0,05$), totaling 130 elderly people.

Data collection took place through home visits, as registration carried out by the health unit nurse, in the months of August to October 2011 in the company of Community Health Agents (CHA). We used a semi-structured form composed of socioeconomic data (gender, age, education, marital status, family, occupation data) along with semi-structured questions about the sexual behavior of the elderly that addressed preventive methods and knowledge about STDS.

Data were analyzed through descriptive statistics: absolute and relative frequencies calculation and measures of central tendency (mean or median and standard deviation), using the software Statistical Package for the Social Sciences (SPSS)[®] version 17.0. At the end of the processing of data, the same have been featured in illustrative tables whose consolidation served for making inferences based on the scientific literature on the subject in question.

The study complied with the ethical aspects of the resolution. 196/96 (BRAZIL; 2000) about research involving humans of the National Health Council and obtained approval of the Research Ethics Committee of the Universidade Federal do Piauí with CAAE: 0226.0.045.000-11.

RESULTS AND DISCUSSION

Characterization of the participants of the study

According to the findings presented in table 1, the elderly research participants were predominantly male. The minimum age was 60 years and maximum of 92 years, with an average of $69 \pm 7,04$ years. With respect to marital status, were the elderly married male majority, 77%. Highlighted the amount of elderly widowers with predominance of women, 81,4%. Most of the elderly was retired and pensioners and had only incomplete elementary school.

Table 1 - Socio-economic characteristics of the elderly investigated. Picos PI-2011.

Variable	f	%
Age (years)		
60-69	66	51,0
70-79	50	38,0
80-92	14	11,0
Genus		
Female	51	39,2
Male	79	60,8
Marital Status		
Single	12	9,2
Married	83	63,8
Widower	27	20,8
Divorced	6	4,6
Stable Union	2	1,5
Profession/Occupation		
Retired	116	89,2
Pensioner	14	10,8
Schooling		
Illiterate	19	14,6
Incomplete Elementary School	102	78,5
High School Incomplete	3	2,3
Higher Education	6	4,6

Sexual profile of the elderly

With respect to the sexual profile, 63,1% elderly had active sex life, 20% talk about sexuality, all these were talking only with friends. The data reveal that 30,8% of seniors reported feel constrained about discussing sexuality.

On the classification of quality of sexual life, 27,7% rated as good, 39,2% as satisfactory and 33,1% as bad, stressing that the qualification was attributed by the elderly who had no sexual relations. With regard to sexual desire, 12,3% maintained total desire, 57,7% partial desire, and 30% reported not having any more desire for sexual practices.

With respect to sexual interest, 53,8% revealed that routine did not end with the couple's interest in sexual practices, these 70% were married and 46,2% stated that this desire partially or totally declined. Given the existence of a steady partner, 69,2% of seniors had. With respect to problems in sexual intercourse, 13,1% had a problem with sex, and among the reported problems encountered by 2,3% erection problems, vaginal dryness 6.9% and 3,8% due complications of chronic diseases. No problems related to sexual function was reported by 85,9% of the elderly, but also said no elderly using medicine to improve it.

About the maintenance of sexual intercourse according to the genre, the elderly males presented more frequently in relationships, 79,7%. When related to marital status, it was noticed that among the married the maintenance of sexual relations was 84.3%, among the elderly with stable frequency was of 100%, while among the divorced, 50% remained keeping sexual relations.

The data show that only 30% of the elderly not kept sexual desire and women were most, 80%. Meanwhile, 57,6% kept partially sexual desire, among which, the men presented more frequently, 81,3%. It should be noted that 12,3% of participants remained fully sexual desire, among whom are men with 68,7%.

Perception about the STD

In relation to the knowledge of the STD, 56,9% of the elderly have claimed to possess knowledge about the STD acquired mostly, 23,8%, by the media and 15,4% for health care professional.

When asked about the description of this knowledge, 25,4% reported to be satisfactory and 74,6% describe with unsatisfactory. Although most consider the poor knowledge, only 16,2% of elderly people seeking the health professional to receive sexual orientation, being this information obtained during routine query, 13,8%, and 2,3% through educational activities.

How to use method to prevent STD, only 10,8% reported using it, and cited exclusively the latex male condom. The elderly who have contracted some form of STD were 13,1%, noting that all those who were infected were male. Among the sexually active seniors, 63,1%, only 17% use some method for prevention of STD. Regarding the manifestation of some sort of STD, 13,1% responded that they had already presented gonorrhoea, Lymphogranuloma Venereum and Condyloma acuminata and genital wart.

When asked about the description of knowledge and the pursuit of sexual orientation to the healthcare professional, among the 33 seniors who describe how satisfying his knowledge about STD, only 15,1% seek guidance, already among the 97 who consider unsatisfactory his knowledge, only 16,4% seek the health professional to guide about sexuality and STD.

Among the elderly that keeps sex, 37,8% consider it as good, while 62,1% considered it satisfactory. The description of sexual life for the genre, showed that among men was classified as good by 25,3%, satisfactory by 54,4% and 20,2% bad, 31,3% of women already considered good and 52,9% bad.

Obtaining data on sexuality in the elderly population is known to be a challenge, because it faces the resistance of cultural and moral values, as well as shyness and other locks of these people. Be able to broach the subject sexuality is difficult in this age group, because some individuals may exhibit psychological factors aggravating as traumas and resentments that prevent content exposure more intimate by the patient.⁴

The largest amount of male subjects can be justified by the conduct of home visits have occurred more frequently in the afternoon, when held in the mornings, the most frequently observed females, because the same performing housework, while the males were in agricultural and agricultural activities, however, in the afternoon, the elderly male who were present in their households, had the first contact with the interviewer.

There was prevalence in the study of male participants, nevertheless, ageing is also a matter of genre, because considering the elderly population as a whole, it is observed that 55,8% of it is made up of women.⁷ Is no greater longevity of women compared to men, this phenomenon is attributed to less exposure to certain risk factors, especially at work, lower prevalence of smoking and alcohol use, differences regarding the attitude towards disease and disability and more often female in health care.⁸

The research of the Brazilian Institute of geography and statistics (IBGE) shows that life expectancy in Brazil has increased about three years between 1999 and 2009. Thus, it is expected that a Brazilian alive at least 73,1 years. The lowest rates of mortality are recorded among women, so they have lived longer and add up to 55,8% of people over 60 years in the country. In the evaluated period, life expectancy rose from 73,9 years for 77 years. Among men, it rose from 66,3 years to 69,4 years.⁷

Most of the elderly was married, noting that among women the number of widows was more significant. Similar data have been found in studies with elderly.^{9,10}

Among the data related to the profession or occupation, there was a considerable prevalence of elderly retirees, although some have two benefits. In spite of receiving some benefit from the Government, they played extra activities, being some of the women in the home, day laborers and seamstresses, and some of the men farmworkers, Masons and merchants.

The two main occupations were farm workers and agricultural producers, compatible data were seen in studies already carried out,^{9,11} in which showed that 60,2% of the elderly were retirees, 18,2% pensioners and claim that approximately 37% of elderly men had occupations related to farming activities, in addition to these, fourthly, 4,5% livestock producers.

Regarding the schooling is the difficulty of access to school reported by almost all elderly respondents, of whom 78,5% had only incomplete elementary school, one of the difficulties referred to by the elderly, highlight the financial or access. According to the National Survey by Household Sampling (NSHS), the Brazilian population with 60 years or more still maintained high rates of illiteracy: 32,2% couldn't read and write, and 51,7% were functional illiterates (had less than 4 years of study). Your average years of schooling was only 4,1, increasing a year compared to 1998, however, despite the rate of functional illiteracy fall, is still above 20%.⁷

It was realized through the data presented about sexuality that the elderly avoid talking about the issue at hand, which may be associated with the local culture and to the prejudice related to age. Although aging is a different process in each individual, a step peculiar psychological losses occur, emotional and social, doesn't mean that this gradual and irreversible process can interfere with the quality of life of these people, although in the cultures of our country, society pass the idea of aging as a process of: dependency, debilitation, dread and mainly elderly people as asexual beings, making this a great difficulty in the expression of their will, especially in the area.¹²

In spite of her age, of prejudice and physiologically the body offer limitations, the elderly maintain sexual relations with frequency in this study, observing frequency of sexual intercourse of 63,1%. This proportion was higher due to the large number of widowers 20,8%, because they had no sexual practices. In studies that evaluated sexual activity in the elderly, reveal that among seniors divorced and widowed occurs drop in percentage of sexually active seniors.^{4,13,14}

The amount of sexually active men in this study was markedly greater than women. The proportion of men and women who reported having had sexual intercourse ever remained unchanged for the population groups of 1998 and 2005. However, differences were observed according to sex, with larger proportion to men than to women, even among the elderly, being these statistically significant differences in the two periods examined.¹³

The age is not configured in an obstacle to the maintenance of sexual relations, although the majority of the elderly being married for several years, prefer to keep the link, and save the sexual practices because 53,8% of respondents maintain that interest, despite the desire subside partially in most elderly, this fact is not deterrent to non maintenance of relations. Although some seniors retain the "moralism" and the idea that sex is a subject embarrassing, the sentiment persists when there are losses, as demonstrated in this study in which the elderly widowers do not maintain sexual relations.

Despite these difficulties and taboos about sexuality in the elderly, among the elderly married, most sexual relations. More than half of the elderly remains partially sexual desire and small amount of elderly remains with sexual desire. In other estudo³ 80% of the elderly maintain sexual intercourse with your partner and this same percentage shows that the older the desire just changes, does not end there and sentimental, emotional and sexual desires by partner, as well as the forms of express are very limited due to taboos on the subject, and there is a tendency to change the relationship, taking into account an increase in caresses, the touch and companionship.

Although most of the elderly have some knowledge about the STD, a low number attributed the learning acquired the healthcare professional, being a far more significant quantitative of elderly who have cited the media, data similar to those found in another study.¹⁴

It was observed that only a small number of elderly uses some STD prevention method, this method is exclusively the latex male condom, using the justification of owning fixed partner and demonstrate that the use of a condom at last intercourse, 83,1% of the elderly respondents did not use, because they think that only groups with risk behaviour can acquire STD.^{5,15}

The DST referenced by the elderly were compatible in a study conducted with elderly people in Rio Grande do Sul.¹⁶ A current concerns is the manifestation of the STD/HIV in the elderly. In virtually all regions of the world age group most affected by AIDS is between 25 and 44 years, however, the number of cases in individuals 60 years or older has been showing a growth both in absolute number and proportion in recent years, including in Brazil, where the incidence of AIDS in the age group of 60 to 69 years climbed to 6.84 cases/100.00 inhabitants in 1990, to 18,74 cases/100.000 inhabitants in 1998. The growth of AIDS in the elderly is related by the Ministry of health to the population aging and improves the quality of life of this population, extending thus the sexual and social life.¹⁷

Normal physiological changes in the aging process, interfere with the sexual practice, the elderly reported chronic diseases and physiological losses as empobrecedores of sex. The aging process is unique in each human being, thus each senior citizen can take different attitudes and ways of being and behaving.

Most men considered their sex life as good and satisfactory, although some reported having erection problems and complications of chronic diseases. Women already considered how bad the sex life, emphasizing that no sexual relations due to husband's dysfunctions and for being widows. They report the dryness as the main obstacle in your body to maintain sexual relations.

With aging, the man will need more time to reach orgasm; you will need a larger range between an ejaculation and another and the volume ejaculated will be smaller. There will be no more the same physical and psychological disposition. With the decline in production of estrogen, women eventually may experience symptoms such as hot flashes, cold sweats, headaches, irritability and depression. Others may feel the vagina dry and Dyspareunia.¹⁸

Until the Decade of 1940, erectile dysfunction was considered as a natural evolution for the man as he aged, in the field of treatment, the Decade of 1970 can be regarded as the time of penile prostheses. The Decade of 1990 was characterised by the development of the research of medicines for oral use. Some urologists believe that, generally speaking, the causes of erectile dysfunction are 70% of cases caused by psychological problems and the remaining 30% would be due to organic problems. Among the causes cited in the literature for physical erectile dysfunction, cites the arterial hypertension, ischemic heart disease, peripheral vascular disease, old age, diabetes mellitus, alcohol and smoking, side effects of drugs and medicines.¹⁷

It should be kept in mind that aging occurs in different ways and not all people of the same age group have similar characteristics. It is acknowledged that characterize the elderly person is a challenge, since the human condition presents complex and peculiar, which makes it difficult to establish a common profile.¹⁴

The third age is no impediment to an active sex life, since 70% of the elderly maintains wholly or partly the sexual desire. Even though sexuality is shrouded by prejudices, frustrations and complex. There is decreased sex drive by the biological component, in Aging, which can also impair the motivation and sexual longing. This decrease can cause a general organic process, and even, in the loss of the ability to feel pleasure.¹⁹

The physical decrease is present in the whole process of life, and sexual practices is no different, so the changes that occur in the male body such as occur in females are part of the normal aging process. So, as the men at the ripe old age, women also perceive sexual changes coming of age.¹⁸

In relation to medicines for erectile dysfunction more specifically, 6 years examined for the period after the introduction of drugs for erectile dysfunction in the country (1998), probably are insufficient for a more faithful description of their possible influence on the AIDS epidemic in people with 50 years or more, although the literature point these drugs as a possible variable related to the increase of aids in this age group, requiring future studies with appropriate methodology to investigate this Association.¹⁷

It is known that assess knowledge about sexually transmitted diseases is relevant, since this is considered a determinant for behavioral risk, because the embedded knowledge by humans is associated with their perception of vulnerability to risk. Note-If a large lack of policies targeted to this population, in particular since it notes that currently the educational jobs-mostly-continue to be directed to the young people, pregnant women, drug users, homosexuals and sex workers.

CONCLUSION

Sexuality in old age is a subject that generates prejudice, because there are a number of myths that reinforce the idea of the elderly have no sex life, moreover, a multigenerational home, observed in this study, shows that the presence of children, grandchildren, brothers, among others, inhibits the expression of sexuality in the elderly.

The elderly feel sexual desire and when there is opportunity having sex. However, the society requires that individuals of advanced age does not require sex, with that many seniors prefer your pleasure not to be released on the margins of society.

The belief that the age and the decline of sexual activity are inexorably together has made do not pay enough attention to one of the activities that contribute most to the

quality of life in the elderly, as is sexuality. It was observed that there is a gradual decrease in the frequency of sexual practices, with decreased sexual interest and an increase in sexual dysfunction with age, however, this does not prevent the maintenance of sexual relations.

In the elderly, sexual function is compromised, firstly, by the physiological and anatomical changes that aging produces in the body. But it is a mistake to coarsen and the frequent confusion between aging and disease. The psychological, social and cultural characteristics influence decisively on sexual function. In old age, interest or sexual desire in men remains better than sexual activity, while in women, there is a decline in both aspects of sexuality.

Sexuality is a subject relevant in any stage of life, thus it is necessary that health professionals who attend directly to the elderly consider the possible existence of sex changes and start interviewing effectively their patients about this, because often they are issues that go unnoticed.

It was noticed that the losses, as the physical decline and the emergence of diseases occurred, but there was adaptation before these changes, in addition to the recognition of positive aspects of this process as experience and gain freedom. Men reported that there was a decrease in your sex life, pointed erectile dysfunction as the greatest difficulty, but that isn't stopping them from they wish their mates. The lack of partner was cited by seniors who do not maintain sexual intercourse, and the accommodation of sex life was mentioned among those who have partners for a long time. Therefore, it is expected a better acceptance of sexuality in old age, especially with more natural, since it is part of the health and well-being of the elderly.

It is important that health professionals discuss issues of sexuality with the old customers, allowing a space for the same feel confidence and can acquire knowledge, doubts that go through this step with quality of sexual life, breaking myths and taboos surrounding social relations, respect the will of humans and let them live free, too, for a sex life without prejudice given, makes us move towards a fairer and more egalitarian society.

Sexuality is an issue that certainly generates some form of embarrassment, especially if the target population is people in that matter was little debated in his youth. During data collection, despite being informed about the objectives, confidentiality, and the relevance, there has been resistance of some elderly in answering the form when informed about the subject. The home visits were not always successful, due to the fear of some elderly in receiving an unknown person in your home, because some had already suffered some type of deceit, by strangers, being guided by family members never to see anyone when they were alone at home and mostly not sign any term.

It is believed that this study contributed to encouraging health professionals to perform its role as a facilitator of the integral health for the elderly, the debate and encouraging decision-making and clarification in relation to the practice and autonomy of health by showing elements to solve the difficulties in the exercise of sexuality in the elderly.

REFERENCES

1. Brasil. Estatuto do Idoso. Lei n. 10741, de 1 de outubro 2003. 1 ed., 2ª reimpr. Brasília: Ministério da Saúde; 2003.
2. Vasconcellos D, Novo R F, Castro O P, Vion-Dury K , Ruschel A, Couto MCPP, et al. A sexualidade no processo do envelhecimento: novas perspectivas - comparação transcultural. *Estud psicol (Natal)*. 2004; 9(3): 413-19.
3. Catusso MC. Rompendo o Silêncio: Desvelando a Sexualidade em Idosos. *Revista Virtual Textos & Contextos*. 2005; 4. Disponível em: <http://revistaseletronicas.pucrs.br/ojs/index.php/fass/article/viewFile/1996/776>.
4. Silva RMO. A sexualidade no envelhecer: um estudo com idosos em reabilitação, São Paulo, *Acta fisiátrica*. 2003; 10(3): 107-12.
5. Araújo EC. Exercício da sexualidade na terceira idade: Riscos prementes as infecções sexualmente transmissíveis. In: Malagutti W, Bergo AMA. *Abordagem interdisciplinar do idoso*. 1ª. Rio de Janeiro (RJ): Rubio; 2010.
6. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Normas para pesquisa envolvendo seres humanos: (Resolução. CSN 196/96) Brasília, DF, 2000.
7. Instituto Brasileiro de Geografia e Estatística [home da Internet]. Síntese de Indicadores 2010. [Acesso em 2011 Apr 29]. Disponível em: http://www.censo2010.ibge.gov.br/primeiros_dados_divulgados/index.php?uf=22.
8. Franchi, KMB, Monteiro LZ, Medeiros AIA, Almeida SB, Pinheiro MHNP, Montenegro RM et al. Estudo comparativo do conhecimento e prática de atividade física de idosos diabéticos tipo 2 e não diabéticos. *Rev bras geriatr gerontol*. 2008; 11(3): 327-39.
9. Victor JF, Ximenes LB, Almeida PC, Vasconcelos FF . Perfil sociodemográfico e clínico de idosos atendidos em Unidade Básica de Saúde da Família. *Acta paul enferm (On line)*. 2009; 22(1):49-54.
10. Clares JWB, Freitas MC, Almeida PC, Francisca GT, Queiroz TA. Perfil de idosos cadastrados numa Unidade Básica de Saúde da Família de Fortaleza-CE. *Rev RENE*. 2011; 12 (esp): 988-94.
11. Camarano AA, KANSO S, MELLO JL. Da Diretoria de Estudos Macroeconômicos do IPEA, Capítulo 1. [acesso em 2011 Nov 01]. Disponível em: <http://www.nescon.medicina.ufmg.br/biblioteca/imagem/0191.pdf>.
12. Fernandes MGM. Problematizando o Corpo e a Sexualidade de Mulheres idosas: o Olhar de Gênero e Geração. *Rev enferm UERJ*. 2009 Jul/Set; 17(3): 418-22.
13. Barbosa JM, Koyama MAH. Comportamento e práticas sexuais de homens e mulheres, Brasil 1998 e 2005. *Rev saúde pública*. 2008 Jun; 42(1): 21-33.
14. Baltazar JS. Assistência de enfermagem saúde sexual e à sexualidade do idoso: um estudo de campo. [monografia] Ribeirão Preto(SP): Instituto de Ciências da Saúde, UNIP 2008.
15. Olivi M, Santana RG, Mathias TAF. Comportamento, conhecimento e percepção de risco sobre doenças sexualmente transmissíveis em um grupo de pessoas com 50 anos e mais de idade. *Rev Latino-am Enfermagem*. 2008 Jul-Ago; 16(4): 679-85.

16. Leite MT, Moura C, Berlezi EM. Doenças sexualmente transmissíveis e HIV/AIDS na opinião de idosos que participam de grupos de terceira idade. *Rev bras geriatr gerontol.* [periódico na Internet]. 2007 [acesso em 2013 Ago 29]; 10(3): [aproximadamente 16 p.]. Disponível em: http://revista.unati.uerj.br/scielo.php?script=sci_arttext&pid=S180998232007000300007&lng=pt.
17. Sousa JL. Sexualidade na terceira na terceira idade: uma discussão da AIDS, envelhecimento e medicamentos para disfunção erétil. *DST - J bras doenças sex transm.* 2008; 20(1): 59-64.
18. Grandim CVC, Sousa AMM, Lobo JM. A Prática Sexual e o Envelhecimento. *Cogitare enferm.* 2007 Abr/Jun; 12(2): 204-13.
19. Linhares FMP, Pottes FA, Araújo EC, Menezes EP, Siqueira KA. La Percepción Sobre El Ejercicio de la exualidade n Ancianos Atendidos en el Centro de Salud del Anciano de Recife, Brasil. *Rev enferm Herediana.* 2008; 1(2): 93-103.



Received on: 13/03/2014
Required for review: No
Approved on: 29/10/2014
Published on: 01/04/2015

Contact of the corresponding author:
Adão Charles Gomes Luz
Universidade Federal do Piauí - UFPI - Campus Universitário Ministro
Petrônio Portella - Bairro Ininga - Teresina - PI.
Email: adaocharles@hotmail.com