

Sexuality and HIV/AIDS in Third Age

Sexualidade e HIV/AIDS na Terceira Idade

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ABSTRACT: This paper is specifically targeted at bringing up a reflection involving the articulation between the elderly and sexuality. Such theme has been motivated as from the verification, based on epidemiological data, that Brazil currently is facing an increasing number of new cases of AIDS among the over 60 age group. If, on the one hand, said data serves to cast off beliefs (stigmatized ones) toward the idea that "the elderly do not have sexual intercours", on the other hand, it shows the need to question the reasons for such state of things. Therefore, attention has been paid to approaching "sexuality", "Third age" and "HIV/AIDS" as concepts and then explore how their association allows reading the reality mentioned above. At the end, there is a discussion about how, in Brazil, the State and non-governmental organizations have been facing the elderly health problem so as to see, more specifically, the social protection system available to face AIDS in this segment of population.

Keywords: Third Age; AIDS; Sexuality; Social Management for the elderly; Population aging; Elderly.

RESUMO: *Este trabalho tem como objetivo encaminhar uma reflexão que envolve a articulação entre velhice e sexualidade. Esse tema foi motivado pela constatação, através de dados epidemiológicos, de que o Brasil assiste, atualmente, a um crescente aumento de novos casos de AIDS no grupo etário com idade superior a 60 anos. Se, de um lado, esse dado serve para desconstruir o imaginário (estigmatizado) de que “velho não faz sexo”, de outro, ele indica que é preciso problematizar as razões que respondem por esse estado de coisas. Por isso, procurou-se abordar “sexualidade”, “terceira idade” e “HIV/AIDS” como conceitos para, então, explorar de que modo sua associação permite ler a realidade antes referida. Ao final, há uma discussão sobre como, no Brasil, o Estado e as organizações não governamentais estão enfrentando o problema da saúde do idoso para, mais especificamente, deixar ver o sistema de proteção social disponível para o enfrentamento da AIDS neste segmento populacional.*

Palavras-chave: *Terceira Idade; AIDS; Sexualidade; Gestão social da velhice; Envelhecimento Populacional; Velhice.*

Introduction

Population aging is a fact social managers and researchers find worth investigating in most contemporary societies. In different ways, both old age specificities (a condition that link, in a complex way, the biological, subjective and social human dimensions) and related demands have been seen as current and relevant issues not only in the area of sciences (Medicine, Psychology, Social Sciences, Anthropology, Biology and, more recently, Gerontology), but also within the State framework (in the public sphere).

According to the last National Household Sample Survey / Brazilian Institute of Geography and Statistics (PNAD / IBGE, 2009) data. In 2008, 21 million Brazilians were already over 60: a contingent of old age population much higher than that recorded in developed countries.¹

¹ A projection into 2010, for example, shows there will be around 14 to 16 million old people in France, England and Italy.

Also, the growth rate of such age range has increased from 8.8% to 11.1% of the total population in the last 10 years. Yet, although it represented 1.5% of the total population in 2008, the over 80 age group reached 75% in the same period. It is worth pointing out that until recently our country was referred to as young and poor. Poverty and social inequalities have not been overcome yet, but the data aforementioned and IBGE projections show our country is, in a fast-growing pace, getting older and older, becoming a "very old" nation. In 1940, the average life expectancy in Brazil was 45.5 years old.

In 2008, it increased to 72.86 and in 2050 it is estimated to be 81.9. In Brazil, due to the ongoing demographic² transition, an effort to take a joint approach will enable activities common to the needs of this age group to be undertaken more efficiently and effectively. Preliminary information from the last census, conducted by the Brazilian Institute of Geography and Statistics (IBGE) in 2010, indicates that: the Brazilian population undergoes through an aging process expected to last 30 years, leading to the expectation that the country ceases to be mostly young, as it is today and becomes a mature country in 2040.³

The speed of such transformation has led to the growing recognition that a strategic planning to address the challenges imposed by the emerging new age structure is needed, what, indeed, is a remarkable achievement, (longevity) otherwise, it is likely to become a major problem (Chaimowics, 1997): both from the subjective and social points of view. After all, the challenge of "living longer" unfolds and intrinsically articulates itself upon the demand for "living well." It is worth asking though, how society has mobilized itself to seek solutions to promote and, thus, overcome deadlock situations blocking the attainment of said articulation.

This paper is specifically targeted at bringing up a reflection involving the articulation between sexuality and the incidence of HIV/AIDS in old age. Before going deeper into the theoretical concepts each of these key terms (sexuality, Third age and AIDS) poses, we would like to point out that said pathological scene placed at the elderly demands specific actions (whether preventive and / or therapeutic).

² The last population census has shown the country is quickly heading for an increasingly older and older demographic profile. Based on this data, growing falling birth and mortality rates are detected.

³ At: UOL Economia (seen on 11/09/2010). Also see the site of WHO (World Health Organization) [http:// www. who.int/em](http://www.who.int/em).

Context

Epidemiological data have shown that, although in the beginning AIDS was an infection concerning groups at risk (mostly drug addicts, homosexuals and professional sex workers), as time passed by its incidence has increased among heterosexuals not included in such groups. Accordingly, another aspect that draws attention to is that the age group between 15 and 49 years old was the most affected by the disease in the early days.

In recent years though, an increasing number of new cases is observed within those aged over 60.⁴ (UNAIDS/BRASIL, 2008; Lazzarotto, Kramer, Hädrich, Tonin, Caputo & Sprinz, 2008). Two factors contribute to this context: (1) the increase in HIV transmission after 60 for notification purposes, and (2) the aging of people infected with HIV (Gomes & Silva, 2008). The table below⁵ better shows such increasing growth:

TABELA 1
Casos de AIDS, segundo faixa etária, por sexo e ano de diagnóstico Brasil, 1980-2007

Faixa etária (anos) masculino	1980-1995	1996-2000	2001-2007	1980-2007
50-59	4.217	5.532	11.809	21.558
≥60	1.519	1.925	3.964	7.408
Total (0 a > 60)	87.026	91.850	135.418	314.294
Faixa etária (anos) feminino	1980-1995	1996-2000	2001-2007	1980-2007
50-59	1.012	2.527	7.134	10.673
≥60	372	903	2.427	3.702
Total (0 a > 60)	22.626	47.086	90.261	159.973

• SOURCE: MS/SVS/PN-DST/AIDS

Cases reported at SINAN and registered into SISCEL, until 06/30/2007 and into SIM, from 2000 to 2006 (Brazil, 2007).

⁴ Age at which developing countries have accepted as the chronological age to define 'elderly' or older person according to the World Health Organization, and is classified as the "third age".

⁵ Table from Gomes e Silva (2008).

It is worth mentioning that, the findings on the increasing growth of human longevity worldwide have provided the pharmaceutical industry with new opportunities - with its new and own demands - leading to the creation of drugs which would even contribute to extending sexually active life. By providing this, it has thus encouraged and promoted the development of other economic sectors related to the sex market. Researchers like Gomes and Silva (2008) have called attention to the fact that the use of erection stimulants has enabled older people to return to sexual activities, adding quality to the lives of these Brazilians.

According to the authors aforementioned, sexual activities are getting more and more effective, continuous and even polygamous among old people. In addition, the number of virtual communication channels favoring their meetings has increased. Besides, at this time we are seeing, from the legal point of view, changes concerning homo-affective relationships, civil unions and even families of parallel assumptions (once a pejorative reference to "concubinage") that, implicitly or explicitly, form a set of catalysts for the increasing universe of risky carnal joining, mainly within the age once regarded as inactive and thus outside the sex chain (Rodrigues Jr. & Castilhos, 2004).

If, on the one hand, the incidence increase of HIV viruses in the elderly places us before the breaking of deeply rooted myths, such as "old people do not have sex"; on the other hand, its deflagration confronts us with particularities imposed by aging which cannot be marginalized, when compared with its incidence in youngsters, the disease clinical evolution tends to be much faster; an early development and increase in the number of opportunistic neoplasms and/or infections, often related to normal physiological decline and/or coexistence of age-related diseases, can be observed. The Immune senescence⁶ may also affect the effectiveness of therapies.

Thus, implementing effective measures to prevent the growing trend of HIV infection among the elderly is urgent. In 2009, upon such urgency the Brazilian government, unveiled education campaigns related to said theme ("Age is not a sex determinant. Neither is Protection"; "Mature Women Club" and "Clube dos Enta" - Over 40 Club).

⁶ The immune system dysfunctions related to age that contribute to an increased incidence of infectious disease or even chronic degenerative diseases, such as hypertension, rheumatism, atherosclerosis (*Rev. Bras. Geriatr. Gerontol.*, 11(2). Rio de Janeiro (RJ), 2008).

We understand, however, the need to promote a major change in the set of cultural representations involving the relationship between sex and age or, more specifically, sex in Third age.

This task involves efforts that should be undertaken not only by the State itself but also by the Brazilian society as a whole, including non-governmental organizations as well as private companies.

Theoretical discussion

“Third Age”: giving new meaning to old age

According to Laslett (1987), the use of the term "third age" is intrinsically linked to the deployment of Universités du Troisième in France in the 70s. Although it has become a socio-age category, it was not (and it is not yet) properly linked to a precise chronological demarcation, but actually, to a growing process to socialize old age management by the State and/or private organizations (Debert, 1996). This is due to the fact that the basis for its appearance lies on the universal right to retirement: guaranteed "paid inactivity" (*idem*) in old age. The economic empowerment of this population segment - once, excluded from the economic and social development - has resulted in an important cultural change: the possibility (real and effective) of dedicating free time to leisure activities for personal satisfaction purposes. To that extent, the term "third age" has become a reference to this "new" meaning of social life in old age. Needless say why Laslett (1987) points out that, historically speaking, the emergence of the "third age" depended crucially on the existence of a "retirement community".

This “new” old population - as a rule, from the French middle class - not only became financially independent, but also healthy. This finding have called the attention of both researchers (from different areas of science) interested in finding out ways to promote "wellbeing in old age", and consumer markets (Debert, 1996). Programs aiming to meet this new population group demands have been planned (in public and private spheres), starting from the deconstruction of negative stereotyped discourses related to old age (loss, illness,

decline, degeneration). A new image has been conferred to the aging process, establishing more fruitful relationships between the younger and the older worlds (idem, p. 14).

According to Debert, the media had (and, has had) an important role in the spreading of this positive image of aging associated with the concept of "third age": advertising, self-help manuals and health experts' prescriptions are committed to show that body imperfections are neither natural nor immutable and, moreover, upon effort and disciplined body work, we can get the look we desire. (idem, p. 20).

In such a statement, the author brings up a fundamental point that, within the social circulation of the term "third age", is associated to the idea of well-being, namely: good appearance Diets, exercises and other body care become part of the discourse on quality of life and well-being in old age: this new idea, body subjugation to routines for body maintenance is the precondition to have a pleasant appearance and therefore to release the expressive capacity of the body (idem, p. 21).

It is important to note that the new ways to manage aging contribute to the re-preparing of body and health concepts, encouraging the elderly to adopt "healthy" strategies and promote quality of life.

If, as we said before, media favors this new image of old age, it is also responsible for the growing interest of society in rejuvenation technologies, thus increasing its consumption. A paradox can be observed then, as "third age" is seen from this point of view, it would build up its own denial of aging as a natural process. In fact, the idea of rejuvenating contains in itself denial of aging and not the assumption that it is a stage of life that differs from youth.

On the contrary, what is new in the use of the term "third age" (a more positive image of aging) invites us to consider life as a process marked by "a heterogeneous experience when physical illness and mental decline [...] are redefined as general conditions affecting people at any age" (p.66). Diversity and difference should be considered, therefore, as meanings arising from such use and not as a promise of eternal youth.

- *Sexuality, sex and aging process*

Although sexuality and sex are related significant, they do not have identical meanings. As Negreiros points out (2004: 77), "sex" is a term derived from Latin *secare*,

which means divide, cut. As such it presents itself as a relationship between male, female and androgynous⁷ and therefore, the search for a complement that this division by sex⁸ may generate. As it can be seen, on one side the carnal union and the pleasant feeling it can produce, on the other, the desire for unity that characterizes the pursuit of sexual pleasure: "search that sets sexuality in its broadest sense". Love is the name given to this desire, says the author. According to the author, as to this point of view, "making love" should be referred to as a genital sexual intercourse. Such considerations lead us to the conclusion that sex and sexuality overlap one another, but indeed, they are not identical.

If, as discussed in the previous item, a new image has been invested on old age with the introduction of the expression "third age", it might be worthy now emphasizing on how, after its social circulation over the years, changes have (or not) been processed as to the relationship between getting older and the maintenance of desire and of sexual activity.

When taking the social roles linked to the notions of male and female into account, the current over 60 year old generation is contemporary with a quite deep transformation (absorbed or not by each of the individuals comprising it), that is: a traditional model, in which a clear boundary between the public (male) and the private (female) spheres was present and the gradual but steady subversion of this radical asymmetry (Negreiros, 2004). Such subversion took place, even as far as sexuality in old age is concerned.

The introduction of the contraceptive pill and medications to stimulate erectile functions are two examples of important landmarks (at different times and contexts) of a sexual liberation movement that, according to Negreiros, involved part of the female population, now at third age, as well as the elderly male population segment. Besides, partners from the same and different generations have also benefited from the opportunities for sexual intimacy digital technologies have provided them with. It should not be forgotten that, for example, the elderly women of today were brought up under a very strict code of sexuality [...]. They submitted themselves to clear or implicit sexuality patterns as to rules of undesirable sex intercourses - whether between social classes, races or different age groups. The latter ones were only admitted between and older man and a younger woman - who was the "teúda e manteúda (concubine)" often tolerated by the older man's wife who had lost sex interest and desire (or never had, either by inadequate stimulation of the husband, either on his own sexual

⁷ A living being that has both male and female reproductive organs simultaneously; hermaphrodite.

⁸ Negreiros also highlights the fact that sex with gender should not be confused as being the same. This is because, "differences between sexes are established by physical characteristics (once by metaphysics as well), whereas gender differences are explained and understood as socially constructed" (p. 78).

repression), besides feeling that such concubine, though beautiful and attractive, would be an easily disposable object when her husband passion was over ... 2004, p. 81).

Such consideration leads us to question whether changes in sexuality patterns were actually deep. According to the researcher, not that much. However, one should also consider that old women have, currently, been taking on roles expected neither by literature nor by public policies. In many cases, their social benefits (retirement, widow's pension) are reduced to the only source of family income [...]. They become providers and not dependents anymore, what is likely to provide them with more confidence in all aspects of life. This is so true that a significant movement of older women can be observed in the present generation - traveling, leisure activities, cultural programs, political participation in communities and neighborhoods, universities for the third age and other activities taking them from domestic to public space. 2004, p. 83).

As one can see, an important cultural transformation is ongoing in today societies (including Brazilian society) placing a woman into a less passive position as to her partner: what also accounts for the demystification of her image even regarding her sexual activity. In 1976, Butler and Lewis (1976, p. 22) already observed that:

healthy women, who had orgasms when younger, are likely to continue having orgasms when at old age, even after the eighties. In fact, some women start having orgasms as they become more mature.

If pleasure linked to sex is a taboo which is gradually being faced by women (also at old age), for men, it is an association between masculinity and ability to maintain a certain number (idealized) of erections and ejaculations. The aforementioned authors point out that:

Older men should not fall into the common trap to measure their masculinity by the frequency they have sexual intercourses with ejaculations [...] it is beneficial to men and women to question about an ejaculation as something mandatory in every sexual contact and that each man determines his own ejaculation program. (1976, p. 28).

Butler and Lewis, on the other hand, describe the exercise of sexuality as surpassing the idea that the sexual intercourse is restricted by a genital carnal combination. For them, sexuality is an "emotional and physical reaction to sexual stimulation [that] is beyond impulse

and sexual intercourse" (1976, p. 17). It must be admitted though, that the biological, psychological and social dimensions are articulated in a complex way in the sexual intercourse.

The researchers also remember, for example, that male impotence may be related, depending on the case, to difficulties of physical and/or psychological nature and can be often treated.

Therefore, it is concluded, that "neither age nor most of the illnesses automatically put an end to sex" (1976, p. 30).

The reflection so far leads us to consider that: (a) Age does not bar sexual satisfaction; (b) there are many different and unique ways to satisfy sexual desires, what extends the range of what is called "sex intercourse"; (c) and "end of sex" is more related to the impossibility partners have to find ways of satisfaction than the age itself.

Thus, as Butler and Lewis do, one should also consider that "older people who enjoy sex should be encouraged and supported, as well as receive all the necessary information and appropriate treatment whenever a problem arises" (1976, p. 17).

- HIV/AIDS: the opposite direction to living longer and better

Much remains to be examined in a more detailed way on how sexuality is articulated in old age and the "Acquired Immunodeficiency Syndrome" (so called AIDS), in other words, what has actually led to an incidence increase of HIV in this population segment . To start with, one should consider that it is in the context where the growth of the elderly population is in Brazil that the discussion on the AIDS contraction in the elderly arises. The focus of the debate is concerned with the increasing trend of contamination in this age group, taking into account factors such as: physical and psychological vulnerability, poor access to health services and the invisibility its risk exposure is treated with, whether through sex or the use of illicit drugs. Also: a few years ago, aging entailed, in most cases, a decrease in the speed of thought and motor coordination, followed by typical and common diseases of this population, such as diabetes, hypertension etc. Recently, according to UNAIDS (2002), one of the diseases mostly recorded in this population is the Acquired Immune Deficiency Syndrome, or, the so called, AIDS. Mainly in women, with infection rates up to 40% higher than those observed in

men (Wendt).⁹

It is, however, important to place a warning made by Berer (1997): HIV does not choose gender, race, or social class boundaries.

Due to the way it is transmitted, everybody is potentially vulnerable to it when considering the global scope this epidemic has.

Moreover, HIV is a sexually transmitted virus affecting the body and it may take a few (or many!) years to cause serious damage to health and eventually, be fatal.

Mann, Tarantola and Netter (1993) have also observed that the HIV/AIDS is a highly dynamic and unstable global phenomenon, whose major impacts depend exclusively on individual and collective human behavior.

The long gap between the infection itself and the onset of related diseases, when combined with the global expansion of the epidemic, indicate the need to consider that the amount of diseases caused by HIV is cumulative and develops rapidly.

It is known that, in the world, HIV is spread through some basic and strictly circumscribed transmission routes - Sex, blood and from mother to newborn. Berer (1997: 28) predicted that, very soon, 90% of the new contaminations would result from unprotected sexual intercourses. He warned that both men and women (heterosexuals, bisexuals and homosexuals) were at risk of contamination and stated: "prevention of HIV sexual transmission is the key to the solution for AIDS epidemic".

His predictions were meaningful: in early 1992, there were 12.9 million people infected worldwide.

In 2009, according to UNAIDS (2010), the situation was as follows:

- 2.6 million of new HIV infections;
- 1.8 million of AIDS-related deaths;
- Approximately 33.3 million people with HIV;

- Around 370,000 children who, at birth, already had HIV;
- Around 0 to 17 years old, 16.6 million children lost their parents due to HIV;
- Since the beginning of the epidemic, more than 60 million infected people and nearly 30 million deaths related to HIV.

⁹ AIDS and Aging: impact on Public Health. Retrieved on: May 20, 2011: <http://www.sissaude.com.br/sissaude/userfiles/AIDS%20e%20envelhecimento.pdf>.

As it can be seen, the numbers are alarming. However, Bolduk and Chequer (2008) point out that: the last decades fighting against HIV, have confirmed it is possible to beat the epidemic, provided there is a multi-sectorial government commitment allied to structured associations with international cooperation partners and organized civil society, including the private sector and people living with HIV.

We have also learned that, in case of failure of such commitment, HIV can have a devastating effect on human lives, limiting people's opportunities, generating poverty and causing setbacks in the agenda of Human Development (Presentation, UNAIDS, 2008).

Along the same argumentative discourse, Mann, Tarantola and Netter (1993) paid attention to the fact that HIV prevention is entirely possible, provided there are three important elements: information, health and social services and suitable social environment. Such considerations are very important, especially when the elderly population segment is at issue. That is because, according to Gomes and Silva (2008), the elderly populations need information about AIDS; they demonstrate enormous prejudice against the use of condoms and are victims of the poor preventive measures aimed at the group they belong to. The result can be seen, surprisingly, in the research conducted by Lazzarotto, Kramer, Hädrich, Tonin, Caputo & Sprinz (2008, p. 1833).

For investigation purposes focused on the knowledge of HIV/AIDS supported by 510 Brazilian older people, inhabitants of Vale dos Sinos, in Rio Grande do Sul, the researchers have concluded that: 49.4% were unaware of the asymptomatic phase of HIV infection and 41.4% believed AIDS could be transmitted by mosquitoes. Within the "prevention" and "vulnerability" fields, 25.5% did not know about the female condom and 36.9% believed that AIDS was a disease merely confined to men who had sex with other men, sex professionals and drug users. As to "treatment", 12.2% simply ignored it existed.

Upon such results, the authors call the attention to the need for implementation of health programs focused specifically on this age group and that addressed the knowledge gap the scientific study has unveiled. Taking this into account, in the next section, we will be identifying which legislation protects the elderly in Brazil and the public policies that have favored the fight against AIDS in this population group.

Old age as to public policies and the third sector mobilization: health and quality of life

The elderly and the Brazilian legislation

The Brazilian population aging has brought along, according to Ferraz (2010), both adequacy to existing policies and the need to implement others closer to the needs and demands raised by this age group. According to the author, the first initiative to protect it at governmental level was the enactment of the Federal Act No. 6179 of September 11, 1974, which established the "Lifetime Monthly Income" social benefit including 50% of the minimum wage to those citizens over 70 who proved not to have any income resources.

The promulgation of the Federal Constitution in 1988 was another important milestone for ensuring the rights of the elderly in Brazil. It is worth saying that the Constitution text prohibited, for example, age discrimination. Ferraz (2010) draws the attention to the fact that this "Citizen Constitution" (as he referred to) triggered, a posteriori, a process of democratic construction of social policies. What meant the possibility of the civil society participating (and a consequent expansion of the public sphere) in the consummation of legally guaranteed rights.

Revealed by this approach, the "National Policy for the Elderly" (Act n. 8842/94) was enacted providing the creation of "Councils for the Elderly" "at the national, state and municipal spheres. Such councils "are considered to be political, democratic and deliberative spaces [that] seek the participation and coordination between government and society, in order to benefit community"(Ferraz, 2010, p. 26).

It is interesting to point out here that just very recently, in 1999, the Ministry of Health, upon Decree no. 1395, promulgated the "National Health Policy for the Elderly" (PNSI). The official text reads as follows: promoting healthy aging, adding maximum value to the maintaining and improving of the elderly functional capacities, to disease prevention, to health recovery of those who get sick and to rehabilitation of those likely to have their functional capacity limited in order to ensure they remain where they live and independently function in society. (BRASIL, 2009).

Although healthy aging is the main focus of PNSI, Ferraz (2010, p. 30) claims: "the support for the elderly, practiced in Brazil, [...] is still very precarious." Not even after coming into force, the "Statute of the Elderly", in 2003 (Act 10,741/2003), which confirms (Section 15, paragraphs 1 and 2) the commitment of PNSI, has proved to be an effective tool to ensure

the full and specific care the State should provide for this population segment. In the articles above referred to, the question is to ensure universal and equitable access of the elderly into the Unified Health System (SUS). The author, however, considers as an important step the implementation, in this system, of a new strategy to reorganize primary health care: Family Health Program (PSF) or, as it is currently structured, Family Health Strategy (Ministry of Health, 2006, p. 32). The author believes that this policy, which “mainly aims to strengthen the changing of the health model focused on disease healing into a model of health promotion and disease prevention” is likely to better meet this population demands.

- Brazilian non-governmental organizations as to the fight against AIDS

According to Granjeiro, Escuder, Gianna, Castilho & Teixeira (2010), three different moments fighting against AIDS can be described in Brazil. In the 1980s, when the first cases of the disease were recorded, local responses to the epidemic were developed mainly from the state health departments in São Paulo, Rio Grande do Sul and Rio de Janeiro. Such responses (providing the population with medical care, epidemiological surveillance and information about the disease) were developed at a time “marked by a confluence of factors which resulted in the largest health reform ever in the country and consolidated the basis for the creation of SUS in the letter Magna of 1988”. (Granjeiro, Escuder, Gianna, Castilho & Teixeira, 2010: It is worth saying that, at that time, the health system in municipalities was still incipient and focused more on emergency visits than on prevention itself: what changes as from the 1990s with the enactment of Health Organic Act¹⁰.

¹⁰ Act n. 8080, of September 19, 1990, accounting for the creation of the Unified Health System (SUS).

This Act expands the responsibility of health areas to social areas and enables the transfer of resources and duties, for health purposes, to the municipalities (previously limited to state and federal spheres). Such a change has marked the beginning of a decentralization process toward responses to AIDS and de-concentration of care and prevention services offered to the population.

In addition, these services gathered key technical leaders and the knowledge existing in the epidemic early years, supporting the adoption of the references influencing AIDS responses in the Country, particularly with the incorporation of new assistance models to care for those suffering from HIV, such as interdisciplinary ambulatory care, day-hospital and home care. (p. 19).

The Reference and Training Center for AIDS (CRT/AIDS) was then created in São Paulo, having as a first goal the integrating of the AIDS state program coordination into a unit of excellence in assistance, prevention, epidemiological surveillance, research and training of human resources, what has strengthened Municipal Health and encouraged similar initiatives in other states and municipalities.

Granjeiro *et al.* (2010, p. 20) also call attention to the fact that within the set of local responses to AIDS, the actions of non-governmental organizations (NGOs) that, at that time, were responsible for the first prevention interventions in Brazil should be highlighted. The author recalls that in 1982, they already claimed for government interventions so as to implement programs aimed at AIDS, and, through political activism, they developed strategies to fight stigmas¹¹, like the creation of a network to engage community and the most affected groups. The authors emphasize that the AIDS National Program, in 1985, was highly influenced by the "ethical references and materialized techniques from existing governmental and non-governmental experiences".

It can be said that the main feature of Brazilian responses to AIDS in the 1990s was the strengthening of the National Program and its expansion all over the country. In this decade the signature of the first loan agreement with the World Bank, helped to give more visibility to the Ministry of Health. Three aspects were, according to the authors, particularly strengthened: (1) hiring a significant number of professionals from universities, state and local programs for AIDS and NGOs, what favored the fast accumulation of technical expertise and regulatory

¹¹ Special mentions are made by Granjeiro *et al.* (2010): the creation of the Support Group for AIDS Prevention (GAPA-SP), in 1985.

capacity, (2) strengthening of the epidemiological surveillance structure and development of a lot of researches resulting in deeper understanding of the epidemic and its implications to society, (3) availability of a large supply of funds - US\$ 550 million by 2002 - to fund the improvement of the infrastructure of diagnosis and assistance services, deploy and maintain state and municipal programs, support NGO projects and qualify professionals (through universities and networking innovation in the prevention area). However, it is important to point out that: this federal strategy [...] went into the opposite direction from SUS operational guidelines at that time, which sought higher decentralization and strengthening of the unified command in each territory, through the Basic Operational Norms (NOB). (p. 20).

It is interesting to observe, however, that concomitantly to the concentration of power (technical and financial) at the federal level, states and municipalities were so strengthened that, in late 1998, a response was set up nationwide, with programs in all state departments of health, in all capitals and in a number of municipalities having more than 60% of AIDS cases in the country. (p. 21).

What seems paradoxical at first glance can be explained, according to Granjeiro *et al.*, by the deepening of SUS municipality process and, consequently, the creation of a "vicious circle" of resources transfer and responsibilities among the federal, state and municipal levels. It is worth mentioning, however, that as from the decade that begins in 2000, decentralization of decision-making and funding was intensified by the exhaustion of the federal management model (based on complex management structure and massive participation of external resources): the response centralized model conflicted with the advancement of municipality, making the excessive linking of resources from the National Program more and more outdated, and the rigid control of this instance as to spending and developing local actions, including that the centralization collaborated to strengthen the idea of a programmatic framework, vertical and parallel to the SUS structures (2010, p. 22).

It was right in this period that, among managers and NGO activists, the need to develop strategies for decentralization of AIDS responses got stronger. The signing of the Second Loan Agreement with the World Bank, in 2002, fulfilled the decentralization policies in progress. Accordingly, the network management and responsibility for input acquisition became responsibility of the state health departments and the Federal Government had to assume quality control, adoption of price record minutes for input acquisition and reimbursement of state and laboratory expenditure.

According to Granjeiro *et al.* (2010), the impact of these measures was largely negative. This is because only a small number of states kept the supply of exams regularly to reach estimated targets.

Therefore, since 2004, the Ministry of Health has re-centralized the acquisition of inputs, keeping the network management under the responsibility of the states.

After this brief retrospective, we would like to call attention to the fact that, as already mentioned before, it was the National Program to Fight AIDS that opened space to encourage and support activities to face the epidemic through social actors, such as NGOs, whose contribution has been emphasized by Granjeiro *et al.* (2010, p. 30). In 2004, however, the resources transference and the management of processes to support NGO projects were transferred to the states.

Taking into account the negative impact of decentralization, the authors emphasize that a proper implementation is urgent as to, "financing mechanisms for NGOs actions", what would help to strengthen the positive results instead of contributing to the negative ones in so far as disorders caused by the disease are concerned.

Final considerations

Brazil has been experiencing a process marked by fast population aging. This process implies the need for an action planning to meet specific demands such segment engenders. This is a historical moment in which the stigmatized view of old age (the idea of loss, degeneration, atrophy, unproductiveness, and disease) is gradually being overlapped by a new image of the elderly: linked to activity, health and autonomy.

We have seen that the term "old age" embraces these values, revealing positive conditions concerning life in old age, including the maintenance of desire and sexual activity.

The use of drugs to stimulate men erectile functions and the increase of (through digital technologies) opportunities for sexual intimacy between partners from the same generation, and also from different generations, have helped to give greater visibility to the fact that sexuality has no age. In the light of this, such an observation, according to this new and positive image invested in old age, has been articulated, however, to concerning epidemiological data: the growth of the HIV virus rate among the elderly in Brazil. The ideas hereby explored demonstrate that effectively facing this problem requires the non-

marginalization of a further discussion about the specificities articulating sex and sexuality in old age for specific purposes - preventive and/or therapeutic actions which - can be implemented along with this segment of the population.

From that point of view, we understand it is very important, on the one hand, to support and encourage the elderly to seek ways for their sexual fulfillment (which, from our point of view, is well in line with the idea of "living old age well"). On the other hand, however, it is necessary to ensure this population group receives not only the necessary information to avoid HIV virus, but also they can count on a support to discuss on this issue so as to meet their specific needs and expectations.

It is worth saying that living longer and with quality of life is the result of individual actions, but not only that: access to health care is liable to the State and it also depends on how the civil society is mobilized to have the power to exercise their rights. Not without reason we have seen that to fight AIDS in Brazil, joint efforts (The State articulated to non-governmental organizations) have been undertaken to contain the spreading of HIV infection rates. As this is not the case within the elderly population, we believe it is necessary to turn our attention to some factors which seem to respond to that fact in particular. Perhaps they should be considered as unique in planning actions aimed to this age group.

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