

## Sexuality in Old Age and AIDS: new challenges for university seniors

*Sexualidade e AIDS na Velhice: novo desafio para a Universidade da Terceira Idade*

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**ABSTRACT:** This article has the scope to analyze the implications psychosociocultural aspects of sexuality to dealing with AIDS in old age, using the university's maturity as a locus of potentiating break of paradigms and prejudices associated with the theme. For their achievement, there was action research quantitative and qualitative in nature, taking as sample group of 74 elderly people, both men and women, students at the University of Maturity of the Federal University of Tocantins/UFT campus of Palmas (Tocantins), registered in 2010, who voluntarily participated in the survey. From the data analysis, it was found that despite the prejudices concerning sexuality in the elderly, the majority claims to be sexually active, know the means of STD prevention, but few use it. Prevalent in the discourse, the idea of AIDS associated with "risk groups" and indecent behavior.

**Keywords:** Sexuality; AIDS; Old Age.

**RESUMO:** *O presente artigo tem o escopo de analisar as implicações psicossocioculturais da sexualidade para lidar com a AIDS na idade avançada, utilizando-se a Universidade da Maturidade como lócus potencializador da quebra de paradigmas e preconceitos associados à temática. Para sua consecução, realizou-se pesquisa-ação de natureza quanti-qualitativa, tendo-se como grupo amostral 74 idosos, de ambos os sexos, alunos da Universidade da Maturidade da Universidade Federal do Tocantins – UFT, campus de Palmas (TO), ingressos em 2010, que voluntariamente participaram da pesquisa. A partir da análise dos dados, constatou-se que, apesar do preconceito relativo à sexualidade em idosos, a maior parte alega ser sexualmente ativo, conhece os meios de prevenção de DSTs; poucos o utilizam, porém. Prevalece no discurso, a ideia de AIDS associada a “grupos de risco” e de comportamento tido como imoral.*

**Palavras-chave:** *Sexualidade; AIDS; Velhice.*

## **Introduction**

The idea of conducting a study on sexuality and AIDS in old age – range that in developing countries such as Brazil, comprises individuals over sixty years, according to the WHO - has emerged over the current phenomenon of aging the world's population, with a growth rate significantly higher than the occurred between the 1940s and 1960s. According Lazzarotto (2008), only Brazil, in last decade, experienced a 35.5% growth in the number of elderly.

As a reflection of improvements in socioeconomic conditions, cultural and health, occasioning thereby improving the quality of life, and getting yet the contribution of advances in medical technology, this increased expectation lives of individuals allowed the maintenance of full exercise of sexuality in old age, and with it, the risk of contracting sexually transmitted diseases such AIDS. Allied to this trend it appears, still, the proximity of the first generation seropositive at 60 years old, thanks to the use of antiretrovirals : cocktail, comprising drugs that prevent the multiplication of viruses and the weakening of immune system (AFP, 2010). According to data from the Center for Reference and Training STD / AIDS, the incidence of AIDS among about 15 million elderly in Brazil is around 2.1%, and this number is expected to multiply. (BRAZIL, 2007).

This prediction is the source of great concern for public health, representing medical and social challenge, given the difficulties faced by people in this stage of life, involving socioeconomic issues since, such as the drastic reduction of financial resources and their impact on quality of life, the problems of health order, as their low immunity effect, and even socio-psychological effects caused by isolation, feelings of guilt or suffering discrimination from society, family and even from themselves (Santos, 2000).

In the words of Covey (1989), numerous myths, social attitudes and negative stereotypes are attributed to the elderly, but the most intense are those related to sexuality, hindering any manifestation of this area in their lives. Hence the appropriateness of the proposal of this work is the need of carrying out studies and research for clarification about valuable data regarding sexuality in old age, leaving behind taboos and prejudices that pertain to this topic. Thus, this paper proposes essentially to analyze the implications sociocultural and psychological aspects of sexuality to deal with AIDS in old age.

Specifically, the following objectives were outlined to investigate the process of sexuality in elderly as well as their knowledge and attitude to HIV / AIDS. Raise benchmark evolutionary and epidemiological studies on the disease at the global and site, in particular the State of Tocantins, and analyze the environment of the University of Maturity (UMA) for the implementation and evaluation of an educational intervention with this population concerning the topic of sexuality and AIDS in old age. For this purpose, were detailed approaches to the process aging, sexuality and AIDS, through action research qualitative type, having as a sample of 74 elderly (men and women), students of the class of 2010 A / UFT, *Campus* Palmas, Tocantins State, interested in participating in the voluntary research. They participated in interventions by the registration and application speeches questionnaire outlining socio cultural psycho aspects of sexuality in the elderly context of AIDS, in order to enable the essential substrate for the construction of knowledge concomitantly promoting the recognition of oneself, occasioning changes in behavior and social practice in relation to living with AIDS.

### *Social aspects of aging*

Many are the concepts of aging. However, they all have the duality expressed by the term “aging”, which denotes a concomitantly idea of loss and other acquisition, life and death. It is this transformation substrate for defining old age proposed by WHO.

Whereby the process characterizes as comprising a set of morphological and psychological uninterrupted time to action on the people (WHO, 2002). Adding to the authors that associate old age, biological phenomenon, the issues subjective, hereditary, social and cultural, Santos (2003) points out that:

Old age, as childhood, youth and adulthood, is circumscribed as a stage of transformation, both physical and biological Emotional and sexual. The way each person ages is Determined by their subjective conditions, including therein the form As it was lived his personal history in all periods of existence and is also linked to the sociocultural conditions [...](Santos, 2003, p.14)

Thus, one must understand the aging process as a further step transformation of life, even if it is socially and politically, problematized. It is configured around a tension stretching of structures and devices used for their definition and the solution of the problem (Rodríguez, 1994).

Developmental psychology, currently, at least accept the idea that each of these sources processing plays a crucial role in the interaction with one another in the specification of growth and change (Scarr & McCartney, 1983). Despite all the efforts and little is known of the interactions that establish. However, at least in part, it is accepted that genetic influences decline to the extent that people are assuming in themselves and having greater preponderance of their social and cultural experiences (Plomin & McClearn, 1990).

The aging process limits the changes to individual and social move from one level of the life cycle to another. The differences in those levels or that are stages reflect the conception of the age that every society has in a particular historical moment (Rodríguez, 1994). But old age, and operates socially mode as seen the old acts also in the way how we see the very old. And here is the source for insight potentially misleading and exclusionary one who has an advanced age. According to research conducted by SESC / SP, the elderly themselves have prejudices of his new condition of

life, a proportion almost identical to the rest of society. 88 % of the elderly against 90 % of non-elderly associate old age degrading aspects (SESC - SP, 2007). The results obtained here are close to those achievable in many cultures and Western civilizations that consider the old one is outdated and useless in terms of human potentiality, this representation unthinkable in much of the world Eastern, which attaches to the elderly, attitudes of respect and veneration as a source of wisdom, experience and prudence.

To Neri (1991), is the lack of true meaning of being old - propellant practices focusing ideological - contributing to the maintenance and propagation of myths, stereotypes and negative prejudices about old age. And it is precisely the increase in life expectancy, which currently exceeds 80 years, a great opportunity to not only quantitative gains, the allocation of new meaning and new possibilities to old age, in order to favor the possibility to enjoy retirement to the full, once considered a death sentence slow (Cross, 2005).

The physiological changes of sexuality in the elderly Aging involves natural and gradual changes intrinsically related to the genetic and lifestyle of each individual. However, some physiological changes may even appear pathological and depends on the way are experienced. It is therefore of paramount importance to know them, aiming thus avoid an equivalence of sexuality in the elderly with other age groups. Importantly, the sex life is, and remains alive until achieve the highest levels of age.

In women, most of these changes links directly to the process climacteric, characterized by hot flashes and intermittent waves; irritability; increased emotional sensitivity and changes in sleep (Freitas & Miranda, 2006).

The hematic reducing the level of estrogens determines the decrease of the elasticity of the vaginal wall and the mucous glands, so that their lubrication manifest less rapid or abundant, causing irritation, discomfort and pain during intercourse may sometimes tearing and bleed (Capodiecici, 2000). Except for the consequences of menopause, physiological changes accompanying normal aging process interferes very little in female sexuality. The decline in sexual desire seems to have more a sense originating defense psychological than physiological. Hence, the importance of a social definition humanized old age. The man, in the words of Capodiecici (2000):

[... ] There is a progressive reduction of spermatogenesis, but a way so slow that both the fertility as infertility may continue also in the Elderly. Moreover, not only the genital response for erection occurs

more slowly and less stiff, but also ejaculation can delay or even absent and a lower number of contractions. Changes may also be felt as to refractory period - time between one intercourse and another - that in a few minutes at adolescence, may reach 15 or even 24 hours in old age, as well as how to orgasm, which happens to be shorter (Capodieci, 2000, p. 65).

However, aging in its physiological form, without prejudice to the elderly enjoyment of their sexuality fully and satisfactorily. Indeed, the very changes surrounding the sexuality of the elderly, implying the need for stimulations intensified, eventually enabling romantic relationships more Prolonged and tender, which do not end with orgasm, making communication with each other and with the world, through sexual intercourse, even more intimate and pleasurable.

### ***Sexuality in the elderly and AIDS***

As seen, sexuality in the elderly, in the current sociocultural context, arises as something inappropriate, based on the stereotype of old age asexual, which labels the man as helpless and woman as devoid of physical attractiveness. From this idea, men and women feel unable to exercise their sexuality, and from it, resist also to the use of condoms (Santos & Nascimento, 2001). So, is the new epidemiological panorama of sexually diseases, such as AIDS, reaching large scale this population, one major telltale sexuality in old age.

According to Araújo, Brito, Gimenez, Queiroz and Tavares (2007), even when not it is removed the portion of the elderly population HIV positive, but infected in previous decades, and that receiving treatment with anti - retroviral drugs, today reaches age. It is removed the portion of the elderly population HIV positive, but infected in previous decades, and that receiving treatment with anti - retroviral drugs, today reaches age advanced age, The vast majority of HIV infections / AIDS occurs in the elderly through the sexual act, paving the way for the shattering of myths and beliefs rooted in contemporary society, offering the elderly a nature or asexual them inculcate no need for prevention to be considered a disease of another or restricted to the young generation. A study conducted by the Health Department of the State of São Paulo with

elderly HIV patients indicates that their husbands infected 75 % of women over 60 years old. Among men, 80 % contracted the disease during extramarital affairs. Of this total, about 90 % of cases of infection in both men as in women occurred due to sex (Romero, 2008).

Another determinant of sexuality in old age was the resounding increased number of AIDS cases among elderly males with marketing drugs for erectile dysfunction in 1998. Only between 1997 and 2002, while the incidence of AIDS among women aged 60 years or more fell 55 %, among men in the same age group the number rose 50% (BRAZIL, 2007). Sousa (2008) notes that the large-scale commercialization of this category drug had and still has an impact on sexual life and health of the elderly users, since this social group had a wonderful coexistence rather brief in its adolescence or adulthood, with preventive methods, so not seen as potential infected by HIV / AIDS or other STDs. Anyway, it is essential, to science, society and the elderly, understanding sexuality beyond biological limits and can not be lost or confused reduction in physical capacity during old age with loss of human capacity love, desire and dream, thus facilitating not only the sex lives of the elderly as a own quality of life and address issues such as denied sexuality, as is the case death.

The new profile of the disease and the impact on the representations of the elderly. The incidence of AIDS in subjects older than 50 years increased from 30,827 cases in 2005 to 39,534 in 2009, and in the elderly (above 60 years), from 8,339 to 13,655, or 2.5 % of those infected in Brazil in 2009, resulting in younger characteristic of the epidemic in the country (Araujo, Felix & Saldanha, 2006; BRAZIL, 2009). The stabilization of the disease in Brazil does not reach, however, the elderly population. If the mortality rate of the elderly man was already in 2004 more than 20 % higher than the male population in general, the situation experienced by the elderly is even more alarming, a number of deaths approximately three times greater than that experienced in other age groups (BRAZIL, 2007). And as pointed Feitosa, and Souza Araújo:

[... ] The disease in this specific population are highly relevant epidemiological, not the absolute numbers, but the rates of incidence (7.6 cases p/1.000.000), prevalence (224.9 p / 1,000,000 hab. in males), mortality (43.9 %) and years of potential life lost (up to 15 years). Among the causes identified are the late notifications, little research in the area, the confusion in diagnosis and treatment

resistance (Araújo, & Feitosa Souza cited Araujo, Felix & Saldanha, 2006, pp. 220-221).

To address the topic of AIDS in old age, however, it becomes more difficult to be the admission of the existence of sexuality in old, as well as the possible use of drugs injecting at that age, situations loaded with prejudices, often sown inside out. Araujo, Felix and Saldanha (2006) report results of research with patients HIV patients in São Paulo, according to which AIDS is perceived almost massively as pathology distant from their realities of life, since it could only reach young people, "other times" flexible in the choice of partners and unconventional sexual activity. On the psychosocial, fear of social rejection, experienced by dually association between AIDS and aging, lead to behaviors that tend to isolation the elderly, who turns out not to reveal their diagnosis and thus at the same time escapes possible negative criticism, societal discrimination, stigma or breaking of affectional bonds that alter or act of being of the individual and leads to feelings of existential finitude, also deviate from the support, solidarity and understanding of friends and family (Araujo, Felix & Saldanha, 2006). Thus, increasingly assumes the character of AIDS disease biopsychosocial determining attitudes multidimensional, since both affect how your sick family, partners, caregivers, governments, legal systems, legal institutions and own society as a whole.

Study about the representations of group coordinators seniors about AIDS shows that the elderly still understands the vulnerability to HIV as understood at the time when he was young, considering AIDS as a result of casual relationships or promiscuous, and that older males are still the great responsible for the contamination of their wives for maintaining relationships unawares outside marriage. (Araujo, Felix & Saldanha, 2008). University of Maturity : the case of the Federal University of Tocantins The emergence of groups of elderly community, involving universities and groups of seniors, as well as specific services geared to the age group over 60 years, as they seek to redefine the very old age have crucial importance for the development of preventive programs of emergency AIDS. In the words of Araujo, Felix and Saldanha:

The insertion of the AIDS theme groups in elderly community seeks to guarantee a space for reflection that enables its participants to review, on a shared basis, their roles and expectations in order to aid in the prevention or building more positive coexistence with this syndrome and promoting



consequent improvement in quality of life and the struggle for own citizenship (Araujo, Felix & Saldanha, 2006, p. 230).

Thus, the coexistence groups to enable a real elderly sociocultural reintegration through fertile spaces for leisure, entertainment and even construction of conscious citizenship, configuring it as strong allies for education health of all participants (Lima, Rao & Rao, 2009). Araujo, Felix and Saldanha (2006) also highlight the role of the group as tool for the assimilation of new attitudes and behaviors, allowing and speed changes effectively, so that the elderly with different looks, occasioning thereby respect for differences, can see the same situation. And complete:

The group informs, clarifies, reorganizes. In it, the sharing is discover identifications. In a group you can discuss topics relating to the characteristics, needs, concerns, similarities and intra-and intergenerational differences, conflicts and possibilities exchange between very different people. So also the interaction between members can be the backdrop for the new directions to be taken. The topics discussed among participants may follow for planning practices social, educational, promote health, cultural activities, opening a space **ace** possibilities of action (Araujo, Felix & Saldanha, 2006, p. 229).

Besides the providential participation of these institutions in meeting the long-lived population, more than a privileged locus for many preventive programs often represent the only way of direct intervention for improving and implementing surveys of HIV-infected elderly, given the control exercised by the family and / or caregiver, which prevents direct contact and open with the same. Thus, presented to University of Maturity University Federal do Tocantins - A / UFT as source and instrument for achieving this research.

According to Freire and Oliveira (2007), Frenchman Pierre Vellas, through a Educational Gerontology proposed with the objective of providing the elderly old age more cheerful, helpful and full of events, represented the great pioneer in implementing of open universities geared to seniors, opening on 15 May 1973, University of the Third Age French, located in Toulouse. The idea has expanded worldwide. In Brazil, over two hundred initiatives Similar in general associated with higher education institutions, such as the A / UFT, lend themselves to the established in sections VI and VII, art. 3, of the

Statute of Elderly (Law n.º 10.741, of October 1, 2003), according to which must be priority to:

[... ] Training and retraining of human resources in the areas of geriatrics and gerontology and the provision of services to the elderly [VI], and establishment of mechanisms favoring disclosure information about the educational character biopsychosocial aging [VII] (BRAZIL, 2003).

The educational project developed by UMA / UFT is especially geared to improve the quality of life of older adults, searching the progressive interaction between these scholars and graduate of UFT, strengthening the social role the university as an institution capable of meeting the specific needs this group of people, by socio-cultural and leisure activities. Search the creation of a true living space that allows dignity and health during aging process, emphasizing the importance of the elderly while being born of experience, which can be synthesized in the mission of ONE / UFT. Our attendance policy to Adulthood and Aging Human 's mission is to develop a holistic approach with priority for education, health, sport, recreation, art and culture, realizing thus a real development bfull of students, seeking a better quality of life and promoting citizenship (Mission of..., 2010).

As evidenced, the importance of the University of the Third Age as local breakage of paradigms involving the aging becomes even more evident when we dealt with the issue of sexuality and AIDS in this age group, currently a problem of global public health. The University of Maturity University Federal do Tocantins, as the core of this research, contributes strongly to one new attitude of "being and old". Occasional words of the author of the project of AN / UFT and its current coordinator, Dr. Neila Osório Barbosa, for which:

[... ] The A / UFT... Presents a variation on the old forms of actively and citizenship in the XXI century... the course is a possibility of transformation of old age, extracting labels and contradicting the myths, discover where they want to live longer and better (Osorio & Silva Neto, 2007).

In this context, this paper aims to investigate the knowledge and attitude the elderly tickets at the University of Maturity UFT in relation to sexuality and prevention

of HIV / AIDS, enabling the proposal and implementation of future educational intervention programs to promote sexual health of older people within universities.

## Methodology

To achieve the objectives proposed here based social research empirical type action research approach used in a sample group formed for 74 patients (men and women). Most of them were female (78.38%), enrolled in UMA / UFT with ticket in 2010, residents in Palmas (67.57 %) and adjacent cities in the state of Tocantins, with a mean age of 65 and six months, with a standard deviation of 7.5 years (age variability around the average) interested in participating voluntarily in the study.

Further characterized by a majority sample Catholic, representing the religion 58.11% of the total. Evangelicals totaled 29.73% of the participants, followed of mainline Protestants and Spiritualists Kardecists, representing, respectively, 6.71% and 5.41% of the sample. Their average income, categorized in the range 0-5000 real, was R \$ 813.92, with a standard deviation from the average of R \$ 929.85. as to occupation, on average 22.97 % of respondents said housewife / homemaker; 10.81 %

Individuals declared himself retired and 9.45% of the elderly pleaded student. The main source of recreation participants was considered the way to church (31.08 %), being the church attendance associated with watching television in second place with 22.97 % of leisure options declared, and only watch TV in third place with 14.86 %. The other leisure activities were declared: using computer / internet play instruments and the University itself Maturity / A, each representing 18.18 % of the observations.

Exclusion criteria were utilized refusal to participate in the research, presenting consent unsigned, and acute mental framework and / or serious during the interview and inability to minimal understanding of the activities proposals.

The research took place in four weekly meetings, held in the school year, Wednesdays, the time between 15.00 and 17.00. Each meeting was directed by generating distinct themes, including the presentation of research, menu of interactive lessons and the questionnaire; representation of sexuality in Third Age, and biopsychosocial aspects of aging and sexuality in the Third Age.

Action research both quantitative and qualitative techniques as presented / instruments the simultaneous application of the elderly group questionnaire addressing

following themes : a) the aging process, b) social representation of sexuality in the elderly and the demystification of the same c) sexual practices of older d) preventive practices STD / AIDS e) feelings involved in the process of sexuality and AIDS, and finally, e) the university as a space conducive to discussion of sexuality in the elderly. Also, could be analyzed records speech of the elderly, even superficially - it does not consider certain variables that could influence the speech - and identified the ratification of great part of theses along bibliographical here exposed.

## Results and Discussion

Based on data obtained with the application of periodic interventions along participants of this research, it was observed, as the knowledge and attitude the elderly tickets at the University of Maturity UFT regarding sexuality and prevention of HIV / AIDS, important results to propose programs teaching focused on the sexual health of the elderly.

Among them, the idea that the elderly, as the self-perception and representation of sexuality and AIDS to the population group that is inserted even if is rooted in moral, religious and sociocultural consistent with time she experienced in his youth, so that the possibility of infection HIV / AIDS is still associated with the so-called risk groups typical of the decade. March the onset of illness (1980), such as homosexuals, prostitutes and men with sexual relationships based on infidels or promiscuous, as can be seen in expressions like " Sure elderly patients with AIDS is shamelessness " and "AIDS only caught with prostitutes and women very coveted. " The data are similar to those found by Araujo, Felix and Saldanha (2006), when analyzing the results of a study in patients with virus HIV, Institute of Infectious Diseases Emilio Ribas, Sao Paulo, according to which AIDS is perceived almost as massively pathology distant from their realities of life, since they could only reach young people, "other times" flexible in choosing partners and unconventional sexual activity.

In more recent work (Saldanha, Araujo and Felix, 2008), the authors also point out that the speech of the elderly Brazilian conceiving the disease remains as to the time of his youth, believing saddle result of casual relationships or promiscuous, and that

older males are largely responsible for the contamination of their partners by maintaining extramarital affairs.

In addition, records of female speech as “Most are men (elderly people who transmit STDs) and they are vain. Take the brand new it has! “And” I think everyone has to be careful, because the husbands out there. Hey guys, I not want to speak not, but are the husbands who go to women, and have many where women go for men ”, consistent with studies conducted in São Paul, according to which the vast majority of elderly are infected with HIV / AIDS by the husband, s during sex without condom use (Romero, 2008). It also scored reports like "I 'm worse than a spider's web, turns 20 I am a widow, did not even know what that is, "" It's been so long that I do not know or that it exists "; strengthening the role of women in society mythical like" Sleeping Beauty " which must always be earned and can not have the initiative for sex and disclaim their feelings, desires and needs, considering sex and sexuality be exercised typically by man so that the loss of the partner signals the loss of a sexuality. These results reinforce the ideas of Capodieci (2000), whereby the age corresponds to a stage filled with beliefs regarding women's sexuality, whereby menopause imply the cessation of sexual life or only old man " thinks " sex, favoring the loss of sex drive, depression, presence of psychiatric disorders, as well as its bias and tried / or instilled in the elderly.

The data gathered through the questionnaires, the results of intersection of variables consists of the following tabs:

Gender	Intercourse in the last month?			Total
	Yes	No	No response	
Female	16 (28%*)	38 (66%)	4 (7%)	58 (78%)
Male	12 (75%)	3 (19%)	1 (6%)	16 (22%)
Total	28 (38%)	41 (55%)	5 (7%)	74 (100%)

\* Values in parentheses obtained in relation to gender

Table 1 - Maintenance of sex in the last month

Relating the variables gender and maintenance of sex in last month, it was found hat men had more sexual than women in order of 75% / 28%. Considering the entire sample, only 38% of respondents had sex in the last month. These results can be associated with the socio-cultural context and family in living the elderly, as well as the changes experienced in these environments, such as the advent of retirement, the

transformation of the children and in adults leaving home, among others, which are reflected in female sexuality, often causing the decrease in force and frequency of sexual relations in marriage.

Furthermore, as adduced Capodieci (2000), can physiological reducing the influence of the amount of sex held by the elderly, having view that the occurrence of menopause, resulting in a decline in hormone production female like estrogen determines decreased elasticity of the vaginal wall and a reduction of the mucous glands, causing discomfort, irritation and even pain during intercourse.

Gender	You know what's a condom?			Total
	Yes	No	No response	
Female	42 (72%*)	4 (7%)	12 (21%)	58 (78%)
Male	12 (75%)	2 (13%)	2 (13%)	16 (22%)
Total	54 (73%)	6 (8%)	14 (19%)	74 (100%)

\* Values in parentheses obtained in relation to gender

Table 2 - They know the condom

The intersection of data involving variables of gender and knowledge condom type "condom", reports that 25% of men and 28% women unaware of it. Overall, 73% of respondents know the condom, 8% declare not know and 19% did not answer this question. Some reports show that the respondents, despite the knowledge declared by the elderly about what would be the condom, many notes indicate a total ignorance on the part of some group. Look at some passages: "*Condoms do not know what that is, I never understood this*", "*I do not even know that's it!*" and "*I do not know about that, I have to study hard to pass this matter*".

Gender	Have you used a condom?			Total
	Yes	No	No response	
Female	20 (34%*)	26 (45%)	12 (21%)	58 (78%)
Male	10 (63%)	2 (13%)	4 (25%)	16 (22%)
Total	30 (41%)	28 (38%)	16 (22%)	74 (100%)

\* Values in parentheses obtained in relation to gender

Table 3 - Seniors who have used a condom

The intersection of gender with variable "Have you ever used a condom?" informs, in turn, that the majority of respondents have never used a condom (66%) and

that 63% of men have used it. Overall, only 41% of respondents have used the condom at least once, and 22% did not respond. Reports of some subjects corroborate this position, demonstrating the taste staff as a criterion of greater value than the prevention of STDs, "I do not even use, I will not lie, I have to tell you the truth, "" I do not use a condom and never used it, but I know not to use can get AIDS. "

Gender	Know how to put a condom?			Total
	Yes	No	No response	
Female	32 (55%)	12 (21%)	14 (24%)	58 (78%)
Male	11 (69%)	2 (13%)	3 (19%)	16 (22%)
Total	43 (58%)	14 (19%)	17 (23%)	74 (100%)

Table 4 - Seniors who know how to use a condom

Relating genres and knowledge about the proper use of condoms "Condom" was obtained: 55% of women and 69% of men know how to use a condom. On the average, 58% of respondents know how to place a condom. 23% of individuals not responded.

Gender	Over the past six months, did you use a condom?						Total
	Always	Majority	The time less than half	The time few times	Never	Not answered	
Female	4 (7%)*	2 (3%)	1 (2%)	2 (3%)	28 (48%)	21 (36%)	58 (78%)
Male	1 (6%)	2 (13%)	1 (6%)	1 (6%)	6 (38%)	5 (31%)	16 (22%)
Total	5 (7%)	4 (5%)	2 (3%)	3 (4%)	34 (46%)	26 (35%)	74 (100%)

Table 5 - Use of condom in the last six months

The intersection of gender with variable "In the last six months you use a condom?" reports that 7% of women and 6% of men always use condom. Overall, only 7% of respondents always use a condom. As more significant verification that the last six months 48% of women and 38% of men never used condoms. For all respondents, 48% of individuals did not use a condom the last six months. 35% respondents did not answered.

As seen, the high incidence of contamination of elderly HIV / AIDS is associated with the maintenance of sex (Araujo, Felix Saldanha, 2007), the so that the persistence of beliefs and stereotypes linked to the nature of the asexual old and unnecessary means of prevention for a disease restricted to the most young hinders the control of HIV / AIDS. The above data show that the large Most elderly components of the sample are vulnerable to disease.

Gender	Do you think Sex valid use of sexual stimulants? Você acha válido o uso dos estimulantes sexuais?			Total
	Yes	No	No response	
Female	9 (16%*)	28 (48%)	21 (36%)	58 (78%)
Male	4 (25%)	7 (44%)	5 (31%)	16 (22%)
<b>Total</b>	13 (18%)	35 (47%)	26 (35%)	74 (100%)

\* Values in parentheses obtained in relation to gender

Table 6 - Approve the use of sexual stimulants

Overall, 13% of respondents validate the use of sexual stimulants and 47%, there. With respect to different genres, 25% of men and 16% women validate the use of sexual stimulants:

Gender	Older people use condoms?			Total
	Yes	No	No response	
Female	15 (26%)	38 (66%)	5 (9%)	58 (78%)
Male	4 (25%)	11 (69%)	1 (6%)	16 (22%)
<b>Total</b>	19 (26%)	49 (66%)	6 (8%)	74 (100%)

\* Values in parentheses obtained in relation to gender

Table 7 - Use a condom

The intersection of gender with variable "Older people use condoms?" Says that 66% of women and 69% of men agree that the elderly do not use condoms.

In the last six months you use a condom?	Intercourse in the last month?			Total
	Yes	No	No response	
Alwaysv	3 (60%)*	2 (40%)	-	5 (7%)



Most often times	3 (75%)	1 (25%)	-	4 (5%)
Less than half of the time	1 (50%)	-	1 (50%)	2 (3%)
Rarely	2 (67%)	1 (33%)	-	3 (4%)
Never	13 (38%)	20 (59%)	1 (3%)	34 (46%)
Not answered	6 (23%)	17 (65%)	3 (12%)	26 (35%)
Total	28 (38%)	41 (55%)	5 (7%)	74 (100%)

Table 8 - Maintenance of sex in the last month and condom use in the last six months

The crossing of the variable "In the last six months you use a condom?" with variable "Sexual intercourse in the last month?" reports that individuals who always used a condom the last month, only 60% of them had sex. And that of elderly people who never use condoms, 38% had sex in the last month. Overall, 35% of respondents did not answered those questions.

As for the observed data in relation to condom use by the elderly, psychosocial aspects still seem to be rooted to that decision. According to Santos and Birth (2001), the Brazilian elderly continue to suffer repression inherited cultural a European culture that drives the individual to act according to their age group. In that context, the sexual act remains the property of the youngest, and aesthetic socially included, so that men and women feel unable to their sexuality, also resisting the use of condoms. Hence, it is inferred Also the large number of seniors who did not respond to specific questions linked to their sexuality.

## Conclusion

The analysis of data collected from the group of elderly participants in this research, we observed the presence of typical taboos and prejudices introduced by beliefs, moral and cultural values in a society still quite impregnated Western. Society that denies man in old age and the right to be "Old " as well as the aesthetic beauty and mental aging. It turns out reflected in a public health problem that involves quality of life and longevity of man - worthy citizen. This makes a speech alarmingly common, as sustained by the elderly, or are unaware that the correct form of a simple handling of condoms or never made use of it, they see the old as the other and the reject.

Insert sexuality in the curriculum of universities for the third age, as essential as spaces to meet the elderly differs from the attitudes insulation and makes healthy development of educational practices and debate around the promotion of their physical, mental and sexual in order to prevent the STDs. From projective techniques, interactive lessons and other tools enhances the comprehension of the phenomenon of sexuality, fragmenting and beliefs myths still present in society about sexuality in old age.

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