

## EXPERIENCE REPORT

### RELATO DE EXPERIÊNCIA

#### What the perspective of the elderly in relation to HIV / AIDS?

*Qual a perspectiva da pessoa idosa em relação ao  
HIV/AIDS?*

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**ABSTRACT:** The epidemic of human immunodeficiency virus / acquired immunodeficiency syndrome (HIV / AIDS) in the elderly in Brazil has emerged a public health problem. When we refer to aging and AIDS we must consider the sexuality of older people. Research aimed to characterize and identify through the viewpoint of senior knowledge and sentiment against the HIV / AIDS. The methodology of the study was descriptive and quantitative descriptive analysis. The results of this study have said that older people have knowledge about HIV / AIDS. Only 22.2% use condoms. We conclude that prevention campaigns are not reaching the elderly. For we know that many seniors have active sex life, with more than one partner. Prevention campaigns and actions of the nursing staff should pay special attention to this fact and increase the information, so that older people can understand and adhere to the means of prevention of this disease.

**Keywords:** Aging; Sexuality; AIDS; Nursing.

**RESUMO:** *A epidemia de Vírus da Imunodeficiência Humana/Síndrome da Imunodeficiência Adquirida (HIV/AIDS) em idosos no Brasil tem-se configurado como um real problema de saúde pública. Quando nos reportamos ao envelhecimento e à AIDS não podemos deixar de considerar a sexualidade das pessoas idosas. O objetivo da pesquisa foi caracterizar e identificar, através do ponto de vista do envelhecimento, o conhecimento e o sentimento das pessoas idosas diante de um acometimento pelo vírus HIV/AIDS. A metodologia do estudo foi descritiva, com análise quantitativa descritiva. Os resultados deste estudo permitem afirmar que os idosos dispõem de um certo conhecimento acerca do vírus HIV/AIDS, mas que apenas 22,2% dessas pessoas idosas fazem uso de preservativos. Conclui-se que as campanhas de prevenção parecem não estar chegando de forma efetiva até os idosos, pois sabemos que muitos deles têm vida sexual ativa com mais de uma parceira inclusive, mas sem os cuidados recomendados. As campanhas oficiais de prevenção e as ações das equipes de enfermagem devem dispensar atenção especial a esse fato e intensificar as informações, para que os idosos possam compreendê-las devidamente e aderir aos meios de prevenção a essa morbidade.*

**Palavras-chave:** *Envelhecimento; Sexualidade; AIDS; Enfermagem.*

## **Introduction**

Population aging is a response to change in some health indicators, especially in relation to the fall in fertility, mortality and increased life expectancy. Therefore suffer the effects of processes of discrimination and exclusion associated with the variables of gender, ethnicity, racism, social and economic conditions, geographic region of origin and location of housing (Ministério Saúde, 2008).

Aging can not be seen by society, family or employer under the eyes of discrimination, inactive, living in squalid conditions and in situations of loss of status, prestige and functional relationships from work, because the aging process that is part of life of all human beings. And not just older people but also a whole generation ages, although most people do not become aware of how to go in terms of prevention, the seconds, minutes, days, weeks, months and years of your life (Debert, 2006).

At the direction of a more real and caring about aging and old age, prevention of diseases that can be avoided, we believe that we must act in a concrete manner, safely and

quickly, contributing to effective actions that can be devoted to a better human aging of life, dignity and respect (Berquó, 2006).

Today in Brazil, aging is seen as a cultural issue and at the same time is taken, so exclusive, to suffer social prejudice by involving issues related to sex in old age.

The Acquired Immunodeficiency Syndrome (AIDS), incident to those individuals over 60 years, is emerging rapidly, representing a major challenge to the current Public Health, given that prevention campaigns are aimed more at young people between 20 and 34 years (Ministério Saúde, 2008).

*Essa patologia ataca especialmente muitos idosos que subestimam os cuidados preventivos, alheiam-se a eles ou os ignoram, acarretando-lhes como causa de morte as doenças oportunistas, similarmente à forma de contaminação das pessoas mais jovens (Linsk, 2000).*

Currently, attributed to two factors responsible for the increase of AIDS in the elderly population, the first occurred in those older people who have better financial resources, have access to products and services and pleasures available, allowing more active sex life. The second is due to the fact that there is a taboo around sexuality in old age (Ministério Saúde; 2008).

Today, the inclusion of older people in groups of living has increased significantly as the percentage of elderly population increases. The image of an old dull, pained and stereotyped gradually loses its strength, from the moment in which individuals are to attend social spaces acquire knowledge and share their knowledge (Seidl, Zannon & Tróccoli, 2005).

The possibility of meeting new people, build new friendships, engage in activities and exercise, recreation, among others, are reasons given by older people so that they begin to attend a group of seniors. Finally, there are several advantages to be inserted within a group. Among them, there is the possibility that the elderly turn to build emotional ties. This occurs mainly among the participants of groups whose main aim is the socialization (Seidl, Zannon & Tróccoli, 2005).

In 2002 in Brazil there were 15.597 AIDS cases aged 50 to 69 years, a total of 210.447 notifications, which is warning of a growing epidemic among people aged 60 years or more, an emerging demand for new treatments. In some Brazilian cities, there are statistics showing that old age was the age group that recorded the highest percentage of contamination (Moura, 2003).

It is illusory, however, think that old age does not make sex and drug use, despite the few and insufficient campaigns targeted to this population. In general, this population is far

less informed about AIDS, with little or no awareness of how to protect themselves and become vulnerable to infection (Ministério Saúde; 2008).

According to the characteristics of this epidemic for the elderly is necessary and massive new campaign to prevent the Human Immunodeficiency Virus (HIV / AIDS), which can guarantee them security in their practice of sexuality for a better quality of life (Perez & Gasparini, 2005).

It should be noted that many older people infected with HIV contracted an advanced age. According to studies, one of the reasons occurred from the late '90s with the production of drugs for erection problems (such as Viagra and similar) allowed men to prolong their sexual activity. There is also the fact that older people do not use protection, such as a condom during sexual intercourse (Brasil, 2006).

These considerations led to the following questions: what knowledge and feeling about the elderly population has HIV / AIDS?

Considering the various aspects described, the aim of this research was to describe the sociodemographic characteristics of this population, in order to advise on the use of condoms and opportunistic diseases for the elderly.

The aim of this study is to characterize and identify through the point of view of the Third Age, where knowledge and the feeling against the HIV / AIDS.

## **Method**

The present study is a descriptive, exploratory, cross-sectional quantitative study. This study was conducted at the Valley do Paraíba (SP).

The municipality's data collection has seven Basic Health Units Family. These units are 2.192 elderly, 1.006 males and 1.186 females, data generated by the Information System of Primary Care (SIAB, 2008).

The population consisted of 45 elderly and 12 elderly male and 33 female elderly, the inclusion criteria were elderly enrolled in the program who agreed to participate, signing for the term of this Consent.

Was used as an instrument for data collection a form of questions that aims to clarify the research proposal.

After approval by the Ethics Committee in Research of the College Integradas Teresa D'Ávila, under no. No. 116/2010 for the research data collection followed the guidelines of Resolution 196/96 National Health

## Results and Discussion

The population studied in this research consists of individuals aged 45 and over 65 years, of both sexes, users of the Basic Health Units Family of Valley do Paraíba, SP.

The elderly had studied when their inclusion in the study, ages ranging from 65 to more than 76 years. Of the elderly participants (51,1%) females are aged between 65 and 70 years and 11,1% are male are aged between 71 and 75 years. According to the data collected, it was found that 62,2% of the elderly are aged between 65 and 70 years.

The data showed the predominance of women in the study. For this information, several hypotheses explain why women live longer than men in Brazil. One concerns the differences in exposure to risk of accidents, traffic, domestic homicide and suicide, four times more frequent in men than in women, the second hypothesis is related to tobacco and alcohol, favoring the occurrence neoplastic and cardiovascular diseases with higher prevalence among men, the latter difference is linked to the attitude to other diseases, with women expressing greater adherence to treatment (Veras, 2004).

In a 2008 study in the city of Alfenas (MG), with 45 people infected with HIV and AIDS affected, in relation to gender, women were most affected by HIV / AIDS, accounting for 53,3% (Brito, Vilela, Goyatá & Arantes, 2009).

With regard to marital status, 40% of the elderly are married. With regard particularly to the widows, the elderly today, this means marital autonomy and freedom. This fact was observed in the study because 26.7% of the elderly are widowed (s), showing that marital status does not stop people from enjoying this stage of life, have fun, meet new partners (s), make new friends - finally, lead a healthy life and fun, because we believe that the widows and the elderly are not the end of a cycle, but the beginning of their experience with other peculiarities, like at any other stage of life (Debert, 2006).

Regarding schooling, 20% of elderly people are literate and only 26.7% of whom completed the first degree. The absence of instruction or as little time studying the elderly may not affect your critical sense or his ability to understand certain facts. But we believe that can cause difficulty in understanding the campaigns related to HIV / AIDS, the theme of this

work. Therefore, the means used to ensure that information reaches this population should be easy to understand and simple vocabulary due to poor education of the elderly. However, we found that the predominance of technical guidance, without concern for the level of understanding and cultural and socioeconomic conditions of the person receiving the information. The guidelines will provide a single route of transmission, regardless of whether there is understanding, that is, if there is perceived risk of contracting a sexually transmitted disease and if it is possible to implement such intervention (Brasil, 2006).

With regard to religion, 53,3% of elderly people are Catholics and 40% are evangelicals. Since 93.3% of elderly people follow a religion. In terms of religion, this has given its significance, since values and beliefs, including religion, are elements that can interfere with the perception of vulnerability to HIV / AIDS, especially in the adoption of safer sex methods, such as case of use of preservatives.

Looking at the occupation of the old study, 62,2% are retired, but do some extra service to help the family income, and 82,2% of users have a household income of one to two salaries. This demonstrates that the current elderly, when they retire, instead of staying at home, at the risk of developing depressive symptoms or other illnesses, are attending dances for the elderly. In this activity, and not feel alone, do physical exercises and live socially. Table I below shows the characterization of the elderly, according to family income:

**Table I** –Characterization of the elderly, according to family income. Paraíba Valley (SP), 2010

<b>Family Income (Minimum Wage)</b>	<b>N.º</b>	<b>%</b>
0 a 1 salary	2	4,4
1 a 2 salaries	37	82,2
2 a 3 salaries	3	6,7
More than 3 salaries	3	6,7
<b>Total</b>	<b>45</b>	<b>100,0</b>

It should be noted in Table I, 82,2% of the elderly have a family income of two minimum wages. According to the data collected, it was found that 51,1% of the elderly depend on the help of their children. The income of the elderly is an important item to be analyzed, because it is directly linked to living conditions.

Currently, many families are supported financially with the proceeds of retirement (s) of person (s), which sometimes is not enough, in many cases taking the opportunity to utilize the benefit of the elderly in their favor. However, those who are able to keep some money for

you can be more likely to have better quality of life, with dignity and self-esteem, and also reflected in life expectancy (Camarano, 2008). According to the data collected, it was found that 88,9% of the elderly live in their own home, while 73,3% live near a Basic Health Unit of the Family. Table II shows the distribution of responses of the elderly according to data relating to their sexuality.

**Table II** –Distribution of responses of the elderly according to data relating to their sexuality. Paraíba Valley (SP), 2010

Sexuality	Yes		No	
	Nº	%	Nº	%
<b>Have sex</b>				
Men	12	100,0	0	0,0
Women	25	75,8	8	24,2
<b>Type of Parthers</b>				
Heterossexual	42	93,3	3	6,7
Homossexual	2	4,4	43	95,6
Bissexual	1	2,2	44	97,8
<b>Multiple Partners</b>				
Up 2	12	26,7	33	73,3
Up 3	1	2,2	44	97,8
<b>Knows a codon</b>				
Men codon	30	66,7	15	33,3
Female codon	3	6,7	42	93,3
No	8	17,8	37	82,2
<b>Condom use during sexual intercourse</b>				
Always	10	22,2	35	77,8
Never	15	33,3	30	66,7
Only if a partner requires	5	11,1	40	88,9

In terms of sexuality of the elderly in the study, with respect to the practice of sex: 100% of elderly males are sexually active, since 24,2% of older women have no sexual activity. Of these elderly, 66,7% know condoms and only 22,2% use condoms during sexual intercourse.

The person, being healthy, active or poor, needs to express their sexuality, because it is intrinsic to human nature. Sexuality includes love, warmth, sharing and contact between people, not just the physical act of love relationship. Libido does not decrease, but the

frequency of sexual activity can be reduced. The elderly woman did not understand their physical changes that, in turn, can affect your sexuality, considers the end of this practice (Rodrigues & Rauth, 2008).

Currently, there are many factors that stimulate the extension of the sexual activity of the elderly: increased healthy life expectancy, increase of life with the spouse, due to new drugs for erectile dysfunction drugs that minimize the effects of menopause, vaginal lubricants, prostheses, penile correction and extension, cosmetic plastic surgery, preventive exams for prostate cancer, making men and women attending health services more often. The increasing diffusion of physical exercise (weight training, aerobics, yoga etc..), Directed to the tourism sector, among other features, has allowed men and women aged extend further the exercise of their sexuality (Feitosa, Souza & Araújo, 2004). According to the data obtained, it was found that 93.3% of the subjects had never been donated blood, 6.7% of elderly people have already received, but not remember to date. And all the elders interviewed deny drug use.

Table III demonstrates how the elderly have access to information about HIV / AIDS:

**Table III** – Distribution of answers on how the elderly have heard about HIV / AIDS. Paraíba Valley (SP), 2010

Variable	Nº	%
Basic health unit	15	33,3
TV	10	22,2
Friends	5	11,1
Rádio	5	11,1
Folder	4	8,9
Lectures	3	6,7
Never heard of	3	6,7
<b>Total</b>	<b>45</b>	<b>100,0</b>

It should be noted in Table III, 33,3% of seniors have heard about HIV / AIDS in the Basic Health Units Family, while 6,7% of seniors have never heard of it. These results reveal that the elderly, on a percentage of 33,3%, even if they do not know the specifics of HIV / AIDS, at least have heard of the existence of such morbidities. Access to media and information, coupled with cultural developments in contemporary society, possible behavioral changes, allowing greater clarity and awareness, especially among the elderly (Soares *et al.*; 2002).



As the campaigns related to health in general are still aimed at young people and middle age, studies indicate that they should broaden the range of intervention in order to also reach the elderly population.

Another focus of concern is how the issue is being addressed HIV / AIDS, giving priority to young people and not allowing the elderly population. Furthermore, it should also use appropriate language so that senior citizens can understand and adhere to the means of preventing these illnesses (Paiva, Pupo & Barboza, 2006).

Contributes to this the fact that in today's society, the elderly person is still seen in a pejorative sense in situations of fragility, depreciation, among other negative factors. This condition does not seem to motivate responsible for the dissemination of the means of preventing HIV / AIDS, so that such information reaches the audience of older people. In addition to this, there is a prejudice that, in old age, people do not exercise their sexuality and therefore not within the group of people considered vulnerable (Paiva, Pupo & Barboza; 2006).

The diffusion of preconceived notions about old age involves several vital areas such as cognition, health, sociability, personality, sexuality and ability to work. There remain many challenges in relation to prevention campaigns because, besides the lack of properly trained professionals, there is discontinuity of actions, and lack of information about the effectiveness of campaigns "pamphleteering" (distribution of leaflets), as in this case the guidelines are superficial and often do not reach the elderly population (Paiva, Pupo & Barboza, 2006).

The incentive to the quality of life for seniors contributed greatly to increase their self-esteem: today they seek to have more fun, travel, exercise, chat with friends, attending dances and dating. Older people say they do not feel old, because they believe are living today what was once considered forbidden. They feel more open to talk about his sexuality, which is attested in the present study we observed that the elderly have, for the most part, great ease of communication. Although many authors describe the difficulty in discussing sex with elderly patients in this study do not face such difficulties, because the respondents were willing to talk about themselves, including how to live in intimacy with their partners. Therefore, this liberality of speech and action can also be very important to increase the number of elderly who do not know the ways of HIV (Debert, 2006).

## **Concluding Remarks**

This study assumes that people aged 60 years or more do not use condoms as a means of preventing sexually transmitted disease and AIDS. The data obtained in this study confirmed the assumption guiding the study.

In Brazil, besides the absence of programs for prevention of HIV / AIDS, lack of production of audiovisual material for the population over 60 years, there is an inadequate health care in this increasingly large proportion of the population, assistance that is focused only for the demand, with complaints already established. There is no activity to promote health of the population about their sexuality, because there is still culturally taboo in relation to sexual maturity.

Good quality with aging is an achievement of health policies, however, it is necessary to create public policies to meet the specific needs of this population, that the units of health care is done so that the professional "look" to the user without preconceived ideas and that the service will be offered to "look" of organic solidarity, or helping one another, putting in its place, well worth doing the much needed proxemics.

Based on these results, we confirm that efforts should be directed to the training of health professionals in order to graduate in approach and guidance regarding sexuality and sexually transmitted disease / AIDS on population aged 60 years or more, we must not miss opportunities to inform and enlighten the public about the risks of longevity and questions with regard to sexually transmitted disease and HIV. Health professionals should become aware of the importance of their role in preventing these diseases and the promotion of human health.

These data demonstrate that, in the elderly, the paradigm shift is stronger, confirm the need for a "look" more attentive to the specificities of these individuals, justifies the need for studies designed to ascertain the characteristics or aspects of behavior, knowledge and prevention of sexually transmitted disease among adults and elderly, as it has been found to increase affectation of these diseases according to the studies cited here.

The assimilation of the practice of preventive measures against sexually transmitted disease is the first awareness of the importance of this procedure for their own health care team that works in the Basic, the Family Health Program and the polyclinics. It is necessary that these professionals are continuously informing the population that attends health services, either individually or in group work regarding the importance of taking preventive measures against sexually transmitted disease/ AIDS.

Finally, there must be political will and investment in human resources for managers in health levels, federal, state and municipal levels, to contribute to overcome the social

prejudices existing against aging and its peculiarities, thus contributing to the improvement quality of life longevity.

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