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SEXUALITY IN THE ELDERLY: CHARACTERISTICS OF THE APPROACH BY HEALTH PROFESSIONALS IN A REFERENCE SERVICE IN BELÉM/PA

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ABSTRACT

Introduction: one of the keys to human behavior and personality is sexuality, considered to be one of the basic human needs. In this context, it is necessary to discuss the differences defined by the progress of age associated with sociocultural taboos and their relationship with the quality of medical care provided under this theme, since the idea of sexuality in older adults has been neglected and the possibility of an elderly person being infected with HIV, until recently, for example, was considered remote. However, national data indicate that the HIV rate in the elderly already exceeds that of adolescents and among the trends for these high rates is the increase in sexual practices in old age, which lack guidelines followed. ***Objective:*** to determine the frequency, scope and standard of addressing the sexuality of the elderly within the geriatrics service in the metropolitan region of Belém-Pará. ***Materials and methods:*** epidemiological and cross-sectional, descriptive, population-based study, in which data were collected from a clinical interview, using a model form with questions prepared by the investigator, in patients treated at health clinics of the Elderly, from the Medical Specialties Center of Cesupa (CEMEC), from November 2022 to February 2023. ***Results:*** 101 patients participated in this study. Of these, the majority were women, over 75 years old, married, Catholic and heterosexual. About of 84% of patients did not have their sexuality addressed in a consultation, even though they felt comfortable talking about the topic. The justification for this suggests that they would feel more comfortable talking about the subject if the doctor addressed it and they were indifferent as to the gender of the doctor who could address the subject. This constitutes an obstacle in the face of resolving personalized dysfunctions, since 38% of those treated had some sexual complaint, while 39% of them have not yet informed a doctor, with the main justification being that in 63% of cases the doctor did not speak about the subject. ***Conclusion:*** in view of that, it is necessary to make the routine of questioning the sexual health of patients, providing safety for the practice and greater comfort, allowing for greater diagnoses and greater resolution of satisfied complaints, providing the well-being of the elderly assisted.

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INTRODUCTION

One of the keys to human behavior and personality is sexuality, considered one of the basic human needs (DE SOUZA JÚNIOR, 2021). However, it is necessary to analyze that sexuality is different from sex, which, by encompassing numerous components, represents a broader term, with nuances that go beyond sexual intercourse itself (LEVKOVICH, 2018). According to the WHO, sexuality is a central component of human beings, manifests itself throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships (WHO, 2015). With this, it could be understood that sexuality transcends the body and its physical aspects, being intrinsic to all stages of life (De Souza Júnior, 2021). Currently, population aging is experienced, a natural and non-pathological process in which biological functions decay. It is a process inherent to each individual and does not necessarily bring with it disabilities (VIEIRA, 2016). However, as sexuality is seen as related to the young and beautiful body (SOARES, 2021), the view

that the elderly are asexual and devoid of desire and sex life (VIEIRA, 2016) is perpetuated. Sexual expression differs between age groups and, in the elderly, it is influenced by several biopsychosocial aspects, which include greater pressure on the issue of advancing age, however it remains critically important in the face of care and planning by health promoting institutions (SRINIVASAN, 2019). Regarding this context, the cultural reality, deeply intertwined in society, exhibits a model in which sexuality is exclusively represented by the act of penetration, which can bring to the elderly the feeling of exclusion imposed by the set of limitations arising from aging, which interfere with the level of excitement and ability to perform penetration (DE SOUZA JÚNIOR, 2021).

As current society is full of taboos and prejudices on this topic, this reflects on elderly people who are afraid to talk about sex, with barriers imposed by shame and the belief that sexual complaints are "a waste of the doctor's time", as well as some elderly people considered sexual dysfunctions as something unique and exclusively intrinsic to aging, therefore something that would not be a problem or something that requires any type of medical intervention (LEVKOVICH, 2018). The wall that surrounds this theme only predisposes individuals, including health professionals, to reinforce existing taboos and consummate the vulnerability of elderly people in the face of psychic and physical problems (in this case, sexually transmitted infections) due to lack of information and debate about the experience of sexuality as an important practice of healthy aging (QUEIROZ, 2015). In the field of health care, the issue of sexuality in the elderly has been neglected and the possibility of an elderly person being infected with HIV, until recently, for example, was considered remote. However, national data indicate that the HIV rate in the elderly already exceeds that of adolescents and among the explanations for these high rates are the increase in sexual practices in old age, which lack adequate guidance (SOARES, 2021).

Within a parallel reality, there are those who receive welcoming assistance from health professionals, through information on events typical of old age, which allows them to experience a satisfactory sexuality even with the possible barriers related to aging (EVANGELISTA, 2019). In addition, there is another factor that needs to be discussed: the lack of medical education in geriatrics. As a direct consequence, most professionals do not feel able to address sexuality in consultations and conduct, mainly due to the reproduction of outdated paradigms focusing only on the process of pathological manifestations of diseases, leaving aside multidisciplinary care (DE SOUZA JÚNIOR, 2021). Sexuality is a necessary constituent in the lives of individuals in old age (QUEIROZ, 2015). The suppression of sexuality in this age group can accelerate the aging process and consequently have a negative impact on health (DE SOUZA JÚNIOR, 2021). In an international study, men and women who reported a decrease both in desire and in sexual intercourse itself, had a greater number of depressive symptoms and worse quality of life (Jackson, 2019). Another aspect that weighs heavily on the doctor-patient discussion is the fact that sexuality is also the result of a historical process that cannot be disregarded, given that it is influenced by numerous historically oppressive institutions such as the family, society and the church, which marks the vision of something impure when linked to pleasure and not exclusively to reproduction (SOUZA, 2019).

Which brings up the need for discussion about the aging of LGBTIA+ people and the stigma present in a scenario that revives fears of rejection, lack of opportunities to form and consolidate family and social circles of protection and lack of financial resources for themselves have a dignified and safe life (SOUZA, 2021). In this reality, new reflections by health professionals become indispensable for the planning of specific actions, aiming at comprehensive health care for the elderly (QUEIROZ, 2015). Thus, taking into account population aging and the importance of keeping sexuality active in old age in a safe way, it is necessary to carry out the present study that aims to determine the frequency and pattern of approaching the sexuality of the elderly in consultations at a service of reference in elderly health in the metropolitan region of Belém-Pará.

Objectives

General: To determine the frequency, scope and standard of addressing the sexuality of the elderly in consultations at a reference service in Health for the Elderly in the metropolitan region of Belém-Pará from November 2022 to February 2023.

Specifics

A) To quantify the frequency of addressing sexuality in the universe of monitored consultations;
B) Indicate the main complaints related to the topic;
C) Point out the influence of sociocultural aspects related to the ability to express sexual complaints;
D) Relate the presence of depressive/anxious conditions with sexual expression in the elderly.

MATERIALS AND METHODS

Study design: This was an epidemiological and cross-sectional, descriptive, population-based study, in which data was collected from a clinical interview, using a model form of questions prepared by the researchers (APPENDIX A), in patients attended at the Elderly Health outpatient clinics at the Cesupa Medical Specialties Center (CEMEC).

Ethical aspects: This study was based on Resolution No. 466 of December 12, 2012, from the perspective of the individual and the collectivities, references of bioethics, such as autonomy, non-maleficence, beneficence, justice and equity, among others, and aims to ensure the rights and duties concerning research participants, the scientific community and the State. Doctor-patient confidentiality is also ensured as a way to minimize intercurrences. For this reason, patients signed the TCLE and only after answering the questionnaires. The study was carried out after CEP approval (ANNEX A).

Location and period of research: It was carried out in Belém, capital of the State of Pará, consisting of the interview of patients attended at a reference service in geriatrics in the region, which is the Elderly Health outpatient clinics of the Medical Specialties Center of Cesupa (headquartered at Avenida Governador José Malcher, nº 1242, 66060-230, Bairro São Brás, Belém/Pará) from November 2022 to February 2023.

Inclusion and exclusion criteria: A total of 134 patients assisted at the institution's Elderly Health outpatient clinics were invited. Of these, 101 were included in the study, regardless of gender and reason for consultation, aged 60 years or older, who agreed to participate in the study by signing the Free and Informed Consent Form (TCLE). We excluded 33 patients who refused or gave up participating in the study and those who had some type of cognitive impairment that compromised the full judgment of their mental faculties.

Data collection: The patients were submitted to the standard consultation of the Elderly Health outpatient clinics, with anamnesis and physical examination carried out by the institution's medical professionals and then, still inside the office, in a private and confidential environment, an invitation was made to participate and clarify the study, as well as clarification of any doubts. The patient who accepted to participate in the study, read and signed the TCLE, for subsequent interview by one of the researchers according to the model form of questions established by the authors of the research (APPENDIX A).

Data analysis: Microsoft Word 2021, Google Forms and Microsoft Excel 2021 software were used to prepare and correct text, graphics and tables.

RESULTS

In total, 134 elderly people were approached during the data collection period, of which 33 refused to participate in the research, thus totaling 101 questionnaires answered, corresponding to the final sample of the study. The most prevalent gender in the survey was female (77.2%), while males accounted for 22.8%. Regarding age group, those over 75 years old were the most prevalent (35.6%), followed by those aged 70-75 years (24.8%), 60-65 years (24.8%) and 65 -70 years (14.8%). As for marital status, the majority were married (34.6%) or widowed (33.7%), the others being single (17.8%), divorced (9.9) or in a stable relationship (4%). When questioned about religion, 52.4% declared themselves Catholic, 38.6% Evangelical, 1% Spiritist, 6% without religion and 2% declared following other doctrines. Among the elderly surveyed, 83.2% identified themselves as heterosexual, followed by 15.8% who preferred not to answer and 1% bisexual. Regarding mental health treatments, 68 people said they did not do it, while 33 did. However, 34% of the analyzed patients feel sad sometimes and 15% often and 38% of them rarely feel anxious. Regarding the number of times a year that patients went to medical appointments, the majority (54%) reported going more than 4 times a year, followed respectively by: 3-4 times (26%), 1-2 times (15 %) and comment when you have complaints (5%).

The interviewed patients were also comfortable talking about sexuality (39%), very comfortable (5%) or indifferent (15%). On the other hand, 24% declared themselves not at all comfortable or not at all comfortable (17%) talking about the topic. With regard to the number of times sexuality has already been addressed in a consultation, 84% reported that the topic was never addressed, against 4% who had the topic mentioned in more than 4 consultations. With regard to the presence of complaints related to sexuality, 62% declared not having any complaints, while 38% declared having some complaints. Of these, 61% reported having reported their complaints to a doctor and 39% reported not having mentioned the matter in a medical consultation. Among the patients who had complaints, 12 reported pain during intercourse, 6 reported impotence, 5 reported low libido, while 3 mentioned low lubrication and 1 premature ejaculation. As for the gender preference that patients felt comfortable reporting their complaints: 57% are indifferent, 35% prefer females and 8% prefer males.

Regarding the reasons why the complaints were not reported to a doctor, 63% agree that the doctor did not address it, 29% due to embarrassment/lack of confidence, 4% were virgins and 4% did not find it necessary. Regarding how patients felt about their sex life, 45% said they were satisfied, 26% were indifferent, 23% felt not at all satisfied and 6% were very satisfied. When asked about the number of sexual intercourses in a year, 66% reported that they had no intercourse, while only 8% stated that they had had more than 10 intercourses during the last year. With regard to questions about sexual practices, it was noted that the opinion of the majority of respondents (47%) is that marriage should not impose a barrier to the act, against 34% who believed that the appropriate thing is to first materialize the marriage. When asked about the existence of sexual desire in old age, 56% believed that age was not a limiting factor for the existence of desire. However, 22% of patients already agree that the desire ceases to exist when reaching a certain age. As for the analysis of whether or not sex would be dispensable after a certain age, 41% of the elderly believed that age would not present a limit, against 27% who stated that age would make the sexual act unnecessary. When asked whether sex would bring health benefits, 58% agreed with the statement, against 17% who indicated they had no opinion about it and 12% who did not see positive aspects for health.

As for their view of the possibility of medical intervention, 30% believed that sexual problems should not be discussed with doctors, as it would be a waste of the professional's time. Already 53% believed that yes, there is a need for medical dialogues to solve the problems. In terms of being comfortable talking about sexuality if the doctor asked about it, 55% reported that they would really feel more comfortable discussing sexuality, against 18% who believed that the doctor would not make them more comfortable. Regarding knowledge about the safe way to perform the sexual act and prevent sexually transmitted infections, 72% said they knew how to stay safe, against 15% who reported not knowing. As for the knowledge of their own serological status, 53% of the patients stated that they had already undergone tests in previous consultations, while 40% of the interviewees denied having investigated such diseases.

DISCUSSION

In this work, we sought to determine the frequency of addressing sexuality in patients at the Elderly Health outpatient clinics at the Cesupa Medical Specialties Center (CEMEC) and to indicate which complaints were most prevalent, from November 2022 to February 2023, through a questionnaire prepared by the authors, adapted from the SRA-Q-ELSA13 study, which covered 101 patients. It was also observed which relationships exist between religion, previous psychiatric diagnoses and opinions about sexual practice in old age as a whole. Regarding the epidemiological profile of the participants, the majority were women, over 75 years old, married, Catholic and heterosexual. It is important to analyze that 15.8% of the patients preferred not to answer about their sexuality. For Henning[14], in a study on the aging of LGBTIA+ people, this is the first moment in which these individuals are observed to reach old age, which brings more complex issues to the debate and requires rethinking how and what public policies will be made to dealing with these elderly people, which goes beyond classic geriatric care, discussing factors such as gender identity, eroticism, desire and contemporary sexual practices. 84% of patients did not have their sexuality addressed in a consultation, even though they felt comfortable talking about the topic. The justification for this suggests that they would feel more comfortable talking about the subject if the doctor addressed it and they are indifferent as to the gender of the doctor who may address the subject. This reality reaffirms what was described by Levkovich et al[2], that only a minority of physicians analyze intimacy and marital relations as part of a check-up routine, actively asking about the existence of complaints. Alencar et al[15] review the importance of further analyzes focusing on the elderly being viewed as a whole and not reduced to chronic diseases and other vulnerabilities to which they are exposed over the years, it being essential to discuss sexual needs also in a context of palliative care[16].

This constitutes an obstacle in the face of resolving the dysfunctions presented, since 38% of the interviewees had some sexual complaint, while 39% of them still have not reported it to a doctor, having as main justification that in 63% of the cases the doctor did not talk about it. the subject. As a consequence, the suppression of sexuality in this age group can have a negative impact on health1 and, as a result, the elderly can experience aging less satisfactorily[17]. The frequency of patient care reveals that more than half of respondents have more than 4 medical visits in a year, giving them numerous opportunities to discuss complaints of a sexual nature and aim for their possible resolution or mitigation. However, as seen by Soares and Meneghel[6], it is very difficult to talk about sex, due to taboos and prejudices, combined with a society that considers the elderly as asexual, even if the active aging process advocated the possibility of having sex until the end of life. Furthermore, when it comes to sexuality among elderly people with dementia, the limitation becomes more evident[18]. There is also a great influence of capitalism on the sexuality of the elderly, dividing the elderly into two groups: one who sees sex as an obligation imposed by third parties, and the other who sees the decrease in sexual practice as a consequence of the physical illness process[19]. In the case of elderly people living in residential homes, supporting sexuality among this population implies several ethical dilemmas, since it is a work environment for professionals and a domestic environment for elderly residents[18], denying the desire and treating this issue in a veiled way[20]. When it comes to people with dementia, the complexity of the theme increases, in the sense of

balancing protection against harm and respecting the autonomy of those involved[18].

During the interview, it was noticed that the biggest complaint in women was pain during the sexual act and, the others, low lubrication and low libido. Contrary to what Levkovich et al[2]described, which the main sexual problem among women would be the low interest in maintaining relationships. In men, the main problem would be that related to penile erection, as found in our study. Despite this, 45% of the elderly interviewed reported being satisfied with their current sex life and 23% said they were indifferent about the subject. Elderly people who face health problems that affect sexual function adopt broader definitions of sexuality and sexual activity[21], given that many elderly people find pleasure in the expression of affection, physical touch and words of affirmation[22]. Within the study by Sinković and Towler[23], it is discussed that by removing the erection from the center of the sexuality process, it is possible to develop alternative sexual practices that are less patriarchal and that result in greater sexual satisfaction. The number of sexually inactive elderly was expressive. 66% of respondents reported that they had not had sexual intercourse in the last year. This fact can be explained by two studies with different characteristics, the study by Feitosa et al[24] confirms what was seen in our study, since some elderly people reported that even without an active sex life, they feel happy and fulfilled, understanding the sexual experience in its entirety. The epidemiological profile of Vieira et al[5] found mainly in the speeches of elderly women, reflections of a repressive education received in the past, which makes them not enjoy their sexuality at this time in life, added to religious aspects that also contribute to this view. limited sexuality, relating sexual experiences to something sinful. This view is extremely harmful to the elderly, given that sexuality is a fundamental component of quality of life, essential for maintaining healthy interpersonal relationships, self-concept and a sense of integrity. It is linked to the sense of self-esteem and, if denied, can have deleterious effects not only on sexuality itself, but also on self-image, social relationships and mental health[5].

With regard to mental health, most respondents did not have previous psychiatric diagnoses or treatment so far, and only 15% felt very sad and 27% very anxious, despite being sexually inactive, which differs from the study by Jackson et al[10], which resulted in the fact that men and women who reported a decline in sex life in the last year had a greater number of depressive symptoms and worse quality of life. Despite sexuality being influenced by the most varied aspects, when questioned about their opinions on certain phrases, it was notable that almost 60% of the elderly stated that marriage should not precede the sexual act, just as they believe that age does not configure a limiting factor to desire and neither is sexual practice. It is in this perspective that scientific deepening on the sexuality and mental health of the elderly becomes relevant, due to the increase in life expectancy and, consequently, population aging[4]. Among the interviewees, almost 60% of them believed that sex would bring benefits to their health. For Jackson et al[25], there are numerous benefits of sexual intimacy for physical and mental health, including the fact that the frequency of sexual intercourse is related to a lower risk of fatal coronary events, breast and prostate cancer, as well as an increase in endorphin release. In a similar theme, Lindau et al[26], analyzed elderly people with dementia syndromes, among which more than 40% reported being sexually active and that sexuality was an extremely important part of their lives. Almost 54% also thought that any sexual problems should be discussed with professionals, which differs from the study by Levkovich[2] which states that respondents believed that one of the barriers to the analysis of sexuality was the feeling of shame, lack of knowledge and fear of being a waste of professional time, just as others believed that sexual dysfunctions would not be treatable problems by physicians.

In the study, it was still possible to assess that 73% of respondents said they knew how to prevent sexually transmitted diseases, however only 53% of the total reported having knowledge of their serological status. This fact reinforces the failures within educational campaigns that end up neglecting sexual practices in old age[27], as well as reinforcing taboos of irresponsibility and promiscuity of people with HIV, leveraging cases of serophobia and delaying the search for testing centers[28], resulting in delays of more than 10 months to start antiretroviral therapy[29]. Thus, the elderly population would not be satisfactorily included in national strategies for sexual promotion and prevention of STI/HIV/AIDS[30], since the Ministry of Health (MS) warns about the growing number of sexually transmitted infections (STIs) among individuals over 60 years of age[9]. Thus, the desire that the findings of this study can contribute to the awareness of health professionals in relation to the elderly as a complex and integral being, as well as the experience of sexuality as a constituent of aging with quality, enabling the practice of care free of judgments and prejudices. This breadth provides autonomy for these subjects, as well as providing spaces for discussions about the sexual health of this elderly person, such as the prevention of STIs[8]. In this way, it is necessary to look at the elderly in a broader way, as elderly people who overcome socially imposed barriers and taboos and live a satisfactory sexuality are those who receive welcoming assistance from health professionals through information and pay greater attention to their needs. their own doubts and insecurities[9]. It is unquestionable the need to place the elderly at the center of the debate, allowing them to express themselves and make them understand their own views regarding sexuality, shaping the services and supports necessary for a new model of aging, more active and healthy[21], reinforcing the emphasis of the possible actions to be developed in primary health care, such as qualified listening with embracement and dialogue that recognizes the reality in which the elderly are inserted and thus favors them by overcoming barriers of access and resolution[31].

CONCLUSION

It was observed that the epidemiological profile of patients treated at the Elderly Health outpatient clinics who participated in this research was that of women, married, over 75 years old, Catholic and heterosexual. Approximately 84% of the elderly did not have sexuality addressed in a consultation, even though they felt comfortable talking about the topic and referring to it as a routine part of the medical consultation. Despite this, many of them had/have complaints and had not reported for possible intervention the fact that the doctor did not address the issue as the main reason. However, most feel satisfied with their current sex life. No relationship was found with psychiatric disorders and the drop in sexual activity, even though respondents reported that sex is beneficial to their health. The elderly agreed that marriage should not precede the sexual act, that age is not a limiting factor for desire or sexual practice, having the view that sex is something beneficial for health and, for this reason, it should be be addressed in consultations and discussed with physicians. There was also a large number of elderly people who reported knowing how to prevent sexually transmitted diseases, despite not knowing their current serological status. It is still difficult to talk about the subject even with the idea of healthy, active aging and with quality of life, making it necessary for health professionals to look at the elderly in a comprehensive way, without reinforcing existing taboos and prejudices, preventing possible deleterious complications for the physical and mental health of this population. Therefore, it is possible to conclude that more studies are needed on sexuality in old age, a topic that is so profound, undervalued and with numerous socio-psychobiological implications. For patients at the reference center in question, it is necessary to make questioning about the sexual health of patients routine, providing safety for the practice and greater comfort, allowing greater diagnoses and greater resolution of the complaints presented, providing the well-being of the elderly assisted.

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