



Elderly person's perception of sexuality and vulnerability to sexually transmitted infections

Percepção das pessoas idosas sobre sexualidade e vulnerabilidade às infecções sexualmente transmissíveis

Percepción de la persona mayor sobre la sexualidad y la vulnerabilidad a infecciones de transmisión sexual

ABSTRACT

Objective: To unveil the perception of the elderly regarding their sexuality and vulnerability to Sexually Transmitted Infections. **Method:** A descriptive, qualitative study conducted at a Municipal Health Unit in Pará. Data were gathered through semi-structured interviews and analyzed using content analysis principles in conjunction with the Iramuteq software. **Results:** A total of 21 elderly individuals participated, with the majority being male (52.4%), aged between 64 and 70 years (62%), completing primary education (33.3%), and being married or widowed (57.2%). Additionally, 62% of participants reported having hypertension and/or diabetes. The results from the interviews led to the identification of four categories: I) Factors influencing experiences of sexuality; II) Elderly individuals' behavior: the importance of prevention and relationships for sexual quality; III) Sociocultural aspects: the taboo associated with the sexuality of the elderly; IV) Vulnerability to STIs due to sociocultural factors. **Final remarks:** The perception of the elderly regarding their sexuality and vulnerability to STIs varies based on their experiences with sexuality in old age.

Descriptors: Sexuality; Aged; Sexually Transmitted Diseases; Perception.

RESUMO

Objetivo: Desvelar a percepção do idoso sobre sua sexualidade e a vulnerabilidade de infecções sexualmente transmissíveis. **Método:** Pesquisa descritiva-qualitativa realizada em uma unidade municipal de saúde no Pará. Os dados foram produzidos por meio de entrevistas semiestruturadas. Analisaram-se os dados sob os preceitos da análise de conteúdo associada com o software Iramuteq. **Resultados:** Participaram 21 idosos, a maioria do sexo masculino (52,4%), faixa etária 64 a 70 anos (62%), ensino fundamental completo (33,3%), casado e viúvo (57,2%), hipertensos e/ou diabéticos (62%). O resultado das entrevistas resultou em quatro classes: a) fatores que influenciam as vivências da sexualidade; b) comportamento dos idosos: importância da prevenção e o relacionamento para qualidade da sexualidade; c) aspecto sociocultural: o tabu atrelado à sexualidade da pessoa idosa; d) vulnerabilidade às ISTs em decorrência de fatores socioculturais. **Considerações finais:** A percepção dos idosos sobre sexualidade e vulnerabilidade a ISTs variam conforme as vivências da sexualidade na velhice.

Descritores: Sexualidade; Idoso; Infecções sexualmente transmissíveis; Percepção.

RESUMEN

Objetivo: Revelar la percepción de las personas mayores en relación con su sexualidad y la vulnerabilidad a las Infecciones de Transmisión Sexual. **Método:** Estudio descriptivo y cualitativo realizado en una Unidad de Salud Municipal en Pará. Los datos se recopilaron a través de entrevistas semiestructuradas y se analizaron utilizando principios de análisis de contenido en conjunto con el software Iramuteq. **Resultados:** Participaron un total de 21 personas mayores, siendo la mayoría hombres (52,4%), con edades comprendidas entre 64 y 70 años (62%), con educación primaria completa (33,3%) y casados o viudos (57,2%). Además, el 62% de los participantes informó tener hipertensión y/o diabetes. Los resultados de las entrevistas llevaron a la identificación de cuatro categorías: I) Factores que influyen en las experiencias de la sexualidad; II) Comportamiento de las personas mayores: la importancia de la prevención y las relaciones para la calidad sexual; III) Aspectos socioculturales: el tabú asociado con la sexualidad de las personas mayores; IV) Vulnerabilidad a las ITS debido a factores socioculturales. **Consideraciones finales:** La percepción de las personas mayores en relación con su sexualidad y su vulnerabilidad a las ITS varía en función de sus experiencias con la sexualidad en la vejez.

Descriptores: Sexualidad; Anciano; Enfermedades de Transmisión Sexual; Percepción.

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INTRODUCTION

According to the World Health Organization (WHO), people are considered elderly from the age of 65 in developed countries and from the age of 60 in developing countries such as Brazil⁽¹⁾. It can be seen that Brazil's elderly population tends to grow gradually over the years. It is estimated that the country will have a quarter of its population made up of elderly citizens by 2043, demonstrating a process of population aging⁽²⁾.

Even with the growing discussion about the importance of healthy aging, there are still numerous misperceptions and assumptions about the elderly person, based on outdated stereotypes, such as sexuality in old age⁽³⁾. Society maintains stigmas in relation to the sex life of the elderly individual, perpetuating the thought that the elderly person is useless and, consequently, considering that sex and sexuality at this stage are not important⁽⁴⁾.

Elderly people who are sexually active are more exposed to sexually transmitted infections (STIs)⁽⁵⁾. In Brazil, most of these infections are not compulsorily notifiable, which makes it difficult to obtain accurate data on the incidence of these diseases⁽⁶⁾. Epidemiological data from 2022 shows that acquired syphilis accounts for 16.4% of the cases notified on the Notifiable Diseases Information System (SINAN, as per its Portuguese acronym) in the age group of 50 years and over⁽⁷⁾. Between 2018 and 2022, the age group of 60 years and over accounted for 4.4% of Human Immunodeficiency Syndrome (HIV) cases notified on SINAN⁽⁸⁾.

In this context, one can realize that there are factors that interfere with sexuality and vulnerability to STIs in the elderly person, such as taboos and myths, maintaining an active sex life and using condoms. With regard to STI prevention in this group, only 10.8% of these individuals use condoms, mainly because men believe that condoms reduce sexual pleasure, while women, due to the menopause and the interruption of the reproductive phase, believe that they are not necessary. In addition, this group's knowledge on the topic is also poor, which contributes to their vulnerability to STIs⁽⁹⁾.

In the health area, there is still a need to demystify and break down taboos related to the sexuality of the elderly population. To this end, the training of health professionals should be implemented and strengthened, especially with regard to health education on the prevention of STIs and possible damage⁽¹⁰⁾. This limited approach hinders the development of preventive actions for these users, increasing their vulnerability to STIs⁽¹¹⁾.

It is important to emphasize that there are elderly people who wish to maintain an active sex life, while others do not have this desire, given that many aspire to affective bonds beyond the sexual act, attributing a different value to sexuality⁽¹²⁾. However, despite the advance of modernity, with the appreciation of health and sexuality, compared to previous generations, this topic is still little covered in research, which hinders the development of adequate policies for the elderly population⁽¹³⁾.

Given these considerations, the in-

terest in carrying out this research is justified by the gaps still identified today in relation to the very view of the elderly person as an asexual being, something also seen by health professionals, the representation of body image, the non-use of condoms, the incidence of cases of STIs, religious influence and repression by the family. In this way, based on a scientific survey of the sociocultural factors that permeate the sexual life of the elderly population and the impact on their health, this study can contribute to a better understanding of the needs of this target audience, and is relevant for health professionals – especially nurses, who promote care in Primary Care – to develop strategies that ensure targeted and quality care.

Accordingly, the objective of this study is to unveil the perception of the elderly individual regarding the sociocultural factors that interfere with sexuality and contribute to vulnerability to STIs.

METHODOLOGY

This is a descriptive study with a qualitative approach. The study was carried out in the setting of a Municipal Health Unit (UMS, as per its Portuguese acronym), located in the city of Belém-PA, Brazil. This study followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide, aiming for rigor in qualitative research⁽¹⁴⁾.

Elderly people registered in the UMS who met the following inclusion criteria took part in the study: elderly people aged 60 and over, males and females, with active registration in the UMS and

who attended nursing appointments. Elderly people who did not have the mental capacity to answer the survey were excluded, according to the results of the Mini-Mental State Examination. A score of less than or equal to 24 was used for exclusion. In the case of elderly people with less than 4 years of schooling, the score was adjusted to 17 instead of 24⁽¹⁵⁾.

Data production took place from February to March 2023, through the interview method, following a semi-structured script containing: questions on sociodemographic and health characterization for general knowledge of the profile of this target audience (gender, age group, schooling, marital status, chronic diseases) and questions on sexuality and STIs in old age. Each interview lasted approximately 30 minutes.

The final research sample consisted of 21 elderly people, selected using the theoretical saturation technique, where data collection is interrupted when the collected information is already sufficient for the construction of the qualitative research⁽¹⁶⁾. It should be noted that the non-probabilistic convenience sampling method⁽¹⁷⁾ was used to select the samples according to ease of access in the UMS.

The elderly patients were approached based on their attendance at nursing appointments, taking care not to interfere with the work routine of the professionals or the participants. Contact with the participants took place after prior contact with the ward nurse, who directed the elderly patient to a reserved room in the UMS, where the interviews

were carried out. When they arrived, the purpose of the study was explained, as well as how the interviews would be conducted and the importance of participation was emphasized.

Aiming to fully and accurately transcribe the interviewees' speeches, permission was sought to record the interviews using a voice recorder, so as to avoid memory lapses. Of all the elderly participants, two did not agree to be recorded. Thus, the interviews were transcribed immediately by hand, without compromising the production of our data, but only requiring more time to finalize the interviews. Descriptive statistical analysis was only carried out to identify the sociodemographic and health characteristics of the sample. In order to preserve confidentiality and anonymity, alphanumeric codes were assigned (e.g., E1, E2, E3) in sequential order according to the order of the interviews.

The data from the sociodemographic form was organized by tabulating it in *Microsoft Office Excel, 2016*, organized and explained in a table, with a view to characterizing the sample. The qualitative analysis of the data was provided by the content analysis associated with the software Iramuteq® (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), version 0.7 alpha 2. This is free software that allows statistical analysis of textual corpora, where it is proposed to organize discourses from multiple contexts and according to content classes in a lexical world¹⁸.

Content analysis was used, as this

approach allows for the identification of affinities between semantic and linguistic arrangements, as well as between structural forms with psychosocial implications. This form of analysis makes it possible to disintegrate the textual units, concentrating on the secondary nuclei associated with the participants' communication process. These units are then grouped into classes or categories of ideas that express similar messages¹⁹.

For this study, we chose Reinert's method, based on Descending Hierarchical Classification (DHC). The software uses the Chi-square test (²) to determine the underlying themes of a set of texts. The test is applied to create a dictionary of words, analyze the associative strength between words and identify their respective classes, with a lower value indicating a weaker relationship between the variables. The results generate a dendrogram showing the formed lexical sets and their components²⁰. In order to compose the classes, words that had a p-value of up to $p < 0.005$ were selected, indicating a significant difference in the sample.

The data was produced after clarification about the study and signing of the Free and Informed Consent Form (FICF), in compliance with the norms of Regulation of Research Involving Human Beings n° 466/2012 and n° 510/2018, under the opinion of the Research Ethics Committee (REC) of the Federal University of Pará (UFPA, as per its Portuguese acronym), Opinion n° 5.869.707, CAAE: 63707722.1.0000.0018.

RESULTS AND DISCUSSION

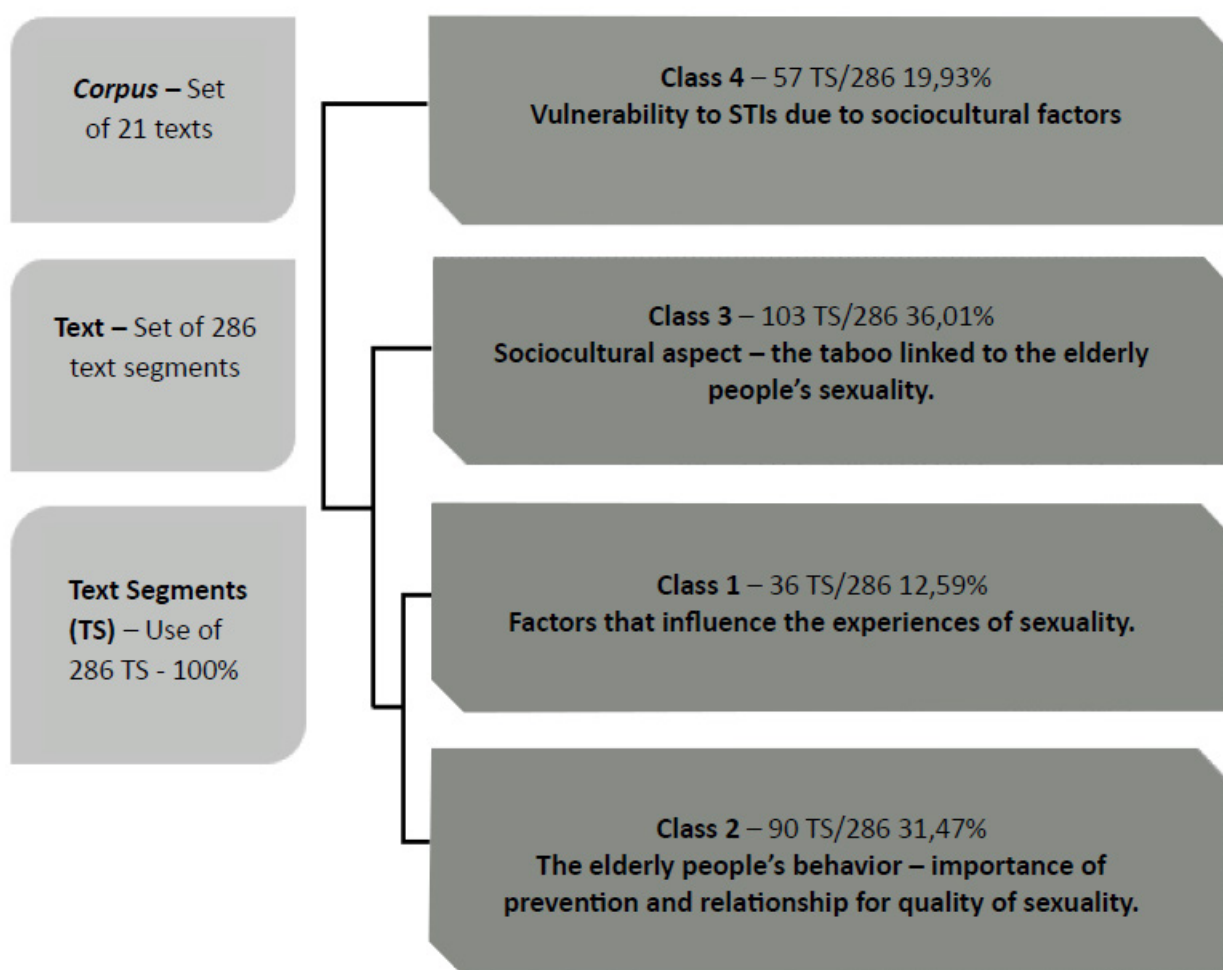
Sociodemographic and health profile

A total of 21 elderly people were interviewed, most of whom were males (n = 11; 52.4%), aged between 64 and 70 (n = 13; 62%), with primary education (n = 7; 33.3%), married (n = 6; 28.6%), widowed (n = 6; 28.6%) and without relationship (n = 12; 57.1%). With regard to their health, they had systemic arterial hypertension (SAH) and/or diabetes (DM) (n = 13; 62%).

With regard to the information processed by the interviews, the Iramuteq software analyzed a corpus made up of

21 texts, identifying 286 text segments (TS) that dealt with the elderly population's understanding of the sociocultural factors that interfere with sexuality and vulnerability to STIs. The analysis of the classes, carried out using the Descending Hierarchical Classification (DHC) and TS, resulted in four classes, distributed as follows: class 3 represented the largest finding from the interviews, with 36.01% participation; followed by class 2, with 31.47%; class 4, with 19.93%; and class 1, which obtained 12.59%, as shown in Figure 1.

Figure 1 – Dendrogram: Organization of classes through the Iramuteq analysis



Nota: Dendograma adaptado no software Word a partir do software Iramuteq, 2023.
Fonte: Relatório Iramuteq (2023).

Table 1 shows the most prevalent words according to the Chi-Square test, provided by the DHC analysis in the Ira-

muteq software, where one can see the frequency of words (f), the Chi-Square test (χ^2) and the p-value.

Table 1 – Arrangement of the most prevalent words by means of the Chi-Square test by the Iramuteq

Iramuteq classes			
Class 1	F	χ^2	p-value
Nervous	5	35.34	< 0.0001
Parar	6	29.14	< 0.0001
Diminuir	4	28.17	< 0.0001
Chegar	6	24.7	< 0.0001
Medo	7	23.82	< 0.0001
Quando	16	19.09	< 0.0001
Sair	7	16.71	< 0.0001
Procurar	4	16.29	< 0.0001
Caso	5	15.59	< 0.0001
Antes	5	13.18	0.00028
Já	12	12.81	0.00034
Tempo	5	11.23	0.00080
Mais	16	11.06	0.00088
Deixar	3	10.4	0.00126
Casar	4	8.57	0.00341
Difícil	4	8.57	0.00341
Devagar	2	8.06	0.00452
Desejo	2	8.06	0.00452
Class 2	F	χ^2	p-value
Active	14	28.09	< 0.0001
Life	20	27.4	< 0.0001
Sexual	13	25.72	< 0.0001
Bem	17	18.82	< 0.0001
Condition	8	17.92	< 0.0001
Option	8	14.21	0.00016
Affection	8	14.21	0.00016
To use	22	14.19	0.00016
Old age	9	13.45	0.00024
Even	12	12.83	0.00034
Condom	14	11.44	0.00072
Necessary	5	11.08	0.00087
Stopped	5	11.08	0.00087
Year	12	11.04	0.00089
More	31	10.27	0.00135
Husband	11	9.26	0.00234
To die	7	9.24	0.00236
Men	15	9.12	0.00252
Because	43	8.93	0.00280
Class 3	F	χ^2	p-value
To talk	19	32.47	< 0.0001
Church	12	22.25	< 0.0001
To speak	32	20.59	< 0.0001
Son	23	15.27	< 0.0001
To ask	10	14.96	0.00010
To influence	10	14.96	0.00010
God	8	14.62	0.00013
To say	21	13.71	0.00021

Family	11	11.57	0.00067
Doubt	6	10.89	0.00096
To arrange	6	10.89	0.00096
Old	9	10.42	0.00124
Religion	5	9.04	0.00263
Business	5	9.04	0.00263
Evangelical	5	9.04	0.00263
Catholic	8	8.7	0.00318
Day	19	8.53	0.00348
Alone	26	8.25	0.00407
Friend	11	7.88	0.00499
Class 4	F	X²	p-value
Disease	40	125.76	< 0.0001
To acquire	22	66.89	< 0.0001
Gonorrhoea	14	53.45	< 0.0001
Transmissible	9	37.33	< 0.0001
To take	8	33.07	< 0.0001
To acquire	6	24.62	< 0.0001
To transmit	5	20.45	< 0.0001
Season	4	16.3	< 0.0001
Syphilis	5	15.44	< 0.0001
To prevent	9	14.01	0.00018
Diabetes	3	12.18	0.00048
Venereal	3	12.18	0.00048
Responsibility	3	12.18	0.00048
To Prefer	3	12.18	0.00048
Hospital	3	12.18	0.00048
Pharmacy	3	12.18	0.00048
Restroom	3	12.18	0.00048
Medication	5	11.93	0.00055
To serve	4	11.51	0.00069
To get pregnant	4	11.51	0.00069
Sick	4	11.51	0.00069
Contact	4	11.51	0.00069
Appointment	4	11.51	0.00069
Know	9	9.6	0.00194
Examination	5	9.35	0.00223
Young	6	8.59	0.00338
To avoid	8	8.34	0.00338

Note: f=frequency; X²= Chi-square test.
Source: Iramuteq report (2023).

According to the dendrogram and the class analysis using the Chi-square test, highlights will be presented below for the four classes found through the speeches:

Class 1: Factors that influence the experiences of sexuality

For the elderly population, sexuality involves manifestations of feelings that influence their experiences, such as

shyness, fear of having a new relationship or acquiring a STI, as can be seen in the corpus extracts: "Sometimes, I even want to go for it, but since I do not, I am not going to risk it [...] it is more difficult, especially because, in my case, I am very shy" (E01). "I am scared, I get a little nervous, because I have heard about many cases of diseases, I am afraid" (E07). "I missed it, but it is something I have al-

ways been afraid of" (E12). "I am scared to go out like this; it protects, but I do not use it" (E17).

Many elderly people do not have sexual relationships due to discomfort during sexual intercourse, lack of identification of sex as a priority and physiological changes, such as lack of libido, as can be identified in the corpus extracts: "people are at an age where they no longer have sex; because, when they reach a certain age, they are no longer interested in sex" (E04). "It is not the same desire as when I was young" (E06). "As we get older, it diminishes a lot" (E09). "When he seeks me out, I date him, I have sex with him, but we feel a little more down, sometimes it hurts" (E10). "I think it should stop; there comes a time when the person no longer wants to have sex, the desire disappears, it starts to get cold" (E21).

The aging process can cause difficulties in maintaining sexual relationships, especially in women, since hormonal changes, such as vaginal dryness and reduced libido, are common during this period, contributing to the abandonment of sexual practice in particular. In the case of males, the experience of sexuality can be linked to health problems and the use of medications, such as antidepressants and antihypertensives, which can cause erectile dysfunction⁽²¹⁾.

Sexuality is a theme that is little discussed in society and, for some people, especially women, the act of expressing sexual interest is shameful, which reflects a culture that tends to make female sexuality invisible, thus avoiding open discussions on the topic⁽²²⁾. Contrary to this data, the results of a study showed that approximately 63% of elderly women said

they felt no shame when talking about sex⁽²³⁾.

The literature shows that many older people report knowing the importance of condoms in the prevention of STIs; however, shame when buying condoms in stores, lack of information on how to use them, apprehension about comfort during use, the assumption that condoms can decrease sexual pleasure, fear of starting a new relationship facilitate risky behaviors, since fear of embarrassment and the belief that it is no longer appropriate to use condoms in old age affect the search for safe sex^(23,24).

Even if there is concern about STIs, especially HIV, the low perception of risk in relation to the possibility of contracting the virus by the elderly population leads to risky behavior by not protecting themselves through the use of condoms, even if they are aware of their vulnerability to infections transmitted through unprotected sexual relationships⁽⁵⁾.

The results of this study showed that, in addition to the feelings experienced by the elderly person, the physiological changes resulting from aging are also an aspect that, according to the elderly themselves, directly influence sexuality. These changes include a lack of estrogen, narrowing of the vaginal canal, loss of elasticity and, above all, a decrease in lubrication in the case of women, while men experience a decrease in testosterone levels, with the main complaints being difficulty in ejaculating and sexual satisfaction⁽²⁵⁾.

In addition, reduced libido, menopause, anxiety, depression, tiredness and comorbidities, such as hypertension and diabetes, are considered influential ele-

ments in the reduction of sexual relationships among the elderly citizens⁽²⁶⁾. This results in a reduction in the frequency of sexual relationships, with men tending to be more regular. Many elderly people use medications to improve their sexual performance and experience sexuality, a fact that was also observed during the data collection of this study⁽²⁷⁾.

Despite the physiological changes, a survey carried out in a municipality in the countryside of the state of São Paulo, Brazil, found that 57% of the elderly citizens say that sexual activity is important, even if they do not do it often. Nonetheless, they also express that this decrease in sexual activity is related to the perception that sexuality at this stage of life goes beyond the simple sexual intercourse, involving other feelings, such as affection and complicity⁽²⁸⁾.

Class 2: The elderly people's behavior – importance of prevention and relationship for quality of sexuality

Both male and female elderly individuals know how important it is to use condoms to prevent STIs; however, in addition to the fact that all of them talk about male condoms, they do not have the habit of using them, either because they are in a monogamous relationship or because they feel uncomfortable using the material, as identified in the corpus: "If you have a partner and you are going to have sex, you have to prevent it and use a condom" (E02). "It is good to avoid diseases and prevent women from getting pregnant, but some people do not like having sex with a condom" (E19). "It is useful to use, yes, but I do not use one because I have a wife and I do not go out with other women" (E04). "I put it on, but it

came loose. I did not feel comfortable using it, it was horrible, I never used it again until today" (E05). "I never used one, I was embarrassed to buy one; and, when I did use it, I did not like it" (E10).

Furthermore, it is clear that there are important aspects to consider regarding sexuality in old age: in addition to the sexual intercourse, it involves the relationship between people with respect and affection, according to the selection of the following segments: "Sexuality in old age is a good option, because we no longer have the desire at this stage of life to have sex with the other person" (E03). "A person has his wife and must have sex with her with respect" (E04). "I feel good, we do it with the person we love and like" (E09). "In old age, it is good if you have a compassionate partner who understands your side" (E14).

The female condom is not a reality for the majority of the population, especially the elderly citizens, because few know about its existence and those who do have never had the opportunity to use it⁽²⁹⁾. A survey carried out in Ceará identified knowledge of the female condom only in theory in one of the elderly people's speeches⁽³⁰⁾.

The use of condoms to prevent the transmission of STIs is important, but it is not a common habit among the elderly population, either because they have a steady partner for a long time, which leads them to consider the use of condoms unnecessary due to their trust in their partner, or because their partner refuses⁽³¹⁾. In a study with elderly people from a Social Assistance Reference Center (CRAS, as per its Portuguese acronym) in the municipality of Sanharó, state of

Pernambuco, Brazil, it was found that 97% of the elderly citizens were not in the habit of using preventive methods during sexual intercourses, which indicates low adherence to these preventive practices⁽³²⁾.

The habit of not using condoms among the elderly population is often linked to sociocultural factors, where marriage is seen as having romantic characteristics, respect and complicity, which generates a sense of security in relationships, but can also become a factor of vulnerability to STIs⁽³³⁾. Nonetheless, there is a clear paradox, since the elderly population express concern about the effectiveness of health prevention policies, indicating that these policies are not causing behavioral changes that promote greater security⁽³⁴⁾.

The results of a study carried out with elderly people about their sexual experiences in a community center found that they do not usually use any type of preventive measure when having sexual intercourses, even though they have access to health information about STIs, which may demonstrate an association between cultural, social and/or religious factors. When this finding is analyzed on the basis of gender, males, especially cisgender and heterosexual men, choose not to use condoms, while females show a pattern of submission to their partners and are unable to convince them to use condoms⁽²¹⁾.

In addition to sexual activity, elderly people reveal that sexuality in old age is seen from a different angle, where sexual relationships take on a secondary role and are not a priority for maintaining affective relationships, unlike what happens in youth⁽³⁵⁾. In a cross-sectional study car-

ried out with elderly people in a community center in Mato Grosso, Brazil, most participants said that sex was not the main aspect of sexuality, but rather companionship, which was seen as more important than sexual intercourses, along with love and respect⁽⁹⁾.

Class 3: Sociocultural aspect – the taboo linked to the elderly people’s sexuality

In class 3, the most important words pointed to sociocultural influence: church, family, friend, talking (to talk) and doubt. Based on the reports, it was noted that the elderly citizens are influenced by the social environment in which they live, as well as religion, which can be observed in the following excerpts: “They say in church that, in order to have sex, a person has to be married” (E02). “I usually masturbate, but my religion says it is bad, I told the pastor, and then he told me not to do it because it is dangerous for God” (E05). “There are those acts that you cannot do [...] because, when we go to the Bible and find about anal sex, it says that it is not a thing of God” (E10).

In the family environment, it is still noticeable that talking about sexuality is seen as taboo, because people do not feel comfortable and because they had a conservative upbringing from other generations, where this topic was also censored. Below are corpus excerpts that express this: “With my family, I did not feel comfortable talking about this topic” (E06). “But it was not a very long conversation, it was more of a joke” (E09). “I come from an old-fashioned family, we hardly talked about it” (E16). “We do not talk about these things, I think because of respect, my father was always very respectful, so we do

not talk about it" (E21).

Furthermore, health professionals operate as a reflection of society, according to the lack of public policies that focus on the sexual health of the elderly population or due to their own convictions in not addressing a topic that may be unnecessary in an appointment, as analyzed in these excerpts: "I would like to have this guidance in appointments, I think it is important, there are people who do not know anything" (E02). "When I had surgery [...] I talked to the nurse about the procedure, but not about sexuality" (E04). "I went to another health unit and they did not ask me about these things" (E05). "They do not talk about it at all, they only talk about urinary inflammation, doing the test to find out if you have a urinary infection" (E11).

The elderly population notice that society influences them in a certain way, with judgments about their sexual life and prejudices about their lifestyle, as evidenced in the following speeches: "Society is rotten in everything, it has several opinions, one opinion is that it is out of interest, they say that women are only with us because of money" (E08). "There are people who discriminate, who think that the elderly person can no longer do any of these things, there is a lot of prejudice about age" (E14). "There is definitely still judgment, on the part of society, it is prejudice" (E16) "I know a lot of people who do not care about the elderly person" (E19).

The findings are similar to those of other studies^(3,4), showing that the social environment still has a major influence on the sexuality of the elderly person, through various factors, such as religious dogma, family resistance to talking about

the issue, the health system and the society in which the individual is inserted^(3,4). In this regard, it was found that elderly people who adhere to religions, such as Christianity and Protestantism, consider the sexual intercourse to be a sinful practice if it is performed outside of marriage, since, for some religious strands, sex is only for procreative purposes, not considering the development of sexuality to be natural and essential for individuals⁽⁴⁾.

As for the family, elderly people do not find support from their relatives, as they rarely discuss the importance of sexuality in their quality of life⁽²²⁾. The image of long-lived elderly people is often associated with negative stereotypes, especially when it comes to sexuality⁽⁴⁾.

Family conversation is scarce. This is due to the notable divergence of perceptions that result from cultural differences and values that cross generations, making sexuality in old age a difficult topic to address, since family knowledge can be impregnated with social stigmas, thus weakening relationships, since contemporary society tends to consider these issues as rare events⁽³⁶⁾.

Family repression prevents the elderly individual from having romantic relationships, according to a study carried out in Rio Grande do Sul, Brazil. This family pressure is the result of prejudice imposed by society, leading to an inversion of roles, where the elderly person loses control over his/her own life and begins to submit to the will of others⁽³⁷⁾.

As far as the health service is concerned, professionals limit their appointments to an approach that focuses more on physiological and pathological aspects than on sexuality. The barrier between the

professional and patient binomial is due to the lack of training of health professionals and, in some cases, conservative attitudes towards the topic⁽¹¹⁾. This has a direct impact on the knowledge of the elderly person, who reports feelings of fear and incapacity due to the lack of information about sexuality in old age⁽³⁸⁾. This reality confirms and highlights the fragility that exists in caring for the elderly person⁽¹¹⁾.

A significant finding from a cross-sectional study carried out with elderly people in various regions of Brazil indicates that those who received guidance on sexuality from health professionals experienced an improvement in their affective relationships and, consequently, in their quality of life⁽³⁸⁾.

Thus, it is of the utmost importance to adopt an individualized approach and implement educational actions as a means of reducing negative perceptions regarding the development of sexuality in old age and in terms of preventing problems⁽³⁹⁾, since even the elderly citizens, due to taboos in society, abandon this very important practice, which is one of the basic needs of the human being⁽⁴⁰⁾.

One can realize that most elderly people consider sexuality to be essential in old age. Nonetheless, the society in which these individuals live still does not fully accept this perspective, due to social stigmas and cultural values that have been transmitted through the generations – factors that prevent this public from seeking sexual satisfaction⁽⁴¹⁾.

Class 4: Vulnerability to STIs due to sociocultural factors

The elderly participants in the study demonstrated little understanding of how

STIs can be contracted. The need for clarification regarding the information from a scientific point of view is still noticeable, as can be seen in the following corpus: “We acquire a disease by going into the restroom that that person used in the hospital” (E4). “It is difficult for me to go to the restroom in the hospital, because everyone goes there, even though it seems to be clean, but we can acquire a disease by sitting on the toilet, an itch” (E09). “You can even acquire it from the toilet, from the bus seat”. (E11).

When we consider the perception of the elderly person based on gender, males are the most affected by STIs. Studies that analyze the sociodemographic, clinical and epidemiological profile, especially of HIV/AIDS cases in the elderly population, show that males are the most affected when it comes to HIV/AIDS infection^(42,43). This is linked to historical/social prejudice regarding seeking health services and the non-use or inadequate use of condoms⁽⁴⁴⁾.

Nonetheless, attention is drawn to a reality that has aroused the efforts of health services, which is the phenomenon of the feminization of sexually transmitted diseases, especially HIV/AIDS, which is linked to social vulnerability related to the persistence of cultural and religious standards that weaken the adoption of preventive and biological measures that deal with morphological changes in the case of cisgender women⁽⁴⁵⁾.

Through the interviews, It was observed that the elderly population do not receive guidance on the topic from health professionals during their appointments, because the focus is on the treatment of illnesses that are typical of this age group, and there is no habit of questioning this

public about sexuality, as can be identified in the following excerpts: "Not in appointments, but in lectures, and it was very productive [...] we can understand and are always alert" (E9). "My appointments are quick, because they only talk about hypertension and diabetes" (E10). "I have never received any, I would like to receive any, they only talk about diabetes" (E11). "My appointments are more focused on picking up my medication" (E15).

Misinformation, together with the elderly's low level of knowledge about the concepts of prevention and ways of transmitting STIs, is still quite common. One can note that the guidelines on the topic are directed at specific groups and do not consider the elderly patient as vulnerable, resulting in misconceptions on the topic⁽⁴¹⁾.

In this regard, one study showed the myths arising from the lack of knowledge about the ways in which STIs are transmitted, such as HIV and Human Immune Deficiency Syndrome (AIDS), which are wrongly associated with using the same toilet, mosquito bites and sharing the same cup as possible means of transmission, thus highlighting the need to provide guidance aimed at the elderly patient, in order to demystify misconceptions and clarify prevention and the vulnerability of the elderly person in relation to STIs⁽⁴⁰⁾.

From this, it is clear that the vulnerability of this public to STIs is also associated with lack of knowledge and the lack of an appropriate approach on the part of health professionals⁽⁴⁶⁾. It is therefore essential to promote an open approach to the topic, in order to clarify doubts and contribute to the prevention and early diagnosis of STIs in the elderly population⁽⁴⁷⁾.

This behavior contributes to increased vulnerability, considering the high incidence of STIs in this age group, since guidance and prevention are not carried out, leading to late diagnosis of an infection⁽¹¹⁾.

It is necessary to create bonds, including communication, as an instrument of nursing care⁽⁴⁸⁾, so that the patient can talk openly about certain topics, such as sex and sexuality, reducing the gaps in the interrelationship between the nurse and user dyad, to the point of investigating their needs more thoroughly⁽⁴⁹⁾.

FINAL CONSIDERATIONS

The elderly people's perceptions of sexuality and vulnerability to STIs vary according to the factors that influence their experiences of sexuality in old age, such as shyness, fear of contracting STIs, establishing new relationships, the importance they attach to sexuality and STI prevention, sociocultural aspects influenced by family, religion and society, and the taboo linked to the sexuality of the elderly person, giving rise to conflicting feelings due to the lack of information, especially scientific information, on the part of health professionals during nursing appointments with elderly patients.

The limitation of this study is methodological, as it was carried out in just one UMS. The act of extending the study to other units will increase the rigor and density of the data, with more accurate and robust results in terms of the socio-demographic analysis of those surveyed.

Finally, the results of this study contribute to theoretical and practical support for comprehensive care for the elderly population, including sexuality and the prevention of STIs as a fundamental

part of their lives, since it can lead to the emergence of subjective experiences of those who live through this process, taking them as important themes for quality of life in old age, given that the various factors explained in this study can significantly interfere in their ways of being, behaving and relating.

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