ABSTRACT

Objectives: to describe the knowledge of the elderly in relation to HIV/AIDS and to identify the behavior of elderly people in the prevention of HIV/AIDS. Method: a descriptive study with a qualitative approach carried out in a unit of the Family Health Strategy in the city of Teresina (PI), Brazil, with 20 elderly individuals of both sexes, from semi-structured interviews, then transcribed for analysis by the Technique of Content Analysis. Results: The speeches have emerged in two categories: << Knowledge of older people in relation to HIV/AIDS >> and << The knowledge and the use of ways of prevention of HIV/AIDS by elderly >>. Conclusion: the elderly see AIDS as a disease that has no cure. This can be explained by the fact that there is little knowledge in relation to the disease itself, to have access to this information at the time they were young.

Descriptors: Elderly; Nursing; Aging.

RESUMO


Descritores: Idoso; Enfermagem; Envelhecimento.

RESUMEN

Objetivos: describir los conocimientos de las personas de edad avanzada en relación con el VIH/SIDA y identificar el comportamiento de los mismos en la prevención del VIH/SIDA. Método: se realizó un estudio descriptivo con abordaje cualitativo realizado en una unidad de la Estrategia Salud de la Familia en la ciudad de Teresina (PI), Brasil, con 20 individuos ancianos de ambos sexos, a partir de entrevistas semiestructuradas, luego transcritas para su análisis por la técnica de análisis de contenido. Resultados: los discursos han surgido en dos categorías: << Los conocimientos de las personas mayores en relación con el VIH/SIDA >> y << El conocimiento y la utilización de medios de prevención del VIH/SIDA por ancianos >>. Conclusión: los ancianos veen la SIDA como una enfermedad que no tiene cura. Esto puede explicarse por el hecho de que pocos tienen conocimientos en relación a la enfermedad en sí, para tener acceso a esta información en el momento en que eran jóvenes.

Descritores: Ancianos; Enfermería; Envejecimiento.
INTRODUCTION

Aging can be understood as a natural process of gradual reduction in the functional reserve of senescence- individuals who, under normal conditions, does not usually cause any problems. However, under workload conditions, for example, diseases, accidents, and emotional stress can cause a pathological condition requiring assistance - senility. It should be noted that certain changes resulting from the aging process may have its effects minimized by the assimilation of a more active lifestyle.¹

According to the Population Census 1940, 1.7 million Brazilians was part of today’s so-called third age, which represented at the time, 4.1% of the population. In 2000, this age group has already reached 8.1%, or 13.9 million people, a number that is almost quintuple by 2050, according to the projection. The population over 60 is expected to exceed the mark of 64 million people in 2050 in the country.²

The study shows the population composition of the country since 1940 and is a projection by 2050. In this context, the number of inhabitants over 60 years old shows stable growth of the number of elderly was 14.5 million (8% of the total population). Today, Brazil has 18 million people over 60 years of age, which already represents 12% of the population.³

Aging is a dynamic, progressive and natural process of human life, which begins at birth and ends only with death. However, this process is not only one-sided; it is related to a number of biopsychosocial modifications.⁴

From the biological point of view it can be highlighted especially with the arrival of old age, changes in the skin, which becomes more dry, brittle and pale, losing the natural glow of cheerfulness, in addition to hair that turns white and fall more often and ease natural health in the global context they deserve special mention, because of its high potential for spread. STDs are diseases whose etiological agent is alive and transferable and can be conveyed to infection by a vector, environment or individual.⁷

The Acquired Immune Deficiency Syndrome is the result of infection with Human Immunodeficiency Virus (HIV) belonging to the class of retroviruses, compromising the functionality of the immune system of the human body. The cells attacked by HIV are mainly T lymphocytes, CD4 + type. This aggression will increase the likelihood of an individual developing AIDS. The HIV virus may be incubated in the carrier and be silent for some time before manifesting symptoms of the disease, therefore have HIV is not the same as having AIDS.

As a result of increased longevity and facilities of modern life, including hormone replacement and medications for impotence, the elderly comes rediscovering experiences, one of which is sex, making your life more enjoyable; however, unsafe sexual practices make them most vulnerable seniors to be defiled by the Human Immunodeficiency Virus (HIV) and other STDs.⁵

In Brazil, notification of the first cases in this age group occurred at the end of the last century. Between 1980 and 1997, there was reported 2,844 AIDS cases among older adults, and 2,190 in men and 654 in women. Compared to 12,067 cases accumulated in

sexuality, cause them to experience a sense of guilt and shame, coming to understand how abnormal the simple fact of being sexed. Thus, older people move away and forget their own body, generating a removal, losing interest and creating embarrassment by their desire. What can be observed, which would explain the consequence of the way society deals with the transformations, causing the elderly feelings of hurt and devaluation, for not having more the body of the youth, hence the idea that no longer attract partner in addition to not having the desired sexual performance.⁶

These conditions can contribute to deprive them to experience new possibilities for reinvention and growth of their emotional and sexual life, so aging for many seniors is enveloped by a sense of disability, such as those who are taking leave of life, because if they retired from work, their function and, therefore, must retire from life.⁶

Sexually Transmitted Diseases (STDs) and Acquired Immunodeficiency Syndrome (AIDS) are diseases that pose major challenges for health in the global context they deserve special mention, because of its high potential for spread. STDs are diseases whose etiological agent is alive and transferable and can be conveyed to infection by a vector, environment or individual.⁷

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June 2010, significant growth in both sexes was found. The male group increased to 7,989 cases and the female for 4077. The infection incidence rate in men, in 2006, was of 1.76 cases/100,000 inhabitants, rising to 10.8 in 2010, and among women, the incidence rate was 1.65 to 6.4, respectively, in those years.

The exercise of sexuality in old age is closely related to a good quality of life and can be exercised in various ways, not only to physical and sexual act, but rather, the most diverse forms of affection, such as kissing, the hug, talk, dance, self-esteem, among others. One of the challenges for the consolidation of a qualified care in preventing STD/AIDS in the context of the Unified Health System (SUS) is in support of the compromise between the political and government to provide material resources and skilled and motivated professionals to work with issues surrounding this topic.

The values that govern health care have been modified and the NHS seeks alternatives to improve the quality of such assistance in accordance with the new demands. Overlooking the comprehensive health care of the population, there was prepared the Family Health Program (FHP) that currently has been called the Family Health Strategy (FHS), since it does not have programmatic, but strategic characteristics standard shift of attention to the health of the population. FHS practices are intended to be focused on the work family, as well as developing preventive actions on demand. Thus, it is a less reductionist practice on health, moving beyond simple medical intervention, which seeks to integrate with the community in an interdisciplinary team of professionals who make up the health teams of family. In this perspective, this study has as objectives to describe the knowledge of the elderly in relation to HIV/AIDS and to identify the elderly behavior in preventing HIV/AIDS.

**METHOD**

This is a descriptive and exploratory study of a qualitative approach, held in Buenos Aires neighborhood in the city of Teresina/PI, Brazil, in May 2013. The total study population consisted of 20 individuals who attended a Basic Health Unit registered in the Family Health Strategy/FHS.

The study included 20 elderly of both sexes aged from 60 years old or over. The inclusion criteria used were the subjects aged from 60 years old and was registered in the FHS program and the elderly who sought the health service by spontaneous demand and agreed to participate by signing the Informed Consent. The approach was randomly. Exclusion criteria were subjects aged less than 60 years old and subjects who did not take part in the study, and subjects outside the research field.

Participants signed the Informed Consent according to Resolution 466/12, of the National Health Council, which rules on research involving humans. The study was approved by the Research Ethics Committee of the University Center UNINOVAFAPI under the CAAE Nº 13846313.500005210.

Data collection conducted through semi-structured interviews. The interviews were conducted in the daytime, in a closed room provided by the Basic Health Unit, we used an MP3 recorder. After the interview data were transcribed for analysis by analysis of technical content, the thematic analysis mode, operationalized in three stages: pre-analysis, material exploration and treatment of results and interpretation.

In the organization of the material to be analyzed pre-analysis was performed by systematizing the ideas and objectives of the research. In this phase the researcher is responsible for relating the steps taken and to seek to build some indicators that help in the process of the final understanding of the material. In the exploration of the material occurs classificatory operation by the research aimed at understanding the text. This stage is carried out more thorough reading of the material to be analyzed, being chosen the appropriate categories and around them, the organization of speech. In the treatment step of the results and interpretation are performed interpretations of the material analyzed, inter-linking it to the authors that help topic of discussion. The categories that emerged from the statements of the respondents were: << Knowledge of older people in relation to HIV/AIDS >> and << Knowledge and use of means of prevention on HIV/AIDS for the elderly >>.

To ensure the confidentiality of the subjects, the lines were identified by the word “witness” and numbered in Roman numeral.

**RESULTS AND DISCUSSION**

Among female and male there were interviewed 20 subjects who were in the Basic Health Unit in May of 2013. Among these, 13 were female (65%) of respondents and seven males (35%).

For characterization of these subjects, there were took into account the age, gender,
education, marital status, monthly income, profession, religion and sexual activity. The elderly respondents are in the age group ranging from 60 to 79 years old with an average age of 67 years old, fourteen of the interviewees have active sexual activity. Twelve were married, two singles and four widowers. Regarding the level of education, 11 claimed to have studies from 1 to 4 years of education, only two admitted to have no education and only one with higher education.

Concerning the profession, four were seamstresses, three retired, two traders, six domestic, among others. With regard to religion, 15 individuals named as Catholic, five as Evangelicals; 19 seniors had family income between 1 and 3 minimum wages, and only one, living on less than 1 minimum wage (Table 1).

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Sex</th>
<th>Schooling</th>
<th>Marital status</th>
<th>Monthly income</th>
<th>Profession</th>
<th>Religion</th>
<th>Sexual activity</th>
</tr>
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<td>Salesman</td>
<td>Catholic</td>
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<td>Salesman</td>
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<td>1 minimum wage</td>
<td>Cook</td>
<td>Evangelic</td>
<td>Active</td>
</tr>
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<td>1 minimum wage</td>
<td>Cook</td>
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</tbody>
</table>

Figure 1. Distribution of socio-demographic area. Teresina-PI, 2013.
Legends: F = Female M = Male

Among the most important indicators to measure the socioeconomic level associated with the health of the population, they present the level of education and income, which are considered low for participants from the study. The school has been identified as an important determinant of individual’s health status, and, including the education of the elderly an important preceptor disease.10

The educational level expressed differences between people in terms of access to information and perspective and ability to benefit from new knowledge; income is first of all, access to property matters including the health service.10

After analyzing the material, by reading and rereading, two categories were established: Knowledge of the elderly in relation to HIV/AIDS and knowledge and use of preventive means in HIV/AIDS by the elderly.
Knowledge of the elderly regarding HIV/AIDS

Regarding the knowledge about HIV/AIDS the elderly concerned as “a disease that has no cure”; most seniors have not assigned any concept for the disease.

[... ] I do not know how to say [... ] But I think it is a disease that has no cure; it is what I see talk not have much knowledge hear about having treatment. (Deponent II)

[... ] It is an incurable disease, it has no cure, those who want to say has healing can say, I believe it does because it is spreading more and more. (Deponent V)

[... ] It is a serious disease that has no cure. (Deponent XVI)

[... ] Dangerous disease that has no cure and leads to death, but I’m already out of danger because I am married. (Deponent XIX)

The image of the AIDS for the subject is a sad progressive disease, terrible, cruel and chronic, that is a huge load and no cure that, on one hand, can lead to death, on the other, can be controlled11.

The grade most seniors see AIDS as a disease that has no cure, with small phase period to acquire and soon die. This can be explained by the fact that little knowledge about the disease itself, for having access to this information at the time they were young times when came to AIDS 30 years ago, when it was seen with something terrible, which caused fear and fear.

The themes of sexuality, knowledge and behavior in relation to sexually transmitted diseases such as AIDS and risk perception are usually treated only for some specific population groups, such as adolescents and adults of reproductive age. The issues about sexuality for elderly people who no longer have concerns about contraception, are treated in the literature with emphasis on aspects related to the performance or sexual dysfunction and its relationship with quality of life and less emphasis on promoting sexual health and STD/AIDS.12

The proper knowledge about HIV transmission and implementation strategies indicated for prevention are of great relevance in Gerontology. Despite the knowledge about HIV/AIDS population demonstrated in this study, still prevail important questions that can change the situation of the epidemic, including up to the fact, beliefs related to sexuality of the elderly, low education and low income.

Knowledge accepted as true about AIDS is a product specialist and said scientific knowledge. The appropriation of this knowledge provides the construction of common sense knowledge of social representations.13

Social representations provide characterization elements as groups of people think and act in the face of AIDS. In this process, there is the role of science on the one hand - as a supplier of knowledge and social representations of the other - as denoting the knowledge that people actually share about AIDS. As mediator of the two areas appears the mass media.14

The low level of knowledge about HIV/AIDS for the elderly demonstrated by the participants of this study shows that, although the incidence of the disease is increased among the elderly, they do not see themselves as a risk group. As can be seen in the following lines.

[... ] I don’t know these things. (Deponent VI)

[... ] I believe it’s Queer thing. (Deponent XVII)

It was in the 80s that AIDS became known as Gay Cancer. In that decade, it was associated with homosexual public both by the common people as the medical field even without any based on research that linked homosexuality to AIDS. AIDS is in its third decade, and since its inception, it was associated with gay men, injecting drug users and sex workers, but the epidemiological profile of the disease has shown a significant increase in cases in the group aged 60 years old or over in both sexes.

An important fact that appeared was the married woman interviewed response that protected realized; however, many of these are not considered as a risk group. We can see in the following speech:

[... ] Dangerous disease that has no cure and leads to death, but I’m already out of danger because I am married. (Deponent XIX)

In many cases there is no concern with AIDS and this is linked to a moral code, in which the marriage seems to guarantee immunity to the disease. It is a classification system that establishes clear limits on who may have AIDS: people with risk behaviors, and who cannot, women with only one partner, where affection and love are present.

We can see that women are becoming increasingly vulnerable to acquiring STDs, because there is immunity idea related to the security of a long loving relationship, which means that they do not use condoms during sexual intercourse.

Health Programs the Family and Community Health Agents programs work with family...
planning groups and prevention of HIV/AIDS, mostly for youth and adults, would be of great relevance to spend to focus also HIV/AIDS for the elderly.

Among other respondents had some responses that ranged from none to some knowledge about AIDS, when asked about their knowledge of HIV/AIDS.

 [...] My way of thinking that once heard is that it is a disease transmitted by monkey, right! This kind of thing, over time no one can explain the transmission of it. (Deponent VIII)

 [...] I do not know, the more I see saying that it caught in sex without a condom. (Deponent XX)

 [...] I know why there near my house had a boy with AIDS that he was spellboy and fell hair. (Deponent XIV)

 [...] I do not know ... But I think that takes by sex (Deponent III)

In the speeches we can see a mix of design acquired over time, some similar to the descriptions used by health professionals, some drawn up by common sense. The repetition of the concept that refers to sexual transmissibility reflects the influence of the media and leads to a reflection on the power that this has on the people, leading to accuse them of the responsibility that goes beyond mere information. The other possible modes of transmission were not disclosed.

The elder should feel welcomed without discrimination, regardless of their occupation, sexual orientation or lifestyle. The population groups considered most vulnerable, such as sex workers, people who use drugs, homosexuals, transvestites; they have always been subject to moral judgments. It is important and necessary to strengthen the acceptance of these population segments in the service as a right of citizenship.¹⁵

According to a study¹⁶ these results show us that the elderly, in 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 together with the cultural developments in contemporary society made possible behavioral changes, allowing greater clarity and awareness, especially among the elderly.

Check the level of knowledge among the elderly shows gaps in relation to risk factors that may contribute to the increase of HIV infection in this age group. Considering concepts involved by beliefs and myths become necessary clarification measures of the main ways of transmission of HIV/AIDS.
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the confidence of women in stable relationships, revealing the need for education about the risks and STD prevention directed to this population.6

In the field of preventing most of the samples I knew that condom use prevents HIV transmission; however, most of the subjects studied do not use during sex. A likely explanation is the predominance of women in the study subjects. As already in the postmenopausal period and showing no risk of becoming pregnant, they believe they do not need protection, not badgering your partner use a condom.19

In research conducted with physicians, we have that often considers that professional people with advanced age as asexual, hardly the ask about your sex life or discuss about AIDS prevention20. This attitude may result not only in the late diagnosis, as well as in an increased exposure to the virus.

The main way of HIV/AIDS prevention is the use of condoms, men as much as women; it is distributed free of charge through the basic health units in each municipality.21

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 safe sex methods, such as when using condoms, observed in the following lines:

 [...] The means of prevention is to serve God, because He is the only free agent of evil. Make no other means of prevention because I don’t believe in those things. (Deponent XVII)

 [...] I know there are the condom and other means, one of which didn’t have many partners. I do not do because I am a believer and my husband too. We are just one person, I know he’s not going to look for another on the street, so don’t do half of prevention. (Deponent XV)

A survey with men and women about the use of condoms in their relations found similar information in regard to marital relations. The authors report that the subjects felt that safe sex and disease prevention are not directly linked to the use of condoms, but to the trust and loyalty of their partners, which is unnecessary in a relationship where there is these feelings.22

In this way of thinking misinformation these people is the result of feelings of guilt and shame in speaking and question it, because of prejudice still present in our society.

 [...] I do not have much opportunity to know; it is very difficult and complicated.
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asking these things to people; maybe gets a scolding, hunt a fight asking this, know only the condom, most do not like to use. 

(Deponent XII)

This fact is present in a study with women in the interviewees reported prejudice and difficult to talk about prevention also with their partners. Participants reported that they are resistant to adhere to condoms during sexual intercourse, and thus feel compelled to request the use, making it even more vulnerable to contagion.

As expressed above in the statements of the Deponent XII, it is difficult by the elderly to adapt to the use of condoms; it is possible to understand this problem due to the fact that these have started their sexual life at a time when the practice of condom use did not exist. This associates the fact that aging brings some limitations especially in skill, which is not the same as the young adult, and cause stoppages which can disrupt the moment of intimacy, so forego their use.

Most seniors of this study who has an active sex life do not guard. This may be a cultural construction of society including the elderly themselves in relation to the experience of their sexuality and their relationships are safe and do not represent risks. Also, there may be a relation of the time when these seniors were young and did not have access and knowledge of this kind of prevention; it is difficult to use protection methods, such as condoms, as shown by the results.

CONCLUSION

The study population is at risk for HIV/AIDS, since most seniors who reported having active sex life do not protect themselves; even knowing that the condom is the means, but sure to avoid contamination. The group has a low level of knowledge regarding HIV/AIDS.

In Brazil, major advances have been achieved with regard to assistance, particularly with regard to the legalization of the rights of the elderly; however, it has not prioritized. Health actions directed at older AIDS-related only recently been focused campaign but are still diluted in assistance to other age groups. It is urgent that the competent bodies, the three levels of government, to develop specific actions for the elderly, taking as a basis the progress of the epidemic in this segment. Although the results cannot be inferred to the elderly population in general, it can be assumed that the level of knowledge about AIDS is still precarious.

In this direction, it is necessary to develop specific public health programs for the population in question, engaged the best in the elucidation of the main questions related to HIV/AIDS. From educational strategies and health promotion, believed to be a change in behavior of the elderly, mainly on ways of transmission and prevention of HIV infection.

In this sense, nursing can contribute as a fundamental part of the health team in the care and health education activities, whether in individual consultations or in groups. It predicts the possibility of a comprehensive care, so that these people receive support for health care, covering the biological, clinical, social, ethical and subjective, to live better and with quality.

The educational activities about HIV should also address the specific aspects of this age group. This incurs assexualization of the stigma of breaking older people with greater awareness of prevention for this group. Also, more studies should be encouraged about this issue; they may contribute to a better intervention, in order to disseminate information both for seniors and for professionals and families. One has to understand that aging means a process that reflects a lifetime of habits, beliefs, experiences and teachings, which must be respected and taken into consideration by the entire population.

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Knowledge of the elderly from the family...

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