



SEXUALITY IN OLD AGE: NURSE'S PERCEPTION AT THE FAMILY HEALTH STRATEGY

SEXUALIDADE NA TERCEIRA IDADE - A PERCEPÇÃO DO ENFERMEIRO DA ESTRATÉGIA SAÚDE DA FAMÍLIA

SEXUALIDAD EN LA TERCERA EDAD: LA PERCEPCIÓN DEL ENFERMERO EN LA ESTRATEGIA SALUD DE LA FAMILIA

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ABSTRACT

Objective: to analyze the nurse's perception of primary care about the sexuality of the elderly person and discuss the actions adopted with regard to this theme. **Method:** this is a qualitative research carried out with 9 nurses at the Family Health Strategy (FHS), after approval by the Research Ethics Committee of Centro Universitário NOVAFAPI (UNINOVAFAPI), under the CAAE 0344.0.043.000-10. Data were collected through semi-structured interviews after signing of the free and informed consent term by respondents and they are presented in thematic categories. **Results:** two categories emerged: *1. Perception of sexuality in old age as something full of prejudices and 2. Lack of actions aimed at the sexuality of the elderly person.* **Conclusion:** there is a need for perceiving old age beyond the pathologies and psychobehavioral changes which occur at this life stage, so that there is a deconstruction of misconceptions and a reconstruction of services to provide an integral care to the elderly clientele. **Descriptors:** Aging; Sexuality; Nurse.

RESUMO

Objetivo: analisar a percepção dos enfermeiros da atenção básica sobre a sexualidade do idoso e discutir as ações adotadas em relação a esse tema. **Método:** trata-se de pesquisa qualitativa realizada com 9 enfermeiros da Estratégia Saúde da Família (ESF), após aprovação do Comitê de Ética em Pesquisa do Centro Universitário Novafapi (Uninovafapi), sob o CAAE n. 0344.0.043.000-10. Os dados foram coletados por meio de entrevistas semiestruturadas após a assinatura do termo de consentimento livre e esclarecido pelos entrevistados e apresentados em categorias temáticas. **Resultados:** emergiram duas categorias: *1. Percepção da sexualidade na terceira idade como algo repleto de preconceitos e, 2. Ausência de ações voltadas à sexualidade da pessoa idosa.* **Conclusão:** é necessário perceber a terceira idade além das patologias e mudanças psicocomportamentais que ocorrem nessa fase da vida, a fim de que haja uma desconstrução de ideias errôneas e uma reestruturação dos serviços para proporcionar um cuidado integral à clientela idosa. **Descritores:** Envelhecimento; Sexualidade; Enfermeiro.

RESUMEN

Objetivo: analizar la percepción de los enfermeros de la atención básica acerca de la sexualidad del anciano y discutir las acciones adoptadas con relación a ese tema. **Método:** esta es una investigación cualitativa realizada con 9 enfermeros de la Estrategia Salud de la Familia (ESF), después de su aprobación por el Comité de Ética en Investigación del Centro Universitário Novafapi (Uninovafapi), bajo el CAAE 0344.0.043.000-10. Los datos fueron recogidos por medio de entrevistas semi-estructuradas después de la firma del término de consentimiento libre y esclarecido por los encuestados y ellos son presentados en categorías temáticas. **Resultados:** dos categorías emergieron: *1. Percepción de la sexualidad en la tercera edad como algo lleno de prejuicios y 2. Ausencia de acciones dirigidas a la sexualidad del anciano.* **Conclusión:** es necesario percibir la tercera edad más allá de las patologías y los cambios psicocomportamentales que ocurren en esa fase de la vida, de manera que haya una desconstrucción de ideas erróneas y una reestructuración de los servicios para proporcionar una atención integral a la clientela anciana. **Descriptores:** Envejecimiento; Sexualidad; Enfermero.

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INTRODUCTION

The aging process and its natural consequence, old age, are among the concerns of humanity. Aging, previously regarded as a phenomenon, nowadays is part of reality in most societies. The World Health Organization (WHO) describes as an elderly person anyone who is older than 65 years in developed countries and older than 60 years in developing countries, although it is known that chronological age is not always an accurate marker for the changes accompanying aging.¹

Data from the Brazilian Institute of Geography and Statistics (IBGE) show that life expectancy in Brazil increased about 3 years between 1999 and 2009. The new Brazilian life expectancy is 73.1 years. The research also shows that the increase in life expectancy at birth and fertility decline in the country have pushed up the number of elderly people, which rose between 1999 and 2009 from 6.4 million to 9.7 million. In percentage terms, the proportion of elderly people in the population rose from 3.9% to 5.1%. In contrast, within the same period, the number of children and adolescents dropped from 40.1% to 32.8%, narrowing the top of the Brazilian age pyramid.²

In the state of Piauí, the proportion of elderly people is growing progressively, quickly and intensely, it rose from 7% in 1992 to 8.2% in 1999, standing out greater concentration in the age group between 60 and 69 years, with a female predominance. The estimates of the Demographic Census 2004 for the total population of the city of Teresina, Piauí, Brazil, pointed out 715,360 inhabitants, out of which 44,437 are people aged 60 years or more.³

Population aging is a response to change in some health indicators, especially decline in fertility, mortality, and increased life expectancy. This phenomenon which presents itself to us brings big and significant challenges for society, above all with regard to ensuring quality in these additional years of life.

Therefore, there is a need for providing an integral health care to the elderly person, in order to meet all her/his needs from a multidimensional perspective, avoiding reductionism and, as a consequence, the fragmentation of care.

The needs of elderly people are many and varied, making old age a social issue which demands public responses through policies able to address the rights, needs,

preferences, and capacity of elderly people, recognizing the importance of their individual expectations.⁴

Within this scenario, the public policies aimed at the elderly population will meet these requirements, emphasizing the right to an integral care by means of the Unified Health System (SUS), guaranteeing universal and equal access to a connected set of actions and services for health prevention, promotion, and recovery.⁵

However, the existence of these policies does not guarantee, in practice, and integral care for this clientele. This fact can be observed in the reality of the program Family Health Strategy (FHS), within which elderly care refers to reductionist actions, aimed at diseases such as hypertension and diabetes, not envisioning other dimensions, such as sexuality.

There is a social perspective feeding the general impression of rejection to eroticism in old age. In the usual discourse, reference is made to the factual inability to sex, which falls within a logic that thinks of the elderly person in association to disease.⁶

In fact, the human body gets worn out, it is inherent to the finiteness of living beings, but this decrease does not necessarily mean a deficit, since the body works with varying levels of reserves and, what is more important, there is the possibility to intervene in order to mitigate and offset the effects of such wearing out on the ability of individuals to keep undertaking their daily life activities by themselves.⁷

Studies show that 74% of men and 56% of married women remain sexually active after 60 years of age. In the wake of this discussion, there is a need to recognize that aging leads to changes in the body as a whole, including the structures responsible for sexual response, something which causes a peculiar experience of sexuality at this life stage.⁸

For males, among other changes in the sexual function, spontaneous erections do not happen as quickly and easily. In females, besides the slow changes of age, a woman experiences a decrease in the sexual hormone, estrogen, in the menopause, going through moments of extreme discomfort. However, all these inevitable changes of aging will not necessarily affect the male and female pleasure, because even with these changes, elderly people can be able to enjoy a prolonged sexual intercourse and the sexual act can constitute a sensual and pleasurable experience.⁹

Sexuality is part of our being. It is not only an expression of the biological body, it is not only a result of the glandular body. It is the expression of a being who desires, who chooses, who loves, who communicates with the world and with the other.¹⁰

In return, society disregards that the changes occurring due to the aging process do not prevent the elderly people to experience their sexuality as part of a natural process. The elderly person is seen in society as an asexual being, unable to experience her/his sexuality, reflecting on a neglect of health professionals, who do not assist this individual in many dimensions that make up human existence and, as a consequence, aging.

The population is getting older and this phenomenon, which nowadays is set among us, requires efforts from the health professionals in order to deploy actions which may reflect on a better quality of life, such as the adoption of a new model in primary care that takes into account sexuality in old age as something to be addressed, discussed, and guided, above all by nurses.

Given this context, the need to carry out this study woke up, and it aims to analyze the nurse's perception at the FHS on the sexuality of the elderly person and discuss the actions of these professionals aimed at sexuality at this phase of life.

METODOLOGY

This is a field research with a qualitative approach and a descriptive nature which was carried out in 5 family health basic units, all of them structured with consultation rooms for medical, nursing, and dental care, as well as for collection for cytology, vaccination room, wound dressing room, inhalation therapy, waiting room, medical archive and statistics service, and laboratory; they are open from Monday to Friday from 7:00 a.m. to 6:00 p.m.

The research subjects were 9 nurses at primary care, and the inclusion criteria were: having professional experience at primary care of more than 5 years and provide the elderly person with assistance in the health care service. Data were produced by means of a semi-structured interview script. The number of subjects was defined according to the saturation of discourses, as the speeches started repeating themselves. The respondents were designated by the name of flowers, as a way to guarantee the anonymity of people and to make an analogy between the sexuality in old age and the blossoming of a flower, in the sense that this is a dimension

which is resumed in the life history of individuals day after day, at every moment of their existence.

The research was conducted in March 2010 by the researchers themselves at times previously scheduled with the subject. We used a tape recorder to register the speeches of respondents, followed by the organization and classification of reports, providing a response to the study objectives and, later, they were transcribed for analysis and interpretation purposes. The collected data were grouped according to semantic similarity.¹¹

The study was approved by the Research Ethics Committee of Centro Universitário NOVAFAPÍ (UNINOVAFAPÍ), under the CAAE 0344.00043.000-10, that meets the provisions of Resolution 196/96, from the National Health Council.¹²

RESULTS AND DISCUSSION

Respondents made up an exclusively female group of people, with age ranging from 20 to 56 years, with time since graduation between 6 and 29 years, and with service time at the FHS over 5 years, all of them attended specialization courses.

Reading and analysis of the material under the light of the proposed objectives produced two categories: perception of sexuality in old age as something full of prejudices and lack of actions aimed at the sexuality of the elderly person.

♦ Perception of sexuality in old age as something full of prejudices

According to the nurses interviewed, sexuality at this phase of life is perceived as taboo, permeated by numerous prejudices, myths, and stereotypes, and stands out the view of the elderly person as an asexual human being who is unable to experience her/his sexuality.

I do not know if I would say it is a shame, but I think it is a kind of taboo, as it involves an elderly person. Sexuality has already decreased, because there is not that sexual appetite. (Daisy)

I realize that the elderly person does not experience her/his sexuality due to taboos that society poses, cultural aspects... then, what we realize is that they are very withdrawn, they do not allow themselves to enjoy this, which is part of life development. (Roble)

I realize they want, but they have certain modesty, the issue that we have an entire population turned against that feeling. It is taboo. They want to, but, then, society emerges and says, it is due to being old, it is

due to this, it is due to that, because it is because people at that age already undergo a preliminary judgment. (Violet)

Sexuality is an extremely ingrained sociocultural myth, coated with a strong prejudice with regard to the elderly person, preventing the social visibility of these people as sexually active individuals.⁶ In fact, sexuality at this phase of life is conceived as a diversion, to the extent that individuals and groups share values and adhere to a set of social rules regarding the behavior and personal attributes, and it is possible to name "discordant" any individual member who does not adhere to the rules and define as a "diversion" her/his peculiarity.¹³

In the Western society, we often tend to underestimate all those components of personality, such as feelings, love, and sexuality, which are beyond the control of rationality. Sexuality in old age, in fact, is an issue commonly overlooked by the entire society, it is poorly known and rarely discussed, even by the health professionals and the elderly people themselves. From society there emerges a very wrong prejudice regarding the sexuality of elderly individuals, because people think they cannot be sexually active at this phase of life.¹⁴

A wrong conception that the elderly people do not experience their sexuality anymore presents itself as a rule. It is thought that, since old age was reached, these individuals cannot have sexual contact with their partner anymore, nor have ways to express this sexuality, such as: kisses, hugs, caresses, conversations. The elderly people also have these expressions which can give them pleasure and well-being, it is not only the sexual activity that leads them to experience their sexuality.

There still exists in our culture a false idea that the elderly person does not have desire or sexual life. Likewise, society tries to deny her/his sexuality. People think it is ugly, refuse to accept that the elderly person may want to date. They forget that sexuality is not only a genital experience, there is also an affection which is crucial to the human being.

Within this discussion, it is observed that a nuance of the taboo which pervades sexuality in this period is strongly tied to sexuality as something exclusive to young people and, as a consequence, that the elderly people do not keep an active sex life as before. In fact, they maintain that same sexuality, but in a way different from that of their youth, according to the peculiarities inherent to age.

The perception of sexuality in old age through a comparison of the experience of

this dimension to the young phase appears in the speech of the female nurses participating in the study, leading to voids and decontextualized understandings, ruled by pure decrease of rhythms and frequencies, something which does not allow glimpsing the specificities of such a heterogeneous moment.

Surely, it is not as that of a young person, but he keeps sexuality as it used to be, but at a slower pace than when he was young... it is not because he is that age that he will no longer be sexually active, he must be clear that it will be according to his peculiarities. (Orchid)

The adolescents themselves are surprised that the elderly person still has a sexual life, they think that someone 60 years old has already died. (Orchid)

Culturally, younger people think they are not suitable and that there is no sexuality. (Ypê)

The fact that the elderly man and woman are not recognized as sexually active individuals in the social imagination brings out an identity which is constructed by contrast to the identity of young person, the exacerbation and overvaluation of the young body. The body, its appearance, occupies a key place in the aging process, because the life course changes the body appearance, the visible aspect, in various ways that also imply a change in the value of the subject. Undoubtedly, an analysis of body appearance in old age implies perceiving the various assignments given to identity, individuality, and social value of elderly people.¹⁵

Social prejudice, nowadays, seems to allow only younger people to enjoy the pleasures of sexuality, while the elderly people have just to believe that they cannot or should not have a sexual life, since all their affective expressions towards the opposite sex are regarded as something dirty and forbidden, or, also, associated to something ridiculous and shamelessness.¹⁶

However, we know that time does not desexualize the older person, because sexuality is present in all phases of life. Sex and sexuality in old age may be a pleasurable, rewarding, and reassuring experience that highlights the coming years.

Furthermore, sexuality is neither an athletic competition nor an effective means of production, it may take another language which, in essence, is both physical and emotional and communicative, able to provide remarkable possibilities for new affective experiences. The effects of the aging process on sexuality constitute an issue particularly full of prejudices, as if it was an exclusive attribute of young people due to their findings

and physical vigor.¹⁵ Admittedly, the aging process brings significant changes with regard to the physical and emotional aspects of people, however, feelings and emotions do not undergo deterioration, sexuality may be enjoyed up to the end of life.¹⁷

From this perspective, there is a need to know about these changes, in order to promote discussions and actions which allow deconstructing the negative ideas with regard to sexuality in old age, providing the elderly men and women with conditions to adapt to this reality, different, full of peculiarities, but not necessarily asexual and, thus, fully enjoy it, regardless of the way how it is expressed.

Even in the current socio-historical moment, when sexual pleasure is recognized, rules, values, beliefs, and taboos with regard to this experience still remain in people's everyday lives. Then, speaking of sexuality and aging becomes a difficult task, since it is surrounded by various conceptions of right and wrong, allowed and forbidden, at the same time that it is a recent possibility in historical terms, since the increase in human life expectancy is a very current phenomenon.¹⁸

Thus, it becomes clear that aging is not only a physiological phenomenon, but a social and cultural one, and we must exclude the idea that the sexual life of elderly people is just nostalgia for the past. It is in the area of sexuality and the body that most older people need to be defended and defend themselves against an abandonment situation, since the prevailing thought is that they have no activity in this regard.¹⁹

The professionals need to recognize that there are changes which result from this process, but that it does not nullify sexuality and it is necessary that these changes are discussed in the consultation room, providing the elderly person with a better care. It is also important that the health professional improves her/his skills to address sexuality issues with elderly clients, enabling a space for them to feel confident and to be able to acquire knowledge, solve doubts so that they go through this phase with sexual quality of life.

♦ Lack of actions aimed at the sexuality of the elderly person

The discourses produced in interviews converge to a perception of sexuality of the elderly person as a theme full of prejudices and this influences on the approach within nursing care itself, limiting the actions, completely nullifying the issue of sexuality in the nurse's care at the FHS.

Our team does not work towards sexuality of the elderly person. (Hortensia)

No, unfortunately, we do not have an activity aimed at the area of sexuality of the elderly person. (Violet)

No[...] we do not work with sexuality of the elderly person. (Daisy)

I usually do not address this in the consultation... I ask more about it at the time of doing the cytology examination. (Lily)

The sexuality of elderly people has been denied by professionals, it is nullified in its scope, in its subjectivity, by constructing negative stereotypes. This hitherto ignored sexuality emerges as a public health problem, above all because it has exposed the elderly person to diseases transmitted through sexual contact.²⁰

The female nurses participating in this research report addressing this theme only when they realize that the elderly individuals do not take preventive measures against such an event and when they do cytology exams, in order to address this issue without seeming obtrusive. The nurse must first know her/his own judgment on old age and sexuality and, thus, be able to intervene without prejudice.

Within this context, it was observed that most actions taken by the nurses interviewed are directed towards chronic diseases, especially hypertension and diabetes, limiting the elderly health care to the biological dimension, something that is contrary to the National Policy for the Elderly Health Care, which provides for an integral and multidimensional care.

Eventually, we rather address the pathology, diabetic and hypertensive patients. (Orchid)

Well, we conduct at the family health nursing consultations, for pathologies of the hypertension program, which involves hypertensive and diabetic patients. (Hortensia)

Well, in primary care the actions regarding the elderly person focus on the care for this public, especially those with chronic diseases, such as hypertension and diabetes. (Roble)

We work with the group of hypertensive and diabetic patients, something we do with HIPERDIA [Clinical Management System of Hypertension and Diabetes Mellitus in Primary Care], we do not have an action directly aimed only at the elderly person. (Sunflower)

Aging, often associated to disease, is a fragmented conception, since it consists in a heterogeneous phase, socially and culturally constructed. Too much emphasis on the disease disregards the social aspects,

relegating them to a secondary dimension; thus, there is a need for a more comprehensive and appropriate understanding of a set of factors making up the life of an elderly person.²¹

The society designs a place and a role for the individual who gets older, this differs according to the social context concerned, for instance, in a family relation the elderly person receives affection and attention, something which highlights the bond, appreciation, and respect for someone who got older. In turn, for other portions of this population, the reality is not the same, since there can be abuse, disrespect, abandonment, among other situations. Thus, there is no "old age", but "old ages" which differ according to gender, social class, and intellectual status, a fact that makes crucial having a customized view for each elderly person.²²

Sexuality at this phase of life is not taken into account in the services providing the elderly people with health care, as observed with regard to many other aspects of private life. This is so because there still exists a hegemonic view of aging based on the perspective of getting sick, giving rise to actions which rather seek to control these subjects than promote their individual autonomy.

In Western countries, the sexuality of elderly people does not seem to be part of the sexually active person as a whole, nor of the sexually active body as a whole, but as a partial reality which people must get away from and get rid of. The senile sexuality is something which seems to be disconnected from the life of these individuals instead of being an additional expression of their life as a whole, making a full relation between them impossible.¹⁹

We stress the need, on the part of health professionals, for understanding the sexuality experienced in the everyday life of elderly people and its possible expressions. The nursing actions must be aimed at helping the elderly person to cope with her/his own realities and the other individuals to apprehend the realities of another person, because it is in this context that take place all these representations.²⁰

Furthermore, the biomedicalization of aging depending on the diseases that emerge at this phase with an increased frequency requires a set of social control actions with regard to old age by means of the biomedical paradigm, which prioritizes the pathology and its treatment. This issue has significantly influenced on elderly health care and it has

taken to the absence of actions aimed at the experience of sexuality at this point in life.⁶

In the context studied here, we noticed that the professionals interviewed, despite not having in the routine of the care they provide to elderly people the habit of asking questions about aspects related to their sexuality, perceive this is a failure on their part not addressing the issue.

We virtually do not work with the sexuality of elderly people. This is always the last thing, we always see the other problems... maybe this is a failure of mine not asking about this. (Daisy)

Usually, I do not address it in the consultation, it is even a failure on our part, I ask more at the time of doing the cytology exams, this is a failure of the team, we do not have this habit. (Lily)

The difficulty of the health professional for addressing the sexuality of elderly people is based on the fact that sexuality is a subject which is coated with a compact mass of contradictions, taboos, and ignorance, limiting the investigation of a key item during routine visits. This approach does not take place for several reasons, among them the lack of programs or training sessions, issues related to age and gender, in addition to a strong influence of culture.²³

In fact, the absence of the habit of investigating about sexuality during the provision of care to the elderly person mentioned in the excerpt above is immersed in a cultural context which shapes and drives the actions and social relations. The social power has set the limits between what is normal and pathological, a ruling power that excludes what does not fall within the formal parameters of normality. This ruling social power might have its foundations on the complex power/knowledge, i.e. a direct link between knowledge and power, in a relationship that potentiates knowledge in pursuit of normality, and this normality might be a domination tool.²⁴

However, aging is characterized as a phenomenon resulting from changes in the social, political, and economic context over the years, requiring, on the other hand, that such scenarios re-include themselves to meet the challenges posed by aging.²⁵

Thus, claiming that not addressing sexuality in old age is only a professional failure of nurses at the FHS limits the visibility of the issue with regard to the complexity in which it is embedded. The myths related to old age feed beliefs that certain physical and mental changes of elderly people are inherent to aging, and we end up confusing the

concepts so that the elderly people and these changes are taken as synonyms. Such attitudes limit the actions aimed at the health care provided to the elderly person, which are, almost exclusively, directed towards diseases that live in the imagination of the health care professionals as health problems peculiar to this social segment.

Therefore, it is worth highlighting that the issue does not end in this work, on the contrary, sexuality of the elderly person is still a vast topic, since many aspects may be addressed, from a perspective of deconstructing negative attitudes and prejudices.

CONCLUSION

In a society like ours, that has gradually gotten older, sexuality should constitute an affective, emotional, and relational dimension throughout the entire course of life, involving respect for the body and the peculiar aspects that each phase of life presents to us.

The female nurses participating in this study perceive the sexuality of elderly people within a context full of prejudices and taboos that directly influences on the way how this issue is addressed in the care provided to this social segment, characterized by a complete absence of actions aimed at this theme. Despite there is no action aimed at sexuality, the female nurses recognize this is a failure in the care they provide, which is believed to be a gateway for changes that deconstruct misconceptions with regard to the sexuality of elderly people.

It is important that nurses perceive aging beyond the diseases, seeking a restructuring of services to receive this clientele, along with a professional training to meet these particularities, because the elderly person has characteristics specific to her/his experience that need to be seen by trained people.

There is a need for seeking to raise issues so that they can contribute to a discussion leading to an increasingly broad debate about sexuality in old age, since the theme cannot be ignored and it must be present in discussions of health education and promotion, because we are at risk of reproducing and perpetuating a prejudice which exists in the current society although it no longer holds itself.

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Submission: 2013/02/28

Accepted: 2013/07/29

Publishing: 2013/10/01

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