



THE EXPERIENCE OF SEXUALITY BY ELDERLY INDIVIDUALS

A VIVÊNCIA DA SEXUALIDADE POR INDIVÍDUOS IDOSOS

LA VIVENCIA DE LA SEXUALIDAD POR INDIVIDUOS ANCIANOS

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ABSTRACT

Objective: to describe the way how the elderly experience their sexuality and analyze the context involved. **Method:** this is a qualitative study conducted in an outpatient unit-school with 10 elderly people of both sexes. Data collection was based on a semi-structured interview and the discourses were analyzed by means of thematic categories. The study was approved by the Research Ethics Committee of Centro Universitário NOVAFAPÍ (UNINOVAFAPÍ), under the CAAE 0493.0.043.000-10. **Results:** the analysis was based on two categories identified during the study: "Difficulty associated to the physiological and pathological aging process" and "The experience of sexuality associated to affection and loneliness". We found out that male elderly people tend to emphasize physical decline as a significant difficulty with regard to their current sexual life and compare it to their performance in youth; in turn, female elderly people tend to highlight the importance of other feelings involved in their sexuality. **Conclusion:** the theme sexuality in old age requires an interpretive and contextualized approach to the feelings involved in this experience, especially on the part of health professionals, seeking to break with the prejudices observed in this discussion to guarantee a dignified aging, with quality of life. **Descriptors:** Elderly Person; Sexuality; Health Of The Elderly.

RESUMO

Objetivo: descrever o modo como os idosos vivenciam sua sexualidade e analisar o contexto envolvido. **Método:** trata-se de estudo qualitativo realizado em um ambulatório-escola com 10 idosos de ambos os sexos. A coleta de dados foi baseada em uma entrevista semiestruturada e os discursos foram analisados por meio de categorias temáticas. O estudo foi aprovado pelo Comitê de Ética em Pesquisa do Centro Universitário Novafapi (Uninovafapi), sob o CAAE n. 0493.0.043.000-10. **Resultados:** a análise foi baseada em duas categorias identificadas durante o estudo: "Dificuldade associada ao processo de envelhecimento fisiológico e patológico" e "A vivência da sexualidade associada à afetividade e a solidão". Constatou-se que os idosos do sexo masculino tendem a destacar o declínio físico como uma dificuldade significativa em relação à sua vida sexual atual e a compará-la ao seu desempenho na juventude; já os idosos do sexo feminino tendem a destacar a importância de outros sentimentos envolvidos em sua sexualidade. **Conclusão:** a temática sexualidade na terceira idade demanda uma abordagem interpretativa e contextualizada dos sentimentos envolvidos nessa vivência, especialmente por parte dos profissionais da saúde, buscando o rompimento com os preconceitos observados nessa discussão para garantir um envelhecimento digno, com qualidade de vida. **Descritores:** Idoso; Sexualidade; Saúde do Idoso.

RESUMEN

Objetivo: describir cómo los ancianos experimentan su sexualidad y analizar el contexto involucrado. **Método:** esto es un estudio cualitativo realizado en un dispensario escuela con 10 ancianos de ambos sexos. La recogida de datos fue basada en una entrevista semi-estructurada y los discursos fueron analizados por medio de categorías temáticas. El estudio fue aprobado por el Comité de Ética en Investigación del Centro Universitario Novafapi (Uninovafapi), bajo el CAAE 0493.0.043.000-10. **Resultados:** el análisis se basó en dos categorías identificadas durante el estudio: "Dificultad asociada al proceso de envejecimiento fisiológico y patológico" y "La experiencia de la sexualidad asociada a la afectividad y la soledad". Se constató que los ancianos del sexo masculino tienden a destacar la decadencia física como una dificultad significativa con relación a su vida sexual actual y a compararla con su desempeño en la juventud; mientras, los ancianos del sexo femenino tienden a destacar la importancia de otros sentimientos involucrados en su sexualidad. **Conclusión:** el tema sexualidad en la vejez requiere un abordaje interpretativo y contextualizado de los sentimientos involucrados en esa experiencia, sobre todo por parte de los profesionales de la salud, con vistas a romper con los prejuicios observados en esa discusión para garantizar un envejecimiento digno, con calidad de vida. **Descriptores:** Anciano; Sexualidad; Salud del Anciano.

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INTRODUCTION

Worldwide, the number of people aged ≥ 60 years has grown rapidly, and it is worth noticing how life expectancy increases among the population, configuring a phenomenon derived from changes in the social, political, and economic contexts over the years, requiring, on the other hand, that such scenarios adapt to meet the challenges posed by aging.¹

There are in Brazil around 20 million people aged ≥ 60 years, something which represents at least a portion of 10% of the Brazilian population, which significantly increases not only due to high birth rates, but also to the decrease in mortality rates. In Piauí, the elderly population profile is not different from other states, but this state has the highest life expectancy in the Northeastern region.²

Aging may be defined through the set of biological, social, economic, cognitive, functional, and chronological conditions. Biologically, it begins at the moment when the individual is born; socially, it varies according to the historical and cultural moment; intellectually, it is said that someone has aged when her/his thoughts and cognition start failing; economically, someone has aged when she/he retires, turning into a person who is not regarded as productive by society anymore; functionally, when the person lose her/his independence and needs help to perform her/his own actions; and, the long awaited and defined on a more clear basis, chronologically: the person is elderly when she/he is 60 or 65 years old.³

Thus, the changes arising from the aging process trigger numerous social, cultural, political, and economic occurrences, besides influencing on lifestyle, values, and, especially, on the way how people are regarded by society. Often, the society contributes so that the elderly person has negative feelings, because she/he has always been imagined as an individual who is saying goodbye to life.

In contrast, in Brazil, the legal documents aimed at the elderly, especially the National Health Policy for the Elderly Person (PNI), emphasize comprehensive concepts about this phase of life, such as successful aging and active aging, both aimed at maintaining the physical and cognitive capacity of the elderly person, as well as active engagement to life, participation, and safety of this social segment, in order emphasize quality of life as people get older. Moreover, this policy highlights the need, through its guidelines, for

a comprehensive health care for the elderly person as a way to get rid of the fragmented practice which still permeates the assistance to this population, predominantly based on attention to the diseases, especially hypertension and diabetes.

In face of this scenario, old age is trapped within a purely biological and physiopathological context, neglecting the other dimensions of aging, an attitude which feeds the view of aging as a passive process, anchored in the deterioration of the physical body, unable to cope with affective-emotional and relational aspects, such as feelings, love, and sexuality. In this context, the assistance provided by health professionals to this clientele is not fulfilled in a comprehensive way, since the elderly people are regarded as a group which has physical illnesses, taken as common to aging, thus disregarding important issues that go through this phase of life, such as sexuality, reflecting on a fragmented care, unable to meet the actual demands of these individuals.⁴

There are cultural myths about sexuality in old age. Sexual expression in this phase of life is labeled with the stereotype of the “hussy old lady” or the “dirty old man”. In fact, these are conceptions which do not envision the endless possibilities for expressing sexuality, restricting it only to the sexual intercourse, and, hence, to certain phases of life, especially to youth.⁵

This article aims to think through sexuality in old age, a theme full of stigmas, from the viewpoint of those experiencing it, in order to plan and deploy strategies able to constitute a change on the look aimed at aging on the part of society, especially the health professionals, and, thus, achieve a comprehensive and multidimensional care for the elderly person.

Given the above, this study aims to:

- Describe the way how the elderly experience their sexuality.
- Analyze the aspects involved in this experience.

METHODOLOGY

This is a descriptive study, with a qualitative approach, which analyzes the way how the elderly experience their sexuality.⁶ The research was conducted at the outpatient unit-school of a private college, structured with consultation rooms, biomedicine laboratories, and clinics specialized in Nursing, Physical Therapy, Speech Therapy, Nutrition, Dentistry, and Medicine and aimed at providing users of the Unified Health System (SUS) with care, besides meeting the

voluntary demand of the local community, as well as conducting practices of students at these courses and, as a consequence, improving their knowledge.

This study had the participation of 10 elderly people of both sexes, aged ≥ 60 years, who received care in some of the various areas covered by the institution. In order to ensure the anonymity of subjects, they were identified by means of codenames related to flowers, which carry the idea of shared feelings, reflecting a bias that permeates the theme here discussed and addressed. Participantes signed the Free and Informed Consent Term, according to Resolution 196/96, from the National Health Council, which provides for the research involving human beings. The study was approved by the Research Ethics Committee of Centro Universitário NOVAFAPÍ (UNINOVAFAPÍ), under the CAAE 0493.0.043.000-10.

Data collection was guided by a semi-structured interview script, organized into two parts: 1) Information for a survey of sociodemographic aspects and subsequent characterization of the research subjects; and 2) An open inquiry aimed at the objectives of this study.

The interviews were conducted in the two shifts when the outpatient unit operates, in settings appropriate to ensure the privacy of subjects, such as the consultation rooms available at the time. The interviews were recorded on an MP3 player and fully transcribed. Data collection took place in April and May 2011.

Data analysis occurred concurrently with their collection, in order to determine the amount of interviews by the saturation of speeches produced by the subjects, through vertical and horizontal readings of the material obtained, to provide an appropriation of the subjects' discourse and allow organizing them into thematic categories for subsequent analysis and interpretation, under the light of the theoretical framework concerned.

RESULTS AND DISCUSSION

The subjects of this study were 10 elderly people, 5 males and 5 females, aged between 60 and 78 years, who live in a house of their own and, most of them, with relatives. The collection showed that most elderly people are the breadwinners with a retirement income ≤ 2 minimum wages, besides supplementing the family income with informal jobs.

The analysis of speeches led to the identification of two categories: "Difficulty associated to the physiological and pathological aging process" and "The experience of sexuality associated to affection and loneliness".

• Difficulty associated to the physiological and pathological aging process

The elderly people participating in the research reported to live their sexuality permeated by difficulties, especially physical, related to senescence, the physiological aging process, as evidenced in the following speeches:

He starts feeling the fall from 50 years of age, it falls 10%, then, it falls, falls, today, it has fallen 70%, so to speak. (Chrysanthemum)

We are always fallen after getting old. (Sunflower)

The "goat" becomes weak after 60, you know. (Dandelion)

The aging process and its natural consequences, the biomorphological changes, are concerns of mankind since the dawn of civilization. Naturally, living beings are governed by a biological determinism: everyone is born, grow, mature, age, decline, and die. Changes inherent to aging, however, depend on each individual, on the genetic setting of each species, on environmental, social, and cultural factors.⁷

In other words, although in aging there is a tendency for physiological and organic decline, individual responses to these phenomena are unique and strongly marked by the context experienced, making simplistic the ideas which anchor old age in terms of losses, denials, and impossibilities to keep on moving, resume, or even innovate in the various human being dimensions.

Physiological maturing cannot be regarded as something which constrains any kind of experience, it does not hinder, thus, the elderly person to enjoy her/his sexuality on a long and satisfying manner, even if, over the years, changes can occur in the genital response. These physiological changes, therefore, should not be regarded as diseases.⁸

Motivation for sex depends more on mental health, willingness, and quality of life than on a firm musculature. From this perspective, there is a need for a work conducted by health professionals along with the elderly people discussing the fact that, although they feel weak, fallen, as reported in the interviews, this is something which can be

observed in the aging process, but does not keep a direct relationship to the finiteness of sexuality, given that this goes beyond physical capacity, it can be experienced otherwise, and not only through the sexual act itself.

There is a need to distinguish the changes produced by the various diseases which can affect the elderly person, the changes which occur in the body only due to the passage of years, corresponding to the likely effects of the aging process, even because they may pave the way for the pathological process, characterizing senility. However, it is worth emphasizing that health problems may constrain, but not prevent, in most cases, that an elderly person has a satisfying sexual life.

Senility is pointed out by respondents as a limiting factor to experience their sexuality, according to the following testimonials:

I have many health problems, heart, legs, depression, I have problems related to high blood pressure. (Aconite)

Sexuality means sex, after I was operated due to the prostate, then, it worsened, it became complicated, but I am still live, once lost. (Carnation)

Sexuality can be affected by the symptoms of disease, the medicines, and/or psychological concerns. The medicines may influence on sexual life and, thus, affect sexual desire and performance, both in men and women, as well as cause temporary impotence. Psychological factors also have a powerful influence towards a satisfying sexual life, and they lead the elderly people to have feelings of worthlessness, depression, and fatigue, something affecting the sexual relationship.

It is important that there is an approach by health professionals aimed at changes that occur to the body at old age, because there are situations where sexual intercourse itself is not possible, and showing the elderly people that there are other ways for sexual expression, such as caresses, hugs, cuddles, kisses, which can help strengthening their self-esteem.

However, it is clear that, in the practice of health services, the professionals transfer responsibility to a higher sphere, especially managers, and they are imprisoned in their technicality, missing creativity in their actions. This becomes clear, for instance, in the approach to sexuality, which is not made on an exclusive basis, but at times such as cytology tests or elderly groups, demonstrating a care aimed only at the disease.⁹

Physical decline is a characteristic of old age and it can lead to social and psychological

changes, since these changes on the physical sphere are usually envisioned as the end of life, contributing so that many elderly people exclude themselves from social activities, alleging age as a reason for feeling useless in face of the society, besides believing to be no longer able to maintain a relationship or start another one.

The society often contributes so that the elderly person has this perception of less value, because older people have always been imagined as those who are saying goodbye to life. It follows, then, that by having retired from her/his job, his function, the elderly person has retired from life. This prejudice extends to other domains of human life and, as a consequence, deprives the elderly people of various opportunities, such as love, sexuality, and leisure.¹⁰

In addition to the biological factors, the sexuality of an individual can be strongly affected by the sociocultural environment related to the psychological and individual factors, usually embodied in her/his life experience and influenced by the culture around her/him. Another factor which can interfere is prejudice. Often, the elderly feel embarrassed and think that sex is something only for young people and, thus, they get away from this dimension of life.

In the speeches described below, respondents recall the past, when they were young and had vitality for the sexual act, besides reinforcing the perception of impossibilities related to old age, a phase regarded as permeated by disease and losses, especially when compared to youth, a time evoked as related to health, therefore, permeated by possibilities.

Now, I do not do that anymore, when I did it was really enjoyed. (Rosemary)

If the "goat" says he is good, he is lying, only if he wants to take some medicine, but I do not take it, indeed, here and there, we are still looking for, you know, but it is different from the time when the "goat" is young, healthy. (Dandelion)

A comparison of the elderly study subjects relating their current sexuality to their experiences of youth, especially regarding a period when they regarded themselves as healthy, take the elderly patient away from the possibility of remaining sexually active, even because it is a dimension strongly implied in people's quality of life. There is a need to avoid regarding as obstacles changes occurred in the body and that the elderly person is not required to show an athletic performance, after all, a sexual intercourse is

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a time for pleasure and relaxation, and not for challenge contest.

Thus, the sexual life of elderly people may be accomplished and happy if they face old age and sexual intercourse within a context of change and possibilities, keeping desire alive, even after 6, 7, or 8 decades of life, if it is important for their life. Many elderly men, unfortunately, stop having sex with their female partners for fear, shame, among other possibilities, because they believe to be impotent.¹¹

Know and adapt to the physiological changes derived from age, such as less frequent sex, more relaxed, which become more affective, more pleasurable, and provide sexual adaptations which help with regard to intimacy, attribute more value to caresses, kisses, tenderness, not always resulting in sexual intercourse, valuing other varieties, resorting, this way, to strategies aimed at overcoming the monotony of repetition and everyday life strain.

Adapting to these changes, either physiological or having other nature, is more difficult among elderly men than among women and it reflects the cultural differences related to gender with regard to sexuality.

For man, it is more complicated, right? It is more difficult, for women, it is not, we understand it better. (Pink Dahlia)

In general, old age shelters the dilution of multiple identities, making it more difficult to experience this new phase of life for the elderly individuals unable to find new roles in it on an emotionally balanced basis, something more noticeable in men, having in mind the conflict between the masculine vigor ideals, fostered by a macho culture, and the losses attributed to aging, which contribute to draw this age by means of characteristics surrounding the lack of productivity and uselessness.³

Among respondents, these differences become evident, in the sense that men often emphasized physical decline and a constant comparison to their performance when young men, in turn, women highlighted the importance of other feelings involved in their sexuality.

• The experience of sexuality associated to affection and loneliness

The physical decline highlighted by elderly respondents as an ingredient for experiencing their sexuality opens paths for appreciating other feelings attributed to their sexuality, peculiarities that enable new experiences, as observed in the speeches below:

Now, regarding affection, respect, no, this does not fall so much. (Chrysanthemum)

Things regarding affection and respect, in fact, make us feel really good. (Sunflower)

I think there are a lot of things within sexuality, affection helps. (Pink Dahlia)

In fact, the speeches of elderly research subjects here discussed are in line with the understanding of sexuality divorced from a reductionist view of it on a simple genital function level. An attitude relating sexuality to genitality and other rules, such as procreation, heterosexuality, marriage, young age, denies the possibility of sexual interest and activity to people who are getting older.⁴

The experience of subjects in this category reveals that when the individual is young, there is a greater predisposition to sex as a physical act, with more passion, warmth, and sensuality, but, in a more mature phase, these issues are no longer a priority and they give rise to sensitivity, affection, esteem, and loyalty, and, thus, make sex in old age a rather emotional than carnal act, not necessarily involving the physical aspect, but communication, something which enables new creative experiences with more sensitivity and less instinct.

I experience sexuality, after my 60 years, I say this: we had less desire, you know, less physical contact, however, with regard to affection, respect, no, this did fall so much, because when we find a female partner who accepts caresses, we do that. (Chrysanthemum)

Affection is not a privilege of young people, on the contrary, maturity provides the subject with a greater ability to know her/himself and relate to her/his family, partners, friends. If someone did not develop the ability to provide and receive affection, if affection has always been connected to good sexual performance, there will be a need for support and an educational work so that she/he can face longevity as a phase in which it is possible to have a pleasurable life and enjoy good feelings, a reality that, during young age, was prevented by time to be enjoyed.¹²

Sexuality shows to be important for the well-being and quality of life of people who are getting older, it should not be viewed as a synonym for genitality. Sexuality, actually, goes beyond the sexual function to get into the affective and personal relationships.

Some elderly people reach maturity wishing that the other is still that young person they knew. Also, the fact that sexuality may be fully experienced without necessarily involving intercourse is not among their

beliefs. They did not develop habits involving caresses and affection during their lives and, when sex starts losing the vigor of youth, the quantitative aspects of sexuality decrease and the elderly people may go through periods when sex is abolished from their life or it occurs along with discussions and anxiety, something which can lead to the inhibition of desire.¹³

On the other hand, the changes which occur in sexual life during maturation and aging are, in many aspects, positive. This does not mean that the sexual life of an elderly person is better than that of a young person, but it does mean that the sexual life of this elderly person is a different and peculiar time. This difference is mainly noticed with women, because the elderly women who were born more than 60 years ago were grown in a culture full of taboos and prohibitions with regard to issues of sexuality, and many sexually repressed women, over the years, as they gain sexual experience, become more confident and believe their partner, can enjoy greater pleasure during sexual intercourse than when they were young.¹⁴

It is very good, when my husband is willing, it is very good, but the frequency is low, but it is enough to meet my needs, sex is needed, nowadays, we know how to enjoy it much more, because these are rare moments. (Rosa)

In this sense, we noticed the partner's importance and the negative effects of her/his absence due to separation or death, a process which impairs this experience. Thus, in most cases, the elderly people are taken by nostalgic thoughts in face of their sexuality.

There was no problem in this regard, he was a great person, I miss him, I miss so much what I had before, I lived with my husband for 40 years until he died, I was not a person who used to go to the hospital, nowadays, I am in the hospital all the time, I think of him all the time, I start facing this problem. (Fleur-de-Lis)

Experience is living, right? When I lived, it was very good, my husband was very respectful and this made me very happy, I was a happy person, now, I am ill, but back then, that was good. (Gentian)

My wife was very respectful, I loved that, she cared for me, that was very good. (Rosemary)

As they age, many people, sometimes, lack a partner, especially women, because of their longer life expectancy. In fact, the possibility of being widowed increases over the years. Meanwhile, losses and suffering become viable aspects of aging.³

Aging may be scary, especially when we do not know what to expect or how to act in face of changes. Previous experiences and attitudes on the part of society will also have some impact. From this perspective, sexuality is a social construct operating within the fields of power, and not simply a set of biological stimuli which find or not a direct release.¹⁵

Social power set and still sets the limits between what is normal and pathological, a standardizing power which excludes what does not fall within the formal parameters of normality.¹⁵ This social power characterizes sexuality in old age as a deviation, stigmatizing the elderly people and attributing social norms to them with regard to behavior and personal attributes.¹⁶

Thus, the theme sexuality in old age requires an interpretive look from the sociocultural scenario of the elderly person, because, this way, it is possible to understand all feelings involved in this experience, positive or negative.

CONCLUSION

In the current context, with easy access to information and with technology to facilitate the lifestyle, it is urgent to encourage actions which significantly reflect on the quality of life of elderly people in all dimensions, including sexuality, an important dimension in human life.

The elderly people who participated in the study experience their sexuality in a way often influenced by the environment where they are in, permeated by difficulties related to the physiological and pathological aging, as well as the feelings of affection and loneliness. Surrounded by myths and taboos, the elderly person's sexuality is still something that causes discomfort when addressed, because these individuals are within a repressive cultural, social, and physical environment.

The study showed limitations, in order to describe the way how elderly people experience their sexuality and analyze the aspects implied in experiencing sexuality in old age, since talking about sexuality for elderly people is an undisputable taboo, making it difficult to dialogue about the subject and, as a consequence, to conduct the research.

There is a need for addressing the theme sexuality in old age, especially among health professionals, by means of knowledge on the experience of individuals in this age group, so that it is possible to break with the prejudices

within this discussion and, thus, turn the health service into a privileged locus to deal with the issue of sexuality of the elderly people and contribute to change, this way, the current scenario and guarantee a dignified sexuality for those who get older.

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