



INTEGRATIVE LITERATURE REVIEW ARTICLE

FACTORS ASSOCIATED WITH ELDERLY SEXUALITY IN PRIMARY HEALTH CARE FATORES ASSOCIADOS À SEXUALIDADE DO IDOSO NA ATENÇÃO PRIMÁRIA À SAÚDE FACTORES ASOCIADOS A LA SEXUALIDAD DEL ANCIANO EN ATENCIÓN PRIMARIA DE SALUD

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ABSTRACT

Objective: investigate the aspects that permeate the sexuality of the elderly person. **Method:** This is a bibliographic, descriptive, integrative literature review study, whose data collection was made in the databases: MEDLINE, LILACS, BDENF and SCIELO Virtual Library, with no time limit, using descriptors Nursing, Sexuality and Elderly. For data analysis, the thematic categorical analysis was used. **Results:** it is informed that the following categories emerged from the data: physiological aspects; cultural; behavioral and alternatives in search of pleasure. **Conclusion:** the study emphasizes the need to subsidize health consultations that address sexuality more effectively in order to improve care for elderly patients.

Descriptors: Nursing Assistants; Elderly; Sexuality; Sexual Health; Primary Health Care; Taboo.

RESUMO

Objetivo: investigar os aspectos que permeiam a sexualidade da pessoa idosa. **Método:** trata-se de um estudo bibliográfico, descritivo, tipo revisão integrativa da literatura cuja coleta dos dados foi feita nas bases: MEDLINE, LILACS, BDENF e Biblioteca Virtual SCIELO, sem limite temporal, utilizando descritores Enfermagem, Sexualidade e Idoso. Utilizou-se, para a análise dos dados, a análise categorial temática. **Resultados:** informa-se que emergiram, dos dados, as seguintes categorias: aspectos fisiológicos; culturais; comportamentais e alternativas em busca do prazer. **Conclusão:** enfatiza-se, pelo estudo, a necessidade de subsidiar a realização de consultas em saúde que abordem, de forma mais eficaz, a sexualidade, com vistas a melhorar o atendimento ao paciente idoso.

Descritores: Assistência de Enfermagem; Idoso; Sexualidade; Saúde Sexual; Atenção Primária à Saúde; Tabu.

RESUMEN

Objetivo: investiga los aspectos que impregnan la sexualidad de la persona anciana. **Método:** se trata de un estudio bibliográfico, descriptivo, tipo revisión integradora de la literatura cuya

recolección de datos se realizó en las bases: MEDLINE, LILACS, BDENF y Biblioteca Virtual SCIELO, sin límite de tiempo, utilizando los descriptores Enfermería, Sexualidad y Anciano. Se utilizó el análisis categórico temático para el análisis de datos. **Resultados:** se informa que de los datos surgieron las siguientes categorías: aspectos fisiológicos; culturales; comportamentales y alternativas en busca del placer. **Conclusión:** el estudio enfatiza la necesidad de subsidiar la realización de consultas en salud que aborden de manera más efectiva, la sexualidad con miras a mejorar la atención al paciente anciano.

Descriptores: Atención de Enfermería; Anciano; Sexualidad; Salud Sexual; Atención Primaria de Salud; Tabú.

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* Article extracted from the Course Completion Work <<Factors associated with sexuality in the elderly: Integrative Review>>. João Pessoa University Center/UNIPÊ, 2020.

How to cite this article

Coelho WV, Moraes YJGA, Beserra HJMD, Gomes GLL, Oliveira FMLR. Factors associated with elderly sexuality in primary health care. J Nurs UFPE on line. 2021;15:e246664DOI: <https://doi.org/10.5205/1981-8963.2021.246664>

INTRODUCTION

It is known that population aging has been becoming more significant since the late nineteenth century, taking on an even greater proportion in recent years and this is perceived through the transition of the age pyramid. This process is characterized by an increase in the elderly population due to improved quality of life, increased access to health services, greater adoption of risk detection and disease prevention measures, which, together, culminate in increased life expectancy.¹

Brazil, long considered a country of young people, has shown another reality, with a significant increase in survival, with a consequent increase in the number of people in the third age. Considering this, it is revealed, according to the Ministry of Health, that the country has about 29.374 million elderly people, totaling 14.3% of its population.¹ The World Health Organization (WHO) considers a country aging when about 14% of its total population is over 65 years old.²

Amidst these aspects, the human aging process occurs in a progressive way due to several factors in all human dimensions, whether biological, socioeconomic, psychological, spiritual, or cultural.

The theme of sexuality has been investigated with greater emphasis since the 19th century, contributing to the expansion of the concept and understanding of people. The theme carries with it, despite the current advances, stigmas that reveal prejudices represented by taboos, especially when related to the elderly, when it generally no longer produces interest and is portrayed without desire.³⁻²³

It is necessary, for this reason, and for understanding the physiological and psychological changes inherent to the aging process, assistance aimed at this population that extends beyond the treatment of pre-existing pathologies, but that focuses on addressing the various aspects that involve their health, such as sexuality. Sexually Transmitted Infections (STIs) arise in this scenario, becoming an even greater challenge for health services.¹⁵

This corroborates the barrier that exists in the relationship between professionals and patients regarding the discussion about sexuality, so that the knowledge of prevention methods and the pathophysiology of diseases becomes something that is little addressed in the therapeutic conducts, which makes the elderly only seek the service when they already have symptoms. Furthermore, due to this omission, the elderly population is deprived of information about the knowledge and practices that would help prolong their active sexual life in a healthy way, which contributes to the general well-being and improved quality of life of the elderly.²¹

It is important to emphasize that sexuality is not only related to sexual pleasure, but also to being well with oneself, with one's body, feeling attractive, beautiful and, thus, being inserted in a reality that is natural, therefore, interfering directly in the psychic health and social interactions of the elderly, which reiterates the importance of addressing this issue in senescence.¹⁷

OBJECTIVE

Investigate the aspects that permeate the sexuality of the elderly.

METHOD

This is a retrospective, descriptive, and documentary study carried out by means of an integrative literature review. Five steps were used: identification of the problem; literature search; critical evaluation of the data; synthesis of the review results, and presentation of the integrative review.¹⁷ In light of the above, the following guiding question was delineated as the thread of this review: "What aspects, addressed in the literature, permeate sexuality in the elderly?".

The following databases were used to choose articles: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDENF) and Virtual Library Scientific Electronic Library Online (SciELO) through <http://www.ufpe.br/revistaenfermagem/>

the Descriptors in Health Sciences and their respective terms in the Medical Subject Headings (MESH): nursing (nurse), sexuality (sexuality) and elderly, connected through the Boolean operator AND.

Data collection was performed from November to December 2019, using an instrument validated by Ursi,¹⁸ using as eligibility criteria articles available in full, original articles, conducted with people aged 60 years or older, that explored sexuality in the elderly, in Portuguese, English, and Spanish. We excluded meta-analysis studies, letters, editorials, case reports, dissertations and theses, duplicate studies, or those that did not provide a better understanding of the theme in question.

After searching the database using the terms mentioned, 1,488 studies were identified, of which 1,438 were excluded for not meeting the inclusion criteria. Subsequently, the 50 articles were carefully read in their entirety, considering their adequacy to answer the objective of this study. Thus, the final sample of investigated literature consisted of 12 studies.

For data analysis and critical evaluation of the data, we used the thematic categorical analysis proposed by Bardin,²⁴ which is operationalized by the steps of pre-analysis, exploration of the material or coding and treatment of the results obtained and their interpretation. The last two steps of the integrative review (analysis and interpretation of results, presentation of the review and synthesis of knowledge) are presented below, according to the summarized findings. Regarding the quantitative analysis, the data were entered into Microsoft Excel spreadsheet (2016), presenting them in tables.

It is also noteworthy that for the development of this research, the classification system consisting of seven levels was used, as follows: Level I - evidence derived from systematic reviews or meta-analysis of relevant clinical trials; Level II - evidence derived from at least one well-designed randomized controlled trial; Level III - well-designed clinical trials without randomization; Level IV - cohort and case-control studies; Level V - systematic review of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study; and Level VII - opinion of authorities or expert committee report.⁸

It is noteworthy that this research respected the ethical precepts, considering the technical-scientific knowledge, according to the guidelines that involve integrative literature review studies, so that all authors were properly referenced and cited.

RESULTS

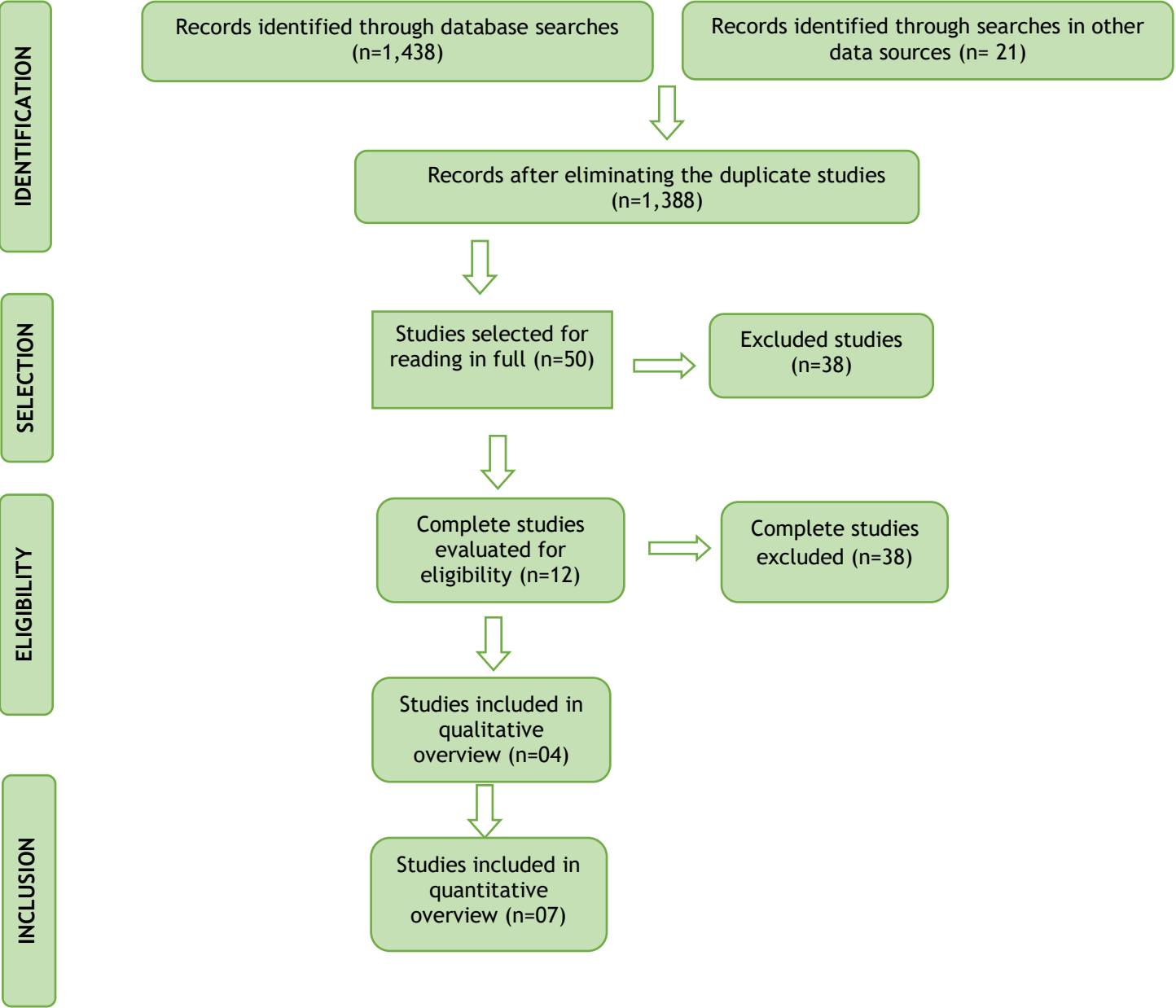


Figure 1. Flowchart of study selection adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2009). João Pessoa (PB), Brazil, 2019.

It is pointed out that the sample characterization data are presented in figure 3.

Author	Year	Region of the country	Journal	Type of study
Cabral, Canário, Spyrides, Uchôa, Eleutério, Giraldo, et al. ²⁵	2014	Northeast	Journal of the Brazilian Medical Association	Cross-sectional study
Santos, Arduini, Silva, Fonseca. ²⁶	2014	Southeast	Online Brazilian Journal of Nursing	Descriptive study
Evangelista, Moreira, Freitas, Val, Diniz, Azevedo ⁵	2019	Northeast	USP's School of Nursing Journal	Cross-sectional study
Galati, Alves Junior, Delmaschio, Horta ⁷	2014	Southeast	Psyco-UFS	Descriptive study
Lima, Caldas, Santos, Trotte, Silva ⁹	2017	Southeast	Brazilian Journal of Nursing	Exploratory Study
Lima, Trotte, Souza, Ferreira, Caldas. ²⁷	2015	Southeast	REME Journal	Integrative literature review
Moraes, Vasconcelos, Silva, Silva, Santiago, Freitas. ²⁸	2011	Northeast	Brazilian Journal of Geriatrics and Gerontology	Case study
Nascimento, Marin, Pirolo, Lacerda ¹¹	2017	Midwest	UERJ Journal of Nursing	Descriptive study
Oliveira, Baía, Delgado, Vieira, Lucena ¹²	2015	Northeast	New Hope Health Sciences Journal	Descriptive study - Field research
Sales, Menezes. ²⁹	2017	Northeast	Rene Journal	Descriptive study - Field research
Venturini, Beutr, Leite,	2018	South	USP's School of Nursing Journal	Descriptive study - Field

Bruinsma, Backes ¹⁶				research
Vieira, Coutinho, Saraiva ¹⁷	2016	Northeast	Psychology: Science and Profession	Descriptive study - Field research

Figure 1. Distribution of articles according to author, year and region of publication, and type of study. João Pessoa (PB), Brazil, 2019. (n = 12)

It is noted that, from the application of the levels of evidence,⁸ level VI, which counts on evidence derived from a single descriptive or qualitative study, had the highest percentage (75%) (Figure 2).

Level of evidence	N	%
Level IV	02	17%
Level V	01	8%
Level VI	09	75%
Total	12	100%

Figure 2. Distribution of quantitative articles according to the level of evidence. João Pessoa (PB), Brazil, 2019. (n = 12)

In the process of data analysis, units of record were delineated, which were later thematically ordered into categories related to physiological, cultural and behavioral aspects and alternatives in the search for pleasure related to sexuality in the elderly. It should also be noted that the main subcategories emerged from the thematic categories, aiming at a better understanding of the phenomenon and at reaching the objective of this review (Figure 3).

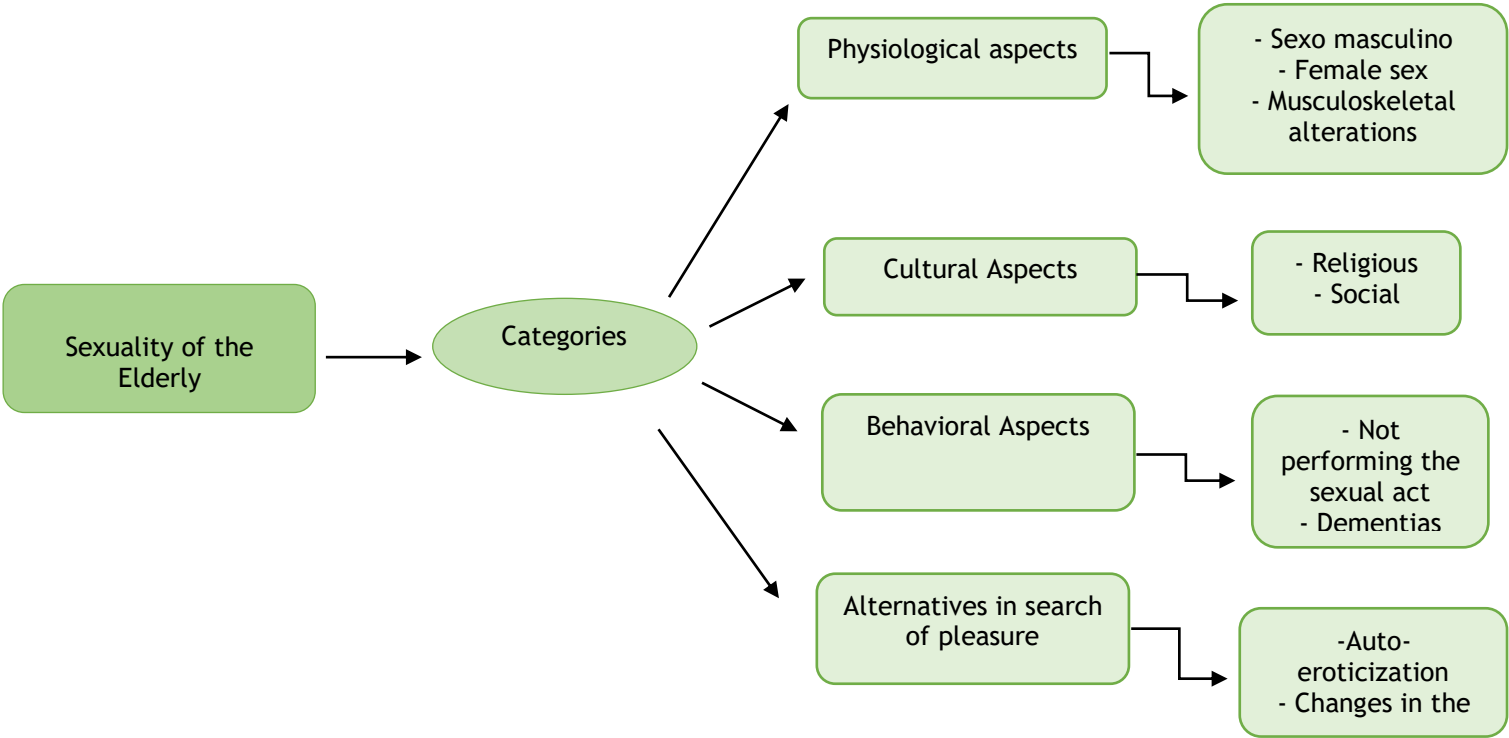


Figure 3. Mental map of the aspects related to the approach to sexuality of the elderly person as demonstrated in the literature analyzed. João Pessoa, PB, Brazil, 2020. (n = 12)

Physiological aspects

It is understood that physiological changes are already expected in the course of aging and may interfere in the sexual response of many elderly people. In women, there is a decline, above all, in the estrogen hormone, interfering directly in their reproductive capacity. Changes in general well-being, dry skin and hair, heat waves, loss of muscle strength, fatigue, and decreased vaginal lubrication are also observed.³⁰

It was observed, in a study carried out with 370 women aged between 40 and 65 years, that there is a risk of sexual dysfunction in 67% of women, and this risk is associated with a sedentary lifestyle, which contributes directly to the decrease in libido and vaginal lubrication, and may cause dyspareunia, among other discomforts that negatively influence sexual performance. It should be added, moreover, that the changes in the female physiology occur initially in a more expressive way after menopause, due to the decrease of hormones that maintain the female body, as well as musculoskeletal changes.²⁵

It was shown, corroborating this, by a study conducted with 35 elderly women aged between 60 and 77 years, that there is a relationship between orgasm and the contraction of the pelvic floor muscle fibers and, as a result of this, through the weakening of the pelvic muscles, there is a decrease in contractions of this muscle group that culminates with the difficulty in reaching orgasm.¹⁰

As far as males are concerned, there is a decrease in reproductive capacity associated with the decline in the levels of the testosterone hormone, which may also generate a loss of bone density, increasing the risk of falls and fractures, a decrease in muscle mass and strength, and fatigue. These alterations may interfere in sexual performance, which induces the search for adaptations, therefore, new discoveries in the lives of the elderly.¹²

The progressive decrease in testosterone secretion also favors the occurrence of sexual dysfunctions, decreased libido, decreased quality and frequency of erections, which can be accompanied by mood changes, depression, irritability, decreased intellectual capacity and memory; weight loss; hair loss; skin changes and vascular disorders, which commonly influence erectile dysfunction.¹²

Moreover, the musculoskeletal changes that generate decreased muscle strength result in: flaccid erections, requiring more time to reach orgasm; decreased involuntary nighttime erections, delayed ejaculation, and reduced pre-ejaculatory fluid. Such dysfunctions can be reduced and

through the practice of pompoarism, exercise to strengthen the pelvic floor muscles involved in sexual intercourse.¹⁰⁻¹

It is noteworthy that sexual dysfunctions have a psychogenic or physical origin, and can also occur in a mixed form, involving both causes. In addition, sexual impotence can occur in response to lifestyle, such as smoking, alcohol abuse, and the use of medications.⁶

Cultural Aspects

It was observed, in view of the data found in the sample investigated, some cultural aspects that induce an analysis of beliefs and customs, thus characterizing the worldview of a particular society. This perspective directly interferes in the sexual process that is free and free from judgments, because it carries in itself morals, habits, religions and beliefs that already have pre-established concepts and categorizes them in what is socially accepted or not.³⁰

It was verified in a study that counted with the participation of 34 elderly women, with ages varying from 60 to 70 years old, that the sexuality of the elderly woman is surrounded by physical and emotional changes, social, cultural and religious difficulties. It is also perceived, however, that this is a condition that accompanies the female figure throughout life, favoring the increase of feelings of blockage. The same research also pointed out that many health professionals have the vision of the elderly as being asexual, presenting uncomfortable comments and reinforcing the feeling of censorship.¹³

Corroborating this, it is evident from research on sexuality in the elderly that 75% of nurses do not provide health education involving this topic in their consultations. Furthermore, conservative attitudes on the subject are exteriorized, which directly interferes in the knowledge of patients, who report, in the face of this, negative feelings such as low self-esteem, lack of interest, incapacity, and fear.¹ It is necessary that such professionals are open to disassociate themselves from the labeling imposed by society, in order to build a non-judgmental relationship, establishing a welcoming and effective therapeutic environment in which the elderly feel at ease to clarify their doubts and apprehensions.¹³

However, another conception was found among the elderly population, as demonstrated in a survey conducted in the city of Rio Grande do Sul, which included 19 elderly women and aimed to identify their attitudes towards sexuality. The interviewees of that study expressed the importance of the affective relationship for the elderly, recognizing sexuality as being synonymous with respect, affection, love, union and friendship established with their spouse, going beyond the sexual practice itself.⁵

It is pointed out that another socially imposed obstacle is the idealization that having only one partner, who is of the opposite sex, becomes indispensable in order to have the right to experience sexuality in a "moral" way in this population. This conception oppresses those who no longer have a partner or who have a sexual option for the same sex, which leads to a series of negative repercussions for the health, especially psychological, of those who are widowed, single and/or homosexual.¹⁹

Corroborating this is another aspect indicated in the selected sample, which was the religiosity/spirituality that generally accompanies human beings throughout life and that sometimes attributes to the sexual act the connotation of sin, as something that should only be performed for the purpose of procreation and never as carnal pleasure, reinforcing the need for prohibition and thus inhibiting the exteriorization of sexuality.²⁰ It is noted, in this context, that religious beliefs end up interfering in people's opinion and way of acting, mostly in the way they talk, do and think about sexuality, bringing the figure of sex as a lack of modesty, being impregnated that this is part of people's attitudes that do not match the dogmatic foundations supported by the beliefs that should be part of their own identities.¹⁴

Behavioral Aspects

In view of the considerations presented, changes in human behavior also arise, capable of providing interferences that culminate in the development of a psychological barrier in the elderly, which, in association with other negative experiences, may generate in the elderly the decision to no longer perform the sexual act, bringing problems and frustrations that go beyond sex itself. On the other hand, science reaffirms the importance of the elderly having an active sex life to maintain their psychological, physiological, and functional well-being.⁴

It was found, in this perspective, by a study developed in the city of João Pessoa, PB, Brazil, with the participation of 30 elderly people who attend a group of living, as a thematic category of great prominence the self-esteem, bringing light to the importance of acceptance of aging and its consequences, which strengthens the self-esteem of the elderly and, consequently, their behaviors towards sexuality.⁵

It is pointed out, however, for the complexity that involves sexuality, the need to understand how the elderly think about the phenomenon in question, being essential to know and develop strategies to mitigate the effects of senescence related to sexuality, ensuring a positive experience of this population. Above all, it indicates the relevance of training health professionals to meet this specific demand, which will contribute to an assistance focused on sexual health at this stage of

life free of prejudices, taboos and criticism, providing the autonomy of the elderly throughout the health care process.²¹

It was also found, involving behavioral changes, in the investigated literature, the report of elderly people with dementia who may present hypersexuality, which has repercussions in the adoption of new habits, such as taking off their clothes in public, manipulating their genitals or wanting to fondle the caregiver or someone from the family. These attitudes occur as a result of the disease process, in which there is a hyper-excitement of the limbic system, which, in turn, is the region of the central nervous system responsible for emotions and sexuality. In addition to the elderly person with dementia, the spouse-caregiver is also a fundamental figure in the treatment process and should be informed about the possibilities of behavioral changes, and encouraged to balance the interaction between love and sex, giving new meaning to life together.¹¹

Alternatives in search of pleasure

It is pointed out that another category that emerged from the investigated data was the one that involves the alternatives that the elderly find in the search for pleasure, such as autoeroticization and modification of the sexual act. In autoeroticization, the elderly become the providers of their own sexual pleasure, which occurs mainly in widowed men and women, for not having a partner to experience moments like these.¹⁴⁻²⁰

It is detailed that, while the alterations in the sexual act involve stimulations in exogenous areas, such as the face, nipples, breasts, genital organs, mouth, neck and nape, which are the body regions most sensitive to caresses and that can increase sexual pleasure, while penetration is no longer seen as fundamental, another aspect found in the literature is the power of affection, of kissing, of conversation, being an alternative for the sexual experience of the elderly.¹⁶

It is inferred, in this sense, that the assistance provided by nurses in the Family Health Strategy is still conservative, bringing prejudiced attitudes represented by taboos when it comes to sexuality. In addition, it is perceived that it treats diseases already existing among the elderly, such as hypertension and diabetes, as well as offers routine activities of the service, leaving aside an individualized consultation, conducting health education on sexuality, minimizing negative perceptions.²²⁻³

Considering this, it is important to provide theoretical subsidies for the elderly to have autonomy in their decision making when facing the process of taking care of themselves and this is the basis and strengthens people's psychological and social well-being. Nursing has the role of always exercising health education on this topic, thus seeking strategies that promote the clarification of

doubts, fostering and developing autonomy, knowledge and empowerment of the elderly through individualized care, breaking the barrier of taboo on the subject.

CONCLUSION

During the reading of the articles in their entirety, it was noticed that there are major aspects that influence the sexuality of the elderly, which are beyond the physiological changes that occur during the aging process, being characterized by physiological, cultural, behavioral and alternative aspects in search of pleasure. The analysis of the studies made it possible to evidence that cultural and religious aspects are strongly linked, interfering directly in the way of thinking and in the autonomy of action of the elderly person.

One of the limitations of this research is that it is a theoretical study, which does not measure the phenomenon empirically. It is noteworthy, however, that the data from this study contribute to the advancement of knowledge in Gerontology, regarding the sexuality of the elderly, by performing a broad summary of published knowledge on the subject, exploring the main aspects that interfere in this process. Thus, the results presented here seek to expand the knowledge of health professionals, especially nurses, who are part of the Family Health Strategy and are closer to caring for the elderly.

From this perspective, considering the process of sexuality and factors that are related to it, it is emphasized the importance of new studies involving the theme, especially those in the field that better elucidate the aspects associated with the phenomenon in question. It is also suggested the formulation of primers or guides that direct the care of health professionals to approach sexuality in senescence.

CONTRIBUTIONS

All authors contributed to the conception of the article, data collection, analysis and discussion, as well as the writing and critical revision of the content with intellectual contribution and the final version of the study.

CONFLICT OF INTEREST

Nothing to declare.

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Submission: 07/08/2020

Accepted: 12/21/2020

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