ABSTRACT

Objective: to analyse the approach of nurses working in family health strategy about the sexuality in the elderly.

Methodology: this was a qualitative-descriptive research performed during August and September of 2010 and including 7 nurses in the city of Teresina, Piauí State. A questionnaire and a semi-structured interview were used. The analysis used the thematic approach proposed by Minayo. The research was approved by the Ethics in Research Committee from the Unificado Study Center in Teresina under the protocol number 6202/2010. Results: three categories were identified after the data analysis: the nurse’s approach; difficulties in addressing the elderly about sexuality with its subcategories which were: lack of programs focused on sexuality for the elderly and difficulties regarding differences in age, gender, and culture background; and lastly, the category of Sexuality as synonymous with health. Conclusion: the speeches showed that nurses rarely approach this subject. However, despite several claims and difficulties revealed, the professionals consider sexuality as synonymous with health.

Descriptors: sexuality; elderly; nursing; family health.

RESUMO

Objetivo: analisar a abordagem dos enfermeiros da estratégia saúde da família sobre a sexualidade do idoso.

Metodologia: estudo de natureza qualitativa-descriptiva, realizado no período de agosto a setembro de 2010, com sete enfermeiros, na cidade de Teresina (PI), Brasil. Para a coleta de dados foi utilizado um questionário e uma entrevista semi-estruturada. O referencial empregado no análise das informações foi o de análise temática, proposto por Minayo. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa do Centro de Ensino Unificado de Teresina, sob o nº de protocolo 6202/2010. Resultados: após análise dos dados foram identificadas três categorias: A abordagem do enfermeiro; Dificuldades na abordagem ao idoso quanto à sexualidade, dividida em duas subcategorias: Falta de programas voltados para a sexualidade do idoso; e Dificuldades quanto à diferença de idade, gênero e cultura; e por último, a categoria Sexualidade, sinônimo de saúde. Conclusão: as falas demonstram que os enfermeiros, pouco abordam este tema. Mas, apesar das várias alegações e dificuldades reveladas, os profissionais consideram a sexualidade como sinônimo de saúde.

Descritores: sexualidade; idoso; enfermagem; saúde da família.

Approach of the nurse of the family health strategy...
The aging of the Brazilian population is related to a world-wide phenomenon. According to the World Health Organization (WHO), in the next 43 years, the aged will represent a quarter of the projected world-wide population with around two billion individuals, in a total of 9.2 billion.\(^1\)

The great challenge is to maintain the quality of life of the whole population, which does not want to be “old”, but to be a healthy and active older population. It is in this context of new technologies oriented towards aging that raises the question of the sexuality of the elderly, from the point of view of the approach of health professionals.\(^2\)\(^3\)\(^4\)

Sexuality is a difficult subject to discuss, due to the stereotypes and myths associated with it. And the barriers become still greater, when they involve the elderly. This limited vision was built along the centuries, both as regarding sexuality, and regarding old age. Society very often classifies this period of life as a period of "sexual death", i.e. a period in which the individual has to assume just the role of grandmother or grandfather, taking care of his/her grandchildren, doing knitting and watching television.\(^1\)\(^4\)

However, research organized by the University of Chicago and by NORC (National Opinion Research Center), carried out with 3,005 elderly persons shows that more than the half of persons between 57 and 85 years, and around a third in the age group between 75 and 85 years, are sexually active, and that the physical health of these individuals is significantly correlated to their sexual activity. The study also identified that many aspects of sexual function do not depend on age.\(^5\)

Another detail pointed out by the authors of the research shows that expectation about the duration of active sex life can influence important behavioral changes. An example of these changes is the patient who stops smoking or acquires therapeutic schemes, with the intention of extending or preserving an active and satisfactory sex life.\(^5\)

Research carried out in California (USA) with 2,019 women between 40 and 69 years of age showed that almost three quarters those interviewed were sexually active, 60% having a sexual interaction at least monthly.\(^6\)

Having in mind that the elderly have an active sex life, it is important to consider the growing number of third age patients who are bearers of Sexually Transmittable Diseases (STDs), among them AIDS, as epidemiological research carried out by the Ministry of Health (MS) shows.\(^3\)\(^7\)

Studies carried out in Brazil and around the world have been looking for factors that could be associated with this increase. Among the many, two are cited here: The lack of perception by professionals in identifying the risks of contamination in the elderly and, consequently, not orientating them in the use of condoms, simply because of disregarding a sex life for persons of advanced age; and the fact of the elderly not recognizing themselves as possible victims of STDs, because of a belief that only young persons could acquire such diseases, thus ignoring the importance of the use of the condom.\(^3\)\(^8\)

Because they maintain daily and continuous contact with the community, the nurses who work in the family health strategies (FHS) become enablers in the realization of the practices of health education and promotion, specially on account of this proximity with the context in which the elderly live.\(^8\) Consequently, for these professionals to contemplate the new paradigms of attention to the health of the elderly, and contribute to the promotion of healthy aging, it is important that they develop an intervention plan which prioritizes the improvement of the quality of life, maintaining the functional capacity of the elderly person, including sexuality.\(^9\)

Concerned about this picture, and observing the lack of national scientific works referring to the subject, it was decided to undertake this investigation, with the objective of describing the approach of the Basic Health Unit (BHU) nurse to the sexuality of the elderly.

This descriptive-qualitative study was realized in two Basic Health Units (BHU) of the Municipal Health Foundation of (MHF) of the local authority of Teresina-PI, in the period of November and December of 2010.

The criterion adopted for the inclusion of those interviewed was to be a nurse of the FHS. Those who agreed to participate in the research signed the Free and Informed Consent form. They all were invited to participate as interviewees in previously scheduled times.

The data collection instrument consisted of a structured form with three open questions. The participants were identified for aims of the research as NURSE1 to NURSE7. The words were recorded with the help of an MP4 appliance, and transcribed into full text, and
the observations were registered in the field diary.

The data were categorized in accordance with the referential system of thematic analysis proposed by Minayo.  

The project was approved by the Commission of Ethics in Research of the Unified Teaching Center of Teresina (CEUT), under the protocol number 6202/2010.

RESULTS AND DISCUSSION

After the analysis of the interviews, three principal categories surfaced: Approach of the family health strategy nurse to the sexuality of the elderly; The difficulties in the approach to its subcategories, represented by the lack of programs or training attuned to the sexuality of the elderly, and the difficulty as to the difference of age, gender and culture; Sexuality as synonym of health.

- Approach of the family health strategy nurse to the sexuality of the elderly

The nurses interviewed do not have a specific moment for dealing with the subject, and use opportunities such as the realization of examinations or group activity, as explained in the words following:

Well, the approach of our team we do through conversation circles, completely educative conversations on the question of STD/AIDS, correct use of the condom in an informal conversation with the Elderly (NURSE4).

This approach [...] is within the gynecological consultation. We also talk with the women as part of groups of elderly (Nurse3).

When I do it is [...], during the cytology collection. (Nurse 6).

The failure to use a specific moment for the discussion of this subject means that the nurse does not evaluate the client in a holistic way. Their words made it transparent that the professionals are imprisoned by their fears and taboos about sexuality, obstructing a creative and sensitive professional exercise. In this condition, the professional fails to therapeutically use the sexuality of the bodies, and to harmonize his senses, in other words, the professionals interviewed are probably not using their creativity to overcome the difficulties that appear before them.

The nurse in the health scenario needs to know the individualities of the elderly, so that they can be able to contribute, to help and to orient these customers to coexist with their sexuality.

- Difficulties in the approach to elderly sexuality

Sexuality is a subject that is full of contradictions, taboos and ignorance. This can be explained because the subject is not normally raised by the patient or by the professional. However, it is important to emphasize that in a routine consultation, sexual investigation is a basic item. However, the subject is not raised for several motives, among them, the lack of programs or training, questions of age and gender, besides a strong influence of culture.

In the analysis of the interviews that converged for the formation of this category, it was possible to organize them in two subcategories, described below.

- Lack of programs or training directed to sexuality of the elderly

In this subcategory, some testimonies were identified that represent the role of constant education for the professionals, such as can be observed in the following words:

We do not raise the subject because we don’t have a program on that and we already work with the programs of high blood pressure and diabetes, unless in the course of the conversation he/she reports something, then we go after the symptoms, but in daily life that is not done (Nurse 7).

He already comes to the post for service, you know, high blood pressure, diabetes, then the part of sexuality, of the active life is really forgotten, as much by them as by the professionals (Nurse 5).

Through these testimonies it is possible to realize the lack of a training policy, or a program specifically directed to sexuality in primary care, which was pointed to as a limitation on the actions of the nurses.

Work carried out in Australia showed that in spite of the nurses having positive attitudes regarding the elderly, some gaps still exist in the care, which might be cured only by continuous education programs.

The shortage or absence of training of the health professionals can lead them to fail to evaluate the sexuality and the sexual practice of the clients.

So, the training will make these professionals recognize the unique experience...
of each individual, since, to improve communication on sexual questions inside primary care, a more spacious role in the management of sexual health should be prioritized.12-4

- Difficulty as to difference of age, gender and culture

Added to the shortage and/or absence of training, other limiting factors appear, as can be verified below:

I have great difficulty, principally from the embarrassment, since I am younger. They are always shy, and with difficulty, sometimes I even give the answer, having already caught a few answers a bit crossed that I do not question. I have difficulty with this question. (Nurse 6).

The age difference is identified in this testimony as a great barrier, which makes them feel uncomfortable to raise this subject with the elderly.

An attitude loaded with prejudices and myths is still realized in this speech, creating a climate of prohibition on the subject, awakening doubts and uncertainties, which are superimposed on what is not said, what is not expressed verbally. This makes each professional act in accordance with his preconceptions, producing, very often, embarrassment, feelings of shame, fault and hostility, both for the professional, and for the patient with whom he/she is interacting at the moment of care.

Besides the lack of training and the age difference there is also the question of gender.

I have a lot of difficulty, principally when they are patients of the masculine sex. (Nurse2)

The elderly themselves of the masculine sex have more easiness about speaking, while in the feminine sex it is a bit more complicated. We have to work in a simple way, within the gynecological consultation. Also we talk with the women within the elderly groups. (Nurse 3)

It was also noticed that the professionals felt more at ease in addressing the subject with patients of the same gender, thus providing, inside the consultations of nursing, a better interaction correlated to the sexual questions of the elderly.

Finishing these subcategories, new difficulties arose, which can be considered by the following words:

It is the difficulty that we sometimes have with the elderly being very, how do you say? Frightened, eh? They don’t like talking about the subject and their experience, sometimes he says that he doesn’t have sexual relations with anybody, and we realize the truth, which is not so. (Nurse 1)

Difficulties? Yes, plenty. Because generally the elderly are of that culture, coming from a very rigid cultural way, eh? At least for me. (Nurse 5)

The cultural question is seen by the professional nurses as a difficulty in talking with the elderly on sexuality, since they are frightened to invade his/her beliefs, his taboos and the moral and cultural behavior acquired throughout life, from a question of politeness.

The preference to consult a group of the same age, of the same sex and culture was supported by the wish to minimize the embarrassment, and since they felt more willing to discuss sexual questions.14-5 Due to ignorance and cultural pressure, many persons of advanced age, in whom there are still intense sexual desires, experience a guilty conscience and shame, thinking that they are abnormal, for the simple fact of realizing in themselves, a will to feel pleasure. The elderly distance themselves and forget their own body, as much as, or more than in childhood, society imposes that sexuality should be totally ignored in old age.3,12

The construction of a nurse by means of the rules, the discipline, the “tasking”, and the exaltation of technique, distances the nurse from a creative and sensitive professional exercise. In this condition, the professional fails to therapeutically use the sexuality of the body, and to harmonize their senses, in other words, the professionals interviewed are probably not using their creativity to overcome the difficulties that appear before them.11

- Sexuality as synonym of health

Aging must be seen as “the normal process of alteration related to time, which begins with birth and continues throughout life”. So, thinking that this is a human phenomenon, the cares of the elderly must involve specific knowledge, feelings, behaviors and attitudes of the nurses and other health professionals.

Those interviewed agreed, in a clear way, that sexuality is synonymous with health, as illustrated in the following words:

I value sexuality as a factor of health because sexuality is part of the life of any human being. (Nurse 2)

Because sexuality, I think, includes several points of the health of the human being itself for the elderly. " (Nurse 1)

Sexuality for us is a very important factor for health of the elderly. (Nurse 4)
A study carried out in the United Kingdom, with primary care health professionals, revealed that the nurses interviewed also agree that sexuality is a synonym of health. However, the author calls attention to the fact that questions on sexual health of this population always had little importance in policies, activities and research.  

Corroborating this study, an inquiry carried out with adults above 50 years of age in Mumbai, India, for the Department of Psychiatry of the Municipal Faculty of Medicine and Sion General Hospital, concluded that to have an active sex life is a synonym of health.

**FINAL CONSIDERATIONS**

The professionals' statements showed that, at first, some nurses have addressed the topic, even though they are not part of any program or specific directed at such.

Another allegation was the age, gender and culture differences. However, the analysis goes far beyond what is hidden and is based on theoretical framework, it is clear that professionals are transferring responsibility to a higher sphere, as they are “imprisoned” in its technicality, losing the creativity of their actions. This is clear, for example, in addressing sexuality, that is not made exclusively, but in times like in cytology tests or elderly groups, demonstrating care but only for the disease. Despite the difficulties encountered, professionals consider sexuality as synonymous with health.

It is expected that this study will enable a better reflection on the unique and holistic work of nurses who are committed to caring with art and science.

**REFERENCES**


Sources of funding: No
Conflict of interest: No
Date of first submission: 2011/12/06
Last received: 2012/04/06
Accepted: 2012/09/06
Publishing: 2012/05/01

Corresponding Address
Sandra Beatriz Pedra Branca
Conj. Santa Sofia — R.03, Q.03 C.13
CEP: 64011-010 — Teresina (PI), Brazil