VULNERABILITY OF THE ELDERLY FOR HIV INFECTION IN THE CONTEXT OF PREVENTIVE PRACTICES

ABSTRACT
Objective: to analyze the vulnerability of elderly people according to their own prospects for adherence to preventive practices to HIV. Method: an epidemiological, cross-sectional study, conducted with 84 elderly of Living Groups in João Pessoa (Paraíba), Brazil. The data were collected from May 2011 to November 2012, using a questionnaire and the responses analyzed using the Statistica 9.0, showed in figure and tables. The project was approved by the Ethics Committee in Research, Protocol 612/10. Results: of the 84 elderly, 75 % reported that condoms are necessary, but 52.4 % said it was not necessary in cases of steady partner. The responsibility for the use is attributed to both sexes (88,1%) and the request may cause distrust (60,7%). Sexual abstinence was shown as for prevention of HIV (78,6%). Conclusion: the elderly showed vulnerable to infection by HIV when showing sexual practices those do not require the use of condoms, being recommended educational actions for prevention against HIV. Descriptors: HIV; Elderly; Vulnerability.

RESUMO
Objetivo: analisar a vulnerabilidade de idosos segundo as próprias perspectivas de adesão às práticas preventivas ao HIV. Método: estudo epidemiológico, transversal, realizado com 84 idosos de Grupos de Convivência, em João Pessoa (PB), Brasil. Os dados foram coletados entre maio de 2011 a novembro de 2012, utilizando um questionário e as respostas analisadas por meio do Statística 9.0, apresentadas em figura e tabelas. O projeto foi aprovado pelo Comitê de Ética em Pesquisa, protocolo 612/10. Resultados: dos 84 idosos, 75% assinalaram que o preservativo é necessário, porém 52,4% afirmaram ser dispensável em casos de parceiro fixo. A responsabilidade pelo uso é atribuída a ambos os sexos (88,1%) e a solicitação pode provocar desconfiança no casal (60,7%). A abstinência sexual foi mostrada como prevenção para o HIV (78,6%). Conclusão: idosos apresentam vulnerabilidade ao contágio pelo HIV ao mostrar práticas sexuais que dispensam o uso de preservativo sendo recomendadas ações educativas de prevenção frente ao HIV. Descriptors: HIV; Idoso; Vulnerabilidade.

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INTRODUCTION

The progressive increase in morbidity and mortality from acquired immunodeficiency syndrome (AIDS) in the age group over 50 years old has been portrayed globally and acquired relevance in countries with rapidly growing aging population. The Joint United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO) estimates that of the 40 million people living with HIV/AIDS worldwide, approximately 2.8 million are aged above 50. In the United States of America (USA) between 2001 and 2005, the estimated number of AIDS cases by age at diagnosis increased by about 40% in people aged 50 years or more. In the year 2012 the same country reported 29% of people with AIDS in this age group. In Canada, 12.4% of reported cases of AIDS occurred in persons 50 years of age or older. The proportion of tests positive for HIV among those aged 50 or older increased from 10.6% in 1999 to 15.3% in 2008. The prevalence of HIV in South Africa aged 50-54 was 10%, 8%, 4.5% between 55-59 years and 3.9% among those aged 60 and over.

In Brazil, were reported in the Information System for Notifiable Diseases (SINAN) and declared in the System (SIM), the period from 1980 to 2010, 16,227 AIDS cases in people aged 60 or older, and, 10,546, occurred in males and 5,681 in females. In this age group the incidence rate was 4.9 cases in 1998, reaching 7.0 cases per 100,000 inhabitants in 2010. In the evaluation of incidence between the sexes is observed in this period than among men increased by 7.5 to 9.4 cases per 100,000 inhabitants, and among women, from 2.8 to 5.1 cases in 100 thousand inhabitants.

In the Northeast, have been reported in the Information System for Notifiable Diseases (SINAN) and declared in the System (SIM) in the period from 1980 to 2010, 1,901 cases of AIDS in people aged 60 or older, and that there were 1,363 in males and 538 in females. The incidence rate among men increased from 2.2 to 4.4 cases per 100 thousand inhabitants between 1998 to 2010, and among women, from 0.6 to 1.5 cases per 100 thousand inhabitants in the same period.

The trend suggests that, before long, the number of elderly people infected with HIV will be expanded significantly. Attributed to this increase, elements related to individual and social dimensions (cultural influences, biological, gender and generational, socioeconomic information about the disease, risk perception, values and beliefs) and programmatic (little access to health services, difficulties in diagnosis, invisibility of this age group in projects and programs of education and prevention).

Collaborates with this table design socially naturalized desexualization of old age as a period marked by inactivity and lack of sexual desire, that this group remained virtually forgotten or out of policy priorities and preventive HIV. Moreover, this generation established their sexual practices without the use of condoms as a preventive resource but as a contraceptive method. The practical results of such conceptions repercussions on the one hand, the omission of the problem in addressing the educational campaigns to prevent AIDS, and secondly, the misperception of their condition of invulnerability.

Note also that the increase in longevity comes determining a progressive socialization of the management of old age, being revisited stereotypes related to aging. The right to retirement, the rise in the consumer market, use of products and services rejuvenation, resources for leisure activities differentiated based on the prerogative of the pursuit of pleasure and personal satisfaction. They come changes in the pattern of sexual elderly men as a result of medications for treating erectile dysfunction, female sexual activity increase (HRT), encouraging socialization and interaction.

Society has encouraged the search for self-expression, autonomy, motivating the development of new capabilities for life projects. It is the process of increasing social inclusion and participation, expanding the opportunities for collective experiences, such as "university for seniors", "open schools", and "social centers". In this context of greater visibility of old age and aging is to consider that stimulating interaction in various social settings, extend the possibilities of experiencing their affections and their sexualities, which in turn result in increased opportunities to become infected with HIV.

This study is guided in the dimension "individual" vulnerability, considering it as a starting point to unique aspects of the lifestyles of the people, which can contribute to expose themselves to the virus or, conversely, protect themselves. This dimension relates to the degree and quality of information that people have the ability to produce such information, incorporating them into their everyday repertoire of concern, motivating them to adopt effective practices for prevention.

So it has as objective:
Vulnerability of the elderly for HIV infection...

- Analyzing the vulnerability of the elderly according to their own adhesion perspectives to HIV preventive practices.

**METHOD**

Epidemiological study (cross), a quantitative approach, which involved three groups Living for Seniors, located in the south of João Pessoa. The study population consisted of 110 elderly individuals enrolled in the Program for the Elderly (PAPI) from the Department of Social Development (SEATS) of said municipality. The selection of groups is justified by the accessibility and because they are in cultural and recreational activity at the time of data collection.

Interest in the group Living as a research location was made because the code was considered an area of social inclusion of the elderly in performing various activities, imprint recreational, cultural, social, educational and health promotion. The sample was defined sample calculation for finite populations, assuming a significance level of 5% and a sampling error (d) of 0.05 in a confidence level of 90%. We adopted the anticipated value for the proportion of elderly (P) 0.50. Thus, the minimum number of elderly to be investigated was determined by the expression n= (PXQ)/V(p), reaching the 80 quantitative elderly. Considering further losses in funding and other events, was used to correct for a potential loss of 5% which determined the size of the sample in 84 subjects.

Data were collected from November 2011 to May 2012, using a questionnaire with dichotomous and multiple choice, containing demographic information (gender, age, education, marital status and occupation), knowledge on methods and adoption of preventive practices.

Data were entered and stored in a spreadsheet in Microsoft Office Excel 2003 and imported into the application software Statistica, version 9.0 from Statsoft. The variables were dichotomized or categorized according to their specific and subjected to statistical analysis by means of univariate analysis, calculating simple frequencies for categorical variables.

Given the guidelines related to the research protocol contained in Resolution 196/96 of the National Health Council, this project was submitted to the Ethics Committee of the Federal University of Paraiba-UFPB, being approved by protocol nº 612/10. The confidentiality of information contained in the questionnaires was secured and written consent was requested of all respondents.

**RESULTS**

In socio-demographic analysis (Table 1) it appears that the 84 subjects interviewed, 52 (61.9%) were aged 60 to 69, 80 (95.2%) were female, 48 (57.1%) were retired, 34 (40.5%) were widowed and 68 (81.0%) with no education or with up to 8 years.
Table 1. Distribution of elderly according to demographic variables. João Pessoa-PB, 2012.

<table>
<thead>
<tr>
<th>Sociodemographic Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>80</td>
<td>95.2</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-69 years old</td>
<td>52</td>
<td>61.9</td>
</tr>
<tr>
<td>70-79</td>
<td>27</td>
<td>32.1</td>
</tr>
<tr>
<td>80 or older</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without schooling</td>
<td>12</td>
<td>14.3</td>
</tr>
<tr>
<td>Elementary school</td>
<td>56</td>
<td>67.7</td>
</tr>
<tr>
<td>High school</td>
<td>11</td>
<td>13.0</td>
</tr>
<tr>
<td>Higher education</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Do not remember</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>21</td>
<td>25.0</td>
</tr>
<tr>
<td>Widower</td>
<td>34</td>
<td>40.5</td>
</tr>
<tr>
<td>Maried/Stable union</td>
<td>18</td>
<td>21.4</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>11</td>
<td>13.1</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>48</td>
<td>57.2</td>
</tr>
<tr>
<td>Pensioner</td>
<td>20</td>
<td>23.8</td>
</tr>
<tr>
<td>Retired and pensioners</td>
<td>8</td>
<td>9.5</td>
</tr>
<tr>
<td>Other*</td>
<td>8</td>
<td>9.5</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* Other: unemployed/employed/home activities

Regarding the knowledge of the means of protection to infection by HIV (Figure 1), condom use was indicated by 70 (83.3%) elderly as the primary preventative measure. There were similar percentage for the categories “abstinence” and “use of needles/syringes” (78.6%). Monogamy and/or sexual intercourse with a steady partner was considered by 44 (52.4%) as a protective factor for infection. Relationships that you have confidence in your partner (45.2%) continue to be seen as a condition of invulnerability to HIV.

Table 2 shows that 72 (85.7%) also recognize the use of condoms as a method of protection against disease and 63 (75.0%) as a required feature in sexual relations. The appreciation of condom use by seniors is opposed to 51 (60.7%) believe that seniors who use causes distrust in bed and be unnecessary in cases of steady partner/stable (40.5%).

Figure 1. Distribution of elderly according to knowledge regarding HIV transmission protection. João Pessoa-PB, 2012. (n = 84)
Regarding the implementation of HIV testing (Table 3), 67 (79.7%) elderly never performed, not if they feel at risk (47.6%) or other causes (29.6%), the example the lack of medical request. Of the 17 (20.3%) elderly who underwent testing, 06 (7.1%) were medically indicated, 04 (4.8%) for practicing sex without condoms and 05 (6.0%) by other causes.

Table 3. Distribution of elderly according to answers about HIV testing. João Pessoa-PB, 2012. (n = 84)

<table>
<thead>
<tr>
<th>HIV test</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for not conducting the test</td>
<td>47,7</td>
<td></td>
</tr>
<tr>
<td>Does not feel exposed to risk</td>
<td>2</td>
<td>2,4</td>
</tr>
<tr>
<td>Fear</td>
<td>25</td>
<td>29,6</td>
</tr>
<tr>
<td>Other causes</td>
<td>67</td>
<td>79,7</td>
</tr>
<tr>
<td>Total</td>
<td>79,7</td>
<td></td>
</tr>
<tr>
<td>Reasons to perform the test</td>
<td>7,1</td>
<td></td>
</tr>
<tr>
<td>Medical indication</td>
<td>4</td>
<td>4,8</td>
</tr>
<tr>
<td>Relationship without condom</td>
<td>2</td>
<td>2,4</td>
</tr>
<tr>
<td>Surgery/hospitalization</td>
<td>5</td>
<td>6,0</td>
</tr>
<tr>
<td>Total</td>
<td>20,3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100,0</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

In terms of sociodemographic characteristics found in this study, it is noted that most of the elderly respondents were female, widowed, aged 60-69, with elementary school and retired.

The predominance of females in Groups Coexistence resembles other studies, in the growing process of feminization of the elderly population is due to higher life expectancy among women, linked to factors such as lower alcohol consumption, tobacco and differences in attitude towards pathologies.

A smaller participation of men in living groups can join their engagement in work activities, even after retirement, with less free time for leisure activities.

The low educational level could be related to the type of activity offered Groups Coexistence (unattractive for older intellectually advantaged) or by geographical location, which is restricted to economically disadvantaged classes. Nevertheless, it shows the need for reflection about the strategies of prevention and educational campaigns for HIV, which should be clear and tailored to the level of understanding of people with less formal education. Educational approaches focused on information for behavior change show the need to reflect not only on the content of the information, but mainly about how and why the information is communicated.

Successful interventions that actually produce resources for the protection of the elderly should be considered and evaluated in order to consider the health problems have large components and interrelated, which cannot be assessed and treated in isolation.

The predominance of elderly widowed (40.5%) and a considerable portion of singles (17.9%) in the study, may be an important factor for amorous adventures without protection, enabling an active unprotected sexual life, favoring the vulnerability to contagion by HIV.

This reality goes against the findings in a study on the representations of HIV in the elderly, which showed that among older single women who contracted the virus, transmission occurred by the need to have a partner and by not requiring the use of condoms. In the case of widows, a “rediscovery” of sexual pleasure would be the main risk factor for increased exposure to STIs.

According to Table 2, a significant percentage of the sample (78.6%) see abstinence as a preventive action for HIV, however, the study shows that 74 % of men and 56% of married women remain sexually active after 60 years. In connection with variable shield, a portion of the elderly has the understanding that having a single partner and/or sexual relationships with those who trust them ensure the condition of
invisuality, justifying as expendable by trading safe sex. This reality contrasts with the study of social representation of HIV conducted in the same county (João Pessoa) in 2011, involving 247 elderly patients in five health districts and two Centers and Counseling in HIV/AIDS, while condoms associated with sex insurance.22

Studies show that condom use, especially among elderly, still faces resistance and is rooted in beliefs that lead him to believe that such use can interfere with the pleasure and erection, becoming also the practical use can be attributed as a synonym for infidelity in the relationship. The elderly tend to see condoms as contraceptive measure over prevention, contributing to the practice of unsafe sex.23

A research with 510 elderly members of social groups in Vale dos Sinos, in the state of Rio Grande do Sul, showed that 80,8% of the sample acknowledged the use of condoms as a primary preventative measure of HIV transmission, but more than 80% did not use during sex.15

It also stands out as a predisposing factor for not using condoms on the assumption that stable relationships, men and women are protected from the risk of becoming infected. This idea of immunity associated with trust, love romantic, especially among women results in lower perception of their condition of vulnerability. Turn to suggest condom use to avoid contraception can cause distrust of the partner.24

This fact demonstrates the emotional dependency and fear that women have of losing the partner, resulting attitudes of submission to the decision of safe sex. Survey of HIV-infected women showed that the majority reported having been infected by their steady partners in stable, monogamous relationships.25

It was evident that, in this study 74 (88,1%) of seniors say that both sexes have responsibility for the use of condoms, though the context implies to consider the influence of gender and power differences, once the decision on its use is not always bilateral.26

Inequality between the sexes is the result of a historical process that reveals a submission of women relative to men, since women were diverted or private decision-making power in public life beyond the everyday violence, domestic and sexual present in your reality. These factors lead to less freedom in their sexual life and less decision-making power about protected sex. Thus, the unequal relations between the sexes translate into greater vulnerability for women to infection by HIV.27

The low demand for the implementation of HIV testing among the elderly investigated reiterates the concept of immunity and announces the low visibility of preventive policies aimed at this age group. On one hand, the use of drugs and biotechnologies hormone replacement caused better sexual quality of life for this segment, on the other, is not sufficiently accompanied by strategies that promote safe sex practices.28

The non-recognition by health professionals of the vulnerability of the elderly to HIV, the presence of other co-morbidities and the similarity of symptoms to those inherent in old age, often make slower screening and delay diagnosis of the disease.29 One has to consider that the proposed changes, which will effectively tread the recognition of the elderly as potentially vulnerable to HIV, requires appreciation of transcultural, identification and appropriation of needs, desires, their way of life, and commitment all subjects in the construction and conduct of integrative proposal that recognizes the specifics of this age group.30

CONCLUSION

The study results point to elderly vulnerable to infection with HIV when having sex with a steady partner and trust in this relationship are seen as unnecessary conditions to condom use and also be assigned their use cause distrust in the couple. These conditions are opposed to recognition by the elderly condom use as an important resource during intercourse to protect against diseases.

The data require the need for further studies in the subject when abstinence was identified by the group as a preventive action for HIV and advancing age or condition associated with widowhood genre may encourage this practice.

Given the rapid growth of the elderly population and increasing number of AIDS cases in this age group, the findings of this study reinforce the need to alert those individuals to the vulnerability to which they are exposed. Therefore, it is recommended the development of educational programs that reach audiences elderly involving these individuals in the process of knowledge regarding the protection against HIV.

SPONSORING

A study performed with the support of the National Scientific and Technological Development Council / Institutional Program
Bezerra VP, Nunes TB, Nogueira JA et al.

for Scientific Initiation Scholarships/CNPq

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Submission: 2013/06/08
Accepted: 2013/10/29
Publishing: 2014/01/01

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