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IMPACT OF SEXUALITY IN THE LIFE OF THE ELDERLY PERSON: INTEGRATIVE REVIEW

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ABSTRACT

The purpose was to identify the scientific evidence on the impact of sexuality in the life of the elderly person. LILACS, BDENF, Medline, CINAHL, PubMed were databases, sample of 38 articles. The perceptions of the elderly, family, professionals and caregivers about the sexuality of the elderly resulted in the themes: experience of sexuality of the elderly; sexuality of the elderly and social implications; health and sexuality conditions of the elderly person; prevention of Sexually Transmitted Infections. The impact of sexuality in the life of the elderly passes through the change in the experience of its sexuality; repression and prejudice; health conditions; lack of knowledge about STI/AIDS prevention; absence of specific programs and neglect of health professionals and caregivers in the theme. Therefore, this study contributes to the professional praxis of the nurse showing the importance of sexual care management of elderly and permanent education planning for the health team.

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INTRODUCTION

The increase in the elderly population has been related to changes in health indicators as fall in fertility, mortality, increased life expectancy and adoption of healthy habits¹. Ageing causes biopsychosocial and spiritual changes that require adjustments in the way of understanding and realizing this life cycle, as well as in the process of care and relating to people and their social context². One of the aspects that affect the elders' lives that stand out is the maintenance of sexual

activity. However, the sexuality of this population has not been experienced in its fullness, especially for being a theme full of prejudices and taboos, hindering the talks in family and approaches of the professionals and caregivers³. In this way, the society has adopted rules and saying crosscutting behavior by repression of the experience of sexuality among the elderly people, considering the sexual relationship as a youth law. Women suffer more prejudice, experiencing more intensely the social stigma and the self-stigma because they feel less attractive, adopt a more discreet, repressed stance in front of their sexual desire, and often cancel out their sexuality^{4,5}.

The self-stigma refers to the negative views about one own behavior, in which feelings of guilt stand out^{6,7} and the social stigma describes the phenomenon of large social groups that endorse stereotypes about the tune with a stigmatized group⁸. Sexuality goes beyond sexual pleasures, it is not limited only to its biological aspects, being a greater dimension that motivates for love, touch, cuddling, affection, involving the way of feeling, touching and being touched, encompassing the emotional aspects that involve the sexual experiences^{9,10}. Therefore, in old age, sexuality is experienced in different ways and even if the frequency of sexual activity reduces, there is a tendency of satisfying the expectations of the elderly person¹¹. However, the cultural advances that have occurred in society that enhance and extend the sexual life did not allow expanding the understanding of the experience of sexuality while maintaining the stereotype of the “sexless elder”. In this way, the invisibility of sex in old age is a factor that has contributed to the vulnerability of this population to sexually transmitted diseases, especially in the context of HIV/AIDS. In recent years, HIV/AIDS infection have been changing its epidemiological profile, with an increase of cases in the population with more than 60 years, representing a major challenge to public health^{12,13}. In this perspective, this study becomes important, as it shows the evidence on the increased longevity of the population and the need for changes on the perception and understanding of the elderly person in the complexity of its ageing process, biopsychosocial and spiritual needs and demands. Thus, the present study aims to identify the scientific evidence on the impact of sexuality in the life of the elderly person.

METHODS

In order to achieve the goal, the Integrative Review of the Literature was used, which is characterized as a literature review method that integrates findings of studies with different methodologies, allowing synthesizing results without hurting the epistemological affiliation of the empirical studies included. For this, the reviewers need to analyzed and

synthetize primary data in a systematic and ordered way¹⁴. Therefore, this method displays the science status, collaborates to the development of the theory, having direct applicability to practices and policies. The Integrative Review of Literature consists of five stages that include the formulation of the problem, search in the literature, data evaluation, data analysis and presentation of results¹⁵. Thus, the present review has as guiding question: what is the scientific evidence on the impact of sexuality in the life of the elderly person? The data were collected in the online databases: (PubMed), Central, and Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval System Online (Medline), and the search on Latin American literature and Caribbean Health Sciences (LILACS), Nursing Database (BDENF) occurred by the Virtual Health Library (VHL) in order to ensure the methodological rigor of the search strategy according to the inclusion criteria of this article. The used descriptors were aging/aged/elderly AND sexuality. The inclusion criteria were: original article that covered the sexuality of the elderly person; national and international publications published in the period from 2011 to May 2017. Exclusion criteria were articles that addressed changes in sexuality of the elderly person due to pathology. An instrument was elaborated for the extraction of information according to the guiding question of this review and elaboration of table containing the following variables: authors; journal; title; year; methodology; objectives and results. From the summary of the findings, the results of the studies were analyzed in thematic categories according to the aspects related to the impact of sexuality in the life of the elderly person, being presented in frames. In this study, the commitment to the ethical aspects is in citing the authors of the analyzed studies.

RESULTS

The search in the databases Latin American literature and Caribbean Health Sciences (LILACS); Data base in nursing (BDENF); Medical Literature Analysis and Retrieval System

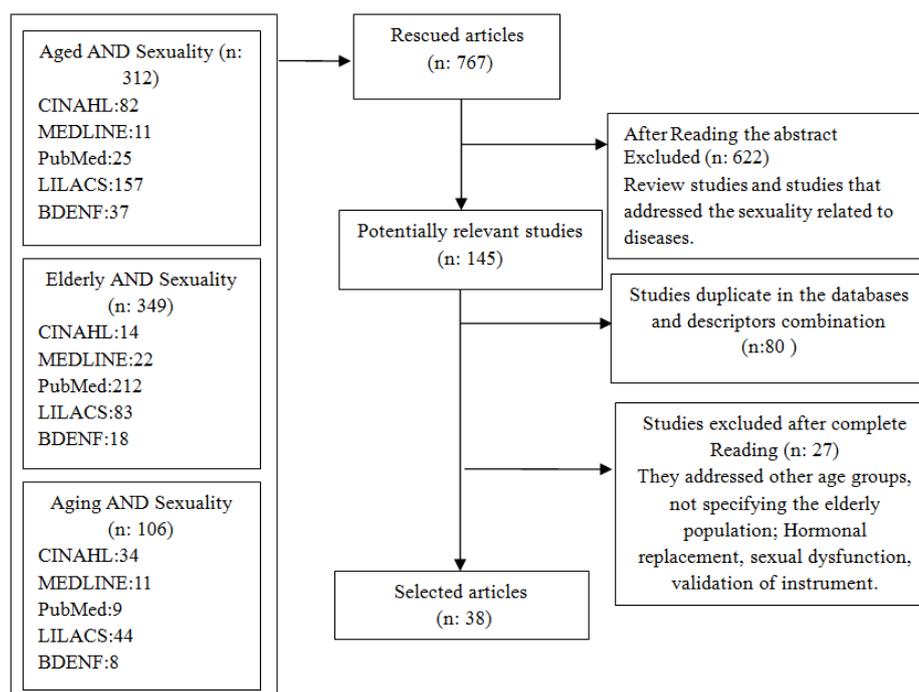


Figure 1. Methodological path

Online (Medline), (PubMed) Central and Cumulative Index to Nursing and Allied Health Literature (CINAHL) returned 767 studies. After reading the titles and abstracts of the articles, 167 were potentially relevant studies that addressed the sexuality of the elderly person according to the established inclusion criteria. Figure 2 describes the methodological path. The studies selected were characterized according to the author, year, journal, base, study design, performed sample, instruments used in the research and data analysis, as shown in Table 1. After fully reading the studies, the main aspects related to the impact of the sexuality of the elderly person were

identified and divided into four thematic categories (Table 2). From the above, it was noticed that the impact of sexuality on the life of the elderly person was influenced: a) the change in the experience of their sexuality, with prioritization of affections and caresses; b) the social implications centered on repression and prejudice; c) health conditions and aspects of aging diminish sexual desire, being related to low self-esteem; and d) risk sexual behavior due to lack of knowledge about preventive STD / AIDS practices, the absence of prevention educational programs and the neglect of health professionals and caregivers to address the issue.

Table 1. Characterization of the selected studies

Author/ Year/Journal/ Base	Study Design	Sample	Instruments	Data analysis
Article-A1 ¹⁶ Cunha et al, 2015/ Rev. Min. Enferm./BDENF	Exploratory of qualitative approach	Six physicians and six nurses	Participant observation and semi-structured interview.	Inductively and participatory analysis
Article-A2 ¹⁷ Burigo et al,2015/CuidArt Enferm./ BDENF	Cross-sectional, retrospective and of prevalence.	157 elderly people, aged 60 years or more	Questionnaire with closed and open questions.	Organized, analyzed and discussed based on studies of the scientific literature specifically for the theme.
Article-A3 ¹⁸ Queiroz et al, 2015/Rev. Bras Enferm./ BDENF	Descriptive and exploratory	Sample of 30 elderly people	Free recall of words and the completion of a questionnaire with sociodemographic data to characterize the sample.	Transcripts into a Word® file and processed using EVOC 2000 software. Five of the programs that make up EVOC 2000 were used: Lexique, Trievoc, Nettoie, Rangmot and Rangfrq.
Article-A4 ¹⁹ Yang; Yan, 2015/ Journal of Clinical Nursing/CINHAL	Cross-sectional.	688 couples (men = 308; women = 380) were included in the analysis.	Sociodemographic; Aging Sexual Knowledge and Attitude Scale (ASKAS); Dyadic Sexual Regulation Scale (DSNS); Senior Adult Sexuality Scale (SASS); sexual activity according to Weinstein & Rosen 1988, Davis et al. 1998.	SPSS 19.0 (IBM) and STATA statistical software (StataCorp) were used to analyze the data.
Article-A5 ²⁰ Menard et al, 2015/ Sexual and Relationship Therapy/CINAHL.	Descriptive, qualitative approach	30 elderly people.	Semi-structured interview about great sex	Thematic analysis: Individual development factors; Relationship development; Structure and depth of the relationship; Emotional maturity of the partners, ability to tolerate their own anxiety in the relationship, emotional independence in the relationship and self-healing; Knowledge of the partner, knowledge of the partner's body/desires/feelings/erotic desires and depth; Depth; Empathy
Article-A6 ²¹ Ferreira et al, 2015/ Rev enferm UFPE on line/CINAHL	Descriptive, exploratory, of qualitative nature.	20 elderly women.	Guide for individual interview with generating questions related to the maintenance of sexuality through self-care.	Thematic Analysis
Article-A7 ²² Bradway; Beard, 2014/Journal of Women and Social Work/CINAHL	Exploratory conducted using qualitative.	20 elderly women.	Semi-structured interview	Thematic Analysis
Article-A8 ²³ Silva et al, 2015/Journal of Nurs. UFPE online/CINAHL.	Descriptive and exploratory of qualitative approach.	10 elderly people	Form based on semi-structured interview technique, using an audio recorder.	Content Analysis.
Article-A9 ²⁴ Castro et al,2013/Journal of Nurs. UFPE online/ CINAHL.	Descriptive with a qualitative approach.	10 elderly people.	Semi-structured interview.	Thematic Analysis

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Article-A9 ²⁴ Castro et al, 2013/Journal of Nurs. UFPE online/ CINAHL.	Descriptive with a qualitative approach.	10 elderly people.	Semi-structured interview.	Thematic Analysis
Article-A10 ²⁵ Branca et al, 2012/J. Nurs. UFPE online/CINAHL.	Qualitative, descriptive	7 nurses	Structured form with open questions.	Thematic analysis proposed by Minayo
Article-A11 ²⁶ Laroque et al, 2011/ Rev Gaúcha Enferm/ LILACS	Quantitative, exploratory and descriptive.	Sample of six elderly people	The data were collected through áudio recording	The analysis of the data consisted of three stages, the ordering, the classification and theoretical basis and finally the interpretation of the data collected.
Article-A12 ²⁷ Morais et al, 2011/ Rev. Bras. Geriatr. Gerontol/LILACS	Case study, with qualitative approach.	Five couples part of na elders' group.	Semi-structured interview and the application of the Lüscher Eight-Color Test.	Content analysis proposed by Bardin.
Article-A13 ²⁸ Maschio et al, 2011/Rev. Gaúcha Enferm./ LILAC	Prospective, quantitative and descriptive.	98 elders, who are part of an institution that develops program to improve the elders' quality of life.	Questionnaire with open and closed questions related to their sexual health.	Simple frequency and discussed with related literature.
Article-A14 ²⁹ Cezar; Aires; Paz, 2012/ Rev Bras Enferm/ LILACS.	Cross-sectional, with quantitative approach.	94 elderly people	Structured interview, demographic, socioeconomic aspects, health situation and sexuality of the elders.	The SPSS 16.0 program and descriptive statistics were used
Article-A15 ³⁰ Silva et al, 2012/ Saúde soc./ LILACS.	Quantitative, of cross-sectional cut.	245 elderly people	Semi-structured questionnaire.	Database, double-typed and validated by Epi-Info software, version 6.04 and by the Statistical Package for Social Sciences (SPSS) version 10.0.
Article-A16 ³¹ Arduir; Santos, 2012/ Rev. Enferm. UERJ/LILACS	Qualitative approach.	10 elderly men.	Focal group technique, interview recorded in audio.	Content analysis proposed by Bardin
Article-A17 ¹ Bastos et al, 2012/ Rev. Bras. Geriatr. Geronto/ LILACS	Cross-sectional.	1,078 elderly people.	Questionnaire with socioeconomic and health data.	SPSS, version 11. Pearson's chi-square statistical tests for non-ordinal categorical variables and the chi-square linear trend test for ordinal categorical variables.
Article-A18 ³² Luz et al, 2015/ Rev. Fundam.Care. Online/ LILACS	Cross-sectional, exploratory and descriptive, with quantitative approach.	130 elderly people.	Semi-structured form with socioeconomic data and sexual behavior of the elder that addressed preventive methods and knowledge on STDs.	Descriptive statistics using Statistical Package for Social Sciences (SPSS) ® version 17.0.
Article-A19 ³³ Souza et al, 2015/ Saúde Soc./ LILACS	Qualitative, descriptive-exploratory type.	10 elderly women from na elder's coexistence center.	Form containing socioeconomic data and the perception about family support for the exercise of sexuality after the widowhood.	Content analysis, in thematic modality.
Article-A20 ³⁴ Bezerra et al, 2015/Rev. Gaúcha Enferm/LILCAS	Exploratory, with qualitative approach.	37 elderly people.	Focal Group Technique, through audio recording.	Content analysis - Bardin
Article-A2135 Marques et al, 2015/ R. Enferm. Cent. O. Min./ LILACS	Qualitative approach, of the descriptive-exploratory type.	10 elderly people, who attend a Coexistence Center, aged 60 years or more.	Semi-structured interview	Content analysis technique.
Article-A2236 Santos et al, 2014/ Online Braz. Jnurs./LILACS	Descriptive, qualitative approach.	33 elderly people and family members aged from 18 to 59 years.	Focal group, with elderly people and interview with their relatives.	Content analysis technique.
Article-A2337 Vieira; Miranda; Coutinho, 2012/ Psicologia e Saber Social/LILACS.	Descriptive, qualitative.	30 elderly people.	In-Depth Interview Technique.	The data were analyzed through the ALCESTE software.
Article-A2438 Frugoloi; Magalhães Junior, 2011/ Arq.Ciênc.Saúde UNIPAR/LILACS.	Approach of qualitative-exploratory investigation.	14 elderly women.	Interview technique with semi-structured questionnaire, using an audio recorder.	Did not mention the way the data were analyzed.
Article-A2539 Araújo; Monteiro, 2011/ Rev. Temática Kairós Gerontologia/LILACS.	Descriptive, exploratory, cross-sectional, of quantitative approach.	45 elderly people	Question form that intends to clarify the research proposal.	Did not mention the way the data were analyzed.

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Article-A26 ⁴⁰ Brito et al, 2016/ABCS Health Sci./LILACS.	Descriptive of quantitative nature	55 elderly people	Form for characterization of the sociodemographic profile and knowledge of the elders and the risk perception about STI/HIV/AIDS.	The data were analyzed by the program SPSS, version 20.0. The answers were calculated by absolute and relative frequencies.
Article-A27 ⁴¹ Vieira; Coutinho; Saraiva, 2016/ Psicologia: Ciência e Profissão/LILACS.	Descriptive, with qualitative approach.	30 elderly people	In-Depth Interview technique.	Content Analysis - Bardin,
Article-A28 ⁴² Alencar; Ciosak,2016/ Rev. Bras. Enferm./LILACS.	Prospective qualitative approach.	11 elderly people and 23 physicians and nurses.	Interview.	Content Analysis, in the Bardin's representational and thematic direction.
Article-A29 ⁹ Brasil et al, 2013/Aletheia/LILACS.	Qualitative	8 elderly women.	Interview using a recorder.	Content Analysis - Bardin.
Article-30 ⁴³ Alencar et al,2016/Rev. Bras. Geriatr. Gerontol/LILACS.	Analytical, cross-sectional, with quantitative approach.	235 elderly people.	Collection technique and interview	Programa R versão 2.15.0 para análise estatística. Na análise bivariada, foi utilizado o coeficiente de Spearman e Kendall.
Article-A31 ⁴⁴ Victoria et al,2013/ Revista Cubana de Medicina General Integral/LILACS	Descriptive, cross-sectional.	200 elderly people.	Interview through a questionnaire.	Absolute and relative frequencies
Article-A32 ⁴⁵ Cardoso et al, 2012/Arq. Catarin. Med/ LILACS	Field research	162 elderly people	Semi-structured interview	Use of SPSS version 17.0, descriptive and inferential statistics, through the Mann-Whitney non-parametric tests. Use of a 5% significance level.
Article-A33 ⁴⁶ Arias; Polizz, 2013/ Journal Kairós Gerontologia/ LILACS.	Cross-sectional, descriptive with qualitative and quantitative approach,	In the research first stage, the sample consisted of 85 elders. In the second stage, 30.	Structured and semi-structured interview	In the first stage, quantitative analysis applying statistical techniques, in the second stage, qualitative analysis.
Article-A34 ¹¹ Mülle et al, 2014/PloS One/MEDLINE.	Multicenter cohort	194 elderly people	Semi-structured interview.	Student's t test, t test independent samples. Variance analysis and a multiple linear regression model. The established significance level was $p < 0.05$.
Article-A35 ⁴⁷ Galinsky et al, 2014/J. Gerontol. B. Psychol. Sci. Soc. Sci./MEDLINE.	Descriptive-exploratory with quantitative approach	3.377 elderly people.	Computer-Assisted Personal Interview (CAPI) administered in the home Leave-Behind Questionnaire (LBQ) that respondents were to complete and mail back.	Chi-square tests, regressions and logistic regressions, statistical significance in $p < 0.05$
Article-A36 ⁴⁸ Chen; Jones; Osborne, 2017/Australasian Journal on Ageing/MEDLINE.	Exploratory	52 employees who were elders' caregivers	Questionnaire, using the sexual knowledge and ageing attitudes scale and eight items selected from the Staff Attitudes about Intimacy and Dementia	Variance analysis test (ANOVA); mean and standard deviation; with significance level in $p < 0.05$
Article-A37 ⁴⁹ Villar et al, 2016/ Gerontology & Geriatrics Education/MEDLINE	Qualitative.	53 employees	Semi-structured interview	Content analysis
Article-A38 ⁵⁰ Syme et al, 2013/ J. Gerontol. B. Psychol. Sci. Soc. Sci./ PUBMED.	Case-control	10.317 original interviewees	They assessed: (a) lack of sexual satisfaction and (b) incapacity to keep sexual relationship.	Descriptive statistics, using t tests for independent samples, chi-square tests, and SPSS 19.0.

Table 2. Scientific evidence on the sexuality of the elderly person

Thematic Categories	Main Results	Articles
Sexual Experience of the Elderly Person	Sexuality is understood as dating, companionship, respect, friendship, union, love, affection, touches and special attention; sexual act is not considered as the main and only experience of sexuality.	A3; A9; A12; A17; A21; A23; A24; A27; A33; A34.
	Sexuality is understood as the aspects of the genital organs. The sexual desire and activity remain active in old age.	A30. A2; A3; A4; A8; A13; A14; A15; A18; A21; A23; A25; A33A34; A38. A15; A18; A32; A33; A34; A35.
Sexuality of the Elderly Person and Social Implications	Most elders consider the sexual relation good, satisfactory and important during old age. Affection is more important for women. Sexual activity is more important for men.	A5; A34.
	Better sexual activity due to life experience.	A2; A8; A16; A22; A25; A31; A32.
	More sexually active men. Initiative for the sexual act comes from the man; the woman does not manifest her desires.	A1; A6; A7; A8; A28; A37
	Invisibility of sex in old age.	A1; A7; A11; A23; A27; A37
	Controversial theme, surrounded by myths, taboos and prejudices.	A1; A2; A10; A28; A29; A36; A37.
	Difficulty of health professionals and caregivers to address aspects related to sexuality. Approached during the women's gynecological cancer prevention exam. Women are more open to discussing this subject in a consultation than men are.	A1; A10; A37.
	The lack of actions and guidance related to sexuality is justified by: the elders' lack of interest to talk about sexuality, scarcity of professional qualification and programs to work the theme, cultural issues; gender and prejudices.	A31
	Elderly people report they have interest in receiving information related to sexuality issues.	A6; A15.
	The acceptance by their relatives and society would increase the elders' satisfaction on their sexual act, as well as improve their family coexistence.	A8; A19; A22.
	The family prejudice regarding the elder's sexuality. The family supports the social coexistence after widowhood, but does not support love affairs. The children did not accept or comment the subject.	A19.
Health and Sexual Conditions of the Elderly Person	The widow has her sexuality repressed by society and family.	A9; A12; A16; A18; A22; A23; A27; A32; A33.
	Chronic illnesses, wrinkles, dry skin, use of medications, hormone changes, valuation of the young beauty pattern, sexual physiology changes, and psychological factors change the elder's sexual desire. Improving their health increases the sex importance and sexual satisfaction.	A15; A17.
Prevention of Sexually Transmitted Infections in the Elderly Person	The use of condoms is not a habit; most elders report not using any prevention method, although most of them state knowing the ways to avoid STD/AIDS; complaints about the preservative stating that the sexual act does not become satisfactory and complete.	A2; A13; A22; A26.
	Condom intends only to avoid pregnancy, being dispensable for women in menopause.	A11
	Main sources of information on STD/AIDS: television, radio, newspapers, friends, booklets and lectures.	A11; A14; A18; A24; A25.
	Elderly people did not receive any guidance or talk about STD/AIDS with health professionals; among those that received the guidance focused on preservative through routine consultations and educational actions.	A11; A14; A16; A18.
	Absence of prevention policies directed to this age group.	A20; A22.
	Absence of effective knowledge on STD/AIDS, being dissatisfactory among those who know it.	A18
	Condom is the main known STD prevention; other measures are: sexual abstinence, use of individual object and Personal Protection Equipment by professionals.	A13; A14; A20.

DISCUSSION

For a proper management of the elders' sexuality, health professionals need to know the conceptions of the elders, the family of professionals and caregivers about the aspects related to the subject.

Sexual Experience of the Elderly Person

The analyzed studies show that sexuality and sexual activity are present in the life of the elderly person; however, they present behavioral changes, preferring affection, companionship, at the expense of the sexual act, showing that sexuality transcends its meaning and diverts the focus from sexual organs.

Therefore, old age does not hamper the sexual practice, which has been benefitted by advances that improve the quality of life by providing the elderly men and women the full exercise of their sexuality. Therefore, respecting each other's and oneself sexual response is important in sexual activity at all life stages. Sexuality is a unique experience, present in a person's life, featuring private and individual mode of being, revealing, sharing and expressing feelings and emotions⁵¹. In this way, the sexual practices are influenced and modified taking into account the biological, psychological, socio-cultural, ethical, religious and historical aspects of each group that composes the society¹⁸. Ageing is a positive aspect related to sexuality, as the life experience contributes positively to the relationships. It allows greater maturity in relationships, that suit or tend to suit each moment of life allowing elders to live

the best sexual activity changes with age²⁰. This study showed that the elderly men express more their sex life than elderly women do. Sufferings experienced by the woman during the married life when acquiring sexually transmitted diseases from their husbands, the widowhood and divorce in old age are associated with lower expression of her sexuality^{13,45}.

Sexuality of the Elderly Person and Social Implications

Although the elderly person experiences its sexuality, the results of this review have shown that there are prejudices, taboos and invisibility of sex in old age by society, family members, professionals and caregivers. The conceptions about the elderly person have been related to the disability and sexual impotence, who tends to assume that stereotype and neglect its own sexuality³². Some studies showed the difficulty of health professionals to address aspects of sexuality with the elderly population and that women feel more comfortable in dealing with the topic than men do. Elderly people feel embarrassed when talking about sexuality with the professional, the woman is more accessible to health actions, seeking more health services mainly to prevent breast and cervical cancer^{16,17}.

Vocational training also accounted for differences in the design and approach of the sexuality of the elderly person, where the doctor focuses on healing issues and on the treatment of diseases, since the nurse focuses on health education, promoting dialogue and considering the subjectivity of the elderly person¹⁶. The exposed information shows the importance of the nurse in this care scenario, through an assistance praxis to the elderly person that values subjectivity and promotes a care to sexuality and sexual health. In this way, the primary care nurse stands out, since it has a closer and continuous contact with the elderly population, enhancing health promotion actions, in addition to promoting permanent education spaces for the interprofessional team⁵². For this purpose, there should be the inclusion of the Nursing Care Systematization, as well as trainings for professional qualification in the development of the management and approach of the different aspects that permeate the elder's sexuality⁵³.

Health and Sexual Conditions of the Elderly Person

Health conditions that are present in the aging process have shown impact on the sexuality of the elderly person since the appearance of wrinkles, dry skin, chronic disease, use of medicines, contribute to changes in sexual desire^{24,27,31,32,36,37,41,45,46}. The physiologic changes that occurs in the female and male body arising from the aging affect negatively the sexual practice, interfering in the man's ability and effectiveness of erection, time of orgasm, ejaculation and recovery. In women, this impact relates to the decrease of the estrogen hormone making them more upset and vulnerable to depression. Thus, for both genders, the sexual frequency will be reduced^{2,54}. Furthermore, health conditions are linked to the sexual frequency and desire in the elderly population; some chronic diseases affect negatively the sexual function⁵⁴. Therefore, health care professionals, especially nurses, need to understand the biopsychosocial changes that involve the aging process and its association with sexual activity, in order to implement interventions and to insert sexuality into a comprehensive perspective aimed at sexual health, since

improving the health condition increases the importance of sex and sexual satisfaction^{1,30}.

Prevention of Sexually Transmitted Infections in the Elderly Person

The studies showed that the great vulnerability of elderly people to sexually transmitted infections and AIDS occurs due to risky sexual behavior related to the non-use of condoms since they consider it unnecessary and difficulty to adapt^{3,26}. For elderly women, the unprotected sex is a risk factor related to weaknesses and dryness of the vaginal walls, which increase the likelihood of injury and infection by HIV and other pathogens²⁸. Similarly, the absence of knowledge and the insufficient knowledge of the elders on IST/AIDS also exposes the risky sexual behavior because the main sources of information were inadequate, non-specific to the elderly population, compromising their understanding and highlighting the weaknesses in the attention to the elders' sexual health. In order to achieve an integral attention to the elder's health, health professionals, where the nurse is, need to adopt individual and collective practices of health education for the promotion of sexual health for this clientele, offering care, spaces of reflection and learning about the sexuality of the elderly person, including family and other professionals by means of permanent education. In addition, there is the urgent need for prevention campaigns and public policies that address aspects of the elders' sexuality.

Conclusion

This review allowed identifying the scientific evidence on sexuality in the life of the elderly person, where they were organized into thematic categories that summarized the theme and promoted reflections on conceptions and attitudes of elderly people, their families, health professionals and caregivers regarding the elders' sexuality. The impact of sexuality in the elders' life passes through the change in their sexual experience, prioritizing affection and caresses; the social implications focused on repression and prejudice; health conditions and aspects of the ageing process reduce sexual desire, relating to low self-esteem; risky sexual behavior due to ignorance about preventive practices of STD/Aids, by the absence of educational programs for prevention and by the negligence of health professionals and caregivers to address the topic. Therefore, the elders' sexuality represents an important care scene so that the interdisciplinary and interprofessional team acts to promote an integral attention to the health of this clientele improving their quality of life, well-being and autonomy. Furthermore, elaborating specific public policies of this subject becomes imperative, as well as continuing education programs for professionals and caregivers.

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