



RESEARCH ARTICLE

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SEX AND SEXUALITY IN THE THIRD AGE: ELDERLY WOMEN AND THEIR MULTIPLE SENSES

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ABSTRACT

Brazil has witnessed an increase in the elderly population in recent years. In this sense, it is necessary to think about improving the quality of life of these people, promoting an active and healthy aging. Therefore, sexuality represents an element that should be explored in view of the different dimensions that encompass aspects that promote health benefits. This research aimed to study the perceptions of the elderly woman about sexuality, and as specific goals to identify factors that interfere in the sexuality of the elderly woman, and to verify how the elderly women experience their sexuality. This is a qualitative study, through action research from the search for perceptions of the sexuality of the elderly woman, allowing reflections referring to their multiple senses. Ten (10) women, most of them between 60 and 69 years old, participated in the study and after data analysis, four thematic groups emerged in the study, categorized as: Full sexual activity, Sex and freedom, Sex and negative feelings, and Sex: yesterday, but today, other priorities; where they demonstrated diversity in their reports about sexuality during the proposed activities. It is concluded that the perceptions of the elderly woman regarding sexuality are multifactorial, and are determined by their lived experiences, most of the women reported that they experience their sexuality interacting in physical and collective activities. The sexuality of the elderly woman, although it is still seen as a taboo in today's society, needs to be considered as public policies for the elderly population, in order to promote an active, healthy and quality aging.

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INTRODUCTION

Nowadays, it is perceived that the life expectancy of the elderly population has increased considerably in recent years.

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In Brazil, the number of elderly will triple in the next twenty years. The increase is accompanied by greater attention to aging relating aspects to health and sexuality since they are factors that interfere in the quality of human life. For the World Health Organization (WHO), older people in developing countries are individuals aged 60 and older, and in developed countries, aged 65 and older (Maschio et al., 2011). Sexuality

in old age is still seen as taboo for the elderly, as society still realizes that only the youngest are given the opportunity to manifest their sexuality, relegating the elderly to sexual abstinence. There may even be a desire to meet the other by the elderly, but there is not enough motivation, because they believe that if they do, they will be stigmatized as perverts from the precepts imposed on them (Bastos *et al.* 2012). Sexuality is an inherent perspective of each individual, which is present throughout the whole cycle of life, including in old age and individually influencing the way each person has to express, communicate and feel. It can be seen as identity, explicit in the way the individual establishes the relationship with himself and with society and is present from birth to death. Thus, it is the part that builds the personality of each human being and its development is completed according to the basic human need such as the desire for contact, intimacy, emotional expression, pleasure, love and affection (Queiroz *et al.*, 2015). The decrease of the sexual act in aging can be represented as both, a biological phenomenon (characteristic of the aging process) and a sexual dysfunction, and there is a certain complexity of these factors in this period of life, being better understood as a consequence of a physiological, psychological and social transition. Thus, considering the relevance of health benefits due to the maintenance of sexual activity, including increased longevity, health professionals should acknowledge the peculiarities of this population to clarify and assist post-climacteric women in the preservation of satisfactory sexual life (Fleury and Abdo, 2015).

For some others, the concern with quality of life in aging has gained relevance, especially in the last 30 years, but health professionals do not have as practice in consultations to question about aspects related to sexuality and the sexual act of the people in this range age. This reality is greater when they are elderly because they believe that sex does not appear in the reality of this population (Cunha *et al.*, 2015). In this sense, health care professionals have difficulties in evaluating the sexual life of the elderly and incorporating it as a theme of their work activities and, therefore, they do not discuss about preventive measures for Sexually Transmissible Infections (STIs) that affect the elderly population. As a consequence, assistance to sexuality is often directed towards the free demand of the complaints presented. (Anjos *et al.*, 2016). Data from the Brazilian Institute of Geography and Statistics indicate that the elderly population represents 8.6% of the Brazilian population and about 2.1% of these elderly people were diagnosed with AIDS. In addition to this disease, other sexually transmissible infections can be found in this population, such as syphilis, gonorrhoea, herpes, among others, which compose the statistics of 5,772,300 cases of Sexually Transmitted Infections (STI) each year (Brazil, 2013). The elderly woman feels pressured by preconceptions and feeds the judgment that because she is already in the third stage of life, she no longer offers any kind of attraction. From this point of view, she opts for a more discreet posture not to be labeled with the use of biased and pejorative words such as the "old lady". This applies, obligatorily, to the clothes, and the way of communicating; with that, there is denial of their sexuality, in which society is a strong contributor. In the same way, the elderly women undergo several transformations in their body, therefore, society and cultural customs maintain the impossibility of being seen as attractive and, as a consequence, they question their capacity for seduction and full experiences of sexuality (Souza *et al.*, 2015). However, the increase in the elderly population grows in proportion to the number of cases

of Sexually Transmitted Infections (STIs) and Acquired Immunodeficiency Syndrome (AIDS), which are a major national public health problem, since people over 60 do not lose sexual libido, but the lack of information does not stimulate prevention actions for this population (Paulino *et al.*, 2014).

Goal

Therefore, the general goal of this research was to know more about the perceptions of the elderly woman about sexuality, seeking to investigate the perspectives of the elderly woman about sex in the third age.

MATERIALS AND METHODS

It is a qualitative research, through action research, which represents a form of research associated with numerous ways of collective actions, in order to promote solutions to a given problem or generate transformations in this reality (Thiollent, 2005). Therefore, the action research was based on the search for perceptions of the sexuality of the elderly woman, making possible reflections on health education, which is also very important for the elderly population. In this sense, the focal group technique was used, which was based on the interaction between the participants and the researcher, being executed from focused discussions, since this technique allows the exchange of experiences, concepts and opinions among the participants, as opposed to qualitative interviews, because what we want to explore are the details of individuals narratives (Flick, 2009). The study was located on the Association of Residents - ASMOC, in the Catalina complex, which is a private space for associates, opened on October 5, 1989. The study was conducted with the group "Star of the Sea", composed of 60 elderly women, which was founded on April 9, 2007, where activities such as dance, water aerobics, lectures and presentations at cultural events are held. The association has as physical structure, composed of: an external hall, an internal hall, a reception, two bathrooms, a canopy, three rooms, two swimming pools, being adult and childlike, a soccer field and a volleyball court. The site was chosen because it is an accessible place for the researchers and participants, in order to facilitate the trip to the research field. As inclusion criteria: women who are older than 60 years old, residents of Belém - Pará and who have been part of the Estrela do Mar group for more than six months; and considering the following exclusion criteria: individuals who have difficulty speaking, who have difficulty writing and those who are hospitalized during the period of the research.

The research contemplated all ethical and legal aspects in its research through the authorization requested by the Association of Residents - ASMOC to carry out the study, being presented to the subjects of the study the Informed Consent Term - TCLE before the application of the research to get authorization for the disclosure of study data. For that, a meeting was held at the research site to clarify the study, where the researchers invited the elderly women to participate, emphasizing that their identities would be preserved in the study. After authorization, the project was sent to the Committee of Ethics and Research - CEP at UNIFAMAZ, through the Brazil Platform, under the CAE 02819118.4.0000.5701. Data collection was performed through the focal group technique with the purpose of evaluating the opinions of elderly women regarding their

Table 1. Sociodemographic profile of elderly people of the starfish group, Belem / Pará 2018

	AGE	MARITAL STATUS	SCHOOLING	OCCUPATION
PARTICIPANTA	65	Stableunion	Not informed	Not informed
PARTICIPANT B	81	Divorced	High School	Retired
PARTICIPANT C	72	Widow	Elementary school	Camareira
PARTICIPANT D	65	Married	Not informed	Not informed
PARTICIPANT E	63	Divorced	Not informed	Not informed
PARTICIPANT F	78	Widow	Not informed	Not informed
PARTICIPANT G	61	Widow	Elementary School	Housewife
PARTICIPANT H	63	Divorced	High School	Nursing Assistant
PARTICIPANT I	62	Single	Elementary School	KitchenAssistant
PARTICIPANT J	77	Widow	Not informed	Not informed

Source: Created by the authors from the interview with the participants of this research

sexuality. An interview was conducted prior to the dynamics to collect information regarding the demographics profile of the participants. To analyze the data collected the methodological steps of Bardin were used. Thus, two one-hour meetings were held on alternate days with an estimated of 10 participants, using active focus group methodologies. The place of the meeting was a room with chairs so that the subjects of the research felt comfortable and could participate on the requested activities with comfort, respecting the particularities of each individual. In the first meeting a circle was made with the participants and blank papers, ballpoint and colored pens were distributed. With this, the word "sexuality" was given. Afterwards, they were asked to put on paper, through a sketch or a phrase, their perception about sexuality. During the moment of the activity, the photos, videos and recordings of the requested dynamics were done. After the end of the dynamic, a free talk space was opened among the participants on the proposed topic. On the second meeting with the participants, the letter dynamics was performed: the participants were placed in a circle and given the following sentence: "What is the importance of sexuality in the life of the elderly woman?". The letter box was given so that each one could withdraw a letter. When they removed the letter, they were asked to speak a word about sexuality that began with the letter that was drawn, or that had the letter in the word. During the dynamics, the moderator conducted the work and raised startling questions to maximize the experiences of the elderly about sexuality, an observer wrote down the answers. The researchers were distributed according to functions: while one researcher directed the group, another one was in charge of recording the movement of the group, as well as the speeches and reactions according to the subjects.

RESULTS

The results of the study were organized in two stages, one of which is related to the profile of the informants and the second one according to content analysis and category formation.

Sociodemographic Profile: Ten (10) women, aged 61 to 81 participated on the research, 60% of them between 60-69, 30% between the ages of 70 and 79 years old, and only 10% were over 80 years of age, 80% of the women were widows or divorced; and only 20% married or stable union, relating to occupation and schooling due to lack of information at the time of collection, it was not possible to make the general analysis, according to Table 1.

Thematic Categories: The thematic categories that emerged from the study were organized from sex and sexuality.

Full sexual activity: Participants A and D are included in this category. It refers to women who started their sexual life very

early, here we find the only participants who are married or in a stable union who have reported having sex. This category used sentences such as "I have sex every day" (Participant A) and "I am active" (Participant D).

Sex and Freedom: This category includes Participants C and G. It refers to women who perceive sexuality today as synonymous with freedom, because when they were married somehow they felt constrained to live their independence, but today they live their sexuality participating on activities they like. The inclusion criteria were phrases such as "today I have freedom" (Participant C) and "I am free and I am happy" (Participant G).

Sex and negative feelings: This category includes Participants F and H. It refers to women who have created negative feelings towards sexuality because of negative sexual experiences in their past relationships. The inclusion criteria were phrases like "lack of love" (Participant F) and "unhappiness" (Participant H).

Sex: yesterday, good; today, other priorities: In this category are included participants B, E, I and J. It refers to the participants who were happy in their past sexual experiences, but today they live without partners because they have other priorities such as physical activities, traveling, interacting with their family, living happily. As inclusion criteria were used sentences such as "I have no interest in having a partner, I just want to be happy and engage in my dances and I feel happy" (Participant B), "sex was important in my youth. Today I do not have sex life, I do not miss it! I'm good without a partner" (Participant E), "It was good and I was happy, I felt really bad about the divorce, but today I'm good without partners, I live my life" (Participant I) and "I live well with my children. When he was alive we liked to dance we had talks, today I do not have a partner, but I'm fine" (Participant J). As a culmination of the actions, a closing moment was organized with the participants, launching the following question: "What contributed most to the clarification about sexuality?".

On this final moment, the participants reported that they had many doubts about sexuality in the third age because they felt uncomfortable talking about these subjects with people and even with their own family. They did not know about the risks of sexually transmitted diseases in the third age, being an aggravating factor in the case of the elderly women with active sexuality as well as on health care as a form of disease prevention, as they said that they feel neglected by the media that direct their advertisements only to the young population. When asked about "What would you do differently?" Of the 10 participants, 7 reported that they would have more concerns about their health, even in the time they were married, because

they trusted their partner and did care for their own health. The other three participants said they would not do anything different. Then, they were asked about "Of all the things that we discussed what seems most importante to you?", 10 participants affirmed their health as answer. Subsequently, the participants were still asked the following question "Regarding changes in the elderly's life regarding sexuality, did we miss something that was very important to you?" All 10 participants answered that the researchers clarified all the doubts and highlighted that they enjoyed the meetings very much, once they felt comfortable talking about sex, being heard without judgments. To conclude, the observer gave a brief verbal summary of the questions pointed out by the group, thanking the participants.

DISCUSSION

The research found that the perceptions of sexuality of elderly women represent a plurality of opinions and feelings, having strict relation with past and present experiences of each participant in the research, once it can be detected that while some women reported good sexual experiences, whether in the past or present, others described sex as a negative because of their past experiences, encompassing the general objective of the research. In the category "Full sexual activity", it is noted that the only elderly women who reported having sex were women who had a fix partner, married or in a stable union, also widowed and single women reported living their sexuality with the action of sex. Thus, it is possible to agree with Bastos *et al.*, (2012) when he mentions that society still sees old age as a period of more fragility, with the impossibility of an active sexual life, both by biological phenomenon and social aspects, also affecting sexuality of this population in a negative way where they feel pressured to abandon their sexuality to adapt to the norms prevailing in society. Fleury *et al.* (2015) points out that, although men remain more active than women, women between the ages of 75 and 85 years old assume to be sexually active. In the category "Sex and Freedom", women reported perceiving sex as freedom, since they are able to fully live their lives, but without the sexual act; agreeing with what Portella (2004) says about sexuality not to be restricted to sexual intercourse, but that it is also related to desire, intelligence, freedom and well-being, since, according to Fleury *et al.*, (2015), sexual intercourse involves touches and caresses, being beyond simple intercourse and can be represented in countless ways. The category "Sex and negative feelings" shows negative feelings about sex, justifying that in their past relationships they did not have good experiences with sexuality, which influenced significantly in their current perspectives. Thus, it can be seen that Queiroz *et al.*, (2015) states that sexuality represents an inherent perception of each person, being present throughout the life trajectory, since it is determinant for the way in which the individual is related to society and how it feels and expresses itself, even in the third age. Fleury and Abdo (2015) also add that the reduction of the sexual act in aging has a direct connection with a set of factors, lived in the life trajectory, being better understood as a physiological, psychological and social consequence.

In the category "Sex: yesterday, good; today, other priorities," women reported that today they live their sexuality doing physical exercises, interacting with people in their family, interacting with their circle of friends, thus revealing what Uchôa *et al.*, 2016 stresses about sexuality not being restricted to sex, since it is just one of the elements of sexuality.

However, he points out that sexuality in old age can manifest itself in different ways such as group activities, social relations through corporeality, which promote active and quality aging. Cunha *et al.* (2015), although, warns that although the growth of the elderly population requires public policies and educational actions to promote elderly's quality of life, health professionals do not have the habit of considering the issue of sexuality while consulting elderly patients, since the period of the third age is mistakenly considered the moment of sexual abstinence. Anjos *et al.*, (2016) indicate that these professionals find it difficult to evaluate the sexual life of the elderly and do not promote guidelines on preventive measures for Sexually Transmissible Infections (STIs) that affect the elderly population. On this perspective, this study demonstrated, based on the perceptions of the elderly woman, the lack of knowledge of many subjects concerning sexuality, since the participants reported that they did not have access to many of the information promoted in the meetings of this research. In this sense, it is agreed with Portella (2004), when he states that it is essential that health professionals provide information about the changes that occur in the aging process, in order to contribute to the quality of life of this population. Gonçalves and Alvarez (2002) also add that, specially nursing professionals must develop educational actions with this elderly public, acting as mediators of essential knowledge for the public, contributing to the promotion of full and active aging, including sexuality, since the participants revealed health as the most important element for them.

The participants described that they felt valued by the research, once they could talk about sexuality with naturalness and spontaneity, being heard without prejudices or condemnations, noting that they do not feel comfortable talking to other people about sex, because they feel constrained. In this way, what Souza *et al.* (2015) reveals that sexuality of elderly woman is still considered a controversial subject, a taboo, since, on a daily basis, she is treated by society as an incapacitated person. unable to have a sexuality in full activity, they end up internalizing social norms. This, according to Deberti and Brigueros (2012), points to obsolete and lay thinking in society that still envisages that women in their third years completely lose their sexual abilities and interests due to the physiological changes that the organism undergoes during the process of aging. Therefore, it is essential that health professionals, especially Primary Care nurses, engage educational actions directed to the elderly population, considering these individuals as competent, full of potentialities and with active sexuality, respecting the particularities of each person and the way they chose to live their sexuality, without, however, annulling themselves. That being shown, it is fundamental that society abandons its prejudices, in order to contribute to an active, healthy and quality aging.

Conclusion

This research found that there are multiple perceptions of elderly women about sexuality, being influenced directly by their past experiences with sex, which determined the way they relate in society and express themselves in their perspectives. In addition to that, this study revealed that, although the elderly population growth is advancing, the actions and public policies aimed at the care of this population regarding sex education are precarious in order to contribute to the reduction of sexually transmitted diseases and for the promotion of

active and healthy aging. Therefore, it is essential that health professionals, especially nurses, promote a humanized care for the elderly, providing care that is in accordance with their age, in order to guarantee, also, an affective support and respect, seeking an effective and efficient assistance to these users. Thus, the nurse professional is an essential subject in the promotion of quality of health and life of the elderly population, since it has the technical or scientific potential, necessary to evaluate and follow the health and life conditions of the most diverse social groups, including the elderly. Therefore, it is important to emphasize that the nurses' performance is paramount in promoting the quality of life of the elderly population, in its most diverse aspects and demands, in order to present the necessary solutions and strategies to help the elderly to have a full and dignified old age, with quality in all dimensions of his life, including his sexuality.

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