

A research about HIV/AIDS and sexuality involving elders: an experience report
Pesquisa com idosos sobre HIV/AIDS e sexualidade: relato de experiência
Investigación con ancianos sobre VIH / SIDA y sexualidad: relato de experiencia

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This article aims at reporting the experience of undergraduates, as collaborators in the data collection phase of the application of a quantitative instrument, in a Unit for the Care of Elders in the Municipality of Uberaba-MG. The research involved a number of 457 elder subjects. Data collection lasted for three months, from September to November, 2015, and was conducted by nine undergraduate nursing students at UFTM. The students were from distinct semesters of the course, and were adequately trained before the collection. The approach of the subject "sexuality", at first, could be a difficulty, but during data collection, just the opposite happened, as many of the elders seemed enthusiastic with the theme and encouraged other colleagues to participate. All people involved learned a lot with the participation of undergraduates in the data collection phase of this study.

Descritores: Aged; Data collection; Sexuality.

Este artigo tem como objetivo relatar a experiência de acadêmicos de graduação como colaboradores na fase de coleta de dados, referente à aplicação de um instrumento quantitativo, em uma Unidade de Atenção ao Idoso no Município de Uberaba- MG. O número de sujeitos da pesquisa compreendeu 457 idosos. A coleta de dados da pesquisa teve duração de três meses, de setembro a novembro de 2015, e foi realizada por nove alunos da graduação em enfermagem da UFTM pertencentes a períodos distintos, após capacitação prévia devida. A abordagem do assunto sexualidade, a princípio, poderia ser um dificultador, mas na coleta de dados, ao contrário, muitos dos idosos se mostraram entusiasmados com o tema e incentivavam outros colegas a serem pesquisados. A participação dos acadêmicos na fase de coleta de dados deste estudo trouxe um grande aprendizado para todos envolvidos.

Descritores: Idoso; Coleta de dados; Sexualidade.

Este artículo tiene como objetivo relatar la experiencia de académicos de graduación como colaboradores en la fase de colecta de datos, referente a la aplicación de un instrumento cuantitativo, en una Unidad de Atención al Anciano en el Municipio de Uberaba- MG. El número de sujetos de la investigación comprendió 457 ancianos. La colecta de datos de la investigación tuvo duración de tres meses, de septiembre a noviembre de 2015, y fue realizada por nueve alumnos de graduación en enfermería de la UFTM pertenecientes a períodos distintos, después de la capacitación previa devida. El abordaje del asunto sexualidad, al principio, podría ser un obstáculo, pero en la colecta de datos, al contrario, muchos de los ancianos se mostraron entusiasmados con el tema e incentivaron a otros colegas a ser investigados. La participación de los académicos en la fase de colecta de datos de este estudio trajo un gran aprendizaje para todos los envueltos.

Descriptores: Anciano; Recolección de datos; Sexualidad.

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INTRODUCTION

Populational aging is a worldwide phenomenon, and in Brazil, is a part of the changes that took place in the health indexes, and that can be noticed due to the fall on the natality and mortality rates, the increase in life expectancy and technological development on the treatment of diseases, especially the Chronic Non-transmissible Diseases (CNTD). Even though the increase in life expectancy demonstrates that there are better conditions of survival, any conception about aging must be based on indexes of quality of existence. Living long is not enough, it is important to live well¹.

Sexuality is a component inherent to life, that develops in a continuous process, starting even before the birth and only ending after death². The structure of sexuality is influenced by biological, physiological, emotional social and cultural factors, that impact on the life and health of human beings. Sexuality can also be understood as the way in which each human being expresses themselves through looks, smells and touches, and therefore, is not reduced to the sexual act. It is also a part of individuals which is useful for their communication with themselves and with the people with whom they build relationships throughout their lives. It influences their personality and the way they position themselves in the world around them². Having a satisfactory sex life is very important to maintain confidence and self-esteem. Therefore, the exercise of sex is a natural practice that should persist throughout one's life.

Sexuality, when related to aging, brings about myths and taboos that need to be overcome, as they tend to discourage the sex life of elders. For society, staying sexually active after aging is not a culturally accepted practice; it is seen as abnormal, immoral, and shameful. Sexuality during old age should be understood as a component of the individuals, and considered to be a biopsychosociocultural factor, as it is in other age groups. Healthy sexuality is paramount in the life of senior citizens, and due to their complexities, they need support and measures that aim at promoting the quality of life during old age, not

to mention the overcoming of the many taboos that surround sexuality for older people².

Due to the lack of campaigns directed at the elders for the prevention of STIs, coupled with the prejudice this population has against the use of condoms and their frequency of sexual activity, an important segment of the population is under the risk of contracting infections through HIV (Human Immunodeficiency Virus). In addition, health professionals are not adequately trained to promptly diagnose STIs in this age group, in which, generally, chronic-degenerative diseases are predominant³.

Therefore, unlike the worldwide statistics those show a decrease in the incidence of the Acquired Immunodeficiency Syndrome (AIDS) in other age groups, there has been a significant increase of this disease in senior men and women. According to data from the Ministry of Health (MH), the presence of HIV in senior citizens has grown more than 80% in the last 12 years, mostly due to an improvement in their sexual life, and to the fact that they do not wear condoms⁴.

Considering the aspects involved in the occurrence of the disease and the current epidemiological indexes, data obtained in this study may contribute for an understanding of the knowledge of older adults about HIV/AIDS, and bring subsidies to educational interventions by health professionals, as to prevent STIs/AIDS and/or control and delay the harm that comes from it.

The recognition and confirmation of the major discomforts and problems faced by the elders in their sex life might offer support for the demystification and acceptance of the sexuality of these people, while searching for mechanisms that can minimize such problems and aim at an improvement in their quality of life.

The development of researches, as a part of the tripod which serves as base for the teaching of public universities in Brazil, is a practice that has been increasingly encouraged. An understanding that teaching can't be dissociated from the questioning of reality has been fostering researches in undergraduate courses. That is also allied to

an understanding that the development of an area of knowledge and of a profession happen due to the acquiring of knowledge that can potentially generate new approaches, thus meeting the demands of our times, and allowing for the participation of the subjects with constitute it⁵.

Based on that, this is a report of the experience of the data collection of a research that was part of a university project for the building of a end-of-course monography of a student who belonged to a research group.

This article aims at reporting the experience of undergraduates, as collaborators in the data collection phase of the application of a quantitative instrument, in a Unit for the Care of Elders in the Municipality of Uberaba-MG. The objective, therefore, is to share the experience undergone by the students, aiming at exposing the easy and difficult situations confronted for the implementation of the project in its field phase (which was the data collection), as well as to provide support for other students who seek to conduct similar works.

METHOD

This is an experience report that will present the experiences involving the participation of undergraduate students in the data collection phase of a research project. The work group was composed by volunteer undergraduates.

At first, volunteers were selected through an analysis of their profile and their availability of time to participate in the activity. Then, these students were trained by the coordinators regarding the application of the instruments and behavior during interviews.

The research was conducted in the Unit for the Care of Elders (UAI) , which is linked to the Social Development Secretariat (SEDS) of the Municipality of Uberaba, in the State of Minas Gerais. The research involved a number of 457 elder subjects. The seniors were approached in the interaction groups, where the objectives of the research were explained. The Mini Exam of the Mental State (MEMS) was applied, and those whose score

was satisfactory were guided to a separate room, for the interview to be performed.

Data were collected from September to November, 2015, from an instrument called QHIV3I, developed and validated in 2008⁶ in Brazil. This questionnaire evaluates HIV/AIDS in old age. The QHIV3I approaches general characteristics - such as socioeconomic level, age, educational level, existence of stable partners and the religion to which the participant belongs, if any. In order to collect data regarding sexuality, questionnaires evaluating the male and female sexual quotient were used (SQ-M) and (SQ-F). Both questionnaires were developed and validated in Brazil. Their language is accessible, and they approach the different functional elements regarding sexual satisfaction and performance of both sexes. The total scores of the SQ-M and SQ-F vary from 0 to 100, and the highest the score, the better the sexual development/satisfaction of the individual being investigated.

This article will focus on the experience undergone by the students that collected data at the UAI/SEDS-Uberaba.

This research was conducted according to the demands of the Resolution 466/12 of the National Health Council, and it was approved by the Research Ethics Committee of the Federal University of the Triângulo Mineiro, through the tool Plataforma Brasil, under the protocol CAAE 47386515.9.0000.5154.

RESULTS

Nine Nursing undergraduates participated in the data collection, that included 457 seniors from September to November, 2015.

Generally, a certain resistance is expected from the elders, but there wasn't any - although it must be considered that the interviews were conducted in an environment created for them. These environment, generally, may be different from those frequented by users of other services, especially considering health services, since these usually care for people who are ill.

The students went through two training encounters, approaching, among

other things, the instruments, how to approach the seniors, and how to approach these themes, which in our society are not discussed enough.

The volunteers were separated in groups of at least two, according to their availability, and they stayed in the health unit through an entire day of work, seeking a greater participation of the elders in the research. The target population of this study was constituted by 900 seniors registered in the health unit, that participated in some activity offered by it. The number of elders interviewed by students varied according to the time they stayed and the interest demonstrated by the elder, when they were invited to participate in the study.

457 senior citizens participated in the study, 74% (n=338) of which were female and 26%(n=119) male. 51% of them were between 60 and 69 years of age, 51.8% said that they did not have a stable partner, 51% said to have a monthly income of one minimum wage or less, and 63.6% stated that they practiced the catholic religion.

Initially, the frequency of the activities available was procured from of the reception of the unit. However, at the time of research, the use of it became inviable, as it is a place with a great flux of people, and received different senior citizens every week, even in the same activities. In this context, the elders were approached in the waiting room of the unit, which was ample, and was the path taken by the users to go to the most common activities, like zumba and water aerobics. A high number of seniors used the room to wait for their next activities.

The seniors were approached in a simple way. Initially, they were invited to participate of the research. At this point, the study was explained, as well as the importance to collaborate to the development of researches. Most seniors were noted to understand the proposal and its objective, and wanted to answer the questions; some of them, as they saw university students in lab coats around, offered to participate in the research.

The approach of the participants was amicable, and the elders attend the unit were

very friendly - even those who were not interested in participating. Approaching the subject, at first, would in theory be a difficult point of the interviews, but practice showed it to be otherwise: most seniors were enthusiastic about the theme and encouraged friends to participate.

A lot of the seniors asked the undergraduates for a pressure measurement. The group thought about offering the measurement as way to increase the number of participants, but in the end, decided that it would not be viable, as it could lead to selection bias. Looking for more adhesion, the students started looking for seniors in other parts of the institution.

As the days passed, though, the presence of the students were no longer something new, and difficulties to find participants manifested. The number of interested participants fell gradually.

DISCUSSION

It is very important to understand how does the active and healthy aging process work, as to create effective strategies to promote the health of the elders, as the aging process is a natural part of the life cycle and deserves a specific type of attention. Among these strategies, are the interactions centers that allow for literacy learning, among others, that promote healthy interactions with others and allow for active aging^{7,8}.

Based on the importance of the center of senior interaction, the Unit for the Care of Elders in the city of Uberaba-MG was chosen for a quantitative research to be conducted. The objective was to analyze the knowledge of the elders regarding HIV/AIDS, and the sexual quotient of this population.

The Unit for the Care of Elders is an institution created by the City Hall, and is Linked to the Secretariat of Social Development, that attends people older than 55 years of age. Created in 1986 to aggregate and cater to any elder who comes from any neighborhood from the city, it offers a space for the interaction among senior citizens. It is an institution that offers subsidies for seniors to have a better quality of life, promoting physical exercise through activities such as:

water aerobics, aerobics, zumba, stretching and bodybuilding; and other recreational activities such as games, musical rehearsals, dances at Fridays, and classes of sewing and embroidering.

The training of the interviewers happened before the research, and it is important to allow for all people involved to prepare for the process. It provides knowledge about the context and the structure of the research, and the peculiarities involving the field and the subjects. Generally, an adequately planned and conducted training offers the participants the conditions to be an integral part of the whole process, and thus provides a greater guarantee of the success of the research and the learning of all those involved⁹.

Three instruments were used for data collection, namely: the Mini-exam of the mental state, that quickly and objectively verifies the cognitive functions and is an instrument frequently used with this population; the QHIV3I, developed and validated in Brazil in 2008 by Kazzaratto⁶, which involves questions regarding diseases, how they can be transmitted, treatment and manifestation; and the SQ, both in its male and female versions - an instrument that evaluates the sexual quotient of the participant, and was developed and validated in Brazil.

The mini-exam of the mental state was used for selection, and only those with cognition enough to answer the other instruments were considered. Almost no one was eliminated by this instrument, as this unit has a lot of active and independent seniors. Several reports have indicated that the mini-mental made the research tiring. The elders also felt uncomfortable with the easiest questions of the instrument, such as "where are we" and "what day of the week is it today". Some elders even questioned: "Do you think I'm senile?", "Is this for you to see if I have Alzheimer's?", or "Do you think I can't remember anything?". Others, however, found the questions funny and wanted to know about the results.

When questioned about HIV/AIDS, the elders showed some knowledge regarding the transmission and diagnosing of the virus (90.2% got right the question about the laboratory diagnosis of the virus that causes HIV/AIDS). 88.2% of them, however, stated to have never used a condom, what can be connected to their religious practices and beliefs, that directly interfere in the use of contraceptive methods that are also use to prevent transmissible diseases, such as condoms¹⁰.

One of the issues that might be present regarding the lack of knowledge about the manifestations of the disease are the scarce policies directed at this age group. Even now their preferred targets are young people, pregnant women, drug users and other groups that are considered to be vulnerable to the infection. It could be argued, though, that senior citizens, due to several characteristics that are part of the aging process, are also vulnerable to HIV infections¹¹.

The most effective way to protect against HIV/AIDS is to use the condom, but most seniors stated that they do not use it, in both genders, though they also say they are aware of how important it is. That corroborates previous researches¹¹⁻¹⁵.

Many aspects are related to the lack of condom use, and beyond those that were mentioned above, an acceptance problem can be mentioned, especially among men, since some of them believe that the condom diminishes pleasure and sensitivity. They also do not think it is right for the woman to ask them to wear one, since that would mean that they do not trust their partner¹⁶.

Senior citizens need the health professionals to be prepared to deal with several obstacles, and frequently, the conduction of health education actions may be prejudiced. The limitations of campaigns regarding sexuality and its associated diseases, targeted restrictively at risk populations, in past decades, is only one of the difficulties in the interaction with the sexual education of elders^{12,17}.

Currently, there are still many obstacles, considering that campaigns are not

only still focused on the young population, as they also demonstrate the permanence of pre-established concepts regarding aging.

When it comes to sexuality, it can be noted that most men felt motivated to remain sexually active, as the rates of sexual inactivity were 7.6%, while the same number for women was 57.7%, a number which is considered as bad, indicating that they do not feel stimulated. That was mainly due to the lack of knowledge regarding the physiological changes of the aging process and its alternatives, as well as because of the lack of a stable partner, which is pointed out by many as the only way to maintain sexual activities¹⁰.

Working with the sexuality of elders is to be prepared to deal with several taboos, fears, beliefs and limitations, and to, frequently, find people who do not see seniors as sexually active people, and thus believe that they do not and should not think about sex, and that they are incapable of provoking sexual desire^{14,16}. These beliefs make the approach of the elder more difficult, and make prevention actions less effective, frequently leading to late diagnoses and inadequate treatments, as well as contributing to the worsening of the symptoms of the disease, and even leading to the death of the patient¹⁶.

A study with nurses indicated that these professionals see sexuality in this age group as a taboo, and how prejudice. These professionals recognize that actions about this subject targeting elders are few, and that is a failure. It is paramount to encourage them to see the aging process beyond the diseases, and to attempt a restructuring of the assistance, in order to effectively promote healthy and active aging, always considering that sexuality is a factor that's inherent to life, and is also part of the concept of active aging¹⁷.

Thus, it is important for health professionals, especially nurses, to improve their practice when it comes to this subject, since some studies point at gaps in the knowledge of elders regarding HIV infection^{14,16}. Such a reflexion allows for the adjustment of actions, so they can become

proactive and effective, and therefore lead to an increase in the quality of life of this population.

Knowledge about the place and its relationship with the profile of the users allow for one to infer the impact of it upon health in a broader sense. The people involved in the study had a very positive perception about the institution, since it is spacious, ventilated, and adapted to the needs of the seniors. It also has a very helpful team, composed of an administrative team, nursing services, social assistants, psychology team, physical educators, among others, who helped making the proposition of activities and data collection much easier.

CONCLUSION

The participation of the undergraduates in the data collection phase was a very fruitful learning experience for everyone involved, as they could experience since the first moment the difficulties offered by a research project and the questions of the seniors regarding HIV/AIDS. That contributes for them to think about educational interventions involving the preservation and/or control and delay of problems that stem from these diseases, and possibly diminishing these problems and leading to an increase in the quality of life.

Many elders do not have access to information due to the lack of opportunities to talk about the subject, which is still seen as banal. With the experience of the students in this population, it became necessary to create another project to discuss the sexuality and sexually transmitted diseases in a group of health education, as to provide an environment for the exchange of knowledge, leading the target population to the knowledge they need to increase the quality of their lives and diminish the damages to their health.

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CONTRIBUTIONS

Bruna Stephanie Sousa Malaquias took part in all stages and in the creation of the project. **Nayara Freitas Azevedo, Vitória Eugênia Martins e Carolina Silva Ledic** took part in data collection and in the writing of the article. **Giovanna Gaudenci Nardelli** took part in the writing of the project, data analysis, and in the writing of the article. **Eliana Maria Gaudenci and Álvaro da Silva Santos** took part in the critical review of the article.

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