

Assessment of sexuality in physically active and sedentary elderly people

Avaliação da sexualidade em idosos fisicamente ativos e sedentários

Evaluación de la sexualidad en ancianos físicamente activos y sedentarios

Received: 29/08/2020

Approved: 11/03/2021

Published: 15/10/2021

Grace de Sousa Lopes¹Mariana Rosa Ribeiro Cardoso²Bruna Ferreira Silva³Joyce Mara Gabriel Duarte⁴Adriana Cristina Nicolussi⁵

Quantitative, exploratory and cross-sectional study, carried out in a Basic Health Unit in a city in the interior of Minas Gerais state, Brazil, in 2019. It aimed to evaluate sexuality in the elderly and comparing physically active people and sedentary people. A sociodemographic questionnaire and a *Questionnaire on Sexuality in the Elderly* were applied, divided into active elderly (G1) and sedentary elderly (G2). Descriptive statistics, mean and standard deviation calculation, and t test for independent samples were performed. 23 elderly people participated in G1 and 40 in G2. There was a similarity between the groups, in which the female gender predominated, the age group between 60 and 69 years old, white, Catholics, retired and those who attended elementary school. In comparisons, physically active elderly people had a higher mean for the question "do you consider yourself sexually active currently" (M=3.22) and a lower mean for the question "how important was sex to you in your youth" (M=5.83) than sedentary ones (M=1.60 and 8.15, respectively), with statistically significant differences (p<0.05). It was observed that the physically active elderly considered themselves currently sexually active while the sedentary elderly think that sex was more important in their youth.

Descriptors: Aged; Health of the elderly; Sexuality; Exercise.

Estudo quantitativo, exploratório e transversal, realizado em uma Unidade Básica de Saúde de uma cidade do interior de Minas Gerais, em 2019, com o objetivo de avaliar a sexualidade em idosos e comparar entre os fisicamente ativos e sedentários. Foram aplicados questionário sociodemográfico e *Questionário sobre a Sexualidade na Terceira Idade*, divididos em idosos ativos (G1) e idosos sedentários (G2). Realizou-se estatística descritiva, cálculo de média e desvio padrão, e teste T para amostras independentes. Participaram 23 idosos no G1 e 40 no G2. Observou-se semelhança entre os grupos, na qual predominaram o sexo feminino, a faixa etária entre 60 a 69 anos, raça branca, católicos, aposentados e que cursaram até o ensino fundamental. Nas comparações, os idosos ativos fisicamente apresentaram média maior para a questão "considera-se sexualmente ativo atualmente" (M=3,22) e menor média para a questão "o quanto o sexo foi importante na juventude" (M=5,83) do que os sedentários (M=1,60 e 8,15, respectivamente), com diferenças estatisticamente significativas (p<0,05). Observou-se que, os idosos fisicamente ativos se consideravam sexualmente ativos na atualidade enquanto que os idosos sedentários consideravam que o sexo foi mais importante na juventude.

Descritores: Idoso; Saúde do idoso; Sexualidade; Exercício físico.

Estudio cuantitativo, exploratorio y transversal, realizado en una Unidad Básica de Salud de una ciudad del interior de Minas Gerais, Brasil, en 2019, con el objetivo de evaluar la sexualidad en ancianos y compararla entre ancianos fisicamente activos y sedentarios. Se aplicaron el cuestionario sociodemográfico y el *Cuestionario sobre la Sexualidad en la Tercera Edad*, divididos en individuos activos (G1) e individuos sedentarios (G2). Se utilizó estadística descriptiva, el cálculo del promedio y la desviación estándar y la prueba T para muestras independientes. Veintitrés ancianos participaron en el G1 y 40 en el G2. Se observó una similitud entre los grupos, en los que predominaba el sexo femenino, el rango de edad entre 60 y 69 años, de raza blanca, católicos, jubilados y que cursaron hasta la primaria. En las comparaciones, los ancianos físicamente activos mostraron un promedio más alto para la pregunta "¿se considera sexualmente activo en la actualidad?" (M=3,22) y un promedio más bajo para la pregunta "¿qué importancia tuvo el sexo en su juventud?" (M=5,83) que los sedentarios (M=1,60 y 8,15, respectivamente), con diferencias estadísticamente significativas (p<0,05). Se observó que los ancianos físicamente activos se consideraban sexualmente activos en la actualidad, mientras que los sedentarios consideraban que el sexo fue más importante en la juventud.

Descritores: Anciano; Salud del anciano; Sexualidad; Ejercicio físico.

1. Nurse. Specialist in Elderly Health. Uberaba, MG, Brazil. ORCID: 0000-0002-1549-1135 E-mail: gracelobao@hotmail.com

2. Nurse. Specialist in Elderly Health. Master's Student in Health Care at the Universidade Federal do Triângulo Mineiro (UFTM), Uberaba, MG, Brazil. ORCID: 0000-0002-8358-0818 E-mail: mariana.rrc7@gmail.com

3. Nurse. Specialist in Elderly Health. Nurse at the Universidade Federal de Uberlândia (UFU), MG, Brazil. ORCID: 0000-0001-8443-2481 E-mail: brunafferreirasilva6@gmail.com

4. Nurse. Specialist in Teaching in Higher Education. Master and PhD in Health Care. Collaborating Nurse at the Professional Education Center (CEFORES) at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0002-4501-9712 E-mail: joyce.duarte@uftm.edu.br

5. Nurse. Master and PhD in Fundamental Nursing. Adjunct Professor of the Undergraduate Nursing Course and the Postgraduate Program in Health Care at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0001-5600-7533. E-mail: drinicolussi@yahoo.com.br

INTRODUCTION

The world population is aging. It is estimated that one in five people will be over 60 years old in 20150, meaning 2 billion elderly people. In Brazil, this proportion will represent 50 million Brazilians^{1,2}. This phenomenon is due to changes in the demographic pattern, with decline in fertility and mortality rates and consequent increase in life expectancy due to advances in science, such as the improvement in disease treatments and access to healthcare services³.

Aging happens in a particular way for each person, bringing changes in their physical and physiological structure, such as the appearance of gray hair, wrinkles, decreased elasticity and dryness of skin, metabolism delay, decreased field of vision, loss of muscle mass⁴. Also, hormonal changes occur in women, which causes vaginal dryness and affects sexual desire. In men, there is a gradual limitation of spermatogenesis, with a reduction in erection during the arousal phase^{4,5}. However, sexuality is part of this process and its practice contributes positively to the quality of life of the elderly¹.

Sexuality is a natural process that involves both physiological and emotional aspects and differs according to each stage of life. Society mistakenly treats old age as an asexual phase, making this idea a negative factor for the elderly, who repress their desires and feelings related to their sexuality, which are essential for maintaining quality of life, for living with other people, self-esteem and mental health^{6,7}.

The sexuality of the elderly is still seen as taboo by families and society, and treated as something shameful, forbidden and little discussed. Thus, generating a lack of knowledge about the subject and contributing to the persistence of prejudice^{8,9}.

Aging does not mean becoming asexual. In fact, there are several changes in the elderly, whether in their morphological, psychological or functional capacity that influence the effectiveness of their sexuality, which in itself remains essential for this elderly person, generating happiness, affection, trust, in addition to contributing to hormonal, emotional and sociocultural interaction⁹. Over the years, the person does not lose sexual desire, which only ends with death⁹. What happens are changes that are part of the aging process.

With the increase in life expectancy, there is concern about the population that is aging and will age. For this reason, a healthy lifestyle with adequate nutrition and physical exercise should be encouraged. For the elderly, the practice of physical exercise brings numerous advantages, preventing and reducing the risk of diseases that affect them during the aging phase¹⁰.

The practice of physical exercise and sexuality has a beneficial relationship to the elderly, the mechanisms involved during physical exercise improve the supply of oxygen to cells and tissues and increase the levels of nitric oxide, which repairs damaged tissue, contributing to a better sexual performance¹¹. When comparing a group of elderly people who practiced physical exercise and a group of sedentary elderly people, it was observed that the active group had a better response in personal relationships, which contributes to their sexuality, thus improving their self-esteem and confidence¹². Thus, this study aims to assess sexuality in the elderly and compare the physically active and the sedentary.

METHODS

This is a quantitative, exploratory and cross-sectional study. The research took place in a Basic Health Unit (BHU) in Uberaba, a city in the interior of the state of Minas Gerais.

The sample consisted of two groups of elderly: Group 1 (G1) who performed physical activities for at least three months and Group 2 (G2) who did not perform any physical activity. G1 performed exercises conducted by a multidisciplinary team of residents, composed of nurses, nutritionists, physical therapists and physical educators, developing circuit training exercises, dance and guided gymnastics activities. While G2 was attended by the BHU to

monitor chronic diseases such as diabetes and hypertension and did not exercise, being considered sedentary.

Inclusion criteria were: being 60 years old or older, of both genders, who accepted to participate in one of the groups: G1 performing physical exercise and G2 di not performe any exercide. Elderly people who were monitored for chronic diseases at the aforementioned BHU were excluded from G1, and the elderly who regularly performed physical exercise elsewhere were excludd from G2.

Data were collected through a semi-structured questionnaire that included sociodemographic data, containing information such as gender, age group, race, religion, educational level and occupation. To assess sexuality, the Questionnaire on Sexuality in the Elderly (QSE) was used, consisting of seven questions, with two open questions (sexual frequency in youth and currently), a multiple choice question (informing whether or not they have a steady sexual partner and if yes, inform who) and four 10-point Likert-type questions, between 1 (nothing) and 10 (a lot) (importance of sex in youth and currently, satisfaction and current sexual activity), prepared by the Laboratório de Gênero, Educação, Sexualidade e Corporeidade (LAGESC/UDESC)¹³.

Data collection was carried out by the assistant researchers, from May to September 2019, on the same day that the elderly attended the aforementioned BHU, to carry out their routine activities (G1 for physical exercises and G2 for consultation of follow-up). After the activities, the elderly were invited to participate in the research and, if they accepted, they were led to a room in the BHU to answer the questionnaires privately, thus avoiding response bias.

The data were transcribed into an Excel spreadsheet and double-entered to check the data. For data analysis, the PSPP version 1.2.0 software was used. The Kolmogorov-Smirnov test was used to test normality, aiming to reduce sample size bias. Frequency and percentage calculation was performed for descriptive analysis of sociodemographic, clinical and QSE multiple-choice data. For the other questions, the mean and standard deviation were calculated. To verify difference between groups, the T test for independent samples and the Levene test for equality of variances were performed.

The project was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro (UFTM), under Opinion No. 3,290,669 and the participants agreed to participate in the research by signing the Informed Consent Form (ICF).

RESULTS

The study consisted of a final sample of 63 participants, of which 23 were from G1 and 40 from G2. There was a similarity between the groups, in which women predominated, the age group between 60 and 69 years, white, Catholics, retired and those with an elementary educational level (Table 1).

Table 1. Sociodemographic characteristics of the groups. Uberaba, MG, Brazil, 2019.

Variables	Group 1 (active)	Group 2 (sedentary)
	No. (%)	No. (%)
Gender		
Female	22 (95.7)	25 (62.5)
Male	1 (4.3)	15 (37.5)
Age group		
60 to 69 years	13 (56.5)	24 (60.0)
70 to 79 years	9 (39.1)	14 (35.0)
80 years or more	1 (4.4)	2 (5.0)
Race		
White	10 (43.5)	24 (60.0)
Black	5 (21.7)	2 (5.0)
Brown	8 (34.8)	14 (35.0)
Religion		
Catholic	9 (39.1)	23 (57.5)
Espiritis	8 (34.8)	7 (17.5)
Evangelical	2 (8.7)	2 (5.0)
Other	2 (8.7)	2 (5.0)
No information	2 (8.7)	6 (15.0)
Educational level		
Elementary school	18 (78.3)	33 (82.5)
High school	3 (13.0)	5 (12.5)
Higher education	2 (8.7)	2 (5.0)
Profession		
Retired	14 (60.8)	26 (65.0)
Housewife	5 (21.7)	8 (20.0)
Self-employed	2 (8.7)	4 (10.0)
Informal work	1 (4.4)	1 (2.5)
Other	1 (4.4)	1 (2.5)

Table 2 shows the frequency and percentage of responses to the multiple choice questions of the QSE tool, in both groups, most elderly people currently had a steady partner, with the spouse being the most mentioned.

Table 2. Frequency and percentage of multiple choice questions in the QSE tool. Uberaba, MG, Brazil, 2019.

Variables	G1 (active)	G2 (sedentary)
	No. (%)	No. (%)
Current fixed partner		
Yes	14 (60.9)	22 (55.0)
No	9 (39.1)	18 (45.0)
Who		
None	9 (39.1)	18 (45.0)
Husband/Wife	10 (43.5)	20 (50.0)
Boyfriend/Girlfriend	2 (8.7)	2 (5.0)
Just casual partner	2 (8.7)	0 (0.0)

Regarding the open questions of the tool on sexual frequency in youth and currently, it is possible to observe in Table 3 that the elderly performed sexually more frequently in youth.

Table 3. Frequency and percentage of open questions in the QSE instrument. Uberaba, MG, Brazil, 2019.

Variables	Group 1 (active)	Group 2 (sedentary)
	No. (%)	No. (%)
Sexual frequency in youth		
0 times	3 (13.0)	3 (7.5)
1 time	2 (8.8)	1 (2.5)
2 times	3 (13.0)	8 (20.0)
3 times	4 (17.4)	8 (20.0)
4 times	3 (13.0)	6 (15.0)
5 times	2 (8.8)	5 (12.5)
6 times	3 (13.0)	2 (5.0)
7 times	3 (13.0)	6 (15.0)
10 times	0 (0.0)	1 (2.5)
Current sexual frequency		
0 times	13 (56.5)	29 (72.5)
1 time	3 (13.0)	8 (20.0)
2 times	5 (21.7)	0 (0.0)
3 times	1 (4.4)	1 (2.5)
4 times	0 (0.0)	2 (5.0)
5 times	1 (4.4)	0 (0.0)

Table 4 shows the mean, standard deviation and t-test for comparing the means of the QSE instrument Likert-type questions in Group 1 (active) and Group 2 (sedentary). The mean score for the question "how important was sex in youth" was higher for G2 (sedentary) compared to G1 (active), while for the question "do you currently consider yourself sexually active", the mean was higher for the G1; both statistically significant ($p < 0.05$). For the other questions, the means were lower than 5.0, that is, considered low.

Table 4. Mean, standard deviation and t test of the QSE instrument in groups 1 and 2. Uberaba, MG, Brazil, 2019.

Question in QSE tool	G1 (23)	G2 (40)	Test t	p
	Mean (Standard deviation)	Mean (Standard deviation)		
How important was sex in youth?	5.83 (± 3.27)	8.15 (± 2.75)	3.01	0.004*
How sexually satisfied are you at the moment?	5.39 (± 3.13)	3.70 (± 3.78)	-1.81	0.075
Do you consider yourself sexually active currently?	3.22 (± 3.23)	1.60 (± 2.47)	-2.08	0.045*
How important is sex currently?	4.04 (± 3.35)	4.25 (± 4.07)	0.21	0.837

*Statistically significant $p < 0.05$.

DISCUSSION

The results of this study show some characteristics of the profile of the elderly that corroborate other studies which show that the prevalence of women was higher than that of men⁵⁻⁷. This difference can be understood by the fact that the life expectancy in Brazil is greater for women than for men, which characterizes the feminization of aging³. The largest number of participants prevailed in the age group from 60 to 69 years and can be explained by the fact that the Brazilian population has an average lifespan of 76.6 years¹⁴.

It can be observed that respondents from both groups had an elementary educational level, were retired, white and Catholic, data that match the profile of the elderly in other studies carried out^{10,15,16}. This information corroborates a study carried out with elderly people, where the low education level is justified by the difficult access to formal education by this population a few years ago, how much retirement is consistent with the reality of the elderly, in which 90% receive this benefit, and Catholicism being the most practiced religion in Brazil¹⁷.

Most participants reported that they currently have a steady partner (husband/wife). A similar result was found in a survey conducted with 82 elderly people in a community center, in which 35% of the elderly were married and 22% were single¹⁸. Elderly people with partners are eight times more likely to be sexually active, but elderly people without partners tend to withdraw their sexuality because they feel too old or because they are afraid of judgment^{9,19}.

In addition, the elderly have greater difficulty in dealing with the physiological changes present at this stage of life, especially when it comes to sexuality, such as sexual impotence and reduced sexual desire^{20,21}.

The sexual life of the elderly can be affected by illness or by their partner, causing a decrease in sexual activity or sexual inactivity¹⁵; for those interviewed, diseases had a direct impact in sexuality. With the changes that occur during aging, sexuality can be experienced in another way, which goes beyond the sexual act, such as exchanging affection, fondness and companionship^{9,16,22}, this can be confirmed by the data found, in which the elderly reported that sex is currently important (means above 4.0), but they had low weekly sexual frequency (most reported not once a week) in both groups, even with a steady partner.

A study carried out with 126 elderly people in a city in the state of Goiás observed that, when participants were asked whether sex is important for the elderly, 13.49% said they considered it important, and 86.51% believed that sex was not important¹⁶. This thought is linked to the elderly because they believe that sexuality is related to youth, judging that the individual, as they grow old, become devoid of sexual desire and interest^{20,21}. Prejudice occurs among the elderly themselves, because they believe they are incapable of living their sexuality because they feel old and are afraid of judgments, and even because of beliefs that were imposed throughout their lives²³.

Regarding the question "*how important was sex in youth*" of the QSE tool, in comparisons between groups, the mean was higher in Group 2. This data corroborates research²⁴ that used the same questionnaire and observed that, in youth, sex was relevant and due to the fact that it was essential in that period of life.

In the question "*how much are you currently sexually satisfied*", the average was higher in Group 1, inferring that, in this study, physically active elderly people considered themselves sexually active today, while sedentary elderly people consider that sex was more important in youth, that is, a sedentary lifestyle may be influencing the decrease in current sexual activity.

The practice of physical exercises contributes to better development of functional capacity²⁵. Active elderly people are more willing to engage in sexual activity and even show greater interest, an important factor in maintaining physical, psychological and social well-being of this elderly person, as the sexual function remains throughout life²². When evaluating a group of elderly women who practiced some type of physical exercise, it was observed that there was an increase in sexual desire, while the other group that had hot flashes, depression and difficulty sleeping had lower sexual desire²⁶.

However, the practice of warm-up and use of weights or circuit training, in addition to flexibility and balance exercises, did not show changes in desire, sexual frequency or even satisfaction with sex life²⁷. Likewise, in an investigation²⁸ carried out with active elderly women, sexuality did not differ between active and sedentary women, as well as other studies^{29,30} did not find a significant relationship between active elderly and sexuality.

CONCLUSION

In the assessment of sexuality, in both groups of elderly people, most currently had a steady partner, however they did not consider themselves sexually active and currently had low weekly sexual frequency.

In comparisons, physically active elderly people had a higher mean for the question "*do you consider yourself sexually active currently*" and a lower mean for the question "*how important was sex in youth*" than sedentary people, which were statistically significant ($p < 0.05$).

Physically active elderly people considered themselves sexually active today, while sedentary elderly people pointed out that sex was more important in youth, and that the sexual act and frequency are not so important to them. In turn, they mentioned companionship, acts of affection and fondness as part of this sexuality.

The results of this study must be interpreted with caution, due to the limitation of the sample, the cross-sectional design and the self-reported instrument. Measures to minimize bias were performed, in which it was possible to observe similarities in the sociodemographic variables of the groups.

Despite much talk about the importance of exercise for the life of the elderly and its benefits, intervention and longitudinal studies that correlate the practice of physical exercise with sexuality are necessary.

REFERENCES

1. Oliveira LB, Baía RV, Delgado ART, Vieira KFL, Lucena ALR. Sexualidade e envelhecimento: avaliação do perfil sexual de idosos não institucionalizados. *Rev Ciênc Saúde Nova Esperança* [Internet]. 2015 [cited in 12 Feb 2020]; 13:42-50. Available from: <https://revista.facene.com.br/index.php/revistane/article/view/485>. DOI: <http://dx.doi.org/10.17695/revcsnevol13n2p42-50>
2. Lima ICC, Fernandes SLR, Miranda GRN, Guerra HS, Loreto RGO. Sexualidade na terceira idade e educação em saúde: um relato de experiência. *Rev Saúde Publ.* [Internet] 2020 [cited in 10 Feb 2021]; 3(1):137-43. Available from: <http://revista.escoladesaude.pr.gov.br/index.php/rspp/article/view/340/123>. DOI: <https://doi.org/10.32811/25954482-2020v3n1p137>
3. Santos SC, Souza MAS, Pereira JS. A percepção dos idosos sobre a sexualidade e o envelhecimento. *Rev Braz J Health* [Internet]. 2020 [cited in 10 Feb 2021]; 3(2):3486-503. Available from: <https://www.brazilianjournals.com/index.php/BJHR/article/view/9071>. DOI: <https://doi.org/10.34119/bjhrv3n2-180>
4. Uchôa YS, Costa DCA, Silva Junior IAP, Silva STSE, Freitas WMTM, Soares SCS. A sexualidade sob o olhar da pessoa idosa. *Rev Bras Geriatr Gerontolol.* [Internet]. 2016 [cited in 10 Feb 2021]; 19(6):939-49. Available from: <https://www.scielo.br/j/rbagg/a/7dtmjLMf3c4bHR8bgcQDFXg/?lang=pt>. DOI: <https://doi.org/10.1590/1981-22562016019.150189>
5. Albano DC, Domingues SF, Abrantes R, Corrêa AA, Camargos GL. Qualidade de na terceira idade em um projeto de exercício físico na cidade de Ubá-MG. *Rev Cient FAGOC Saúde* [Internet]. 2017 [cited in 10 Feb 2021]; 2:20-7. Available from: <https://revista.fagoc.br/index.php/saude/article/view/193>
6. Vieira KKL, Coutinho MPL, Lucena ALR. A sexualidade na velhice: representações sociais de idosos frequentadores de um grupo de convivência. *Psicol Ciênc Prof.* [Internet]. 2016 [cited in 11 Feb 2020]; 36:225-36. Available from: <https://www.redalyc.org/pdf/2820/282044681016.pdf>. DOI: <https://doi.org/10.1590/1982-3703002392013>
7. Rozedo AS, Alves JM. Sexualidade na terceira idade: tabus e realidade. *Rev Kairós* [Internet]. 2015 [cited in 11 Feb 2020]; 18:95-107. Available from: <https://revistas.pucsp.br/index.php/kairos/article/view/26210>. DOI: <https://doi.org/10.23925/2176-901x.2015v18ip95-107>
8. Jesus DS, Fernandes FP, Coelho ACL, Simões NL, Campos PRC, Ribeiro VC, et al. Nível de conhecimento sobre DST's e a influência da sexualidade na vida integral da mulher idosa. *Rev Publ Acad Pós-Grad Iespes* [Internet]. 2016 [cited in 14 Feb 2020]; 1:33-45. Available from: <http://docplayer.com.br/45610204-Nivel-de-conhecimento-sobre-dst-s-e-a-influencia-da-sexualidade-na-vida-integral-da-mulher-idosa.html>

9. Alencar DL, Marques APO, Leal MCC, Vieira JCM. The exercise of sexuality among the elderly and associated factors. *Rev Bras Geriatr Gerontol.* [Internet]. 2016 [cited in 12 Feb 2020]; 19:861-9. Available from: <https://www.scielo.br/j/rbagg/a/HCQDtmvkCN6TKfZbTXXszfK/?lang=en&format=pdf>. DOI: <http://dx.doi.org/10.1590/1809-98232016019.160028>
10. Yabuuti PLK, Jesus GM, Buratti A, Bassani GA, Castro H, Pereira JS, et al. O exercício físico na terceira idade como instrumento de promoção da saúde. *REAS* [Internet]. 2019 [cited in 16 Feb 2020]; 11:1-10. Available from: <https://acervomais.com.br/index.php/saude/article/view/316>. DOI: <https://doi.org/10.25248/reas.e316.2019>
11. Carvalho JC, Zimmermann RD, Lima MFG, Leal MCC, Almeida MCL. Relação entre a sexualidade e o exercício físico em idosas: versão integrativa. *Rev Bras Sex Hum.* [Internet]. 2019 [cited in 10 Feb 2021]; 30(2):38-46. Available from: https://sbrash.emnuvens.com.br/revista_sbrash/article/view/86. DOI: <https://doi.org/10.35919/rbsh.v30i2.86>
12. Silva LRR, Simões GC, Pereira LJ, Andrade EF. Participação em programa de atividades físicas em grupo melhora a qualidade de vida de idosos: um estudo de caso. *Enc Bioesfera* [Internet]. 2017 [cited in 10 Feb 2021]; 14(25):1613-23. Available from: https://www.researchgate.net/publication/317714555_PARTICIPACAO_EM_PROGRAMA_DE_ATIVIDADES_FISICAS_EM_GRUPO_MELHORA_A_QUALIDADE_DE_VIDA_DE_IDOSOS_-_UM_ESTUDO_DE_CASO. DOI: 10.18677/EnciBio_2017A134
13. Cardoso FL. Questionário/Roteiro de entrevista sobre a sexualidade na terceira idade (QSTI) [Internet]. Florianópolis: Laboratório de Gênero, Sexualidade e Corporeidade UDESC; 2009 [cited in 16 Feb 2020]. Available from: http://www.cefid.udesc.br/arquivos/id_submenu/644/questionario_ou_roteiro_de_entrevista_sobre_a_sexualidade_na_terceira_idade.pdf
14. Instituto Brasileiro de Geografia e Estatística, Agência IBGE Notícias. Em 2019, expectativa de vida era de 76,6 anos. Rio de Janeiro: IBGE; 20 nov 2020 [cited in 11 Feb 2021]. Available from: <https://agenciadenoticias.ibge.gov.br/agencia-sala-de-imprensa/2013-agencia-de-noticias/releases/29502-em-2019-expectativa-de-vida-era-de-76-6-anos>
15. Santos CA, Silva AMCS, Sousa INA, Rocha KMBT, Leal JBP, Moura RL. Sexualidade na terceira idade: a percepção dos idosos usuários de um serviço de apoio a melhor idade. *Invest Qualit Saúde* [Internet]. 2019 [cited in 15 Feb 2020]; 2:1414-22. Available from: <https://easychair.org/publications/preprint/sxVW>
16. Araújo BJ, Sales CO, Cruz LFS, Marciano Filho M, Santos OP. Qualidade de vida e sexualidade na população da terceira idade de um centro de convivência. *Rev Cient Sena Aires* [Internet]. 2017 [cited in 15 Feb 2020]; 6:85-94. Available from: <http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/282>
17. Silva RM, Rodrigues BB, Gonçalves LS. A sexualidade na terceira idade sob a perspectiva dos idosos atendido num ambulatório de psicogeriatrics no Distrito Federal. *Rev Braz J Health* [Internet]. 2020 [cited in 10 Feb 2021]; 6(2):6273-92. Available from: <https://www.brazilianjournals.com/index.php/BRJD/article/view/6735>. DOI: <https://doi.org/10.34117/bjdv6n2-071>
18. Sousa Neto JC, Miranda MG, Muniz DWR, Freitas JESM. Perfil de frequentadores de um centro de convivência público de Teresina-PI. *J Interdisciplin Biociênc.* [Internet]. 2018 [cited in 11 Feb 2021]; 3(2):13-8. Available from: <https://revistas.ufpi.br/index.php/jibi/article/view/7209/4981>
19. Wittkopf PG, Medeiros P, Virtuoso P, Cordeiro PC, Cardoso FL, Zarpellon GM. Estudo da função sexual e da aptidão funcional em mulheres idosas. *Ciênc Saúde* [Internet]. 2018 [cited in 11 Feb 2020]; 25:56-60. Available

- from: <http://www.cienciasdaude.famerp.br/index.php/racs/article/view/891>. DOI: <https://doi.org/10.17696/2318-3691.25.1.2018.891>
20. Perone GA, Ferraz TMM, Pinheiro VA, Jeneral RBR. Percepção das mulheres no climatério em relação à sexualidade, à prevenção de doenças sexualmente transmissíveis e à qualidade da assistência pelos profissionais da saúde. *Rev Fac Ciênc Méd Sorocaba* [Internet]. 2018 [cited in 12 Feb 2020]; 25:77-82. Available from: <https://revistas.pucsp.br/index.php/RFCMS/article/view/35437>. DOI: <https://doi.org/10.23925/1984-4840.2019v21i2a7>
21. Cambão M, Sousa L, Santos M, Mimoso S, Correia S, Sobral D. QualiSex: estudo da associação entre a qualidade de vida e a sexualidade nos idosos numa população do Porto. *Rev Port Med Geral Fam.* [Internet]. 2019 [cited in 14 Feb 2020]; 25:12-20. Available from: <http://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/11932>. DOI: <https://doi.org/10.32385/rpmgf.v35i.11932>
22. Nascimento RF, Shimo A, Pirolo SM, Marin M. Percepções de idosas em relação às modificações do seu próprio envelhecimento e do companheiro e a influência na vivência de sua sexualidade. *Invest Qualit Saúde* [Internet]. 2017 [cited in 11 Feb 2020]; 2:402-10. Available from: <https://proceedings.ciaiq.org/index.php/ciaiq2017/article/view/1231>
23. Cabral NES, Lima CFM, Rivemales MCC, Souza US, Silva BMC. Compreensão da sexualidade por idosas de área rural. *Rev Bras Enferm.* [Internet]. 2019 [cited in 13 Feb 2020]; 72:155-60. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672019000800147&lng=pt&nrm=iso&tlng=pt. DOI: <https://doi.org/10.1590/0034-7167-2018-0385>
24. Silva LFA, Pinto AAM. Sexualidade na terceira idade: a visão dos idosos em um município do interior do estado de São Paulo. *REAS* [Internet]. 2019 [cited in 15 Feb 2020]; 10:1-5. Available from: <https://acervomais.com.br/index.php/saude/article/view/304/418>. DOI: <https://doi.org/10.25248/reas.e304.2019>
25. Ponte MKM, Oliveira RCS, Macena RHM, Bastos DPV, Vasconcelos TB. Saúde do idoso: abordagem preventiva em um grupo de caminhada. *Rev Expres Catol Saúde* [Internet]. 2019 [cited in 16 Feb 2020]; 4:74-80. Available from: <http://publicacoesacademicas.unicatolicaquixada.edu.br/index.php/recsaude/article/view/2537> DOI: <http://dx.doi.org/10.25191/recs.v4i1.2537>
26. Reed SD, Guthrie KA, Newton KM, Sherman KJ, Sternfeld BS, Lacroix AZ. Menopausal quality of life: a art of yoga, exercise and omega-3 supplements. *Am J Obstet Gynecol.* [Internet]. 2017 [cited in 11 Feb 2021]; 210(3):244-55. Available from: [https://www.ajog.org/article/S0002-9378\(13\)02015-2/fulltext](https://www.ajog.org/article/S0002-9378(13)02015-2/fulltext). DOI: <https://doi.org/10.1016/j.ajog.2013.11.016>
27. Chirinda W, Zungu N. Health status and years of sexually active among older men and women in South Africa. *Reprod Health Matters* [Internet]. 2016 [cited in 11 Feb 2021]; 24(48):14-24. Available from: <https://www.tandfonline.com/doi/full/10.1016/j.rhm.2016.11.004>. DOI: <https://doi.org/10.1016/j.rhm.2016.11.004>
28. Oliveira DV, Marques TG, Piretta NRS, Paulo PLV, José Júnior RAN. Conhecimento sobre sexualidade em idosas fisicamente ativas. *Rev Ártemis* [Internet]. 2018 [cited in 18 Feb 2020]; 26:271-82. Available from: <https://periodicos.ufpb.br/index.php/artemis/article/view/37534>. DOI: <https://doi.org/10.22478/ufpb.1807-8214.2018v26n1.37534>
29. Mazo GZ, Cardoso FL. Sexual satisfaction and correlates among elderly Brazilians. *Arch Gerontol Geriatr.* [Internet]. 2011 [cited in 18 Feb 2020]; 52(2):223-7. Available from: <https://pubmed.ncbi.nlm.nih.gov/20417977/>. DOI: 10.1016/j.archger.2010.03.024
30. Sacomori C, Cardoso FL, Souza ACS, Porto IP, Cardoso AA. Relação entre características antropométricas e função sexual feminina. *Rev Bras Ciênc Mov.* [Internet]. 2013 [cited in 18

Feb 2020]; 21(2):116-22. Available
from: <https://portalrevistas.ucb.br/index.php/RBCM/article/view/3702>.
DOI: <http://dx.doi.org/10.18511/0103-1716/rbcm.v21n2p116-122>

Associated Publisher: Vania Del Arco Paschoal

CONTRIBUTIONS

Grace de Sousa Lopes contributed to the design, collection and analysis of data and writing. **Mariana Rosa Ribeiro Cardoso** and **Bruna Ferreira Silva** participated in the data collection and analysis. **Joyce Mara Gabriel Duarte** participated in the study design. **Adriana Cristina Nicolussi** collaborated in the study design, data collection and analysis, writing and review.

How to cite this article (Vancouver)

Lopes GS, Cardoso MRR, Silva BF, Duarte JMG, Nicolussi AC. Assessment of sexuality in physically active and sedentary elderly people. REFACS [Internet]. 2021 [cited in *insert day, month and year of access*]; 9(4):961-70. Available from: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)

LOPES, G. S.; CARDOSO, M. R. R.; SILVA, B. F.; DUARTE, J. M. G.; NICOLUSSI, A. C. Assessment of sexuality in physically active and sedentary elderly people. **REFACS**, Uberaba, MG, v. 9, n. 4, p. 961-70, 2021. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

How to cite this article (APA)

Lopes, G.S., Cardoso, M.R.R., Silva, B.F., Duarte, J.M.G., & Nicolussi, A.C. (2021). Assessment of sexuality in physically active and sedentary elderly people. *REFACS*, 9(4), 961-70. Retrieved in: *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.

