

Sexuality is associated with the quality of life of the elderly!

A sexualidade está associada com a qualidade de vida do idoso!

La sexualidad está relacionada a la calidad de vida del anciano!

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How to cite this article:

Souza Jr EV, Silva Filho BF, Barros VS, Souza AR, Cordeiro JRJ, Siqueira LR, et al. Sexuality is associated with the quality of life of the elderly!. Rev Bras Enferm. 2021;74(Suppl 2):e20201272. <https://doi.org/10.1590/0034-7167-2020-1272>

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EDITOR IN CHIEF: Antonio José de Almeida Filho
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Submission: 12-08-2020 **Approval:** 01-20-2021

ABSTRACT

Objective: to analyze the association between sexuality and quality of life of Brazilian elderly residents in the community. **Methods:** a cross-sectional study conducted with 477 Brazilian elderly. The data were collected between August and October 2020. We used the EVASI and WHOQOL-OLD (World Health Organization Quality of Life). Data analysis was performed with Mann-Whitney, Spearman and Kruskal-Wallis correlation tests, with Bonferroni post-hoc application when necessary, considering a 95% confidence interval. **Results:** there was a statistical association between all dimensions of sexuality and the general quality of life of the elderly ($p < 0.05$). **Conclusion:** the stimulation of sexuality can be configured as an innovative and holistic strategy focused on the promotion of health and active aging, since this study found the association between sexuality and the general quality of life of elderly people. **Descriptors:** Public Health; Elderly; Sexuality; Health Promotion; Quality of Life.

RESUMO

Objetivo: Analisar a associação entre sexualidade e qualidade de vida de idosos brasileiros residentes em comunidade. **Métodos:** Estudo transversal conduzido com 477 idosos brasileiros. Os dados foram coletados entre agosto e outubro de 2020. Utilizou-se a Escala de Vivências Afetivas e Sexuais do Idoso (EVASI) e o *World Health Organization Quality of Life - Old* (WHOQOL-OLD). A análise dos dados foi realizada com os testes Mann-Whitney, correlação de Spearman e Kruskal-Wallis, com aplicação do *post-hoc* de Bonferroni quando necessário, considerando um intervalo de confiança de 95%. **Resultados:** Houve associação estatística entre todas as dimensões da sexualidade e a qualidade de vida geral dos idosos ($p < 0,05$). **Conclusão:** O estímulo à sexualidade pode se configurar como uma estratégia inovadora e holística com foco na promoção da saúde e do envelhecimento ativo, uma vez que este estudo constatou a associação entre a sexualidade e qualidade de vida geral de idosos. **Descritores:** Saúde Pública; Idoso; Sexualidade; Promoção da Saúde; Qualidade de Vida.

RESUMEN

Objetivo: Analizar la relación entre sexualidad y calidad de vida de ancianos brasileños residentes en comunidad. **Métodos:** Estudio transversal conducido con 477 ancianos brasileños. Los datos recogidos entre agosto y octubre de 2020. Utilizó la Escala de Vivencias Afetivas y Sexuales del Anciano (EVASI) y el *World Health Organization Quality of Life - Old* (WHOQOL-OLD). El análisis de los datos fue realizado con los testes Mann-Whitney, correlación de Spearman y Kruskal-Wallis, con aplicación del *post-hoc* de Bonferroni cuando necesario, considerando un intervalo de confianza de 95%. **Resultados:** Hubo relación estadística entre todas las dimensiones de la sexualidad y la calidad de vida general de los ancianos ($p < 0,05$). **Conclusión:** El estímulo a la sexualidad puede configurarse como una estrategia innovadora y holística con enfoque en la promoción de la salud y del envejecimiento activo, una vez que este estudio constató la relación entre la sexualidad y calidad de vida general de ancianos. **Descritores:** Salud Pública; Anciano; Sexualidad; Promoción de la Salud; Calidad de Vida.

INTRODUCTION

One of the greatest advances of humanity was to allow the extension of life time. In the past, reaching old age was a limited opportunity, but today population aging is observed even in countries with low economic power⁽¹⁾. It is estimated that by 2025, Brazil will be ranked sixth in the world in the number of countries with the highest number of elderly people⁽²⁾. This is a global phenomenon that encompasses several significant changes in social conformation. Among them is the demographic change resulting from the increase in life expectancy and the decline in the fertility rate, observed especially since the twentieth century⁽³⁾.

Aging is a physiological process and is part of one of the stages of growth and development of beings⁽⁴⁾. It covers physical, psychosocial and spiritual changes. It consists of a singular phenomenon that comprises endogenous factors and particular events not restricted only to chronological aspects. Thus, aging has become a central guideline in the development of public policies, in which it is considered the indispensability of implementing actions that improve the health, well-being and quality of life (QL) of the elderly⁽²⁾.

Aging manifests itself in a complex, individual way and does not mean a phase of life marked by the absence of social and sexual experiences. Even if we witness some kind of physiological loss due to senescence, it is possible to experience a successful old age⁽⁵⁾, which includes the healthy experience of sexuality.

Sexuality should be understood as a broad construct that involves expressions of feelings, behavior and cognition, evolving naturally according to the age and socio-cultural context in which the individual is inserted⁽⁶⁾. In this way, it transcends the physical and bodily aspects⁽⁷⁾, and values the expressions of touch, love, intimacy, affection, companionship, affection and other manifestations of a quantitative-qualitative order, including the sexual act itself⁽⁸⁾. It refers, therefore, to a source of pleasure, and there is no scientific evidence to justify its cancellation among the elderly^(5,9). However, society externalizes prejudices, myths and taboos when it comes to sexuality in this population⁽¹⁰⁻¹¹⁾, even health professionals⁽⁸⁾. As a result, there is the strengthening of the already existing stigma that considers the elderly incapable of experiencing sexuality⁽¹²⁾.

It should be kept in mind that old age does not make the elderly asexual; instead, it is considered another stage in the process of human sexuality, which should be experienced and appreciated according to the peculiarities of this age group. Moreover, sexuality is a natural process that obeys the physiological and emotional needs of the individual. It is a vital function of the human being and involves multiple factors, such as biological, social, psychological and cultural, which are transmitted from generation to generation, assigning meaning and meaning to human existence⁽⁵⁾. In this context, suppressing and/or annulling sexuality in this age group may intensify the aging process and trigger negative impacts on QL^(5,9).

QL is an increasingly explored object of study in the field of population aging⁽¹³⁾. It is a term that reflects the provision of conditions that aim at happiness and satisfaction, so that there is consistency between the individual's achievements and their attitudes, expectations, beliefs, goals, standards and value systems in which they are inserted⁽¹⁴⁾. The most adopted theoretical reference in QL research, and which will be explored in this study, will be that of the World Health Organization (WHO), which defines it as "the

individual's perception of his/her position in life, in the context of the culture and value systems in which he/she lives and in relation to his/her objectives, expectations, standards and concerns"⁽¹⁵⁾.

Thus, prolonging human existence is only considered an achievement when the integration of quality to additional years occurs⁽¹⁶⁾. Among the elderly, QL is influenced by several factors, such as depressive disorders, functional limitation and other factors related to health status (e.g. presence of pathologies)⁽¹³⁾. Moreover, for the elderly, QL has greater prominence in social policy and in the reform of social goals, with a view to adding productivity to their lives. Thus, QL in this population depends substantially on the social environment in which it lives⁽⁴⁾.

It is a subjective construct of well-being⁽⁴⁾. One of the efficient strategies to achieve a healthy and active life is to create plans for the improvement of the QL of the elderly and strengthening their function in the community⁽¹⁴⁾, because the best QL is expected to promote greater chances of a longer and healthier life, with less possibility of developing pathological processes⁽²⁾. Thus, our hypothesis is that the experience of sexuality is associated with the QL of the elderly. If there is evidence, this study will contribute to the reorientation of assistance actions in sexuality with a view to promoting QL for the elderly.

It is worth mentioning that the nurse, as a member of the health team, plays a relevant role in promoting the health of the elderly, especially in Primary Health Care. Moreover, the longitudinality of the care of these professionals with the elderly strengthens the bond and mutual trust. As a consequence, there is facilitation of the approach to sexuality during consultations and health actions⁽⁷⁾.

OBJECTIVE

To analyze the association between sexuality and quality of life of Brazilian elderly residents in the community.

METHODS

Ethical aspects

All ethical recommendations for the development of research with human beings were respected according to Resolution 466/2012 of the National Health Council. The participants read and agreed with the Free and Informed Consent Term (FICT) online, and the second copy was sent to the email of all who participated in the study.

Design, time and place of study

It is a cross-sectional, analytical, observational and non-participatory study, based on the recommendations of the STROBE tool. The data collection took place online between the months of August and October 2020 through the social network Facebook.

Sample; inclusion and exclusion criteria

The sample consisted of 477 seniors selected by means of the non-probabilistic consecutive technique. The number of participants needed to compose the study was determined by sample calculation considering an infinite population, sample error of 5%

and 95% confidence level, which resulted in a minimum sample of 385 participants. However, 24% ($n = 92$) were added to the sample to compensate for eventual losses and non-response rates. Thus, the final sample was composed of 477 participants. The inclusion criteria were: age equal or over 60, married, in a stable union or with a fixed partner and without neurological pathologies that made it impossible to read the questionnaire. All elderly people with no Facebook account and no skills in handling electronic devices that give access to this social network were excluded. Furthermore, it is informed that the participants were independent elderly, living in a community in their own home, with no physical or psychic limitations.

Study protocol

A Facebook social network page was created for the exclusive development of scientific research. In it, was published the hyperlink that gave access to the structured questionnaire in the Google Forms tool and organized in three searches: biosociodemographic, sexuality and QL. In this way, the elderly were recruited through the strategy of boosting posting, in which Facebook expanded the dissemination of the questionnaire to as many people as possible until the intended sample was reached.

Therefore, the researchers had no influence on which individuals would participate in the research, since only the social network algorithm made the dissemination and expansion of the study to the Brazilian profiles that met the inclusion criteria previously established and informed in the specific field of dissemination.

The authors used the geolocation resource to delimit the target audience only to the elderly living in Brazilian territory. It was not used an instrument to evaluate the cognitive state of the elderly, since the required level was already demonstrated by the presence of skills that allowed them to participate actively in social networks through electronic devices such as tablets, computer, smartphone, laptop, among others.

In order to maintain control over the data and ensure the quality of the results, each participant's e-mail was required to avoid multiple fills by the same person and, consequently, reduce the chances of bias.

The "Bio-sociodemographic" research aimed at profiling the participants by means of an instrument drawn up by the authors themselves. The information regarding age, sex, marital status, religion, and ethnicity, and education, number of children, sexual orientation and geographical location were collected.

The "Sexuality" research was based on the EVASI (Scale of Affective and Sexual Experiences of the Elderly) validated for the Brazilian elderly population⁽¹⁷⁾. It is a scale organized in three dimensions: Sexual, Affective Relations and Physical and Social Adversity, totaling 38 items with five Likert type response possibilities, ranging from 1 (never) to 5 points (always). There is no cut-off point for the EVASI interpretation. It is considered that the highest/lowest score indicates that the elderly are experiencing, respectively, their sexuality better/worse⁽¹⁷⁾.

Finally, the latest research concerns the evaluation of QL through the validated and standardized instrument called World Health Organization Quality of Life - Old (WHOQOL-Old)⁽¹⁸⁾. This instrument is specific to the elderly population and has 24 issues

distributed in six facets: Sensory skills; Autonomy; Past, present and future activities; Social participation; Death and dying; and Intimacy. The questions are organized in Likert type scale varying between 1 and 5 points, there is no cut point, and the total score varies between 24 and 100 points. The result is interpreted considering that the higher score indicates better perception of QL by the participants⁽¹⁸⁻¹⁹⁾.

Analysis of results and statistics

The data was tabulated, analyzed and stored in IBM SPSS® statistical software. Qualitative variables were presented using absolute and relative frequencies; and quantitative variables using mean, standard deviation (SD), median, interquartile range (IQ) and mean station. After verifying the non normality of the data by the Kolmogorov-Smirnov test ($p < 0.05$), non-parametric statistics were applied using the Mann-Whitney test (for variables with two categories) and the Kruskal-Wallis test (for variables with more than two categories), with application of the Bonferroni post-hoc when necessary. To compare the association between the independent variable (sexuality) and the dependent variable (QL), the Kruskal-Wallis test and the Spearman correlation were adopted, considering a 95% confidence interval ($p < 0.05$) for all statistical analyses.

RESULTS

Participants in the research were predominantly male ($n = 283$; 53.9%), heterosexual ($n = 421$; 88.3%); Catholic ($n = 270$; 56.6%) and white ($n = 304$; 63.7%). The majority do not live with their children ($n = 306$; 64.2%) and reported never having received guidance on sexuality from health professionals ($n = 377$; 79.0%). Other sociodemographic characteristics are described in Table 1.

According to Table 2, it is observed that, within the field of sexuality, the elderly experience affective relationships better (69.55 ± 13.86). In addition, they presented a better perception of QL in the sensory abilities (76.54 ± 19.44) and intimacy (70.02 ± 19.01) facets, evidenced by the higher averages and medians. It is worth mentioning that the general QL obtained lower median in detriment of the other facets that make up the assessment instrument.

The results described in Table 3 reveal that the elderly males experience the sexual act better (246.48 ; $p = 0.005$). Another important finding is that those who live with their children have a better experience of their affective relationships (253.25 ; $p = 0.007$), but face physical and social adversities worse (248.18 ; $p = 0.032$). Moreover, the elderly who have ever received guidance on sexuality by health professionals had statistical association with all areas of sexuality, indicating that they experience the sexual act better (264.32 ; $p = 0.039$) and affective relationships (272.16 ; $p = 0.007$), face physical and social adversities better (211.70 ; $p = 0.025$) and have better general QL (272.92 ; $p = 0.006$).

Finally, Table 4 shows the association between sexuality and QL of the elderly. It is observed that the Kruskal-Wallis test showed statistical significance between sexuality and all domains of QL ($p < 0.05$). Only the dimension Sexual act did not show significance with the facet Death and death ($p = 0.099$). However, it is worth mentioning that there was statistical significance between all dimensions of sexuality and general QL ($p < 0.05$).

Table 1 – Biosociodemographic characteristics, Ribeirão Preto, São Paulo, Brazil, 2020

Variables	n	(%)
Age group		
60-64 years	225	47.2
65-69 years	136	28.5
70-74 years	85	17.8
75-79 years	24	5.0
80-84 years	7	1.5
Education		
Primary	55	11.5
Elementary school	36	7.5
Middles school	38	8.0
Highschool	182	38.2
Higher education	164	34.4
No schooling	2	0.4
Marital status		
Married	278	58.3
Stable union	97	20.3
Fixed partner	102	21.4
Time living with partner		
≤ 5 years	99	20.8
Between 6 and 10 years	44	9.2
Between 11 and 15 years	33	6.9
Between 16 and 20 years	22	4.6
> 20 years	279	58.5
Number of children		
None	64	13.4
Between 1 and 2 children	193	40.5
Between 3 and 4 children	160	33.5
Between 5 and 6 children	42	8.8
≥ 7 children	18	3.8
Region of Brazil		
North	41	8.6
Northeast	101	21.1
Midwest	52	10.9
Southwest	152	31.9
South	131	27.5

Table 2 – Median and interquartile range of sexuality and Quality of life, Ribeirão Preto, São Paulo, Brazil, 2020

Instruments	Mean±SD	Median (IQ)
Evasi – Sexuality		
Sexual act	69.44±13.96	73.00 (63.00-80.00)
Emotional Relationships	69.55±13.86	73.00 (62.50-81.00)
Physical and social adversities	7.37±2.84	7.00 (5.00-9.00)
Whoqol-old – Quality of life		
Sensory abilities	76.54±19.44	81.25 (65.62-93.75)
Autonomy	65.13±18.96	68.75 (56.25-75.00)
Past, present and future activities	65.50±19.57	68.75 (56.25-75.00)
Social participation	64.62±20.60	68.75 (50.00-75.00)
Death and dying	63.43±26.90	68.75 (43.75-84.37)
Intimacy	70.02±19.01	75.00 (62.50-81.25)
General QL	67.54±13.93	67.70 (59.37-77.08)

Note: IQ - Interquartile range; QL - Quality of life.

Table 3 – Comparison between sociodemographic variables, dimensions of sexuality and general Quality of life , Ribeirão Preto, São Paulo, Brazil, 2020

Variables	Sexual act		Emotional relationships		Physical and social adversities		General QL	
	Mean Post	p value	Mean Post	p value	Mean Post	p value	Mean Post	p value
Sex		0.005*		0.441		0.260		0.747
Male	246.48		243.03		244.84		237.32	
Female	228.08		233.13		230.48		241.45	
Marital status		<0.001[†]		0.057		0.286		0.200
Married ^{‡, §}	215.01		228.59		246.67		229.80	
Stable union [†]	257.92		239.65		234.69		246.79	
Fixed partner [§]	286.40		266.75		222.20		256.66	

To be continued

It is also worth mentioning that all dimensions of sexuality presented statistically significant correlation with all facets of QL. In the dimensions Sexual Act and Affective Relations, there was a positive correlation of weak and moderate magnitude with the facets of QL, indicating that these variables present a directly proportional behavior. However, the dimension Physical and social adversities showed a negative correlation of weak magnitude with QL, pointing out that the variables are inversely proportional, that is, as there is an increase in physical and social adversities, there is a reduction in the facets of QL.

DISCUSSION

This study demonstrated that the variable sexual act had a higher average statistically significant for males. In fact, it seems that sex is more valued by men, and there are studies⁽²⁰⁻²²⁾ that corroborate this evidence. As an example, a work carried out in Brazil⁽²⁰⁾ observed that, for women, sex was more associated with love than with men. In addition, the men investigated reported greater sexual frequency and more conversations about sex with friends⁽²⁰⁾.

Another Brazilian study⁽²¹⁾ revealed that the importance of sex for married women is always associated with intimacy, affection and affection. For married men, the terms “affection” and “affection” were not mentioned as a necessity, because the physical aspects involving the sexual act seem to be more important for them⁽²¹⁾.

Moreover, sometimes during a sexual relationship a woman may not reach orgasm, but being together, enjoying a deep intimacy in the relationship is enough for her to perceive the moment as pleasant. In this way, wives point to sex as a form of intimacy, experiencing in a profound way the closeness of the couple. That is, for women, sex transcends sexual practice⁽²¹⁾. It is important to emphasize that, when sexual discourse is involved with gender issues, there is a cultural confrontation supported by repressive experiences initiated since the birth of women, especially those who are older today.

At different times, women lived in unequal contexts in relation to men and always under their tutelage, starting with the father figure and then the spouse, at a time when sexuality was regulated by Christian standards, based on marriage and reproduction. In this context, many women blamed themselves for actions that are completely normal and respond to a human physiological stimulus, such as sexuality and the sexual act⁽²³⁾.

The reality is that, in general, the elderly are victims of prejudices when it comes to sexuality in old age, and those who are male are less affected by negative reactions from society compared to those who are female⁽¹⁷⁾. Such a situation can influence women's

Table 3 (concluded)

Variables	Sexual act		Emotional relationships		Physical and social adversities		General QL	
	Mean Post	p value	Mean Post	p value	Mean Post	p value	Mean Post	p value
Lives with children		0.175		0.007*		0.032*		0.632
Yes	241.39		253.25		248.18		225.29	
No	223.59		217.70		220.22		231.59	
Orientation on sexuality		0.039*		0.007*		0.025*		0.006*
Yes	264.32		272.16		211.70		272.92	
No	232.29		230.20		246.24		230.00	

Note: * Statistical significance by Mann-Whitney test ($p < 0.05$); † Statistical significance by Kruskal-Wallis test ($p < 0.05$); ‡, § Bonferroni post-hoc test; QL - Quality of life.

Table 4 – Comparison between EVASI dimensions and WHOQOL-Old domains, Ribeirão Preto, São Paulo, Brazil, 2020

Dimensions from EVASI	Facets of QL	Test statistics	p value	Spearman's ρ	p value
SEXUAL ACT	Sensory skills	93.474	0.004*	0.169‡	< 0.001†
	Autonomy	107.175	< 0.001*	0.308‡	< 0.001†
	Past, present and future activities	121.359	< 0.001*	0.427‡	< 0.001†
	Social Participation	137.747	< 0.001*	0.428‡	< 0.001†
	Death and dying	74.448	0.099	0.249‡	< 0.001†
	Intimacy	188.887	< 0.001*	0.546§	< 0.001†
	General quality of life	167.173	< 0.001*	0.513§	< 0.001†
EMOTIONAL RELATIONSHIPS	Sensory skills	82.594	0.009*	0.133‡	0.004†
	Autonomy	96.087	0.001*	0.274‡	< 0.001†
	Past, present and future activities	128.136	< 0.001*	0.429‡	< 0.001†
	Social Participation	110.255	< 0.001*	0.386‡	< 0.001†
	Death and dying	92.360	0.001*	0.252‡	< 0.001†
	Intimacy	209.545	< 0.001*	0.592§	< 0.001†
	General quality of life	166.003	< 0.001*	0.498‡	< 0.001†
PHYSICAL AND SOCIAL ADVERSITIES	Sensory skills	52.561	< 0.001*	-0.284‡	< 0.001†
	Autonomy	28.143	0.005*	-0.186‡	< 0.001†
	Past, present and future activities	55.330	< 0.001*	-0.300‡	< 0.001†
	Social Participation	73.263	< 0.001*	-0.339‡	< 0.001†
	Death and dying	50.467	< 0.001*	-0.294‡	< 0.001†
	Intimacy	42.700	< 0.001*	-0.261‡	< 0.001†
	General quality of life	87.653	< 0.001*	-0.403‡	< 0.001†

Note: * Kruskal-Wallis test ($p < 0.05$); † Statistical significance for Spearman correlation ($p < 0.05$); ‡ Weak correlation; § Moderate correlation; QL - Quality of life.

decisions and freedom to verbally express issues related to sexuality. In this sense, health professionals are called to recognize, through qualified listening and bond strengthening, whether the reduced appreciation of the sexual act by women actually reflects their desires and preferences, or the cultural aspects that inhibit them from experiencing it in a satisfactory manner.

Our study has shown that the elderly who live with their children enjoy affective relationships better. The Emotional Relationship component refers to several positive feelings when being with the partner and the degree of satisfaction of the elderly with this affectivity⁽¹⁷⁾. Furthermore, the results showed that those who live with their children had the highest average point in the physical and social adversities dimension (Table 3), indicating that they perceive health as an obstacle to sexual experiences; feel uncomfortable by the changes resulting from the aging process; and are afraid of being victims of prejudice due to attitudes taken to experience their sexuality⁽¹⁷⁾.

In this perspective, our results suggest that, considering affective relationships, children may be being more permissive before their parents' sexuality, which diverges from some researches⁽²⁴⁻²⁵⁾ that point out children as the main barrier for the elderly to express their sexuality. However, in the present study, the fact that the elderly live with their children and show a worse confrontation to physical and social adversities reveals that there are still obstacles to be overcome when the subject is the sexuality of the elderly parents and the relationship between them and their children.

In this sense, a study⁽²⁴⁾ in which elderly widows reported not having a free and full experience of their sexuality, subordinated to the oppressive social and family culture is cited. There were reports that family members did not support new love relationships, but stimulated moments of fun, as if sexuality could not be experienced in old age. It is observed, therefore, that the elderly are in a position of submission to family judgements⁽²⁴⁾.

It is worth mentioning that family functioning is directly related to socio-cultural patterns⁽²⁶⁾ and society overlooks attention to physical and mental components, but does not consider the relevance of sexual activity for the elderly as a strategy for health promotion and protection^(5,8,10-11). Thus, it is informed that it is of great importance to create strategies within the scope of Basic Care that have family values in mind and implement new technologies for the care of the elderly in order to achieve assistance completeness, since the data revealed here point to the need for health professionals to promote the involvement of the family in the assistance process.

Another major finding of this investigation concerns the orientation of health professionals on sexuality as a factor associated with all dimensions of sexuality, indicating better experience of the sexual act and affective relationships, better confrontation of physical and social adversities and better general QL of the elderly. However, although there are benefits in this professional user approach, there are barriers in the literature that make this orientation impossible.

Such barriers are mainly due to two factors: the feeling of shame and respect. On the one hand, it is common to notice that the elderly are embarrassed to start the dialogue for fear of being misinterpreted by health professionals. This feeling of shame even comes from realizing that they feel the desire to obtain pleasure, and this is often accompanied by guilt, resulting from the behavior standards imposed by society⁽⁵⁾. Ratifying this information points to a study⁽¹²⁾ that had as one of its objectives to investigate the sexuality of the elderly population and revealed that 73.81% of the interviewees find it difficult to talk about sex.

On the other hand, the health professional may take a more conservative position, claiming possible lack of respect to question an intimate component of the elderly. Thus, the difficulties of communication between these two actors are widely disseminated in the literature, which, in part, stems from the insufficient academic training of professionals, to the point of not allowing to explore the importance of sexuality in the field of geriatrics and gerontology⁽⁵⁾.

In this perspective, a Brazilian study⁽⁷⁾ showed that most of the nurses interviewed had knowledge about sexuality in the elderly, but had conservative attitudes towards the subject. In addition, the work found that the nurses, even participating in permanent health education, had statistically significant knowledge, but did not find significance in the attitudes of these professionals towards the sexuality of the elderly⁽⁷⁾.

These results allow us to reflect on how holistic care is in fact being implemented in health care. For example, in one study⁽²⁷⁾, it was observed that the elderly receive assistance and care according to their needs like any other user regardless of age group, but their peculiarities are not considered during the assistance approaches.

The reality is that sexuality in the elderly is a neglected issue in the field of health care and public power, considered as something nonexistent in this age group. However, it is worth mentioning that, currently, health professionals are broadening their vision and reducing myths, prejudices and stereotypes related to sexuality in old age in their care behaviors⁽⁵⁾.

It is therefore necessary to promote a comfortable environment for the elderly to express their emotions and needs, in such a way that there is no room for shame during the dialogue on the topic⁽¹²⁾. To this end, health professionals must be free of prejudice, value the self-esteem of the elderly and be solicitous to all inquiries without embarrassment or deviation from the subject, thus promoting the biopsychosocial welfare of this population⁽⁷⁾.

This study demonstrated statistical significance between all dimensions of sexuality and the general QL of the elderly by the association and correlation tests, corroborating the literature that reveals sexuality as a fundamental component for a good QL; it also demonstrated the desire of the elderly to experience it as something natural⁽²⁸⁾.

It is worth mentioning that QL in old age is directly associated with perceived well-being. Therefore, age should not be measured by the number of years lived, but by the feelings, experiences and relationships that the elderly establishes with life and with the people they live with. Thus, sex in old age is characterized by the emotional component, covering both physical aspects and communication, which enables creativity and sensitivity in the experiences as in any other age group⁽²⁸⁾.

The Brazilian Ministry of Health confirms the importance of considering the sexual aspects of the elderly, not only with a focus on the prevention of sexually transmitted infections, but also with the objective of scientifically recognizing that sexuality is a fundamental aspect for the promotion and maintenance of QL of this public⁽⁷⁾. Therefore, it is necessary to deeply understand the set of factors that covers the day-to-day life of the elderly⁽¹²⁾, with sexuality included in their perception of health and QL. In this sense, a study⁽⁸⁾ showed that the practice of sexuality promotes health benefits even among the elderly who experience some type of dementia, and the authors recommended the development of further investigations that bring reflections on the effects of sexuality on the health of the elderly⁽⁸⁾.

Also, a Brazilian study⁽¹²⁾ revealed that 90.48% of the elderly interviewed affirmed that sex is really important to promote the happiness of the practitioner. Another Brazilian work⁽²⁸⁾ points out that, although aging promotes changes in sexual life, sexual experiences are essential to have good QL among those involved⁽²⁸⁾. Finally, research with Portuguese elderly⁽²²⁾ has shown that, for both sexes, the presence of an active sexual life was significantly associated with a better QL, which clearly demonstrates the need to address these issues in the elderly's health consultations.

The fact is that there is currently fragmentation in the provision of services to the health of the elderly, with significant growth in consultations of specialties, clinical exams and images, drugs and deficiency in the sharing of information among those involved. This model of care generates overload to the health system and increases the financial impacts, without in fact promoting benefits for health or QL of the elderly⁽¹⁾.

An efficient model of health care for this public should offer services that cross all levels of care, especially through an organized flow of educational actions and health promotion. For this, it is necessary to have a welcoming and longitudinal assistance, whose care is only finalized after the individual's death. Finally, to promote healthy and QL aging, it is essential to rethink and redesign the focus of attention on the particularities of the elderly. This process will generate benefits not only to the individual, but to the quality and sustainability of the health system⁽¹⁾.

Study limitations

Due to the non-probabilistic design, the sample may not represent the studied population and may compromise the external validity of the results. In addition, the quantitative limitation of current studies that address the sexuality of the elderly has made it difficult to compare the results, as most focus on investigating sexual aspects rather than on sexuality as a structuring and comprehensive component of human personality. In turn, this gap in knowledge reflects the need for more attention to the integrality of the elderly with respect to sexuality as a strategy for health promotion and protection and QL.

Contributions to the nursing area

The results of this study can promote a process of deep critical reflection among health professionals, especially in the nursing area, so that they realize the need to approach sexuality with the elderly as a strategy to promote QL.

CONCLUSION

This study demonstrated that sexuality is associated with the general quality of life of the elderly. In addition, it was possible to identify a positive correlation of weak and moderate magnitude between the sexual act, affective relationships and QL, and a negative correlation of weak magnitude between the physical and social adversities dimension and QL. In this way, the stimulus to sexuality

can be configured as an innovative and holistic strategy focused on the promotion and protection of health and active aging.

FUNDING

This work was carried out with the support of the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brazil (CAPES) - Financing Code 001.

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