

# Knowledge about the human immunodeficiency syndrome among elders in a unit for the care of the elderly



*Conhecimento sobre síndrome da imunodeficiência humana de idosos de uma unidade de atenção ao idoso*

*Conocimiento sobre el síndrome de la inmunodeficiencia humana entre los ancianos de una unidad de atención al anciano*

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## How to cite this article:

Nardelli GG, Malaquias BSS, Gaudenci EM, Ledic CS, Azevedo NF, Martins VE, Santos AS. Knowledge about the human immunodeficiency syndrome among elders in a unit for the care of the elderly. Rev Gaúcha Enferm. 2016;37(spe):e2016-0039. doi: <http://dx.doi.org/10.1590/1983-1447.2016.esp.2016-0039>.

doi: <http://dx.doi.org/10.1590/1983-1447.2016.esp.2016-0039>

## ABSTRACT

**Objective:** To analyze the knowledge of elders regarding HIV/AIDS.

**Methods:** Descriptive, cross-sectional, quantitative study, with 457 elders from the Unit for the Care of Elders in Uberaba – Minas Gerais, lasting 3 months. The instruments used were the Mental State Mini-exam and a questionnaire on the human immunodeficiency virus for elders, together with frequency measures for their analysis.

**Results:** Most participants were female (74%), between 60 and 69 y/o (51%). The question with the most correct answers was about syringe/needle transmission (96.2%) and the ones with the least (45.3% and 49.6%, respectively) were regarding AIDS transmission through mosquito bites and whether a person with the human immunodeficiency virus always presents symptoms (49.6%). 88.2% of participants never use condoms.

**Conclusion:** The general level of knowledge can be considered good, responding to our goal. However, gaps in knowledge were identified due to the lack of campaigns aimed exclusively at such public, as well as to the lack of awareness of professionals.

**Keywords:** HIV. Aged. Health vulnerability. Nursing.

## RESUMO

**Objetivo:** Análise do conhecimento de idosos acerca da síndrome e do vírus da imunodeficiência humana.

**Métodos:** Estudo descritivo, transversal e quantitativo envolvendo 457 idosos da Unidade de Atenção ao Idoso de Uberaba, Minas Gerais, durante 3 meses. Foram aplicados os instrumentos Mini Exame do Estado Mental e o questionário sobre o vírus da imunodeficiência humana para terceira idade e, para a análise, foram usadas medidas de frequência.

**Resultados:** A maioria dos participantes eram mulheres (74%), entre 60 a 69 anos (51%). O maior índice de acertos obteve a transmissão por agulhas 96,2% e o menor (45,3%), a transmissão pela picada de mosquito e se a pessoa com o vírus da imunodeficiência humana sempre apresenta sintomas (49,6%). 88,2% deles relataram nunca usar camisinha.

**Conclusões:** O nível geral de conhecimento pode ser considerado bom, respondendo ao nosso objetivo. No entanto, foram identificadas lacunas decorrentes da falta de campanhas voltadas exclusivamente para tal público, bem como na conscientização de profissionais.

**Palavras-chave:** HIV. Idoso. Vulnerabilidade em saúde. Enfermagem.

## RESUMEN

**Objetivo:** Analizar el conocimiento de ancianos sobre HIV/ SIDA.

**Métodos:** Estudio descriptivo, transversal, cuantitativo, con 457 ancianos de la Unidad de Atención al Anciano de Uberaba - Minas Gerais, por 3 meses. Se aplicó el Mini-examen del Estado Mental, el cuestionario sobre el virus de la inmunodeficiencia humana para los ancianos, y medidas de frecuencia para el análisis.

**Resultado:** La mayoría eran mujeres (74%), entre 60 y 69 años (51%). La pregunta sobre la transmisión por jeringas/aguja tuvo el mayor número de respuestas correctas (96,2%), mientras las otras (45,3%) fueron sobre la transmisión por picaduras de mosquito, y si alguien con el virus de la inmunodeficiencia humana siempre presenta síntomas (49,6%). El 88,2% de ellos nunca utiliza condones.

**Conclusión:** El nivel general de conocimiento puede ser considerado bueno, respondiendo a nuestra meta. Sin embargo, se identificaron brechas en el conocimiento, en consecuencia de la falta de campañas exclusivas para este público, así como de la sensibilización de los profesionales.

**Palabras clave:** HIV. Anciano. Vulnerabilidad en salud. Enfermería.

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## ■ INTRODUCTION

Brazil has been following a worldwide trend when it comes to population aging, due to the changes that took place regarding health indicators. These changes include a decrease in fertility and mortality rates, an increase in life expectancy, and the development of new technologies for the treatment of diseases, especially the chronic non-transmissible ones. Although the prolonging of life may indicate better survival conditions, aging must be understood in terms of quality of existence indexes. It is not enough to live long, it is also important to live well in all areas<sup>(1)</sup>.

Sexuality is an element that cannot be separated from life. Its development is continuous, starting even before birth and ending only after death. It also helps an individual to achieve self-knowledge and communicate to those with whom he or she relates throughout their lives, influencing the way in which they exist and position themselves within the world that surrounds them<sup>(1)</sup>. A healthy and satisfying sexual life is very important for one to keep his or her confidence and self-esteem, and thus, the sexual activity is a natural practice that should persist throughout one's entire life<sup>(2)</sup>.

Myths and taboos directly related to sexuality must be overcome, as to encourage the sexual life of these people, since for society, the existence of sexual relations after an old age is not a culturally accepted practice, and is considered to be abnormal, shameless and immoral<sup>(2)</sup>. A healthy sexuality is very important for the life of this population, and in view of their complexities, senior men and women need support and measures that take into account the promotion of quality of life in the old age, not to mention the breaking of many different taboos that surround sexuality in that period<sup>(2)</sup>.

Regarding sexuality as it relates to aging, one of the subjects that need to be approached is the human immunodeficiency virus and the acquired immunodeficiency syndrome (HIV/AIDS)<sup>(3)</sup>. A gradual increase in the number of cases of sexually transmitted infections (STI) can be noted, especially considering the HIV, among 50 and 70-year-old people, mainly involving the advent of medications targeted at erectile dysfunction and hormone replacement. Other data show that between 1980 and 2000, the number of cases of elders affected by AIDS was 4,761, while in July, 2011, this number had dramatically increased to 12,077 cases<sup>(4)</sup>. Regarding such an increase, a study conducted in 2012 revealed that there are some signs pointing at gaps in the knowledge about this population, and that culturally, the lack of use of condoms characterizes these individuals as vulnerable to acquiring HIV and other sexually transmit-

ted infections. They also conclude that preventive actions targeted at senior citizens are needed, as to revert the tendency of the STI/AIDS<sup>(5)</sup>.

Health services must be prepared to offer special care for elders, since the demand is evident. They should adapt and try to find more effective ways to reach and raise the awareness of excluded individuals, in order to compensate the social/cultural differences that exist<sup>(6)</sup>. In this context, health professionals are privy to a strong tool for health education, and can intervene directly in the knowledge of people, aggregating knowledge and discernment in their own lives, through critical reflection. It is still possible to infer that well-based educational actions targeted at this specific population are capable of changing life habits, empowering these people and their health on the path for an improvement in their quality of life<sup>(6)</sup>. A study conducted in 2015 showed the urgency of precise preventive actions targeted at this population against the STIs and, more specifically, the HIV. It also reflected on the promotion of health education to this population, based on healthy sexual lives, and without professional prejudice. For this promoting actions to be effective, the commitment and qualification of these professionals is paramount, so the seniors can feel embraced through the establishment of a bond of trust<sup>(6)</sup>.

This investigation, therefore, started from the premise that the researches regarding knowledge about IST-HIV/AIDS are scarce, since the literature emphasizes the knowledge about HIV had by young individuals and health professionals, which results in the lack of information targeted at educating the elderly<sup>(5,7-9)</sup>. Due to this problem, the development of researches in this area becomes necessary, as this knowledge is important for the diminution of prejudice against carriers of the virus, for the creation of preventive measures, and for demystifying the idea that seniors are asexual beings. The guiding question of this research was "what is the level of knowledge of HIV/AIDS of elders who frequent a socializing group for seniors?" That led to the objective of analyzing the knowledge of elders regarding HIV/AIDS.

Through our results, it will be possible to subsidize administrators in the planning of actions for issues regarding health and sexuality, in order to elevate the quality of life of this population. It will, especially, be possible to generate results and evidences that can subsidize the reformulation of prevention policies targeted at this specific public, including educational programs aimed at providing the possibility of a healthy life to seniors, including a satisfying sexual life. These programs should strengthen the conceptions regarding HIV/AIDS and ISTs, as well as forms of prevention, aiding in the reduction of direct and indirect

costs associated with the HIV infection, and generating an increase in the quality of life of this population.

## ■ METHODS

This is a descriptive and quantitative study, with senior citizens who participate in socializing groups at the Unit for the Elderly Care (UAI) of the city of Uberaba-MG, and took place between September and November 2015.

As a theoretical and methodological referential for the research, the definitions and concepts that follow were used. Research methods, here, are the strategies used by researchers to structure, analyze, and gather relevant data regarding a certain issue that needs to be studied. The use of the quantitative method requires the adoption of an objective and systematic strategy, and the measurement of pre-established variables. It also allows for the use of mechanisms targeted at controlling the situation of the research, as to reduce biases and improve precision and validity. An observational and cross-sectional method was also used, to create a relationship with the environment studied without generating interference or changing its aspects. The variables were investigated in the present, that is, in the moment of analysis<sup>(10)</sup>.

The inclusion criteria were: 60-year-old or older people; registered at the UAI (the senior citizens were selected for the research through the analysis of an updated list of those registered at the institution); and a satisfactory score in the Mini-Mental State Examination. The exclusion criteria included only elders who presented any disturbance that hindered communication.

The population of this study included elders who were active in the socializing groups and other activities made available by the UAI. Linked to the Secretariat of Social Development of the city of Uberaba, the Unit for the Care of Elders was founded in September 1986, to bring together and care for every elder who wanted to participate, and came from neighborhoods in the city of Uberaba-MG. There, many prevention and health promotion activities are conducted, to improve the quality of life of the users. The unit is opened from Monday to Friday, and provides several activities for the elders.

From the 950 elders registered in the activities, according to data made available by the administration of the unit, 48.1% (457) participated in the research. The main reasons of sample loss were the lack of attendance of elders in the activities, refusals to participate in the research, and elders who were unregistered from the UAI in the period that the survey was conducted.

Data collection included the following steps: contact with the elders before or after their activities at the unit;

explanation about the research, its objectives, and that participation was voluntary; and the signing, by the elder, of the Free Informed Consent Form (FICF). After that, the Mini-mental State Examination (MMSE) was conducted, and if the senior reached the minimum score, him or her was invited to fill a questionnaire regarding their knowledge about HIV/AIDS (QHIV3). Developed and validated in 2008, the QHIV3 covers general characteristics, such as the socioeconomic level, age, years of formal education, existence of a stable partner, and the religion to which the participant belongs. In addition, there are questions regarding AIDS, that are organized in the domains "concept", "transmission", "prevention", "vulnerability" and "treatment". The possible answers for the questions are "true", "false" and "I don't know". In the last section of the document, there are questions that mention AIDS as divine punishment, knowing a person who is infected by the HIV, the use of condoms and the conduction of anti-HIV tests<sup>(7)</sup>.

Data was managed through the software Excel® 2013 and analyzed in the Statistical Package for Social Sciences (SPSS) version 20. Exploratory analyses of the data were carried out through the finding of absolute simple frequencies and percentile frequencies, for all categoric variables.

It should also be noted that this research was conducted according to the demands of the Resolution 466/12 of the National Health Council, and approved by the Research Ethics Committee of the Federal University of the Triângulo Mineiro, through the Plataforma Brasil website, under the number CAAE 47386515.9.0000.5154.

## ■ RESULTS

457 seniors participated in the research, 75% of whom were female (n= 338) and 26% male (n= 119).

The age group between 60 and 69 years of age was the most common for both genders, representing 48.7% of men and 50.6% of women. 59.2% of the female seniors stated that they do not have a partner/companion, while 68.1% of males said they did. Regarding their educational levels, the sample of both males (36.1%) and females (28.6%) presented a higher number of people who studied from 4 to 7 years. 5.3% of females and 7.6% of males studied 12 years or more. Regarding their monthly income, 57.1% of females had a monthly minimum income of 1 minimum wage, while among men, most of the participants, 48.7%, had an income between 1 and 3 minimum wages. The most common religion was the catholic, with 63.6% in both genders (Table 1).

Regarding the questionnaire about HIV/AIDS knowledge (QHIV3), the highest index of right answers in the

**Table 1** – Sociodemographic characterization considering both genders of the elders who are users of the Unit for the Care of Elders – Uberaba-MG, 2015

Variables	N	%
<b>Gender</b>		
Male	119	26
Female	338	74
<b>Age group</b>		
60 to 69 years old	233	51
70 to 79 years old	185	40.5
Over 80 years old	39	8.5
<b>Educational level</b>		
None	51	11.1
1 to 3 years of study	124	27.2
4 to 7 years of study	156	34.2
8 to 11 years of study	94	20.5
12 years of study or more	27	6
No response	5	1
<b>Income</b>		
Up to 1 MW	233	51
1 to 3 MW	176	38.5
4 to 6 MW	33	7.2
7 to 8 MW	4	0.9
More than 10 MW	4	0.9
No response	7	1.5
<b>Total</b>	<b>457</b>	<b>100.0</b>

Source: Data found by the research, 2015.

sample, both for males and females (96.2% and 97.5%, respectively) was in the question about the use of the same syringe by many people as a source of transmission (Q9). The smallest rate of high answers among females (45.3%) was in the question about the transmission of aids through mosquito bites (Q6), while among males (49.6%), it was in the question about whether a person with AIDS always exhibits symptoms of the disease (Q2).

When it comes to the use of condoms, 298 female elders (88.2%) stated that they do not use them, while 62 males (52.1%) said the same — even though, considering both genders, 88.1% stated that they should be worried about acquiring HIV/AIDS and 89.4% recognized that condoms prevent contamination from happening. Regarding the test for AIDS, the percentage of male elders who answered that they had been through the test is the same

as that of those who said they never did, 49.6%. Among females, 62.4% stated that they never underwent the test, as table 2 indicates.

## ■ DISCUSSION

All around the world, the elderly population has been increasing, and hormone reposition treatments and medications for impotence, especially Sildenafil (Viagra®), have been allowing the rediscovery of experiences, such as sex, among the elders, thus extending the sexual life of this population. This, however, increases the number of unsafe sexual practices, contributing for these individuals to become more vulnerable to infections by HIV and other STIs, such as syphilis, chlamydia and gonorrhea<sup>(11)</sup>.

Due to these factors, the need for health professionals to approach themes regarding sexuality and these diseases, in order to guide this population and prevent future complications, has been growing<sup>(11)</sup>. This can be verified in our daily lives, both in the direct assistance to this population and when we analyze with some depth the campaigns produced by the government, which are not targeted at, nor do they show any particular concern with, sex in the old age, or the vulnerability of this population regarding STIs.

In this study we found a much higher percentage of female seniors (74%) than that of males (26%), as did several other studies; this result is also adequate when considering the profile of the users of the Brazilian health system<sup>(12-14)</sup>. This difference may be caused by the demographic transition regarding age and gender, since the male gender has a higher prevalence of risk factors, especially considering the deaths caused by external causes, not to mention work accidents, and the abusive use of alcohol and tobacco. Therefore, the older the population, the higher the number of females<sup>(14)</sup>.

Another factor is that, among males, there is a higher resistance when it comes to habits of health maintenance and protection, as well as to the prevention of sickness. They frequently believe in the myth that their masculinity could be vulnerable when these actions are taken, that is, they believe that males are immune to illnesses<sup>(14)</sup>.

Educational levels are an index not only of socioeconomic level, but also of its impact on health. It can be noted that elders with a lower educational level tend to be more exposed to risk factors, which highlights the importance of adapted educational actions as preventive measures for the fight against the disease<sup>(14-15)</sup>. The educational level also influences in the appropriation of information. Therefore, people with a higher educational level tend to have more access to information, through books, Internet

**Table 2** – Results regarding the HIV questionnaire for the old age (QHIV3) and its respective rates of right answers for each question – Uberaba-MG, 2015 (continue)

Variables	Male		Female		Rate of right answers
	N	%	N	%	%
<b>1. HIV virus as the cause of AIDS</b>					88.7
True	105	88.2	302	89.3	
False	5	4.2	10	3	
I don't know.	8	6.7	25	7.4	
<b>2. A person with the virus always presents symptoms</b>					41.5
True	59	49.6	146	43.2	
False	45	37.8	153	45.3	
I don't know.	14	11.8	38	11.3	
<b>3. Laboratory tests</b>					88.8
True	104	87.4	305	90.2	
False	3	2.5	18	5.3	
I don't know.	11	9.2	12	3.6	
<b>4. Transmission through soap...</b>					75.8
True	22	18.5	67	19.8	
False	90	75.6	256	76	
I don't know.	6	5	14	3.9	
<b>5. Transmission through hugs, kisses...</b>					78.6
True	24	20.2	53	15.7	
False	90	75.6	276	81.7	
I don't know.	4	3.4	6	1.8	
<b>6. Transmission via mosquito</b>					45.7
True	56	47.1	122	36.1	
False	55	46.2	153	45.3	
I don't know.	7	5.9	60	17.8	
<b>7. Condom prevents transmission</b>					89.4
True	111	93.3	289	85.5	
False	6	5	38	11.2	
I don't know.	1	0.8	9	2.7	
<b>8. Condoms for women</b>					86
True	103	86.6	289	85.5	
False	7	5.9	12	3.6	
I don't know.	8	6.7	35	10.4	
<b>9. Syringe and needle transmission</b>					96.4
True	115	96.6	325	96.2	
False	1	0.8	8	2.4	
I don't know.	2	1.7	3	0.9	

**Table 2** – Results regarding the HIV questionnaire for the old age (QHIV3) and its respective rates of right answers for each question – Uberaba-MG, 2015 (conclusion)

Variables	Male		Female		Rate of right answers
	N	%	N	%	%
<b>10. Only in homosexuals...</b>					86.3
True	18	15.1	23	6.8	
False	97	81.5	308	91.1	
I don't know.	3	2.5	5	1.5	
<b>11. Seniors should not worry about AIDS</b>					88.1
True	13	10.9	32	9.5	
False	103	86.6	303	89.6	
I don't know.	2	1.7	1	0.3	
<b>12. AIDS has a treatment</b>					90
True	109	91.6	299	88.5	
False	7	5.9	30	8.9	
I don't know.	2	1.7	7	2.1	
<b>13. There is a cure for AIDS</b>					74.6
True	24	20.2	41	12.1	
False	86	72.3	260	76.9	
I don't know.	8	6.7	35	10.4	
<b>14. AIDS is a punishment from God's</b>					80.4
True	23	19.3	38	11.2	
False	91	76.5	285	84.3	
I don't know.	4	3.4	13	3.8	
<b>15. Do you know any AIDS carriers</b>					-
Yes	80	67.2	204	60.4	
No	38	31.9	131	38.8	
<b>16. Do you use condoms</b>					-
Always	25	21	16	4.7	
Sometimes	18	15.1	10	3	
Rarely	3	2.5	0	0	
Never	62	52.1	298	88.2	
<b>17. Have you ever undergone the AIDS test</b>					-
Yes	59	49.6	124	36.7	
No	59	49.6	211	62.4	

Source: Data found by the research, 2015.

and magazines, and also have a better capability of assimilating new facts than those who did not study, or who have a low educational level<sup>(14)</sup>. Therefore, it is interesting to note that the variable “educational level” of this research indicated that most participants have between 4 and 7 years of study. That corroborates the results of other researches<sup>(12,14)</sup>.

Regarding whether the participants had a partner, 51.8% stated not to, a result similar to that of other researches<sup>(13-14)</sup>. This is a concerning result, since stable partners reduce the risks to HIV exposure, according to studies which show that multiple partners are a risk factor for the contagion by STIs and HIV/AIDS<sup>(13)</sup>.



It is also important to highlight that females, especially in this age group, mention difficulties in marrying or having relationships again after the death of a previous partner. That could also account for the high level of elder women who state not to have a partner<sup>(13)</sup>. However, since this subject includes several taboos, these seniors may sometimes omit occasional feelings and involvements, due to the false assumption that women must not or should not get involved with partners once they are older. Men, on the other hand, feel the need to make it clear that they are indeed active, and have no difficulties in finding relationships.

In this research, the question that sought to understand the knowledge of elders regarding the transmission of HIV through the sharing of syringes was the one with the highest number of correct responses, as also happened in some other researches<sup>(7,16)</sup>. This is due to the knowledge that came from decades of extensive publicity regarding the vulnerability of drug users and their susceptibility to contamination. On the other hand, that information, however pertinent, may lead to an erroneous conception, since studies conducted with a similar population indicate that many elders do not consider themselves to be vulnerable to HIV, attributing that vulnerability only to risk groups, such as homosexuals, sex professionals, and drug users<sup>(3)</sup>.

After many years of researches and investigations, it has been proved that AIDS is not a disease that affects specific and/or restricted groups. It is a universal disease, that does not choose race, culture, socioeconomic conditions, neither does it choose age group; HIV/AIDS are directly related to behavioral practices, such as the unprotected practice of sex with multiple partners, as well as the sharing of syringes and needles, and the increasingly rare cases of transplants and blood donations<sup>(3,5,13)</sup>.

Another relevant question was the one with the lowest rate of right answers, the question involving the transmission of the disease through mosquito bites. Another study, conducted in 2013, had results that corroborate the ones found here, with 47.4% wrong answers<sup>(12,16)</sup>. It is important to highlight the need for a substantial amount of attention regarding adaptive educational practices and actions targeted at this age group, for this gap in knowledge to be filled.

Also regarding transmission by mosquito bite, a similar result was found in 2016, with a young population, among which the rate of right answers was 31.7%. That demonstrates how lacking the knowledge of the general population is when it comes to the transmission by any other means beside humans, showing the necessity to work with the theme in every age group<sup>(17)</sup>. This particular mistake might be provoked by the increasing number of diseases

transmitted by vectors such as the mosquitoes. A current example is the *Aedes aegypti*, a serious hazard to public health, as it transmits dengue, chikungunya and zika<sup>(18)</sup>.

The prevalence of mistakes in both genders was also noted in the questions regarding the manifestation of signs and symptoms. It is known that the manifestations of HIV/AIDS have different repercussions, since they are related to the way in which the body reacts to the virus<sup>(4)</sup>. Other researches presented similar results, finding that, respectively, 57.7% and 49.4% of people believed that a person who carries the virus will always manifest symptoms of the disease<sup>(7,12)</sup>. Sexuality raises many taboos, and as such, AIDS is also a subject absent from the discussions of any age group, and that can turn any supposition into real fact. Therefore, it is paramount to converse with elders about these issues, empowering them and transforming them into people capable of divulging the knowledge.

One of the issues that can lead to the lack of knowledge regarding the manifestations of the disease are the scarce number of policies targeted at this age group. Even today there is a these policies have a clear predilection for the younger population, pregnant women, drug users and other groups that are considered to be vulnerable to the infection, although the discussion that elders are, due to many characteristics that make up the aging process, also vulnerable to infections by HIV<sup>(12)</sup>, is under way.

A high percentage of the participants stated to have never undergone the HIV/AIDS test. The fear of shock, of physical, emotional and social traumas that could be caused by the HIV diagnosis, frequently holds back the individual, pulling them away from the possible diagnosis<sup>(6)</sup>.

The fast diagnosis test is made freely available by the Unified Health System, and guaranteed by the Ministry of Health Decree nº 29, from December 17, 2013. The secrecy of the results of the test is also guaranteed, and the health professional is responsible for letting people know how easy to do and important it is to undergo the test and thus achieve an early diagnosis<sup>(4)</sup>.

It is well-known that the most effective way to prevent HIV/AIDS is to use condoms, but a high percentage of the seniors who participated in the research stated not to use it, even considering that participants from both genders said that they knew how important it is to use it. That result concurs with those of previous researches<sup>(3,12-14,16)</sup>.

After they go through the regular processes of aging, like menopause and the belief that they are already at the end of their lives, elders start to believe that they no longer need prevention. Frequently, they see condoms as a contraceptive tool, and not as an effective method to prevent against many STIs<sup>(7)</sup>.

The lack of use of condoms involves many issues. Beyond those mentioned above, many others can also be mentioned, such as the lack of acceptance by men, who believe that the condom diminishes pleasure and sensitivity; some of them, as well, think that their partners should not ask them to use a condom, as it may indicate that they do not trust them<sup>(15)</sup>.

When dealing with an older individual, the healthcare professional frequently faces many obstacles, and is prevented from conducting an effective process of health education. The limits of campaigns about sexuality in previous decades can help one to understand the difficulties in interacting and providing sexual education to elders, since for a long time, prevention campaigns were targeted exclusively at risk groups<sup>(3,19)</sup>.

Nowadays, we still face many obstacles, considering that campaigns are still targeted at young individuals, not to mention the persistence of pre-established concepts regarding aging, as previously mentioned.

To work with the sexuality of elders is to confront taboos, fears, beliefs and limitations. Frequently, professionals do not see the seniors as sexually active people, and believe that they do not think about sex and are unable to awake sexual desires<sup>(14-15)</sup>. As a result, an integral approach to the health of elders cannot be achieved, and the actions to prevent diseases become ineffective. That leads to late diagnoses, inadequate treatments, and to the aggravation of the symptoms of the disease, sometimes even provoking the death of the patient<sup>(15)</sup>.

A study conducted with nurses showed that these professionals perceive that sexuality in this age group is filled with taboos and prejudices. These professionals recognize that actions targeted at this subject are few or nonexistent, and that is a failure of their care. Therefore, it is important to tell these professionals to see aging beyond the diseases, looking for a restructuring of attention that promotes health and an active aging process, always keeping in mind that sexuality is a factor inherent to life, that comprises the concept of active aging<sup>(19)</sup>.

Therefore, the health professional must be equipped with tools that allow him or her to be aware of the great complexities that involve this population. The use of playful dynamic activities and didactic forms rises as an important alternative, not to mention the need to offer space for the elders to feel comfortable to clarify their doubts, and overcome the numerous wrong conceptions that surround them<sup>(3,19)</sup>.

Considering this, the professional practice must be implemented with dignity, involving the age groups in which the individuals are located, especially when it comes to the practice of prevention. The sexuality of the

elder should be valued, and incorporated in their planning and daily work activities<sup>(2,6)</sup>.

Therefore, since articles point at gaps in the knowledge of the elderly when it comes to the HIV infection<sup>(14-15)</sup>, the reflection of health professionals becomes even more necessary, especially for nurses, who have an important role in basic attention and frequently confront this subject. And let this reflection be expanded in urgent, proactive and efficient actions, aimed at covering this gap, and thus at elevating the quality of life of this population.

## ■ CONCLUSION

In general, the level of knowledge found can be considered good, responding to our goal. This result probably stems from the population that the research targeted, since it is made up of socially active seniors with a higher educational level. Some gaps, however, can still be noticed, such as those regarding the modes of transmission and manifestation of the disease.

Knowledge about health, especially in a geriatric aspect, is an important determinant of risk factors and of the perception of vulnerability, and considering that, the research presents several meaningful results. Despite the limitations of the study, especially that the sample was chosen intentionally and the population was composed only by socially and physically active seniors, it was possible to identify the main gaps in the knowledge of this specific population. It was, especially, possible to point out the need for more researches on the theme, mainly those whose data can be more generalized, for health and nursing actions to be focused on the gaps and needs identified, thus improving the quality of life of the population.

These results can contribute to the direction, creation or reformulation of actions in the health field, mostly if they are used as scientific evidence by nurses, who have a central role in health care, health promotion and damage prevention; they could offer the nurses scientific knowledge, strengthening evidence based practice, and consolidating nursing as a science.

It is important to highlight that this study, after identifying the knowledge regarding the subject researched, allowed for the team to elaborate an extension activity focused on health education, and targeted at this population and theme.

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Received: 12.22.2016

Approved: 03.28.2017