Esc Anna Nery 2022;26:e20210342

Association between experiences in older adults' sexuality and biosociodemographic characteristics

Associação entre as vivências em sexualidade e características biosociodemográficas de pessoas idosas

Asociación entre experiencias en sexualidad y características biosociodemográficas de las personas mayores

Edison Vitório de Souza Júnior[1]
Randson Souza Rosa[2]
Suziane de Aguiar Brito[1]
Diego Pires Cruz[2]
Benedito Fernandes da Silva Filho[2]
Cristiane dos Santos Silva[3]
Namie Okino Sawada[4]

1. Universidade de São Paulo, Escola de Enfermagem de Ribeirão Preto, Programa de Pós-Graduação em Enfermagem Fundamental. Ribeirão Preto, SP, Brasil.

2. Universidade Estadual do Sudoeste da Bahia, Programa de Pós-Graduação em Enfermagem e Saúde. Jequié, BA, Brasil.

3. Universidade Estadual do Sudoeste da Bahia, Programa de Pós-Graduação em Educação Física. Jequié, BA, Brasil.

4. Universidade Federal de Alfenas, Programa de Pós-Graduação em Enfermagem. Alfenas, MG, Brasil.

Corresponding author:
Edison Vitório de Souza Júnior
edison.vitorio@usp.br

Submitted on 09/02/2021.
Accepted on 01/20/2022.

DOI:https://doi.org/10.1590/2177-9465-EAN-2021-0342

ABSTRACT

Objective: to analyze the association between experiences in older adults' sexuality and biosociodemographic characteristics. **Method:** a cross-sectional study developed with 3,740 older adults. The participants filled out two instruments to obtain the biosociodemographic variables and on the experiences in sexuality. Data were analyzed using the Mann-Whitney and Kruskal-Wallis tests, with a 95% confidence interval for all analyses. **Results:** there was a predominance of male participants (62.6%) who never received guidance on sexuality from health professionals (77.6%). The best experiences in sexuality were observed among male participants (p=0.002), aged between 60 and 74 years (p<0.001), self-declared brown (p<0.001), adherents to religions of African origins (p<0.001), who have a single partner (p<0.001), who live with their spouse for five years or less (p<0.001), who do not have children (p<0.001) and homosexuals (p<0.001). **Conclusion and implications for practice:** all biosociodemographic variables were significantly associated with at least one dimension of the sexuality scale. In this sense, health professionals will have scientific and current evidence of the variables that most need attention in elder care with regard to their sexuality.

Keywords: Family Health Strategy; Health Promotion; Health of the Elderly; Public Health; Sexuality.

RESUMO

Objetivo: analisar a associação entre as vivências em sexualidade e características biosociodemográficas de idosos. **Método:** estudo transversal, desenvolvido com 3.740 idosos. Os participantes preencheram dois instrumentos para a obtenção das variáveis biosociodemográficas e sobre as vivências em sexualidade. Os dados foram analisados com os Testes de Mann-Whitney e Kruskal-Wallis, com intervalo de confiança de 95% para todas as análises. **Resultados:** houve predominância de participantes do sexo masculino (62,6%) e que nunca receberam orientações sobre sexualidade pelos profissionais de saúde (77,6%). As melhores vivências em sexualidade foram observadas entre os participantes do sexo masculino (p=0,002), com idade entre 60 e 74 anos (p<0,001), autodeclarados pardos (p<0,001), adeptos às religiões de origens africanas (p<0,001), que possuem parceria fixa (p<0,001), que convivem com o cônjuge por tempo igual ou inferior a cinco anos (p<0,001), que não possuem filhos (p<0,001), e os homossexuais (p<0,001). **Conclusão e implicações para a prática:** todas as variáveis biosociodemográficas se associaram significativamente com, pelo menos, uma dimensão da escala de sexualidade. Nesse sentido, os profissionais de saúde terão evidências científicas e atuais das variáveis que mais necessitam de atenção no cuidado ao idoso no que diz respeito à sua sexualidade.

Palavras-chave: Estratégia Saúde da Família; Promoção da Saúde; Saúde do Idoso; Saúde Pública; Sexualidade.

RESUMEN

Objetivo: analizar la asociación entre experiencias en sexualidad características biosociodemográficas de los ancianos. **Método:** estudio transversal, desarrollado con 3.740 personas mayores. Los participantes completaron dos instrumentos para obtener las variables biosociodemográficas y sobre experiencias en la sexualidad. Los datos se analizaron mediante las pruebas de Mann-Whitney y Kruskall-Wallis, con un intervalo de confianza del 95% para todos los análisis. **Resultados:** predominó el sexo masculino (62,6%) y que nunca había recibido orientación sobre sexualidad por parte de profesionales de la salud (77,6%). Las mejores experiencias en sexualidad se observaron entre los participantes masculinos (p=0,002), edad entre 60 y 74 años (p<0,001), marrón autodeclarado (p<0,001), adherentes a religiones de origen africano (p<0,001), que tienen una pareja estable (p<0,001), que viven con su cónyuge durante cinco años o menos (p<0,001), que no tienen hijos (p<0,001) y homosexuales (p<0,001). **Conclusión e implicaciones para la práctica:** todas las variables biosociodemográficas se asociaron significativamente con al menos una dimensión de la escala de sexualidad. En este sentido, los profesionales de la salud contarán con evidencia científica y actual de las variables que más necesitan atención en el cuidado de las personas mayores en cuanto a su sexualidad.

Palabras clave: Estrategia de Salud Familiar; Promoción de la Salud; Salud del Anciano; Salud Pública; Sexualidad.

INTRODUCTION

One of the main events that occurs in old age is the organic decline, especially the physical one, which culminates in socio-psychological changes. Thus, older adults may exclude themselves from social activities, pointing to age as a factor in victimizing themselves and feeling null in society, also presuming they are not capable of maintaining or initiating romantic relationships.[1] It is noteworthy that, in Brazil, all individuals aged 60 years or older are considered older adults,[2] classification adopted for the development of this study.

Society often reinforces the idea that being an older adult is being someone without uses, as old age has always been considered a stage in life synonymous with finitude. These are existing prejudices against older adults and, which also extend to other dimensions of life, as is the case of sexuality in old age.[1]

The definition of sexuality comprises an expanded notion of the social construction of the uses of the body in particular, but not limited to genitality, in order to achieve a perception of physical and mental pleasure.[3] Thus, experiences in sexuality can be defined as the expressions of several qualitative variables such as desire, affection, love, hug, contact, intimacy, touch, affectivity, eroticism, self-realization, self-image, self-esteem, among other emotional expressions, including the sexual activity itself.[3-5]

According to the World Health Organization,

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[6:5]

Other published studies[1-3,7-12] on the subject have not investigated the association between older adults' biosociodemographic variables and sexuality. However, it is known that healthy experiences in sexuality provide benefits for self-knowledge, well-being, pleasure, self-esteem,[8] quality of life (QoL),[13] maintenance of mental health and general satisfaction with life,[14] being encouraged, including, among older adults with some type of dementia[4] and in palliative care.[15]

Due to the importance of sexuality, the development of this becomes relevant, as it will contribute by revealing the biosociodemographic variables that are associated with sexuality experiences by older adults. This is an important aspect from the assistance point of view in public health, especially in Family Health Strategy (FHS), because there will be strategic guidance and knowledge of variables that are most associated with the object studied, in order to intensify approaches to its stimulation and breaking of prejudices.

In view of this, the following research question was formulated: which biosociodemographic variables are associated with experiences in sexuality by older adults? In order to answer it, the objective was to analyze the association between experiences in sexuality and biosociodemographic characteristics of older adults.

METHOD

Study design

This is a cross-sectional study of the web survey type, with a descriptive approach. The study scenario was defined for the five regions of Brazil (North, Northeast, Midwest, Southeast and South).

Sample and inclusion criteria

The sample was defined, a priori, based on the following parameters - infinite population, sampling error of 5% (α=0.05), 95% confidence interval ($z\alpha/2$=1.96) and conservative proportion of 50% - resulting in a minimum sample size of 385 participants. However, as it is a web survey study and predicting the possible incompleteness of answers, it was decided to recruit a higher number of participants, who were selected according to the non-probabilistic consecutive technique.

Participants aged ≥ 60 years old, according to Brazilian legislation that establishes this age parameter to consider an old adult,[2] residing in any region of Brazil, with internet access and an active Facebook account, married, in a stable relationship, or with a steady partner, because the sexuality instrument considers the assessment of individuals and information about their spouse, of both sexes, or non-binary, regardless of sexual orientation were included.

All older adults hospitalized during the collection period, residents in long-stay institutions or similar, those living with functional dependence and neurodegenerative diseases that made it impossible to understand the instruments were excluded. This screening was carried out through four questions with dichotomous answers (yes or no) before having access to the research instruments. To be considered suitable, it was necessary that there were 100% negative responses.

Data collection

Data collection took place between July and October 2020, exclusively online through the Facebook Social Network. The collection took place through the publication of a personalized invitation on a page created by the researchers with the aim of disseminating information about health, sexuality and QoL among older adults. The personalized invitation contained information regarding study title, inclusion criteria, institution name and researchers involved, as well as contact details (telephone and e-mail). This information was organized in an image editing program that allowed the creation of a visually attractive invitation. There was also the inclusion of a hyperlink that directed the participants to the survey page, created by Google Forms and composed of three chunks.

The first chunk referred to the Informed Consent Form (ICF) available in full so that its mandatory reading was possible. After agreeing with all the information, the participants clicked on the "I have read and accepted to participate in this study" option, being subsequently directed to the second chunk.

The second chunk was structured with biosociodemographic questions such as: sex, age; marital status; time spent with the partner; education; ethnicity; religion; Brazilian region where they reside; sexual orientation; if they live with their children; whether they have already received guidance on sexuality from health professionals; and the inclusion of a valid email.

The third chunk was elaborated with the Affective and Sexual Experiences Scale for Elderly (ASESE)[16] instrument, built and validated for the Brazilian population of older adults. It is an instrument organized into 38 items with five possibilities of Likert-type responses, ranging from 1 (never) to 5 points (always). The items are organized into three dimensions: sexual activity, affective relationships, and physical and social adversity. The first two dimensions are analyzed from the perspective that the higher/lower the score, respectively, the better/worse will be sexuality experiences in these dimensions. On the other hand, considering the physical and social adversities dimension, the higher/lower the score, respectively, the worse/better older adults are facing such adversities in terms of sexuality experiences. The author found satisfactory psychometric indices in the ASESE validation and reliability, verified by Cronbach's Alpha, obtained the following values: sexual activity (α=0.96); affective relationships (α=0.96); and physical and social adversities (α=0.71).[16]

In order to extend the survey invitation to the entire Brazilian territory, the authors hired the post boosting strategy offered by Facebook on a monthly basis. In this strategy, the social network disseminates the post to all people who meet the previously established criteria and, consequently, there is an increase in likes, comments and shares, which in turn, increases the probability of people clicking on the link and participating in the study. In this way, it was possible to exceed the intended sample and obtain an expressive number of participants in the present study.

Data analysis

Data were transported and analyzed using IBM SPSS®, version 25. The first step in data processing was to identify a possible multiplicity of responses given by the same participant, screened through the e-mail requested at the beginning of the questionnaire. In this study, there were no duplications of responses. Subsequently, the qualitative variables were analyzed using descriptive analyzes (absolute and relative frequencies). The quantitative ones were analyzed by means of median (Md), interquartile range (IR), variance and minimum and maximum values.

In order to analyze the association between the independent (biosociodemographic) and dependent (sexuality) variables, data distribution was initially analyzed using the Kolmogorov-Smirnov test, by which the non-normal distribution was identified ($p<0.001$). Thus, in accordance with the statistical assumptions,[17] Mann-Whitney tests were applied to analyze variables with two categories and the Kruskall-Wallis test for variables with three or more categories. When necessary, the Bonferroni post-hoc was also applied to identify statistically significant differences between the groups analyzed using the Kruskall-Wallis test. The results of the application of these tests are presented by means of average ranks (AR), considering a confidence interval of 95%.

Ethical aspects

This study was approved in 2020 by the Institutional Review Board of the *Universidade de São Paulo* at *Escola de Enfermagem de Ribeirão Preto* (EERP/USP), under Opinion 4,319,644, in accordance with Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*). All participants read and agreed with the ICF available online, which was sent a duplicate to the respective e-mails informed in the initial stage of the research.

RESULTS

Table 1 presents participants' descriptive analysis, in which there is a predominance of male older adults (62.6%), with higher education (39.4%), self-declared white (66.7%) and who never received guidance on sexuality by health professionals (77.6%). Moreover, it also presents the analysis of tests of associations between sexuality and biosociodemographic variables.

Thus, it is noted that the sexual activity is better experienced by older adult males ($p<0.001$), aged between 65 and 79 years ($p<0.001$), mixed race ($p=0.009$), adherents to religions of African origins ($p<0.001$), who have a single partner ($p<0.001$), who live with their spouse for five years or less ($p<0.001$), who do not have children ($p<0.001$), and homosexuals ($p<0.001$).

With regard to affective relationships, the best experiences were identified among older adult males ($p=0.038$), aged over 90 years ($p=0.006$), with higher education ($p=0.013$), self-declared brown ($p<0.001$), adherents to religions of African origins ($p<0.001$), who have a single partner ($p<0.001$), who live with their spouse for five years or less ($p<0.001$), who have already received guidance on sexuality from health professionals ($p=0.028$), and heterosexuals ($p<0.001$).

In relation to physical and social adversities, the worst experiences were identified among older adult males ($p=0.003$), with only primary education ($p=0.024$), married ($p<0.001$), and those who live with their partner for more than 20 years ($p<0.001$). Finally, in general, sexuality is better experienced by male older adults ($p=0.002$), aged between 60 and 74 years ($p<0.001$), self-declared brown ($p<0.001$), adherents to religions of African origins ($p<0.001$), who have a single partner ($p<0.001$), who live with their spouse for five years or less ($p<0.001$), who do not have children ($p<0.001$), and homosexuals ($p<0.001$).

It is noted in Table 2 that most answers given were positive and reflected in participants' satisfaction with their experiences in sexuality. An example is the fact that 53.6% of older adults have sex with their spouses frequently and always (item 5). Most stated that sexual experiences are always pleasurable

Table 1. Analysis of sexuality according to biosociodemographic characteristics. Ribeirão Preto, SP, Brazil, 2020 (n=3,740).

Variables	DESCRIPTIVE ANALYSIS		SEXUALITY			
			Sexual act	Affective relationships	Physical and social adversity	Overall score
	n	%	Average ranks (AR)			
Sex						
Male	2,342	62.6	1924.84†	1899.01	1917.01†	1918.40†
Female	1,391	37.2	1779.11†	1825.75	1792.75†	1791.32†
Others	7	0.2	1849.14	1224.50	1758.71	1578.36
p-value	-	-	**<0.001***	**0.038***	**0.003***	**0.002***
Age (years)						
60 - 64	1,830	48.9	1866.56‡	1872.31‡	1850.32	1867.05‡
65 - 79	1,178	31.5	1915.23§	1881.12§	1871.87	1900.19§
70-74	545	14.6	1890.00‖	1908.84‖	1931.27	1907.95‖
75-79	153	4.1	1641.73¶	1778.67	1820.00	1686.36
80 – 84	28	0.7	1086.73‡,§,‖,¶	1156.36‡,§,‖	2223.39	1143.00‡,§,‖
85 – 90	3	0.1	757.00	678.00	1350.67	669.00
> 90	3	0.1	3261.50	2170.50	2403.00	2898.00
p-value	-	-	**<0.001***	**0.006***	0.303	**<0.001***
Education						
Primary	321	8.6	1866.46	1769.57	2021.54†	1834.25
Elementary school	570	15.2	1851.24	1783.87†	1938.96	1826.27
High school	1,371	36.7	1855.45	1856.66	1829.75†	1850.41
Higher education	1,474	39.4	1895.05	1938.75†	1848.87	1915.64
Without education	4	0.1	1050.63	1908.00	1932.00	1333.75
p-value	-	-	0.474	**0.013***	**0.024***	0.252
Ethnicity						
White	2,494	66.7	1876.32	1900.69†	1865.98	1888.40†
Yellow	72	1.9	1500.75 †	1259.15†,‡	2050.67	1378.82†,‡
Black	191	5.1	1766.00	1676.73	1855.12	1721.90
Brown	911	24.4	1922.32†	1886.12‡	1875.68	1906.23‡
Indigenous	26	0.7	1609.90	1689.58	2285.98	1666.48
Do not know	46	1.2	1688.63	1788.29	1559.97	1694.17
p-value	-	-	**0.009***	**<0.001***	0.079	**<0.001***
Religion						
Catholicism	1,949	52.1	1802.16†,‡	1781.32†,‡	1909.57	1794.70†,‡
Protestantism	514	13.7	1913.12	1933.43§,‖	1854.95	1923.44§
Spiritualism	461	12.3	2062.16†	2136.96†,§	1783.73	2094.76†
Of African origins	70	1.9	2376.90‡,§	2338.33‡,‖	2014.71	2416.13‡,§
Other	357	9.5	1855.02	1850.41	1846.58	1850.60

Source: authors' elaboration; * Statistical significance by the Kruskal-Wallis test (p<0.05); †, ‡, §, ‖, ¶ Statistically significant differences between groups by Bonferroni post-hoc; ** Statistical significance by the Mann-Whitney test (p<0.05)

Table 1. Continued...

Variables	DESCRIPTIVE ANALYSIS		SEXUALITY			
			Sexual act	Affective relationships	Physical and social adversity	Overall score
	n	%	Average ranks (AR)			
No religion	389	10.4	1852.54[§]	1852.66	1794.14	1834.61
p-value	-	-	**<0.001***	**<0.001***	0.105	**<0.001***
Marital status						
Married	2,328	62.2	1697.54[†,‡]	1763.62[†,‡]	1919.49[†]	1724.36[†,‡]
Stable union	707	18.9	2063.22[†,§]	2030.79[†]	1841.83	2057.52[†]
With steady partner	705	18.9	2248.37[‡,§]	2062.68[‡]	1737.48[†]	2165.53[‡]
p-value	-	-	**<0.001***	**<0.001***	**<0.001***	**<0.001***
Time living with partner						
≤5 years	673	18.0	2340.81[†,‡,§,‖]	2163.74[†,‡]	1739.14[†]	2259.38[†,‡]
Between 6 and 10 years	314	8.4	2148.26[†]	2113.99	1754.86	2135.41
Between 11 and 15 years	276	7.4	2006.11[‡]	1991.21	1885.28	2001.28[†]
Between 16 and 20 years	228	6.1	1867.98[§]	1846.15[†]	1854.71	1863.58[‡]
> 20 years	2,249	60.1	1674.59[‖]	1736.41[‡]	1925.74[†]	1701.80
p-value	-	-	**<0.001***	**<0.001***	**0.001**	**<0.001***
Live with children						
Yes	1,081	28.9	1863.06[†]	1808.35[†]	1899.45	1841.74[†]
No	2,474	66.1	1833.94[‡]	1863.54[‡]	1868.95	1844.88[‡]
I do not have children	185	4.9	2402.89[†,‡]	2326.71[†,‡]	1722.12	2381.12[†,‡]
p-value	-	-	**<0.001***	**<0.001***	0.115	**<0.001***
Have you ever had sexual orientation?						
Yes	837	22.4	1909.60	1942.84	1815.06	1918.29
Never	2,903	77.6	1859.23	1849.64	1886.49	1856.72
p-value	-	-	0.234	**0.028****	0.090	0.146
Sexual orientation						
Heterosexuality	3,241	86.7	1889.98[†]	1904.00[†]	1854.74	1895.73[†,§]
Homosexuality	91	2.4	2056.25[‡]	1902.68[‡]	1933.11	2018.33[‡]
Bisexuality	64	1.7	1354.48[†,‡]	1289.92[†,‡]	1975.95	1317.09 [†,‡]
Others	344	9.2	1733.03	1654.38	1982.80	1696.63[§]
p-value	-	-	**<0.001***	**<0.001***	0.146	**<0.001***

Source: authors' elaboration; * Statistical significance by the Kruskal-Wallis test (p<0.05); [†, ‡, §, ‖, ¶] Statistically significant differences between groups by Bonferroni post-hoc; ** Statistical significance by the Mann-Whitney test (p<0.05)

(item 28) and important for QoL (item 33), that experiences in sexuality always provide well-being (item 31), and that with advancing age, the desire to experience sexual acts was never lost (item 36).

When observing physical and social adversities, most revealed that, sometimes, some health problems interfere with sexual experiences (item 32). Moreover, they sometimes feel uncomfortable due to changes in sexuality due to aging

Table 2. Descriptive analysis of responses to the ASESE instrument. Ribeirão Preto, SP, Brazil, 2020 (n=3,740).

ASESE INSTRUMENT QUESTIONS	Never		Rarely		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
Dimension I - Sexual activity										
1. I have a favorable attitude towards sexuality in old age	244	6.5	311	8.3	780	20.9	930	24.9	1,475	39.4
4. I desire my partner	163	4.4	274	7.3	660	17.6	971	26.0	1,672	44.7
5. My partner and I have sex	248	6.6	513	13.7	974	26.0	1,213	32.4	792	21.2
9. Sexual experiences are good for my self-esteem	106	2.8	163	4.4	365	9.8	511	13.7	2,595	69.4
10. Enjoying my sexuality means being alive	126	3.4	96	2.6	309	8.3	412	11.0	2,797	74.8
11. I feel wanted by my partner	224	6.0	353	9.4	848	22.7	767	20.5	1,548	41.4
14. I find that having sex improves our relationship	232	6.2	194	5.2	592	15.8	653	17.5	2,069	55.3
20. Sexual experiences make me feel more alive	143	3.8	129	3.4	346	9.3	508	13.6	2,614	69.9
22. I notice the existence of desire in our relationship	255	6.8	331	8.9	705	18.9	821	22.0	1,628	43.5
24. I believe that in old age I am still a beautiful person	122	3.3	215	5.7	1,020	27.3	728	19.5	1,655	44.3
26. I feel good when we have sex	209	5.6	151	4.0	440	11.8	540	14.4	2,400	64.2
28. Our sexual experiences are pleasurable	232	6.2	332	8.9	700	18.7	672	18.0	1,804	48.2
29. I need the experiences of sexuality to live	389	10.4	221	5.9	778	20.8	747	20.0	1,605	42.9
31. The practice of sexuality makes me feel good	116	3.1	89	2.4	476	12.7	631	16.9	2,428	64.9
34. I express my sexuality without caring about what others think of me	491	13.1	290	7.8	599	16.0	559	14.9	1,801	48.2
35. Me and my partner used to date	385	10.3	439	11.7	973	26.0	903	24.1	1,040	27.8
36. As I age, I feel like I have lost interest in sex	1,696	45.3	694	18.6	984	26.3	174	4.7	192	5.1
38. Kisses and caresses are part of the day to day of our relationship	403	10.8	465	12.4	788	21.1	714	19.1	1,370	36.6
Dimension II - Affective relationships										
2. I enjoy being with my partner	126	3.4	274	7.3	545	14.6	750	20.1	2,045	54.7
3. My partner and I enjoy privacy	111	3.0	271	7.2	508	13.6	749	20.0	2,101	56.2
6. I feel that my partner has affection for me	131	3.5	262	7.0	743	19.9	803	21.5	1,801	48.2
7. Me and my partner are friends	45	1.2	94	2.5	352	9.4	646	17.3	2,603	69.6
8. I love my partner	76	2.0	154	4.1	377	10.1	480	12.8	2,653	70.9
12. Our relationship is filled with a lot of affection	259	6.9	370	9.9	804	21.5	757	20.2	1,550	41.4
13. I accept the changes caused by aging	238	6.4	248	6.6	965	25.8	559	14.9	1,730	46.3
15. I am not ashamed or afraid to express to my partner how I feel	615	14.6	245	6.6	597	16.0	538	14.4	1,745	46.7
16. I think sexuality in old age is normal	100	2.7	144	3.9	597	16.0	473	12.6	2,426	64.9
17. I feel that my partner enjoys being with me	173	4.6	269	7.2	682	18.2	674	18.0	1,942	51.9

Source: questions extracted from the validation study.[16] T.N.: this instrument has been freely translated for publication.

Table 2. Continued...

ASESE INSTRUMENT QUESTIONS	Never		Rarely		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
18. Our relationship is based on companionship	116	3.1	154	4.1	420	11.2	720	19.3	2,330	62.3
19. I notice the existence of love in our relationship	189	5.1	231	6.2	623	16.7	602	16.1	2,095	56.0
21. I notice complicity in our relationship	256	6.8	281	7.5	594	15.9	659	17.6	1,950	52.1
23. I feel affection for my partner	91	2.4	174	4.7	484	12.9	632	16.9	2,359	63.1
25. I feel loved by my partner	190	5.1	267	7.1	661	17.7	588	15.7	2,034	54.4
27. I know I can count on my partner	172	4.6	196	5.2	533	14.3	576	15.4	2,263	60.5
33. Sexual experiences are important for older adults' quality of life	103	2.8	123	3.3	581	15.5	615	16.4	2,318	62.0
Dimension III - Physical and social adversities										
32. Some health problems interfere with my sexual experiences	884	23.6	513	13.7	1,439	38.5	441	11.8	463	12.4
30. I am bothered by changes in my sexuality caused by aging	785	21.0	476	12.7	1,448	38.7	487	13.0	544	14.5
37. I am afraid of being a victim of prejudice because of my attitudes towards sexuality	1,713	45.8	420	11.2	837	22.4	194	5.2	576	15.4

Source: questions extracted from the validation study.[16] T.N.: this instrument has been freely translated for publication.

Table 3. Descriptive analysis of the ASESE dimensions. Ribeirão Preto, SP, Brazil, 2020. (n=3,740).

ASESE	M_d (IR)	M±SD	Minimum	Maximum	Variance
Sexual intercourse	73.00 (62.00-80.00)	69.66±13.70	21.00	88.00	187.76
Affective relationships	75.00 (63.00-81.00)	70.51±13.29	19.00	85.00	176.86
Physical and social adversity	8.00 (6.00-10.00)	7.96±3.10	3.00	15.00	9.63
GENERAL SEXUALITY	156.00 (134.00-168.00)	148.13±25.74	52.00	187.00	662.85

Source: authors' elaboration.

(item 30) and that they are never afraid of being a victim of prejudice because of attitudes towards sexuality experiences (item 37).

It is observed in Table 3 that the highest median in affective relationships indicates that older adults experience their sexuality better in this dimension to the detriment of the sexual activity.

DISCUSSION

In this study, a predominance of male older adults was observed, a fact that can be justified due to the theme studied, given that, during the data collection, women older adults commented on the research link with moral and conservative judgments regarding the topic being addressed in a social network, which may have contributed to the low female prevalence in this study. In contrast, men older adults had greater positive interaction in the comments and interest in knowing more about the topic, in order to achieve a better affective-sexual performance with their partners.

In Table 3, it is noted that the highest median in affective relationships indicates that older adults experience their sexuality better in this dimension to the detriment of the sexual activity. The affective relationships domain assesses all qualitative aspects of sexuality experiences by older adults, such as the pleasure of being with a partner, privacy, affection, friendship, love, companionship, complicity, among others.[16]

This was a result found in general, without gender differentiation. In addition, it is noteworthy that the difference between affective and sexual experiences was not very discrepant, differing only in two observed points. Even so, this is a relevant finding, as it may indicate that experiences in sexuality, for older adults, have greater meaning in the affective aspects than in the sexual aspects themselves.[16]

When entering gender differentiation, it was observed that male older adults had the best experiences in the sexual activity and in affective relationships, in addition to the worst coping with physical and social adversities related to sexuality.

In fact, men older adults were already expected to value the sexual activity more, as the literature[7,18] corroborates this evidence. For men, the sexual activity is seen as something that meets physiological needs through pleasure and relaxation, valuing quantity. Women, on the other hand, value more intensely the romanticism and intimacy of the relationship, valuing quality.[7] Based on this last evidence, it was expected that women and not men would have a better experience in sexuality in affective relationships.

In relation to physical and social adversities, this is a dimension that assesses whether older adults perceive their health as an obstacle to sexual experiences. If there is discomfort with the changes resulting from aging and if they are afraid of being victims of prejudice due to the actions taken to experience sexuality.[16] Men presented worse coping with these adversities, which can be explained, in part, by the structural machismo that involved the entire context in which they grew up.

In this sense, it must be considered that, historically, men have always been encouraged to initiate sexual relations since adolescence. However, this same incentive did not happen among women, even today, becoming limited in this aspect, and their virginity should be preserved for marriage.[8] So, when a man who grew up involved in this context of sexual stimulation reaches old age and experiences the physiological reductions common to age, there can be internal conflicts that play into their sense of masculinity. As a consequence, he does not face adversities effectively, as men feel less of a man when their sexual capacity loses fullness,[19] in addition to being impacted by various psychosocial and environmental factors. [20]

Regarding age, this study showed that the sexual activity is better experienced among older adults between 65 and 79 years. These ages differed statistically from the participants who were 80 years of age or older, as they had the lowest scores in the sexual assessment. These results may indicate that older adults from 80 years of age may not benefit so much from sexual experiences, as a result of the aging process itself, given that, in this age group, there may be greater impairment of erectile function, considered the main sexual dysfunction in males.[21] In terms of affective relationships, older adults aged 90 years or older had better experiences in sexuality in this dimension, however, without statistical differentiation by post-hoc.

Regarding ethnicity, this study identified that the sexual activity and affective relationships, as well as sexuality in general, were better experienced by older adults self-declared brown. The literature shows that race issues are related to sexual behavior and outcomes. However, knowledge about the influence of this variable on sexual attitudes is still limited. [22]

With regard to religious belief, older adults who adhere to religions of African origins had the best experiences in the sexual activity, in affective relationships, and in sexuality in general, when compared to Catholic, Protestant and Spiritualist people.

It is noteworthy that one of the main aspects that effectively influences issues related to sexuality is religion. Some religious strands may view the sexual activity as an impure and sinful practice according to the context, thus becoming something forbidden. This reality can inhibit the sexual experiences of older adults, given that Christianity, predominant in Brazil, points to sex as a form of procreation[6]. This inference corroborates a study,[23] in which more conservative attitudes regarding sexuality were identified among participants who adhered to Christianity.

Regarding marital status, older adults with a steady partner presented the best experiences in the sexual activity and in affective relationships, in addition to better coping with physical and social adversities related to sexuality, when compared to married people and in a stable union. In this study, participants with a steady partner are those who, of their own volition, relate to a person in affective and sexual terms, but are not married or in a stable union. In fact, marital status can influence the importance given by older adults to their sexual life. [18]

Furthermore, because marriage constitutes a space of greater social and religious freedom for sexual experiences,[24] it was expected that such experiences would be better experienced among married participants and not among those with a steady partner. However, the relationship between the possible influence of marital monotony on sexuality experiences is discussed, especially among couples with a long period of coexistence,[25] since it must be considered that, generally, a large part of the current generation of older adults began their relationships in their youth and remain with the same spouse to this day.[1]

Furthermore, another aspect that must be considered is that in the past, marriage was carried out according to the exclusive choice of the parents of the candidates for the marriage bond. All this choice was based on the political-economic interests of the time and there was no room for children to choose their spouses according to their feelings.[26] As this era was characterized by a strong influence of religion on marriage, divorce was not tolerated and, consequently, most older adults remain with the same spouse today. These inferences corroborate a qualitative investigation,[24] developed with 25 couples, in which Catholic participants showed greater resistance to divorce and rigid discourse about marriage until the end of life.

Regarding the presence of children, our study revealed that older adults who do not have children experience their sexuality better in the sexual and affective dimension, when compared to those who have children. These results are in agreement with

some investigations[5,9] that revealed children as the main barrier to expression in sexuality among older adults. In this sense, a qualitative study[5] showed that older adults and widow participants reported difficulty in experiencing their sexuality freely and fully, subjecting themselves to social and family oppression regarding the theme. Moreover, family members even stimulated moments of leisure, however, the love aspects did not receive support, as if sexuality in old age was something inappropriate.[5]

The fact is that, as time progresses, there is also an inversion of roles among family members, in which older adults lose autonomy and adapt to this new reality, acting as a passive subject that awaits only the finitude. Furthermore, in most cases, sexuality in old age is perceived by children as something derogatory, seeing it as a sign of dementia or second childhood. [9]

Regarding sexual orientation, homosexual older adults better experience the sexual activity and sexuality in general, differing statistically from bisexuals. In addition to this, heterosexuals had a better experience in sexuality only in the affective relationships dimension. It should be noted that the fact that the sexual activity is better experienced by homosexual participants does not mean the absence of these experiences among older adults of other sexual orientations. Furthermore, care should be taken in interpreting these results, so that the stereotype of promiscuity and unbridled sexuality is not reinforced to homosexuals.[27] After all, sexuality experienced in a healthy way is part of one of the basic human needs,[28] is present among older adults regardless of sexual orientation[10] and constitutes a factor associated with better QoL.[13]

With regard to education, older adults with higher education had the best experiences in affective relationships and those with only primary education had the worst physical and social adversities related to sexuality. It seems that higher education levels are a factor that helps older adults face such adversities. This characteristic should be considered in the approach of health professionals, as high schooling among this public is not a frequent reality in the Brazilian population and represents a restricted population contingent. [29]

However, it is noteworthy that sexuality is not frequently addressed by professionals in the health care of older adults, which can be attested by our results, in which 77.6% of participants never received guidance on sexuality from health professionals. Similarly, an investigation[12] developed with Brazilian older adults identified that 73.81% have difficulties in talking about sexual issues.

It is, therefore, a reality that deserves attention, as our results reveal that receiving guidance on sexuality from professionals was associated with better experiences of sexuality in affective relationships. In addition, according to Table 2, older adults themselves revealed that the practice of sexuality always provides well-being (64.9%), is important for QoL (62.0%) and makes them feel alive (74.8%).

This negligence that occurs in elder health care, with regard to sexuality, can be overcome through dialogic educational strategies, especially in FHS. This is a strategy that has already been implemented in care services and resulted in positive impacts in the theoretical expansion of the theme and in the weakening of prejudices, through actions that provided comprehensive and emancipatory care.[11] Therefore, health professionals must recognize older adults as biopsychosocial-spiritual beings and understand in depth the main factors that influence their experiences in sexuality, so that from the situational diagnosis, actions directed to this aspect are implemented.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

It was found that all biosociodemographic variables were significantly associated with at least one dimension of the sexuality scale. Summing up, we identified that the best experiences in sexuality were observed in affective relationships when compared to sexual activity. Also, we observed that male participants, aged between 60 and 74 years, self-declared brown, adherents to religions of African origins, who have a single partner, who live with their spouse for five years or less, who do not have children and homosexuals had the best experiences in sexuality.

In this way, our results contribute to directing and facilitating professionals' work providing elder health, because, considering the need to add a better QoL to older adults, sexuality can be an approach capable of achieving this objective. But for that, it is necessary to know, initially, the profile of this public and how their biosociodemographic characteristics are associated with sexuality, a relationship that has not yet been published in the scientific literature, as far as we know. Our study contributes precisely in this sense, in which we evidenced some biosociodemographic factors that were associated with the best experiences in sexuality by older adults, which will guide care approaches with a view to health promotion. Such professionals will have scientific and current evidence of the variables that most need attention in elder care with regard to their sexuality.

It is noteworthy, however, that this study has some limitations. Among them, the non-probabilistic approach stands out, which does not allow the generalization of results. Another limitation that needs to be considered is the participants' profile, which differs from most studies developed with older adults. Furthermore, it is considered that there was an important restriction in the recruitment of participants, since only older adults who have access to the internet and users of a single social network made up the study sample. Finally, due to the low female adherence to the study, our data may have been affected by some type of bias, especially selection bias.

FINANCIAL SUPPORT

This work was carried out with the support of the Coordination for the Improvement of Higher Education Personnel – Brazil (CAPES - *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*) – Financing Code 001. Researcher: Edison Vitório de Souza Júnior, Process 88887.480496/2020-00.

AUTHOR'S CONTRIBUTIONS

Study design. Edison Vitório de Souza Júnior. Namie Okino Sawada.

Data acquisition. Edison Vitório de Souza Júnior. Namie Okino Sawada.

Data analysis and interpretation of results. Edison Vitório de Souza Júnior. Randson Souza Rosa. Suziane de Aguiar Brito. Diego Pires Cruz. Benedito Fernandes da Silva Filho. Cristiane dos Santos Silva. Namie Okino Sawada.

Article writing and critical review. Edison Vitório de Souza Júnior. Randson Souza Rosa. Suziane de Aguiar Brito. Diego Pires Cruz. Benedito Fernandes da Silva Filho. Christiane dos Santos Silva. Namie Okino Sawada.

Approval of the final version of the article. Edison Vitório de Souza Júnior. Randson Souza Rosa. Suziane de Aguiar Brito. Diego Pires Cruz. Benedito Fernandes da Silva Filho. Christiane dos Santos Silva. Namie Okino Sawada.

Responsibility for all aspects of the content and integrity of the published article. Edison Vitório de Souza Júnior. Randson Souza Rosa. Suziane de Aguiar Brito. Diego Pires Cruz. Benedito Fernandes da Silva Filho. Cristiane dos Santos Silva. Namie Okino Sawada.

ASSOCIATE EDITOR

Cristina Rosa Soares Lavareda Baixinho

SCIENTIFIC EDITOR

Marcelle Miranda da Silva

REFERENCES

1. Almeida T, Lourenço ML. Envelhecimento, amor e sexualidade: utopia ou realidade? Rev Bras Geriatr Gerontol. 2007;10(1):101-14. http://dx.doi.org/10.1590/1809-9823.2007.10018.
2. Santos SC, Souza MAS, Pereira JS, Alexandre ACS, Rodrigues KF. A percepção dos idosos sobre a sexualidade e o envelhecimento. Brazilian J Heal Rev. 2020;3(2):3486-503. http://dx.doi.org/10.34119/bjhrv3n2-180.
3. Soares KG, Meneghel SN. The silenced sexuality in dependent older adults. Cien Saude Colet. 2021 jan;26(1):129-36. http://dx.doi.org/10.1590/1413-81232020261.30772020. PMid:33533833.
4. Souza Júnior EV, Silva CS, Lapa PS, Trindade LES, Silva Fo BF, Sawada NO. Influence of sexuality on the health of the elderly in process of dementia: integrative review. Aquichan. 2020;20(1):e2016. http://dx.doi.org/10.5294/aqui.2020.20.1.6.
5. Souza M, Marcon SS, Maria S, Bueno V, Carreira L, Denardi V et al. Elderly widows' experience of sexuality and their perceptions regarding the family's opinion. Saude Soc. 2015 set;24(3):936-44. http://dx.doi.org/10.1590/S0104-12902015132060.
6. World Health Organization. Sexual health, human rights and the law [Internet]. Geneva: WHO; 2015 [citado 2021 jun 20]. Disponível em: https://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en/
7. Rocha FDA, Fensterseifer L. A função do relacionamento sexual para casais em diferentes etapas do ciclo de vida familiar. Contextos Clín. 2019;12(2):560-83. http://dx.doi.org/10.4013/ctc.2019.122.08.
8. Barros TAF, Assunção ALA, Kabengele DC. Sexualidade na terceira idade: sentimentos vivenciados e aspectos influenciadores. Ciências Biológicas e Saúde Unit. 2020;6(1):47-62.
9. Uchôa YS, Costa DCA, Silva Jr IAP, Silva STSE, Freitas WMTM, Soares SCS. Sexuality through the eyes of the elderly. Rev Bras Geriatr Gerontol. 2016;19(6):939-49. http://dx.doi.org/10.1590/1981-22562016019.150189.
10. Silva LFA, Pinto AAM. Sexualidade na terceira idade: a visão dos idosos de um município do interior do estado de São Paulo. Rev Eletrônica Acervo Saúde. 2019;11(10):e304. http://dx.doi.org/10.25248/reas.e304.2019.
11. Rodrigues DMMR, Labegalini CMG, Higarashi IH, Heidemann ITSB, Baldissera VDA. The dialogic educational pathway as a strategy of care with elderly women in sexuality. Esc Anna Nery. 2018;22(3):e20170388. http://dx.doi.org/10.1590/2177-9465-ean-2017-0388.
12. Araújo BJ, Sales CO, Cruz LFS, Moraes Filho IM, Santos OP. Qualidade de vida e sexualidade na população da terceira idade de um centro de convivência. Rev Cient Sena Aires. 2017;6(2):85-94.
13. Even-Zohar A, Werner S. Older adults and sexuality in israel: knowledge, attitudes, sexual activity and quality of life. J Aging Sci. 2019;7(3):209. http://dx.doi.org/10.35248/2329-8847.19.7.209.
14. Jackson SE, Firth J, Veronese N, Stubbs B, Koyanagi A, Yang L et al. Decline in sexuality and wellbeing in older adults: a population-based study. J Affect Disord. 2019;245:912-7. http://dx.doi.org/10.1016/j.jad.2018.11.091. PMid:30699876.
15. Malta S, Wallach I. Sexuality and ageing in palliative care environments? Breaking the (triple) taboo. Australas J Ageing. 2020;39(suppl. 1):71-3. http://dx.doi.org/10.1111/ajag.12744. PMid:32567182.
16. Vieira KFL. Sexualidade e qualidade de vida do idoso: desafios contemporâneos e repercussões psicossociais [tese]. João Pessoa: Universidade Federal da Paraíba; 2012 [citado 2021 jun 22]. Disponível em: https://repositorio.ufpb.br/jspui/bitstream/tede/6908/1/arquivototal.pdf
17. Field A. Descobrindo a estatística usando o SPSS. 2. ed. Porto Alegre: Artmed; 2009.
18. 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. 2019;35(1):12-20. http://dx.doi.org/10.32385/rpmgf.v35i1.11932.
19. Martins ERC, Alves FS, Oliveira KL, Medeiros AS, Fassarella LG. Perception of man on the implantation of penile prosthesis: a contribution to nursing. Brazilian J Heal Rev. 2020;3(3):6480-7. http://dx.doi.org/10.34119/bjhrv3n3-196.
20. Chung E. Sexuality in ageing male: review of pathophysiology and treatment strategies for various male sexual dysfunctions. Med Sci. 2019;7(10):98. http://dx.doi.org/10.3390/medsci7100098. PMid:31547182.
21. Pereira ARR, Dantas DS, Torres VB, Viana ESR, Correia GN, Magalhães AG. Association among sexual function, functional independence and quality of life in patients after cerebrovascular accident. Fisioter Pesqui. 2017 mar;24(1):54-61. http://dx.doi.org/10.1590/1809-2950/16270824012017.
22. Cuffee JJ, Hallfors DD, Waller MW. Racial and gender differences in adolescent sexual attitudes and longitudinal associations with coital debut. J Adolesc Health. 2007;41(1):19-26. http://dx.doi.org/10.1016/j.jadohealth.2007.02.012. PMid:17577530.
23. Aguiar RB, Leal MCC, Marques APO, Torres KMS, Tavares MTDB. Elderly people living with hiv-behavior and knowledge about sexuality: An integrative review. Cien Saude Colet. 2020 fev;25(2):575-84. http://dx.doi.org/10.1590/1413-81232020252.12052018. PMid:32022197.
24. Silva LA, Scorsolini-Comin F, Santos MA. Casamentos de longa duração: recursos pessoais como estratégias de manutenção do laço conjugal. Psico-USF. 2017;22(2):323-35. http://dx.doi.org/10.1590/1413-82712017220211.

25. Silva EP, Nogueira IS, Labegalini CMG, Carreira L, Baldissera VDA. Perceptions of care among elderly couples. Rev Bras Geriatr Gerontol. 2019;22(1):e180136. http://dx.doi.org/10.1590/1981-22562019022.180136.
26. Campos SO, Scorsolini-Comin F, Santos MA. Transformações da conjugalidade em casamentos de longa duração. Psicol Clin. 2017;29(1):69-89.
27. Jesus LA, Araújo LF, Santos JVO, Gomes HV, Salgado AGAT, Monte M. LGBT old age and spiritist people: a study of social representations. Rev Psicol. 2019;28(2):1-9. http://dx.doi.org/10.5354/0719-0581.2019.55657.
28. Waite LJ, Iveniuk J, Laumann EO, McClintock MK. Sexuality in older couples: individual and dyadic characteristics. Arch Sex Behav. 2017;46(2):605-18. http://dx.doi.org/10.1007/s10508-015-0651-9. PMid:26714683.
29. Instituto Brasileiro de Geografia e Estatística. Idosos indicam caminhos para uma melhor idade [Internet]. Rio de Janeiro: IBGE; 2019 [citado 2021 fev 11]. Disponível em: https://censo2021.ibge.gov.br/2012-agencia-de-noticias/noticias/24036-idosos-indicam-caminhos-para-uma-melhor-idade.html