Abstract

Introduction: The advances of modern society have led to changes in the lives of the elderly population, stimulating them to live in groups, in addition to the family, making aging more active in physical, emotional and social aspects. In a new perspective on life, the elderly person turns to the perception of sexuality anchored in their experiences, prolonging sexual activity and thus including themselves as part of a group vulnerable to sexually transmitted diseases.

Objective: The objective was to know the risk behavior of independent elderly people in STD/HIV/AIDS prevention.

Method: Exploratory study with quantitative data approach. Sample was composed of 24 independent elderly people without diagnosis. An elaborate semi-structured interview script was used. The data were analyzed by descriptive statistics, using chi-square and Pearson correlation coefficient.

Results: We found 87% female, age group between 60-69 years (62%) and marital status widow (43%). Of the sample, 87% reported knowing the means of transmission of the virus, 79% reported not using condoms and all had some sexual intercourse without the use of condoms. The analysis between the dependent variable "knows how to transmit HIV“ and independent "condom use“ showed statistical significance (p = 0.014).
**Conclusion:** It can be inferred that there was a high risk behavior for HIV/AIDS virus acquisition in this sample, since they did not use condoms in their sexual practices, even if they had knowledge about the forms of virus transmission.

**Introduction**

The advances of modern society have led to changes in the lives of the elderly population, stimulating them to live in groups, in addition to the family, making aging more active in physical, emotional and social aspects. In this way, the elderly person ceases to be the one who isolates himself and dedicates himself only to the relatives to go to the quest to rescue his dreams, loves and feelings, expanding new horizons of life. In a new perspective on life, the elderly person turns to the perception of sexuality anchored in their experiences, prolonging sexual activity and thus including themselves as part of a group vulnerable to sexually transmitted diseases (STDs).

Brazil has a growing elderly population affected by sexually transmitted diseases (STDs), among them the human immunodeficiency virus (HIV), which causes the acquired immunodeficiency syndrome (AIDS or AIDS). The epidemiological bulletin on AIDS released by the Ministry of Health showed that since the beginning of the epidemic in 1980, up to June 2015, 798,366 cases of registered IDA were registered in Brazil. Of these, 25,794 were aged 60 years and over. In the first half of 2015, 10,146 men and 4,999 women were reported diagnosed with AIDS, among them, 711 had 60 years and over [1, 2]. These indexes alert the society and the professionals to the accompaniment and improvements for the strategies in the assistance and education in health.

The HIV/AIDS may occur by sexual transmission, blood and parenterally, or by contact and/or return of blood or secretion containing organic or virus infected cells by the same [3]. Considering that in the aging process the elderly person presents alterations in the immunological state that hinder the corporal response to the aggressive agents, predisposing to the risk of acquiring infections, the unsafe sexual practices in this age group fit it in the group of risk behavior favorable to the infections STD and therefore AIDS [4, 5].

In addition, society and health professionals believe in diminishing the potential of sexual activities in older people, making early detection of STD/HIV/AIDS difficult. On the one hand, society does not support and encourage the safe practice of sexual activity; on the other hand, health professionals do not guide preventive means or do not stimulate basic examinations for accurate and prior diagnosis, as well as participation in programs educational [6].

Therefore, it is important to promote studies on the risk behavior in older people regarding sexual practices, as this one proposes, since it can warn and exhort society as well as health professionals about the performance of their roles as a support and incentive network. The elderly in STD/HIV/AIDS prevention. For this, the present study aimed to know the risk behavior of independent elderly people in STD/HIV/AIDS prevention.

**Theoretical reference**

The first findings in cases of people with HIV/AIDS in Brazil were related to the practice of sexual activity in male homosexuals. Gradually the virus was performing in hemophiliacs, blood products trans-
fusion recipients, injection drug users, sex workers and heterosexuals [3]. With the growing epidemic the Ministry of Health began in 1986 the National STD/AIDS, which culminated in 2013 with the adoption of the treatment policy as HIV [1, 2, 3].

The public campaigns on STD/HIV/AIDS prevention promoted by the Ministry of Health directed to the elderly have been in compliance with the National Policy for the Elderly, Law 8.842, chapter IV, article 10, which assures health care at the various levels of care and are incorporated into national programs, listing as educational measures, the distribution of condoms, lectures and informational brochures [2, 7].

The practices of preventive measures in the transmission of HIV/AIDS add to the culture of the use of condoms by the elderly population, making it impossible to carry out the basic care in the effectiveness to prevent the disease. It is therefore important that the elderly acquire knowledge about the pathology and the means of transmission, as well as, be aware of the safe practice of sexual activity, the use of condoms and the handling of syringes in blood transfusion or injectable drugs, as actions to identify risky behavior [4, 6, 7, 8].

Population aging is one of the greatest challenges to public health because it requires that quality of health condition be added to the additional years of life, so that educational practices aimed at the elderly should consider the maintenance of functional capacity and autonomy allied to reframing the way of preventive care and health care [9].

On the other hand, the set of issues that involve aging and AIDS in Brazil exceeds the exclusive culture to enter into social prejudice and taboo related to sex in the third age. When setting up the stigma that only young people dating and copulate, society masks the acceptance of dating and sex in the conviviality among older people, only emphasizing the importance of affectivity [10]. Moreover, the elderly may feel ashamed to obtain the preventive means disclosed in the educational policy process because they really believe that sex is for the young and that the partner does not become pregnant any more, they perceive themselves thus free of possible risks. Therefore, since condom use is not used in practice, there is a reinforcement of risk behavior and susceptibility to diseases.

Among the difficulties that interfere with the care of elderly people living with HIV/AIDS are ethical conflicts and the fear of contagion by health professionals. Considering that health care consists of an established relationship between people with a view to improving health status and quality of life, health professionals can not be restricted to the techniques of care in their praxis, but recognize the importance of Respect for the feelings and clarification of doubts in obtaining the orientations and adequate information directed not only to the elderly, but also to the relatives and networks of social support. The stimulus provided by the health professional during the process of transmission and exchange of knowledge gives opportunity curiosity and knowledge about the pathology, thus generating the possibility of behavioral changes in actors involved [11, 12].

Methods

It was an exploratory study with quantitative data approach. The non-probabilistic sample was composed of 24 independent elderly people without the diagnosis of HIV/AIDS, selected at the Center for Elderly Living, located in. The inclusion criteria were: both sexes, age equal to or above 60 years, absence of diagnosis of HIV/AIDS, functionally independent and preserved cognition. Older people who did not voluntarily participate in the study were excluded, in a fragile or precarious health condition that prevented the application of the research instrument.

In the inclusion of independent elderly and preserved cognition the functional independence measure (MIF) and the mini mental state examination (MMSE) were used as the cutoff point for
the sample’s constitution. The scores obtained from these instruments were analyzed by SPSS 20 software and indicated that all participants had functional independence and preserved cognition.

As a tool for collecting the data, a semi-structured interview script was prepared, containing the variables of interest: sociodemographic data (gender, age range and marital status) and specific questions about HIV/AIDS (knowledge about the means of transmission of the virus, The use of condoms in the sexual practice, the use of shared syringes and the accomplishment of blood transfusion).

The answers of the interviews were grouped into a database prepared for analytical processing using descriptive statistics, using univariate linear analysis with chi-square and the Pearson correlation coefficient, considering 95% of reliability, with the help of SPSS software 22.

This study is a cut of the doctoral thesis titled “Social Representations on Active Aging of Older People with and without the Diagnosis of HIV/AIDS”, appreciated by the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba under Protocol number 0392/14, registered in the Brazil platform under the number of CAAE 33529514.2.0000.5188. As established by Resolution 466/12 of the National Health Council for research involving human subjects, participants were informed about the research procedures and the willingness to participate in the study, signed by means of the Individual and Informed Consent Form, guaranteeing autonomy, Secrecy, anonymity, beneficence, non-maleficence, justice and equity.

Results and Discussion
In the panorama of the data found, the female universe predominated in 87% (n = 21) of the sample of this study. Of these women, the incident age range remained between 60 and 69 years (62%, n = 13) and the widowed civil status (43%, n = 9). It is believed that this fact occurred because the sample was collected in an environment conducive to searching for women, such as the Center for the Coexistence of the Elderly. Older women experience more likely to become widows in disadvantaged socio-economic situation and specific needs, thus ending their days of living in some kind of institution that grants support for the development of simple daily activities [13]. Another possibility is associated with the composition of the Brazilian elderly population, evidenced by the Demographic Census 2010 conducted by the Brazilian Institute of Geography and Statistics showed that the proportion of 80 men per 100 women having 60 years and over [14].

In this study, 87% of the sample (n = 21) reported knowing the means of transmission of HIV/AIDS, with the use of condoms as the main means of prevention and corroborating with other studies that state that condoms are the best known prevention of HIV/AIDS for the elderly and that is used less for them compared to younger people, limiting their use only in sex with strangers or in cases of suspicion of partner loyalty [6, 7, 8, 9].

It is important to note that the statistical data from epidemiological bulletin HIV/AIDs the Ministry of Health showed that married heterosexual women or stable union has been a risk group in the acquisition of this epidemic [2], because this type of relationship brings a “false” security And trust for the woman because it is a single partner, generating an inappropriate behavior in the prevention of high risk. A major difficulty in sex education permeates in negotiating condom use with partners, the pejorative sense of the possibility of marital infidelity [15].

It is understood that in this study the process of health education permeated by the media when the programs add in their contents information about the pathology and their social relations, such as the topics addressed in the content of television networks, Mainly with potential influencers such as novels or serials presented at prime time, as well as
informative programs of a journalistic nature. The thematic contents addressed in the television networks in their scope are focused on the groups of risk of higher incidence, limiting the possibility of the knowledge on the subject to the other segments in the life cycle and its specific vulnerabilities. So, you can relate to communication guided by public media contributes to society [12].

Most participants (79%, n = 19) reported not using a condom and all (n = 24) had some intercourse without the use of condoms in their sexual relations. The use of condoms in the effectiveness of sexual relations is an indicator component that the knowledge learned may or may not change the behaviors in health habits. Figure 1 below shows the relationship between knowledge about the means of transmission of HIV/AIDS and the use of condoms during sexual activity.

The idea that when knowing about how the HIV/AIDS virus is transmitted can lead to the habit of safe sexual practice with the use of condoms was statistically tested through the univariate analysis with the chi-square, between the dependent variable "knows how it is transmitted HIV "and the independent variable" condom use", resulting in \( p = 0.014 \). Figure 1 below shows the percentage relationship found between the variables "knows how to transmit" HIV/AIDS and "condom use" in the effectiveness of the sexual act. Pearson’s correlation test verified the relational force between these variables, revealing a weak negative relation \( (r = -0.12) \). This means that although they knew about how safe sexual practice should be, the participants in this study did not.

In view of the statistical analyzes performed in this sample, it can be inferred that there is a high risk behavior for HIV/AIDS virus acquisition, since they did not use condoms in their sexual practices (79%) during the construction of their lives, even if they had adequate knowledge On the transmission of the virus (87%).

This reinforces the importance of applying understanding that promotes behavior change, as public campaigns turn to health and sexuality education to reach minorities such as the sexually active elderly population, minimizing the risks of HIV virus contagion and/or consequences more severe, as expected, and takes for diagnosis and/or treatment that may lead to death, very fragile before circumstances and characteristics of aging [17].

In fact, in agreement with this study, the use of condoms during sexual practice is recognized as a means of preventing sexually transmitted diseases and, consequently, the virus of HIV/AIDS [10, 12, 17, 18]. Freedom in the exercise of sexual activity achieved by the population Aging due to longevity, improved quality of life and new technologies needs the support of society and professionals. In this sense, it is a challenge for the elderly person to understand their vulnerability and overcome the difficulties and limitations they face without a network of supports that make the use of condoms a dynamically active and safe process between them, resulting in a change of attitude. Therefore, the public policies can be directed to this public with the purpose of stimulating the culture of the use of the condom associated with the fidelity of partners.

When focused on people with HIV/AIDS, studies claim that the form of contagion of HIV/AIDS is
predominantly referred to sexual acts performed improperly, then the inappropriate use of [3, 4, 6, 7] syringes. Among the means of transmission of the HIV/AIDS virus, the transfusion of blood and the use of needles or syringes are conditional on the necessity or reality of certain facts of life. In this aspect, in this study, the majority of the selected sample did not perform blood transfusion (92%, n = 22), as well as, did not share the use of any syringes or needles (96%, n = 23). Therefore, it is understood that in this study the participants did not go through situations where they were offered the use of syringes, or even their choices during the life history did not lead to their use. On the other hand, the participants who needed to perform blood transfusion (8%, n = 2) and used needles (4%, n = 1) Did not contract the HIV virus.

The simple knowledge of the ways of HIV contamination is not enough to prevent the disease, it is necessary to change habits and behavior protectors, properly considered from the understanding of responsibility in caring for themselves and each other. Therefore, The importance of public policies that encourage the access of the elderly to health services and that in these services these people find the necessary knowledge about their state of health, new forms of prevention and control of the infection so that it develops the co-responsibility of the Your care. An integral perspective, the care does not have the function to reintegrate the individual situation prior to suffering, but promote a reinterpretation and transformation to a higher stage [19, 20, 21, 22].

Thus, health professionals should create care strategies that enable the elderly to actively participate in their care, highlighting the potential of the individual to take care of themselves, building together - professional and individual - a unique therapeutic project to be Resolves, resulting in effective care, humane and integral [22].

Conclusion

This study aimed to know the risk behavior of independent elderly people in the prevention of STD/HIV/AIDS and found independent women with high risk behavior in their sexual practices for not using condoms contrary to the knowledge that has about the prevention of the transmission of HIV/AIDS. Thus, according to the results, it can be inferred that the sample studied presented a risk behavior for HIV/AID virus acquisition.

In this aspect, a study alerts society and the health community for educational campaigns. Therefore, the need to include the elderly population and changes in the health education strategies that can be reached in all stages of the life cycles in different cultures, races and ethnicities, thus encompassing non-prioritized minorities in the context Of public policies. In these educational campaigns we must address aspects of communication and the social relationship between partners in encouraging safe sex.

From another perspective, there is a need for appropriate information on the social support networks of the elderly, such as family members, friends, partners, health and leisure professionals, in order to make them a safe medium to stimulate appropriate preventive behavior Changes in the elderly, thus minimizing the risk of STD/HIV/AIDS acquisition in this population.

With this study, it was possible to know the risk behavior in the transmission of HIV in a specific group of participants from the perspective of self-care, indicating ways to future research that can explore other scenarios and contexts, taking into account also larger samples and valuing the Changes in behavior.

References
